

# Sequential Intercept Model Mapping Report for Palm Beach County, Florida

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## RECOMMENDED CITATION

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## RESEARCH AND INTERACTIVITY

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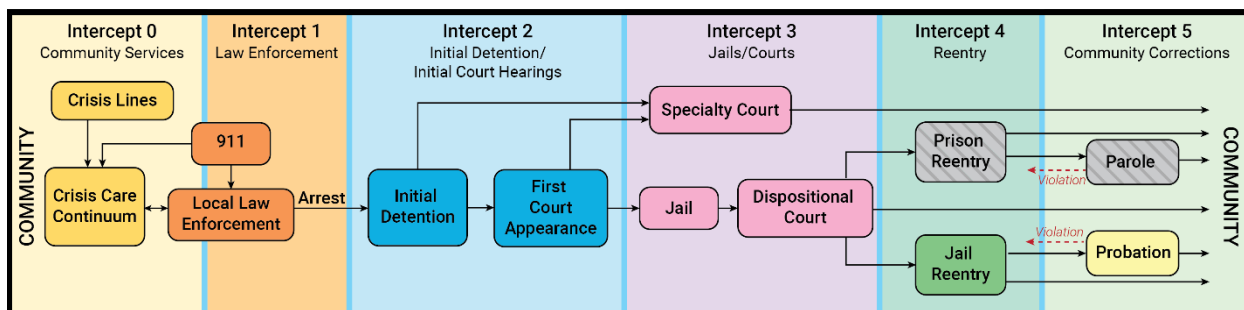
## BACKGROUND

The Sequential Intercept Model, developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D.,<sup>1</sup> has been used as a focal point for states and communities to assess available resources, determine gaps in services, and plan for community change. These activities are best accomplished by a team of stakeholders that cross over multiple systems, including mental health, substance use, law enforcement, pretrial services, courts, jails, community corrections, housing, health, social services, peers, family members, and many others.

A Sequential Intercept Model mapping is a workshop to develop a map that illustrates how people with behavioral health needs come in contact with and flow through the criminal justice system. Through the workshop, facilitators and participants identify opportunities for linkage to services and for prevention of further involvement into the criminal justice system.

The Sequential Intercept Mapping workshop has three primary objectives:

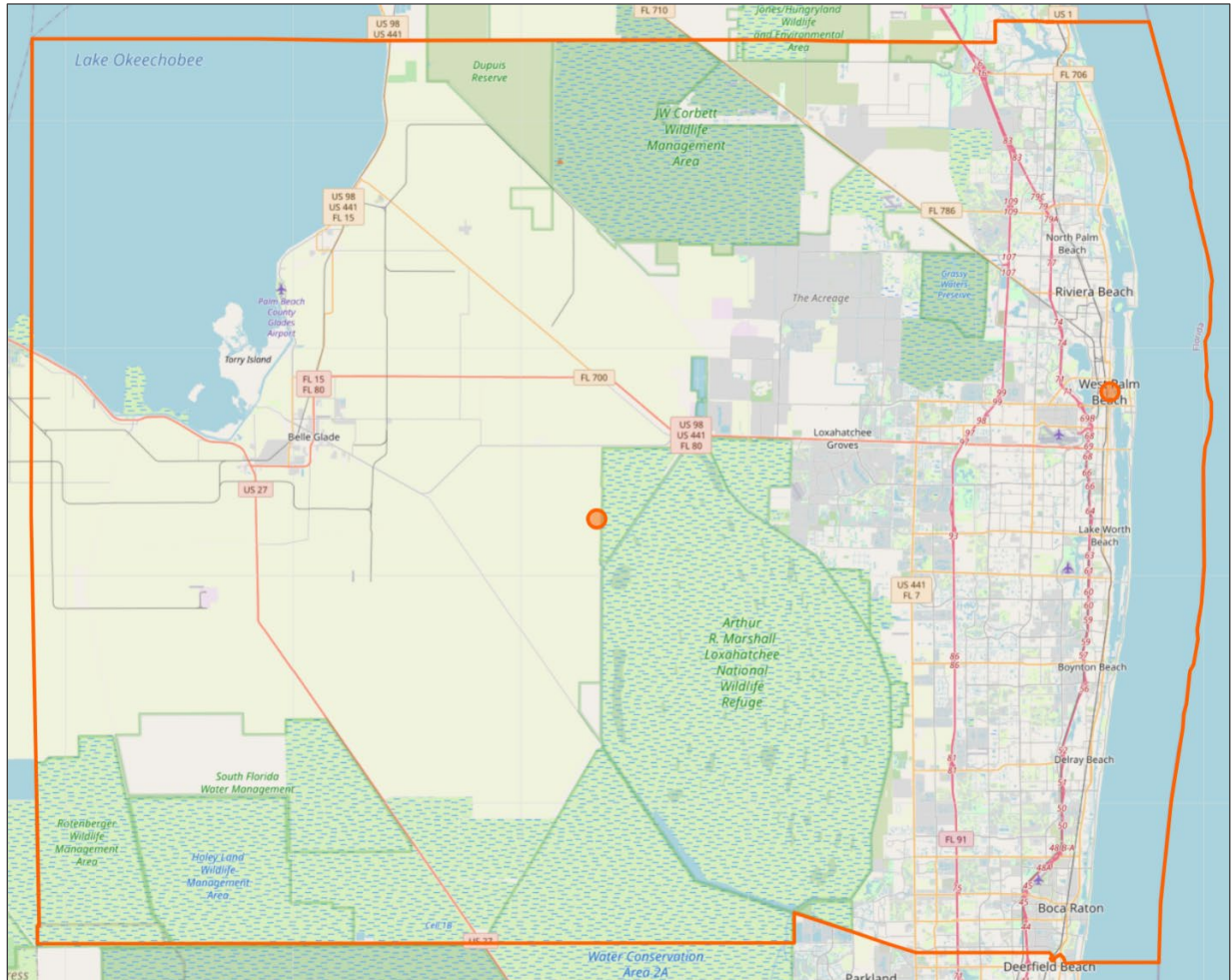
1. Development of a comprehensive picture of how people with mental illness and co-occurring disorders flow through the criminal justice system along six distinct intercept points: (0) Mobile Crisis Outreach Teams/Co-Response, (1) Law Enforcement and Emergency Services, (2) Initial Detention and Initial Court Hearings, (3) Jails and Courts, (4) Reentry, and (5) Community Corrections/Community Support.
2. Identification of gaps, resources, and opportunities at each intercept for individuals in the target population.
3. Development of priorities for activities designed to improve system and service level responses for individuals in the target population



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<sup>1</sup> Munetz, M., & Griffin, P. (2006). A systemic approach to the de-criminalization of people with serious mental illness: The Sequential Intercept Model. *Psychiatric Services*, 57, 544-549.

# SNAPSHOT: PALM BEACH COUNTY, FLORIDA



Source: OpenStreetMaps.org Palm Beach County, Florida

## PALM BEACH COUNTY POPULATION AND LAW ENFORCEMENT

Municipality	Population	Demographics	
West Palm Beach	117,415	White alone	52%
Boca Raton	97,422	Hispanic or Latino	24%
Boynton Beach	80,380	Black or African American alone	20%
Delray Beach	66,847	All others	4%
Wellington (Village)	61,637	<b>Total</b>	<b>100%</b>
Jupiter	61,047		
<b>Total Population (2020)</b>	<b>1,492,198</b>		

Source:  
(2020) US CENSUS QuickFacts, Wikipedia

# Intercept 0

Hospital, Crisis, Respite, Peer, & Community Services

# Intercept 1

Law Enforcement & Emergency Services

# Intercept 2

Initial Detention & Initial Court Hearings

# Intercept 3

Jails & Courts

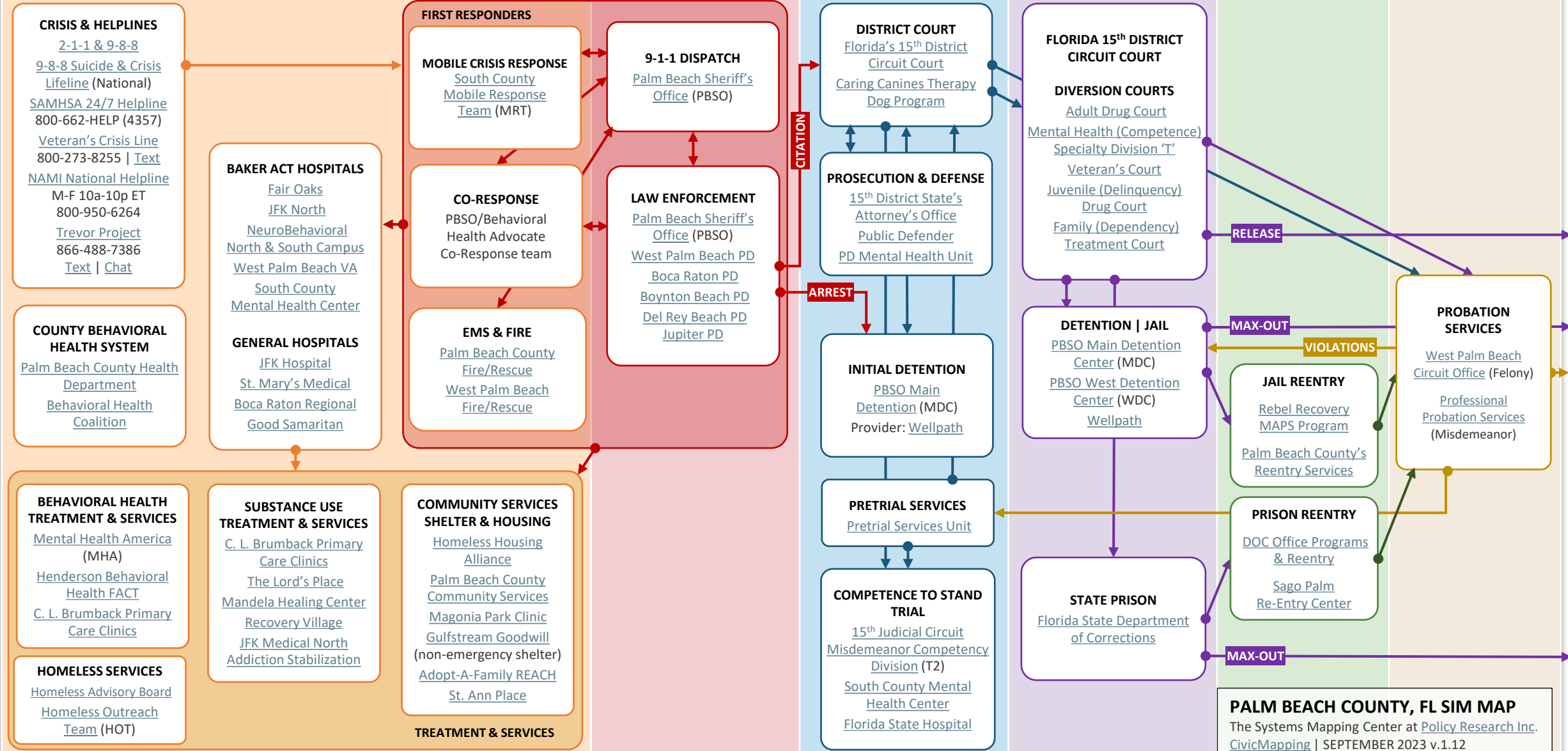
# Intercept 4

Reentry

# Intercept 5

Community Corrections & Supports

COMMUNITY

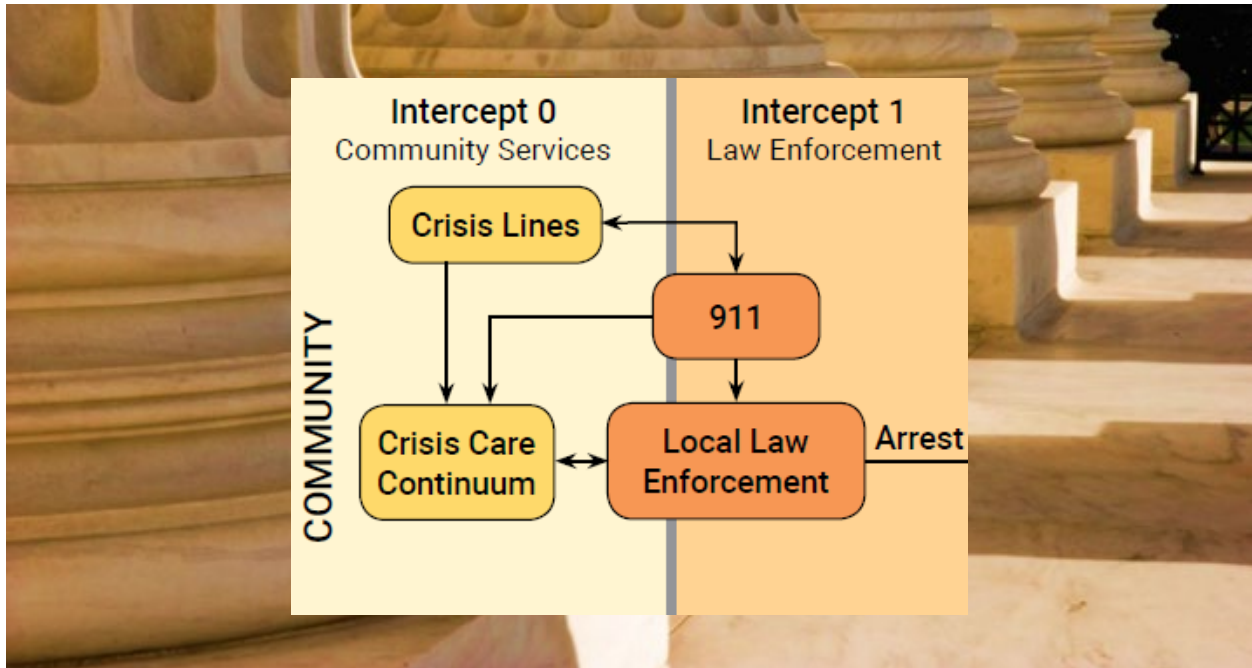






## RESOURCES AND GAPS AT EACH INTERCEPT

**T**he centerpiece of the workshop is the development of a Sequential Intercept Model map. As part of the mapping activity, the facilitators work with the workshop participants to identify resources and gaps at each intercept. This process is important since the criminal justice system and behavioral health services are ever changing, and the resources and gaps provide contextual information for understanding the local map. Moreover, this catalog can be used by planners to establish greater opportunities for improving public safety and public health outcomes for people with mental and substance use disorders by addressing the gaps and building on existing resources.



## INTERCEPT 0 AND INTERCEPT 1

### RESOURCES

#### Crisis Lines

##### **9-8-8 Suicide & Crisis Lifeline**

**Call:** 9-8-8 **Chat:** [Online](#) **Text:** 988 **Visit:** [Local](#) | [National](#)

Calls to Palm Beach County 9-8-8 are answered by the local 2-1-1 Palm Beach and Treasure Coast.

This service provides an oftentimes non-law enforcement option for people to seek help and resources for themselves or others experiencing a behavioral health crisis. A law enforcement response may be included as needed.

##### **2-1-1 Palm Beach and Treasure Coast**

**Call:** 2-1-1 **Chat:** [Chat](#) (10a – 8p) **Visit:** [Website](#)

561-383-1112 or, **Toll-free** at 866-882-2991

2-1-1 provides 24/7 community help and crisis line. 2-1-1 provides non-emergency human-resource directory information online and by phone.

##### **NAMI HelpLine (National)**

**Call:** 800-950-6254 **Chat:** See Website link **Visit:** [Website](#)

The national NAMI HelpLine operates between Monday and Friday from 10:00 a.m. and 5:00 p.m.

Eastern Time (ET). NAMI Peer supports provide support, information, and referrals to programs and services that intend to meet the caller's needs.

##### **Trevor Project**

**Call:** 866-488-7386 **Visit:** [Website](#)

24/7 Crisis Phone and Chat for LGBTQ&I young people.

**Crisis Text Line****Text:** HOME to 741741 **Visit:** [Website](#)

Anyone in crisis can connect virtually and receive 24/7 crisis support with a trained crisis counselor. [View metrics](#) from over 5.6 million conversations since 8/2013 and learn more about who, what, and when people connect for help.

**SAMHSA's National Helpline****Call:** 800-662-HELP (4357) **Visit:** [Website](#)

Also known as the Treatment Referral Routing Service (TRRS), this National Helpline is a confidential, 24/7 information service, in English and Spanish, for individuals and family members facing mental, substance use, or co-occurring disorders. Provides referrals to local treatment facilities, support groups, and community-based organizations.

**Veteran's Crisis Text Line****Call:** 800-273-TALK (8255) **Text:** 838255 **Visit:** [Website](#)

24/7 National helpline by phone or SMS-text for any veteran, without needing to be enrolled in VA benefits or health care systems. It is a national program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

**Crisis Lines (cont.)**

- Additional [2-1-1 Palm Beach and Treasure Coast](#) help and crisis line service features also include:
  - To check in on people in Palm Beach County on a daily basis, 2-1-1 offers a free [Sunshine Daily Reassurance Calls](#) service between 7:00 a.m. and 5:00 p.m. The program connects trained volunteer callers with registered 60-plus seniors, adult homebound or disabled people, and isolated family caregivers 18-years-old and up.
  - Several Palm Beach County [Resource Guides](#) are available in English, Spanish, and Creole languages. Additional specialized guides are focused on resources serving Veterans, Seniors, and Teens.
  - 2-1-1 also receives and responds to 9-8-8 Crisis Lifeline calls originating in Palm Beach County.
    - For people in psychiatric crisis where law enforcement is not needed, 2-1-1 can connect callers to the [Mobile Crisis Team \(MRT\)](#) described in more detail below.
    - Operators can transfer calls directly to 9-1-1 if law enforcement or fire-rescue services are needed.
    - 9-8-8 has specialized phone lines dedicated to first responders, where they can provide peer support and resources to the responder.
    - 9-8-8 calls that cannot be fielded locally are automatically transferred to the national [9-8-8 Suicide and Crisis Lifeline](#).
- The [NAMI Warm Line](#) provides support to callers navigate the behavioral health crisis-response system, as well as provide information and referrals on local resources.

**9-1-1 Dispatch**

- Palm Beach County has 15 9-1-1 call centers, known as [Public Safety Answering Points \(PSAPs\)](#).
  - 9-1-1 software technology directs calls originating from mobile devices to the appropriate PSAP automatically. Misdirected calls are rerouted to the appropriate PSAP by 9-1-1 operators immediately.
  - Some PSAPs answer calls under contract for multiple neighboring county municipal jurisdictions.

- Each PSAP dispatches appropriate services, including law enforcement, fire and rescue, paramedics, or a combination of the three, based on the caller’s description of incident, the people involved, and any indicators the call might have a mental health-related component.
  - People reporting emergencies can also submit a text message through [Text to 9-1-1](#). Messages are routed directly to 9-1-1 PSAPs.
  - If the call is based solely on a behavioral health need, including mental health, substance use, or co-occurring (both), the PSAP will refer the caller to the local 9-8-8 Crisis Lifeline call center.
    - If the call involves a person presenting active suicidal ideation, a combination of law enforcement, Fire Rescue, and paramedics will be dispatched.
  - 9-1-1 Dispatchers receive refresher training every two years.

## **Healthcare**

### **Baker Act Receiving Hospitals**

- Under the Florida Mental Health Act, also known as the Baker Act, these hospitals receive court-ordered residents who are held for 72-hour involuntary psychiatric examinations:

<b>Hospital</b>	<b>City</b>	<b>Psychiatric Beds</b>
Fair Oaks Hospital Pavilion	Delray Beach	53 inpatient
JFK North Behavioral Health Medical Center	West Palm Beach	88 inpatient
NeuroBehavioral Hospitals of the Palm Beaches North Campus (NBH-North)	West Palm Beach	42 inpatient
NeuroBehavioral Hospitals of the Palm Beaches South Campus (NBH-South)	Boynton Beach	71
West Palm Beach VA Medical Center	West Palm Beach	20
South County Mental Health Center (SCMHC)	Delray Beach	18
South County Mental Health Center (SCMHC)	Belle Glade	15

### **General Hospitals**

<b>Hospital</b>	<b>City</b>	<b>Beds</b>
Bethesda Hospital East	Boynton Beach	80
Boca Raton Regional Hospital	Boca Raton	400
Good Samaritan Medical Center	West Palm Beach	333
JFK Hospital (HCA)	Atlantis	516
JFK North Hospital (HCA)	West Palm Beach	280 acute 123 psychiatric
Jupiter Medical Center	Jupiter	207 acute 120 long-term
Kindred Hospital The Palm Beaches	Riviera Beach	79
Palms West Hospital (HCA)	Loxahatchee	204
Palm Beach Gardens Medical Center	Palm Beach Gardens	199
Select Specialty Hospital	Palm Beach	60
St. Mary’s Medical Center	West Palm Beach	460
VA West Palm Beach	West Palm Beach	108
West Boca Medical Center	Boca Raton	195

## Crisis Services

- **South County Mental Health Center (SCMHC)** provides inpatient and outpatient behavioral health services for adults and children as well as a **Mobile Response Team (MRT)** for Palm Beach County.
  - The MRT responds within 60 minutes to meet on-site with someone experiencing a behavioral health crisis and, where violence is not a factor.
  - The MRT covers the entire county on a 24/7 basis.
  - The MRT conducts a crisis assessment and triage of the individual incident, and a risk assessment of the individual to ensure their safety.
  - The MRT then recommends a safety plan, including dispatch to emergency medical or psychiatric services if necessary, and connects the person to additional resources as needed.
  - The MRT does not transport people and relies on law enforcement to deliver the person to the emergency services provider.
  - People experiencing a substance use disorder (SUD) crisis can be transported to a wing of the **JFK Medical Center North Campus** solely dedicated to treating people with substance use-related medical emergencies, the **Addiction Stabilization Unit (ASU)**.
    - The six-bed ASU was formed in 2020 and provides psychiatric evaluation, assessment and referral services.
    - After patients are treated, they then can receive ongoing, outpatient treatment. The program includes recovery coaches, psychiatrists and social workers.
    - The ASU also works with the **Health Care District** of Palm Beach County (HCDPBC).
  - In 2022, Florida announced a new model of addiction care, the Coordinated Opioid Recovery or CORE network, that replicates the ASU approach.
- The **Center for Family Services (CFS) Care Coordination Teams** that assess clients with SUD needs, and place in the most appropriate treatment program.
  - All adults are eligible for Partner's for Change program participation.
- **Mental Health America - Palm Beaches (MHAPB)** offers a series of peer-led programs to help people recover from mental health challenges.
  - All MHA leadership and staff are Certified Recovery Peer Specialists (CRPS).
  - MHA has two Clubhouses located in the communities of West Palm Beach and Belle Glade including:
    - Fern Street Clubhouse in West Palm Beach.
    - Glades Clubhouse in Belle Glade.
      - Clubhouses are a mix of staff and volunteer peers.
      - People utilizing MHS Clubhouses must be relatively stable psychologically.
  - MHA has a **Peer Place Well Being Center** program for people who are experiencing a more unstable mental health condition.
    - Peer Place utilizes one-on-one and group peer support mentors.
- The **Southeast Florida Behavioral Health Network (SEFBHN)** is a managing entity contracted with the Florida Department of Children and Families. The goal of the SEFBHN is to develop, support and manage an integrated network of behavioral health services to promote the emotional well-being and drug-free living of children and adults.
  - SEFBHN also serves the community with a clubhouse and also uses peer supports.
- The **NeuroBehavioral Hospitals (NBH)** of the Palm Beaches has **two campuses** serving Palm Beach County.



- The North campus is the designated involuntary behavioral health receiving facility and voluntary behavioral health hospital. It offers 23-hour psychiatric observation services and is equipped with 20 chairs for stabilization and receiving services.
- The South campus provides a voluntary inpatient setting for people needing longer-term care.
  - The South Campus recently absorbed approximately 40% of the closed Jerome Golden Center’s behavioral health clients.
- The [Henderson Behavioral Health \(HBH\) Florida Assertive Community Treatment \(FACT\) Team](#) – can serve up to 200 adults who have frequent contact with behavioral health services.
  - The FACT Team model uses a comprehensive full-support model to serve individuals with severe and persistent mental illness, which includes non-residential case management, rehabilitative, support, and therapeutic services.
  - The ultimate goal of FACT is to work with people to achieve long-term behavioral health and housing stability.
- There were discussions at the SIM workshop regarding a potential new 24/7 behavioral hospital open to law enforcement drop-off. It was reported that the hospital planning is currently in the contract phase.
- St. Mary’s Medical Center (SMMC) will be opening a sexual assault unit as a 24/7 central receiving center for county assault victims. Additional Continuum of Care facilities serving Palm Beach County residents include:
  - [Legacy Behavioral Health Center](#) provides mental health care for infants through adults.
  - [Multilingual Psychotherapy Centers](#) providing mental health care for children and families.
  - [St. Ann Place](#) homeless outreach center for men and women.
- The Palm Beach County [Human Services](#) department provides case management and connections to resources in Palm Beach County to individuals and families.

## Housing

- The [Homeless Housing Alliance \(HHA\)](#) addresses issues revolving around homelessness within Palm Beach County.
  - A SAMHSA program, [Projects for Assistance in Transition from Homelessness \(PATH\)](#), funds initiatives around the nation working on solving issues of homelessness.
  - One element of the county’s HHA programming are [PATH Teams](#) (p.3). These are specialized outreach units that engage with people with severe mental health needs.
    - The teams help people navigate the human services system and are providers are proficient in multiple languages.
  - Four PATH Teams serve the county and are located within these jurisdictions and organizations:
    - City of West Palm Beach – [The Lord’s Place](#)
    - City of Delray Beach – [Delray Beach Housing Authority](#)
    - City of Delray Beach - [Drug Abuse Foundation \(DAF\)](#) – offers a wide range of programs and services, including [acute substance detoxification](#) services.
    - City of Riviera Beach - [Integrated Health Care Services](#) – a primary and behavioral healthcare facility that provides a continuum of care services.
- Palm Beach County’s [Homeless Outreach Team \(HOT\)](#) offers a myriad resources for people currently experiencing homelessness including community outreach, intake, and assessment.

- Individual HOT members connect with people who are homeless on a 1:1 basis to build rapport and trust. The team members discuss the person’s needs and describe potential opportunities and resources including:
  - The Care Center which offers clothing, shoes, etc.
  - Bike Center – for those needing transportation
  - Wraparound services
  - Identification services including birth certificates and driver’s licenses
  - Assistance with practical services such as laundry and groceries
  - Family reunification mentorship
- The [Senator Philip D. Lewis Homeless Resource Center](#) (Lewis Center) is the centralized point-of-entry for families and individuals experiencing homelessness in Palm Beach County.
  - The Center can house 60 individuals for an average of 40 days each as well as six transitional beds reserved for law enforcement and county drop-off.
  - The Lewis Center Annex can house 120 people. However, once they move into their new facility in 2024, they will only have 74 beds, as the existing facility will be closing.
  - [Gulfstream Goodwill](#) serves as the Center lead as well as the service provider for individual interim housing and rapid re-housing. They also provide employment training.
  - [Adopt-A-Family of the Palm Beaches, Inc.](#) is the provider for family interim housing and rapid re-housing.
  - [The Lord’s Place](#) provides [supportive](#) and graduate housing with seven facilities, employment and training services, clinical and care coordination, and a reentry program.
  - The Florida Department of Health in Palm Beach County and the Homeless Outreach Teams provide community outreach, intake, and assessment as well as offsite interim housing.
- The Gulfstream Goodwill Industries Western Shelters Pahokee facility provides 18 emergency shelter beds and 22 supportive housing beds
- The Belle Glade Transitional Center can house two people in separate rooms or, up to four same-sex people in total.
- The [Homeless Advisory Board](#) (HAB) was created by Palm Beach County Commissioners in 2007 to oversee efforts to eradicate homelessness.
  - The [Leading the Way Home](#) Report outlines the objectives, opportunities, and strategies deployed to address the challenges around homelessness.
- The [Homeless Coalition of Palm Beach County](#) is a leader in gap funding for programs that work to end homelessness.

### **Substance Use Services**

- The [C. L. Brumback Primary Care Clinics](#) (Brumback Clinics), a division of the Health Care District of Palm Beach County (HCDPBC) Mangonia Park location, is located on the [JFK North Hospital](#) (HCA) campus and provides services weekdays from 8 a.m. to 5 p.m.
  - Brumback Clinics is a Federally Qualified Healthcare Center (FQHC) available to people seeking to recover from substance use disorders (SUD).
  - In addition to SUD care, the Clinic offers primary care services, general psychiatry services, and pharmacy services.
- JFK North has 123 beds available for both voluntary and involuntary placement and services.
  - JFK North also operates the Addiction Stabilization Unit, a specialized unit within the Emergency Room that focuses on immediate and acute substance abuse care. After

stabilization, patients are brought to the Brumback Clinics Mangonia Park location to establish care.

- Recent funding has been allocated to:
  - Expand care coordination for people with frequent contact to behavioral health services.
  - Expand the number of beds for people in need of detoxification services.
  - Provide respite beds for people stepping down from overdose crisis beds and waiting for residential or inpatient placement.
- In addition to the Mangonia Park Clinic, a second FQHC is also open in Delray Beach, also operated by the Brumback Clinics and is open from 8 am to 5 pm Monday through Friday.
  - Both FQHC's target areas where healthcare gaps are identified.
  - In addition to SUD care, this Clinic offers primary care services, general psychiatry services, general and preventative dentistry, and pharmacy services.
- The [Mandela Healing Center](#) is an addiction detoxification and recovery center in an inpatient setting. People entering treatment are connected with a primary therapist to develop and deploy their detox plan.
- The [Recovery Village Palm Beach](#) at Baptist Health, in partnership with Advanced Recovery Systems (ARS), provides medical detox, Medication-Assisted Treatment (MAT) treatment services, and partial hospitalization services through an Intensive Outpatient Program (IOP) in inpatient residential rehabilitation facilities.
- [Rebel Recovery](#) provides an array of substance use disorder services including mobile syringe exchange and harm reduction services through their [Florida Access to Syringe and Health \(FLASH\)](#) program. Services include the exchange of sterile syringes for used ones; free anonymous and/or confidential HIV and HCV testing; intensive linkage to HIV & HCV treatment services and participant tailored patient navigation; referrals to substance use disorder treatment services, SUD recovery support services, community Naloxone distribution, and basic wound care.
- [Drug Abuse Foundation \(DAF\)](#) – offers a wide range of programs and services, including [acute substance detoxification](#) services.
- Community Recovery HUB of Palm Beach will be opening recovery community centers in Belle Glade and Riviera Beach.

### **Law Enforcement and First Responders**

- The Palm Beach County Sheriff's Office (PBSO) is staffed by approximately 4,000 employees and 1,800 sworn officers.
  - Between one and two 40-hour Crisis Intervention Team (CIT) Training programs are held in Palm Beach County on a monthly basis.
  - A four-hour CIT Refresher Course has been developed and is available to help CIT-trained officers stay current.
  - At the time of the workshop, approximately 20 CIT classes have been provided.
    - The Palm Beach State College (PBSC) [Public Safety](#) academics program includes a wide range of law enforcement and corrections academy training, degrees, and certificates.
      - The PBSC police academy now provides CIT training in their curriculum for new recruits.



- The PBSO has implemented an eight hour Mental Health First Aid (MHFA) training program to help officers, dispatchers, corrections and other staff identify and serve people experiencing mental health-related needs.
- To help officers address impacts they experience from serving people with mental health needs, the PBSO implemented an officer peer-to-peer wellness support group.
- A law enforcement/behavioral health co-response model has been in place at the PBSO since 2013.
- The PBSO Behavioral Services Division [pbsso.org] has a Targeted Violence Unit consisting of sworn officers, Licensed Clinical Therapists, and case managers.
  - The BSD was initially formed in response to the need to serve people in mental health crisis and reduce officer-involved injuries and deaths. They have now expanded the unit, developed after the 2018 Miami-area Parkland community Marjory Stoneman Douglas high school incident, to serve calls involving mass-violence incidents.
  - To serve people experiencing mental health challenges, non-sworn team members work with the person to connect them with resources and ultimately avoid future law enforcement contact.
  - The goal is to avoid arresting people in mental health crisis and connecting them to services.
    - In some cases, people might be involuntarily held if they meet Baker Act criteria.
  - The division also has a Substance Abuse Program staffed with a Case Manager/Licensed Clinical Therapist to provide support to people referred by officers who have overdosed more than once in the previous 12-month period.
  - A Therapy Dog Unit program is staffed with six deputies, one civilian, and eight dogs. The dogs receive about 300 hours of training before receiving certification to be used on cases where they can be deployed to help people in crisis.
- The PBSO has additional specialized units that focus on significant areas of crime including:
  - A **Domestic Violence Unit**, composed of three officers and five domestic violence advocates who work with victims to address their immediate safety and concerns, prepare for, and accompany them at court hearings, as well as provide connections to community programs and resources.
  - An **Enhanced Collaborative Palm Beach County Human Trafficking Task Force** focusing the agency and partners on eliminating human trafficking in the county and serving survivors in need of help and resources.
- The PBSO is currently standing up a Community Resource Team (CRT) funded through a \$600,000 **Department of Homeland Security (DHS)** grant which will, in part “...increase Palm Beach County’s current capacity and evidence-based response strategies. It will expand Palm Beach County’s threat assessment strategy to incorporate bystander training, referral services, and access to programs reducing instances of repeated acts of targeted violence.” The pilot will also provide an alternative response for those who do not need a traditional law enforcement response.

## GAPS

### Crisis Lines

- There is a reported general lack of awareness by many residents of Palm Beach County as to what phone service is best to call for their crisis or need, including 2-1-1, 9-8-8, 9-1-1, and other local support and help lines.

- Workshop participants suggested community educational ideas that included the county creating a printable resource directory or palm card to give to people when they are contacted by law enforcement, the HOT team, co-responding advocates and others serving the public, as well as to people prior to their being discharged from leaving facilities including hospital emergency rooms and county jails.
- 9-1-1 does not currently directly transfer appropriate-level callers, commonly referred to as a warm hand-off, who are in a behavioral health crisis to 9-8-8.

### **Law Enforcement and First Responders**

- The South County Mobile Response Team is understaffed, which may prevent them from being able to serve people in crisis on a timely basis.
- Workshop participants expressed the need for more collaboration between law enforcement and behavioral health agencies and staff to increase coordination and eliminate redundant pathways that ultimately achieve the same objective of getting people in crisis the help they need.

### **Crisis Services**

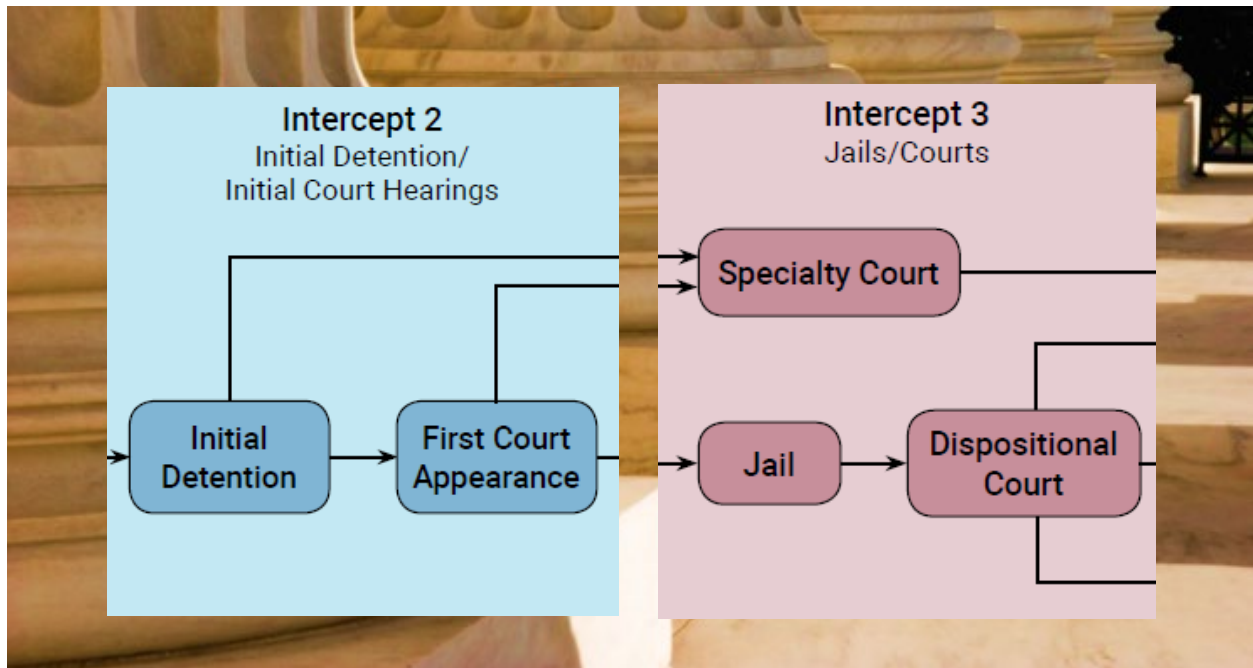
- The Jerome Golden Center for Behavioral Health, which had been primarily serving low-income north county clients, closed in 2020 which resulted in a net loss of 44 psychiatric beds.
- People throughout the county have a difficult time getting to facilities located in suburban areas.
  - The PBSO expressed the need for a transportation van to serve the reported 1,800 people who are homeless who their officers see out on the streets and sleeping on the beach.
  - Additional suggestions included providing people experiencing homelessness with a transit pass and a system for providers to distribute vouchers.
- There is a lack of consistent crisis services coordination, communication, or linkages between the many available programs and services providers across the county.
- Workshop participants shared that some clients can be released from JFK Hospital North's Addiction Stabilization Unit within an hour's time, with the potential that their needs have not been met.
- Workshop participants shared that, due to an increasing demand, there is a need for an additional clubhouse that would be located in the Delray Beach community.

### **Housing**

- The 2023 Point In Time (PIT) survey count reported 1,855 homeless residents in Palm Beach County including 686 (37%) sheltered and 1,169 (63%) unsheltered.
- There have been some shelter closings, which resulted in less available beds.

### **Collection and Sharing of Data**

- There is a reported lack of data sharing and coordination at the point of psychiatric intake at area hospitals.



## INTERCEPT 2 AND INTERCEPT 3

### RESOURCES

#### Booking

- Two PBSO detention centers include:
  - The [Main Detention Center \(MDC\)](#):
    - When people are booked into the MDC, they are administered screenings including medical, mental health, suicidal ideation, and an opioid-use screening.
    - Wellpath uses a screen document that meets all state and federal accreditation standards, mental health and substance abuse is covered by these forms.
    - Additional screens, recommended by SAMHSA, are deployed as needed and include:
      - The [Simple Screening Instrument for Substance Abuse \(SSISA\)](#), is used to quickly identify SUD symptoms and suggests conducting additional screening as needed.
      - Traumatic Brain Injury (TBI) screen to identify people with brain injuries.
      - A suicide prevention screen if the person is within a demographic that experiences high rates of suicide.
    - If appropriate the person will be administered detox and MAT-protocol medications.
      - The [Research Recovery Network Foundation \(RRNF\)](#) and [Delray-based Access Recovery Solutions \(ARS\)](#) also provide MAT services upon release.

- For people identified with an SUD, additional screenings are administered including:
  - Opioid screening and assessment tools.
  - [Clinical Institute Withdrawal Assessment \(CIWA\)](#),
  - [The Clinical Opiate Withdrawal Scale \(COWS\)](#),
- Once the booking interview and screenings are reviewed by jail staff, the information is used to classify the person and recommend placement into the appropriate housing unit. Individuals may instead be released on bond or released on recognizance (ROR).
- The individual is also fingerprinted at this point and must undergo a body scan to allow staff to detect any contraband or weapons.
- Information from these procedures, as well as other personal information is then entered into the [IMACS Jail Information Management System \(JIMS\)](#).
- An average of 100 people are booked into the MDC on a daily basis, and the entire process can reportedly take up to four hours for each person.
- New arrivals to the jail are provided a [rulebook](#) explaining routine information about the jails, jail programs and services, information about the various stages and assessment tools used in the booking process, and the means of communication to request programs and services.
- The [West Detention Center \(WDC\)](#) primarily houses people serving sentences determined by the 15<sup>th</sup> Judicial Circuit Court.

### Jail Structure and Personnel

- [Wellpath](#) is the current [Palm Beach County Sheriff's Office \(PBSO\)](#) contracted health care provider serving people being held in both jail facilities.
  - The Wellpath team include a medical doctor and psychiatrist for both physical and behavioral health who can prescribe and dispense medications as needed.
  - Nurses are on duty 24 hours a day, seven days a week at each facility.
  - Individuals in either jail requiring medical services will obtain them in the medical infirmary.
- Approximately 700 PBSO corrections officers (COs) staff the jails.
  - The MDC is staffed with approximately 500 corrections professionals.
  - The WDC is staffed with 188 corrections professionals.
- The MDC has a total capacity of 2,166 incarcerated people, and an average daily population (ADP) of 1,769 people.
  - Nearly all of the population at the MDC are males who have not yet been to trial or who have been tried but have not yet been sentenced.
  - A limited number of females and juveniles are also housed at the MDC.
  - Because the MDC has the greatest level of security, it is also used to house individuals considered a high security risk, those with federal cases, and those with high acuity mental health or medical needs.
- The WDC has a total bed capacity of 998 people, with an ADP of 669.
- Jail staff including COs receive training on an ongoing basis depending on their job duties and their skill levels.

- 80% of COs have received their Crisis Intervention Team (CIT) Training post-academy.
  - In the near future, the 40-hour CIT training course will be incorporated into the Academy's current training program.
- Some COs have also received [Mental Health First Aid \(MHFA\)](#) training, which educates participants the basics of mental illness and substance use disorders.
- Staff are also trained about how to identify and manage people with mental illness from a trauma-informed perspective.

### Jail Services

- The county conducted a cost-benefit analysis and identified people with mental health, SUD, or co-occurring issues remaining in the jail up to over five times longer, 48 days versus 9 days, than people without these issues.
- Once a person is booked and was not released at their first appearance, if they have been previously identified at the booking process with a mental health or SUD issues, they are addressed by Wellpath.
- Within the first 14 days of a person entering the PBSO jails, a physical and medical history assessment may be administered based on health symptoms, a request by the individual, or referrals from either PBSO officers or Wellpath medical staff.
- While exact numbers were not known at the time of the SIM workshop, a majority of people inside the jails self-report or have otherwise been determined to have a mental illness, substance use disorder, or co-occurring condition.
- All jail programs are available to anyone serving time in the jail, whether or not they have a behavioral health condition. These programs include:
  - Educational opportunities such as:
    - Career Exploration to introduce various career paths and required training and certifications needed;
    - General Equivalency Diploma (GED) high-school equivalency training, exam, and certification; and
    - Educational Services Program (ESP) for people who have not yet completed high-school.
  - Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings.
  - An electronic law library is available for people to submit requests for legal documents or information through a civilian librarian on staff. Legal books are also available throughout the jail in housing units and control rooms.
  - The [Another Way](#) intensive alcohol and other drug (AOD) educational program.
  - [Medication-Assisted Peer Support \(MAPS\)](#), a voluntary 12-week SUD treatment program provided through a collaboration of the Southeast Florida Behavioral Health Network, Wellpath, The Recovery Research Network, and Rebel Recovery Florida.
  - Religious services.
  - Mental health groups for those on an inpatient unit. Participants work on goal-setting, and learning more about behavioral health conditions, treatment, and recovery.
  - Reentry preparation and discharge planning to help people understand opportunities and resources that will help them reenter successfully.
    - Juvenile-specific programs such as Aggression Replacement Training (ART).

- Wellpath also provides psychiatric and related medication-prescription services inside the jail.
  - Costs for prescribed medications are included in the contract terms with Wellpath.
  - Wellpath also conducts psychiatric assessments and manages treatment planning and related medications.
  - Upon completion of an assessment and treatment evaluation, patient-specific trauma services are provided by Wellpath.
  - If someone makes a serious attempt to self-harm, Wellpath will supervise them on a 1:1, 24/7 basis.
- The PBSO [West Detention Center \(WDC\)](#) maintains four mental health Step units which are staffed with mental health nurses.
  - Each Step unit has a 27-bed capacity and houses about 4% of the population determined to have the highest level of mental illness acuity.
  - At the time of the workshop, between 80 to 100 people were being housed in the jail Step units.
  - Primary candidates for the Step units were referred by the nurse who examined the person in the booking stage. Additional assessments are administered at the discretion of the nurses, to help them discern how to best serve the individual.
- Most of the Intercept 3 programming and services detailed in the 2019 Sequential Intercept Model Mapping Workshop conducted with Palm Beach County are still in effect to this day.

### Pretrial Services

- The Palm Beach County Pretrial Services Program (PTS) provides verified information to the First Appearance Court Judge and State Attorney so that informed decisions can be made regarding the incarcerated persons release/detention decisions. Pretrial Services assist the Court in determining who may be eligible for 'straight' Own Recognizance Release (OR) and Supervised Own Recognizance (SOR) Release. The Supervision Units of Pretrial Services then supervises persons out of custody through various levels of contact such as: in-person contact on a weekly, bi-weekly or monthly basis. Supervision may also be by weekly telephone contact.
- Pretrial Services Intake Unit operates out of the Palm Beach County Sheriff's Office (PBSO) and is staffed by 4 Counselors and 5 Interviewers providing information at 1st Appearance Court 7 days per week. This information seeks to determine the defendant's 'Risk of Committing a New Crime' and 'Risk of Failing to Appear for Court.' Information gathered on the Pretrial Services Interview which assists in the assessment process include: Residence and Family Information, Employment, Education and Military Information (Veterans are typically referred to Veterans Court), and Criminal History Information.
- The daily First Appearance docket has an average of 40 to 50 individuals that PTS seeks to interview. Of this number 3-6 individuals may be housed on the Mental Health unit and often require creative interviewing techniques. PTS does referrals of persons with drug related charges to Drug Court. As of November 2023, there are 730 (SOR) clients being supervised out of custody.
- The [Office of the Public Defenders Mental Health Unit](#) is staffed by three attorneys, a social worker, and a legal assistant. This unit works specifically to represent people who may not be competent to stand trial, felony defendants who may be not guilty by reason of insanity, and other complexities.

- First Appearance takes place within 24 hours of booking. The Public Defender represents people at their First Appearance if they have been appointed by that time.
  - The PD can refer people to one of their five on-staff social workers.
- Rebel Recovery’s [Next Steps](#) program is available for justice-involved individuals meeting certain criteria for repeat, low-level offenses and is operated in coordination with First Appearance Court, Arraignment Court, and the PBC Criminal Justice Commission.
  - Following sentencing, the individual has the option to meet with a peer specialist who provides them with Rebel Recovery program information and the option to be transported to the Recovery Community Center following release. The team includes peer recovery support services and care coordination.

### Specialty/Treatment Courts

- The Florida 15<sup>th</sup> District Circuit Court has multiple Alternative Specialty Courts through the Court Administration Office.
  - The [Adult Drug Court](#) a judicially-supervised voluntary pretrial drug treatment program which provides substance use disorder treatment to nonviolent, adult, drug-involved felony defendants.
    - Participants may not have any open cases, or not be actively engaged on probation or parole terms.
    - Participants pay a \$20 fee weekly while they are engaged in the program.
    - Participation in the program requires a minimum one-year commitment, but the length of the program may be extended depending on the individual client’s treatment progress and compliance with drug testing.
    - The program requires the client to participate in group and individual counseling on a regular schedule and submit to random, observed drug testing on a weekly basis. Alcohol Anonymous/Narcotics Anonymous (AA/NA) attendance is mandatory while involved in Drug Court. Residential (inpatient) treatment is available and may be required from some participants where the treatment team determines it is necessary.
    - Once graduated, the person’s records may be sealed or expunged.
    - There is a single Drug Court Judge. The Public Defender’s Office has one attorney dedicated to handling all qualifying clients.
  - The [Mental Health Specialty Division ‘T2’ Court](#) (commonly referred to as “Mental Health Court”) is focused solely on people facing felony competence to stand trial issues (and not other mental health-related diversion).
    - The Court’s leadership met recently and discussed their desire to move beyond the issue of competency and include additional mental health diversion programs and services. A tentative agreement was reportedly made and the group will continue meeting after the SIM workshop.
    - There is a single Mental Health Specialty Division Judge.
  - [Veterans’ Court](#) serves veterans with mental health, substance use, or co-occurring conditions who are charged with felonies or misdemeanors.
    - Services include treatment for substance abuse and mental health issues, as well as providing housing solutions for the homeless.

- Most veterans are assigned mentors, who are volunteer veterans that can meet with and advocate for veterans in the system.
  - There is a single Veteran’s Court judge. The Public Defender’s Office has one attorney dedicated to handling all qualifying clients in the division. The Veteran’s Court attorney works to negotiate pre-trial intervention or probation settlements for clients.
- The 15<sup>th</sup> Circuit’s [Domestic Violence \(DV\) Program](#) is overseen by a team of Circuit and County Criminal Court judges and case managers.
  - The team develops terms and conditions for people charged with DV-related crimes including injunctions, supervised child visitation, and directing individuals into a variety of community programs and services.
- The [Juvenile Drug Court](#) is a minimum six-month program focusing attention and services to treat drug-involved youth and their families.
- The [Family Treatment Court](#) focuses on drug-involved parents through programs and services to help them and their families through the recovery process.

### Competency

- The issue of one’s competency to stand trial can be raised at any point in the process of a person’s engagement in the criminal justice system.
  - Petitions for competency evaluation are typically filed by the defense team.
- Felony cases where there is an issue of competency to proceed may be transferred into the Court’s [Mental Health Specialty Division “T”](#) via a written motion for appointment of experts and a proposed Order Temporarily Reassigning Case to the Mental Health Specialty Division.
  - When cases are transferred to the Mental Health Court, the court selects the appropriate court-approved evaluator. Upon evaluation, the evaluator makes the determination if the person is competent to stand trial.
  - Individuals are transferred to the state hospital for competence restoration services.
- [The Lord’s Place](#) and [Mandala Healing Center](#) have conditional release beds for people waiting for competence to stand trial restoration services.
- Cases for those who may be incompetent to stand trial can be dismissed if they are not likely to be restored. For non-violent offenses this may take place after three years, or for some violent offenses after five years.
- The [Recovery Research Network Foundation](#) (TRRN) of the Southeast Florida Behavioral Health Network (SEFBHN) is an outpatient substance use disorder treatment program. The program’s Forensic Multidisciplinary Team (FMT) diverts people away from the criminal justice system or commitment to Forensic State Mental Health Treatment Facilities (SMHTFs) or other residential forensic programs and offers community-based supports and services.
- The [South County Mental Health Center](#) (SCMHC) has jail screeners collaborating with the Public Defender’s Office social workers to screen and assess adults with mental illness facing felony charges and who are awaiting a competence evaluation.
  - Once the evaluation has been completed, a determination can be made as to the recommended level of care and community-placement.



# GAPS

## Booking

- Workshop participants were uncertain which particular mental health screening instruments have been used in the PBSO's jail booking process.

## First Appearance

- The Public Defender does not always have the current health/mental health information that would be helpful at their client's First Appearance hearings.
  - The PD reportedly used to receive this information but a recent law was enacted which restricts the PD's access to Pretrial Services evaluation information due to presence of criminal history.
    - The criminal history is provided to the State Attorney by Pretrial Services. The Public Defender receives the criminal history as Discovery in the case.
    - During discovery, the criminal history would become available to the Public Defender in compliance with the FBI CJIS Security Policy.
  - The PD does have access to limited notes created by the jail's Mental Health Unit staff.
- People can decline their opportunity for a First Appearance hearing, which may eliminate an opportunity for appropriate diversion or release on bond or recognizance.

## Jail Structure and Personnel

- With a large demand for CIT training, there have been delays in correctional officers receiving the training.
- Approximately 25% of jail staff positions were vacant at the time of the SIM workshop.
- Some people with mental health needs are placed within the general population, a decision which is made after reviewing one's acuity level.
- The jail's Mental Health Units are typically at capacity. Overflow population are reportedly directed to the MDC or WDC infirmary.

## Jail Services

- It costs taxpayers \$18,000 per year to house one adult in the Florida Department of Corrections, \$48,910 per year in the Palm Beach County jail, and \$81,395 per year to house one youth in the Department of Juvenile Justice facilities.
- Wellpath was not represented at the SIM workshop.
- A specialized restraint chair and bed may be used to keep people safe who are at risk of attempts of suicide, or self-harm.
  - Prior to deploying either, both the security and health units of the MDC and WDC review and consider options and collaborate on decision making.
  - The number of suicide attempts in 2023 is four year to date.
- Workshop participants reported there have been restrictions in the Wellpath medication formulary.
  - It was suggested that one challenge may be limited awareness about psychotropic medication alternatives.

- The [Moral Reconciliation Therapy \(MRT\)](#) program model is not currently being deployed in the MDC/WDC but workshop participants suggested it may be a helpful option.
  - PBSO is currently working on a proposal for this program.
- [South County Mental Health Center \(SCMHC\)](#) jail screeners were recently told their clearance would not be renewed.
  - SCMHC has decided not to engage in the jail clearance process in favor of the Public Defenders notification to the PBSO watch commander on a case by case basis.
  - There were complications suggested at the workshop due to a required 24-hour notice prior to seeing people who are incarcerated at the jail, though the jail commander reported during the workshop that they would investigate if the issue were brought to their attention.
- Workshop participants shared that Public Defenders, community program providers, and reentry planners have had challenges utilizing Peer Support Specialists (PSS) to provide jail in-reach because of a PBSO policy limiting who can be cleared to enter the jail, due to perceived security risk from potential prior criminal history.
  - Community program providers, Peer support specialists, and program volunteers may receive a secondary review.
  - The FBI's Criminal Justice Information Services (CJIS) [policy](#) suggests protecting computers if not cleared, which has led to this challenge. There was extended discussion at the workshop as to whether this was a Florida Department of Law Enforcement Priorities (FDLE) issue or whether it was possible to change the policy. Proposed alternatives if not included the peers being escorted or providing in-reach virtually.
  - Rebel Recovery's [Medication-Assisted Peer Support \(MAPS\)](#) program currently does jail in-reach and reportedly may be able to assist other providers with the clearance issue through waivers.

### Pretrial Services

- [Pretrial Services](#) makes efforts to screen as many people as they can prior to their Initial Appearance but may miss some people as the hearing must be held within the first 24 hours of booking.
  - Because incarcerated persons are held in secure cells when Pretrial Services staff conduct the Interviews, this has caused challenges relating to the person's privacy and potentially limits their contributions to screening and assessments.
  - Pretrial Services does not yet utilize a specialized caseload model that focuses staff with specific knowledge (such as mental health) and expertise on people experiencing related conditions.
  - There is a cost of a \$10/weekly supervision fee, unless waived by the court.

### Specialty/Treatment Courts

- The Mental Health Court is limited to a competency restoration court, not a true broader mental health diversion court as deployed across the nation (although conversations about expanding are taking place).

- Workshop participants shared frustration that the Public Defender is not always able to recommend people to the Mental Health Court on a timely basis. The concern being that quality candidates may be missing an opportunity to participate.
- Many candidates for the Drug Court will refuse to participate because of perceived restrictive eligibility requirements as well as the current exclusionary limits due to one's criminal history.

#### **Eligibility Criteria**

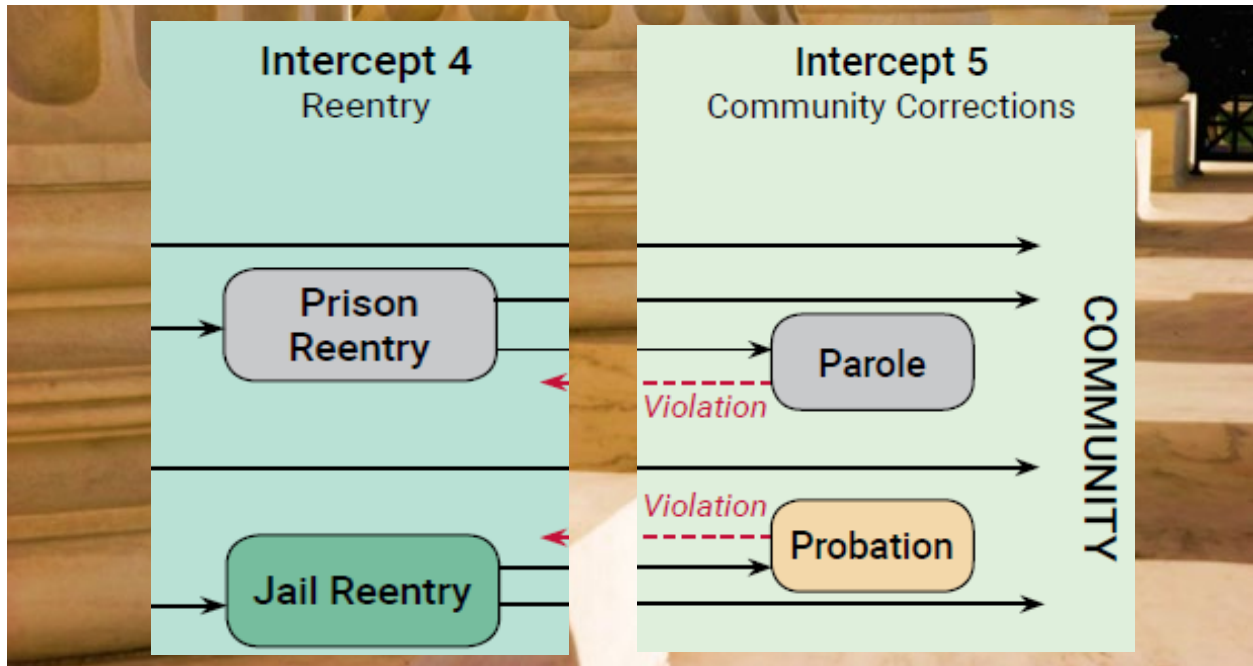
- Must be a resident of Palm Beach County and remain in Palm Beach County for the duration of the program.
- Have been charged with a nonviolent felony of the 2<sup>nd</sup> or 3<sup>rd</sup> degree with the defendant being identified as having a substance abuse problem.
- Have two or fewer felony convictions, provided that the prior convictions are for nonviolent felonies.
- Must not have previously participated in any felony pretrial intervention program, including drug court, in another jurisdiction.
- The facts of the case, or any prior case, must not indicate involvement in the dealing or selling of controlled substances.
- No separate pending charges including probation or pretrial intervention.
- Must agree to participate.

#### **Program Requirements**

- Must attend individual and group counseling sessions.
- Must submit to random, observed drug testing a minimum of twice per week.
- Must agree to all terms of the Drug Court Contract.
- Must attend 12-Step meetings.
- Must have monthly supervisory contact with the Department of Corrections.
- Must agree to frequent court appearances.
- Must agree to inpatient treatment if clinically indicated.

#### **Competency**

- Once competency is raised at one's First Appearance hearing, it can reportedly take one to two months for an evaluation.
  - Evaluators are allowed 30-60 days to complete an evaluation.
  - People with Florida Mental Health Act, aka. 'Baker Act,' orders tend to decompensate in jail or a state hospital while waiting to be placed in limited restoration services or diversion programs.
  - Limited competence restoration services result in long wait times in jail and the state hospital.



## INTERCEPT 4 AND INTERCEPT 5

### RESOURCES

#### Jail Services

- There are four to five staff working within the PBSO Jail Reentry Unit (JRU).
  - Incarcerated candidates on the path to being released are asked by JRU team members if they want to participate in reentry services.
  - The Assess, Plan, Identify, and Coordinate (APIC) model is used which includes assessing social and public safety needs as well as planning for treatment and services upon reentering the community.
- Reentry service providers working with individuals visit up to a week from release to ensure all the needs of the person have been addressed.
  - One tool used to identify needs includes the Gather, Assess, Integrate, Network, and Stimulate (GAINS) through Entry Checklist.
- People being released from the PBSO's [Main Detention Center \(MDC\)](#) and [West Detention Center \(WDC\)](#) receive five to seven days of medication and a prescription they can get filled upon release.

#### Community Reentry

- [The Lord's Place](#) offers several reentry programs that assist specific populations of returning citizens. The programs provide evidence-based assessment and screening to identify targeted interventions for participants. Case managers from The Lord's Place offer pre-release in-reach

reentry preparation with people to recommend and connect them to appropriate programs and services.

- Post-release contact is made by the case managers to reaffirm and suggest updated connections to programs and services.
- [The Recovery Village Palm Beach](#) at Baptist Health provides wraparound case managers and therapists, as well as services, including MAT and partial hospitalization, to people reentering the community through an inpatient rehab facility or an Intensive Outpatient Program (IOP.)
- The PBSO and Public Safety Department will assign clients to either [The Lord's Place](#), [Goodwill](#), or the [Reentry Center](#). The assignment will be communicated to the person via email once they have been sentenced.
- The Reentry Center refers the majority of people they serve out to community programs and services.
  - To decide the most appropriate services, an LSI-R risk/need assessment is administered to identify the person's attributes and levels of need for supervision and treatment.
    - A case manager is assigned, and the person is typically enrolled in a Moral Reconciliation Therapy (MRT) program and group-therapy sessions.

### Probation

- The Florida Department of Corrections (DOC) [West Palm Beach Circuit Office](#) provides probation supervision services for people convicted of felonies who are released within Palm Beach County.
  - The Probation office website reports 4,528 people on supervision as of September 8, 2023, one week prior to the SIM workshop.
  - The Probation office offers a [Re-Entry Resource](#) directory to help people on supervision connect with community services.
  - The program offers classes for self-improvement and behavior change including Life Skills, How to Make it on Probation or Community Control, Employment Interviewing and Application skills, Thinking for a Change or Moral Recognition Therapy Cognitive Behavior classes. Probation officers refer individuals to various community resources to assist them in obtaining employment, substance abuse counseling, mental health counseling, as well as other positive, self-improvement programs. The Felony Mobile Probation Unit allows probation officers to visit different areas of the county to allow probationers to keep their commitments to reporting. The office uses specialized caseloads/officers to focus on individuals from Veteran's Court and Pretrial Intervention programs.
- In January 2023, the Florida DOC, Palm Beach County, and the MacArthur Safety and Justice Challenge launched a Mobile Probation Unit (MPU) to address gaps serving people experiencing transportation issues.
  - Through September 2023, the MPU has served 1,694 people on probation.
- [Professional Probation Services \(PPS\)](#) is a private vendor providing probationary supervision services for those convicted of misdemeanors.
  - Approximately 2,000 people are supervised by 12 PPS officers.
  - Officer training programs are reportedly consistent since the 2019 SIM Workshop, including treatment facilities conducting training sessions.

- PPS has a specialized caseload assignment process.
  - One officer manages a caseload of 200 mental health-related clients.
  - One officer is assigned to Veteran’s Court participants.

### Prison Reentry

- The Florida DOC [Office of Programs and Re-Entry](#) provides programming for people who are incarcerated as well as reentry assistance.
- The [Sago Palm Re-Entry Center](#) serves Palm Beach County residents exiting Florida’s prisons.
  - The center has a capacity of 384 adult men.
  - The center provides a wide range of academic, vocational, SUD treatment, and life-skills programs.

## GAPS

### Jail Services

- There is a potential discrepancy between PBSO Correction policy and individual experience as workshop participants shared apparent gaps around jail program offering and eligibility, including too-low or too-high enrollment due to program eligibility requirements and suitability, especially for people with co-occurring behavioral health needs and those without a formal diagnosis.
  - One suggestion was to compare the average client population across programs to identify gaps.
- There appear to be high numbers of people with co-occurring and SUD needs, either self-reported or evident, who may be receptive to treatment but not qualify for those services. All such services are applicable to all individuals as deemed clinically appropriate.

### Community Reentry

- There remains a critical need across the county for transitional and affordable housing, particularly for those reentering the community.
  - One specific gap discussed was that area rapid-rehousing programs have restrictions which exclude potential candidates who are actively participating in recovery programs.
- Transportation issues were also identified as a challenge to people needing to make behavioral health service appointments.
- Access to, and levels of service of, behavioral health services providers was identified as an ongoing gap.
- People being released early from crisis or behavioral health facilities can be challenging as connections to programs and services may not have been completed.
- There is a need for a coordinated outreach task force to address people experiencing behavioral health issues.
  - Such a task force could focus on connecting the variety of programs and services to facilitate warm handoffs versus individual referrals to each independently.
- The need for community stakeholder engagement in policy development and implementation to serve people with behavioral health issues.

- Public education initiatives could also be used to inform the community of the various available resources.

### Probation

- Some people with mental health needs may be falling through the cracks if they have not previously been flagged via the plea or jail screening process.
- There is currently not a misdemeanor-level specialized probation caseload for people with SUD needs (all officers can be assigned to people with driving under the influence cases).
- Florida's legislature mandates certain probationary conditions, related to self-payment for treatment services, for people with particular offenses and who are under community supervision. Many people are reportedly violating their probation terms due to an inability to pay for mandated treatment and other conditions set by the courts.
  - Typically, probation officers are requesting for Notices to Appear so the court can review the cases before they issue a violation and have to return the person to jail.
- The DOC's [West Palm Beach Circuit Office](#) reportedly lacks funding to serve people reentering who have mental health needs.

### Jail Reentry

- There are knowledge gaps around the PBSO jail reentry services referral process. One example was concern about the request-form process versus providing services to all individuals.
- Workshop participants discussed gaps in reentry engagement for people who are released unexpectedly from court, as well as those who have served their full sentences.
  - Once these people are released, they are not easy to locate to help connect to services.
- There has been difficulty conducting pre-release engagement which was attributed in part to service referral emails not consistently being sent in enough time before an individual's release.



## PRIORITIES FOR CHANGE

**T**he priorities for change are determined through a voting process. Workshop participants are asked to identify a set of priorities followed by a vote where each participant has three votes. The voting took place on September 13, 2023. The top 5 priorities are highlighted in **bold text**.

Votes	Rank	Priority
28	1	<b>Increase structured and affordable housing, including non-traditional system solutions.</b> <i>Also, the top priority from the 2019 SIM.</i>
23	2	<b>Ensure access to BH services county-wide (accessibility, transportation, etc.)</b>
14	3	<b>Strengthen care coordination that follows the individual, including client advocacy from arrest to reentry.</b>
10	4	<b>Infuse/engage the community &amp; providers to promote family awareness pre and through CJ involvement.</b>
10	5	<b>Explore living opportunities for individuals convicted of sex offenses that are sanctioned/regulated by local government (pull data to determine need).</b>
8	6	Create a coordinated multi-agency mobile task force funded to respond. <i>Also, a priority from the 2019 SIM.</i> Note: they have current pilot DOJ \$- Community Resource Team for those who need resources (co-responder w/SW or advocate)- also dementia- may expand across county
8	7	Expand jail in-reach/security possibilities for community providers & peers.
7	8	Develop a true diversion-focused Mental Health Court. Note: already occurring (Jen L)- MH court exploratory re: charges.
4	9	Revisit required & realistic license/certifications toward workforce development.
4	10	Institute a community brain trust MH task force to meet regularly to address current concerns.
3	11	Increase public awareness of community resources.
2	12	Expand and educate re: a recovery-oriented system of care.
2	13	Consolidate employment opportunities for this population.
0	14	Address high cost of assisted living facilities.



# STRATEGIC ACTION PLANS

## Priority Area #1: Increase structured and affordable housing, including non-traditional system solutions.

Objective	Action Step	Who	When
Primary leasing FMR	<ul style="list-style-type: none"> <li>▪ Create a list of developers, community real estate agencies</li> <li>▪ Landlords know who to call (agency)</li> <li>▪ Tenant has access to service provider</li> </ul>	<ul style="list-style-type: none"> <li>▪ Community Service Department.</li> <li>▪ SEFBHN</li> </ul>	6-12 months
Funding	<ul style="list-style-type: none"> <li>▪ Pooled funding- communication about available funding/grants, etc. for lower/lowest Area Median Income (AMI)</li> </ul>	<ul style="list-style-type: none"> <li>▪ CJC/county/cities</li> <li>▪ Funders group: SEFBHN, private funders, banks, hedge funds, foundations</li> </ul>	Ongoing
Communication / Collaboration	<ul style="list-style-type: none"> <li>▪ Funders group meeting (ensure everyone is aware of the meeting/educate community)</li> <li>▪ Share grant opportunities</li> <li>▪ Create a calendar or email chain/newsletter to share info</li> </ul>	<ul style="list-style-type: none"> <li>▪ Community Service Dept. PBC to start. All parties are responsible to participate.</li> </ul>	0-6 months
Education	<ul style="list-style-type: none"> <li>▪ Systems-wide education</li> <li>▪ Capacity building workshops</li> <li>▪ Workshops on grant writing/landlord education incentives</li> </ul>	<ul style="list-style-type: none"> <li>▪ Substance Abuse and Mental Health Services Administration, Palm Beach State, Gov. agencies/Bureau of Justice Assistance (BJA) webinars</li> </ul>	0-6 months
Hotels	<ul style="list-style-type: none"> <li>▪ Establishing relationships/networking</li> </ul>	<ul style="list-style-type: none"> <li>▪ Housing specialist/HOT team</li> <li>▪ PATH</li> </ul>	Ongoing
Alternative housing	<ul style="list-style-type: none"> <li>▪ Container housing, tiny houses</li> <li>▪ Zoning, empty buildings, strip malls</li> </ul>	<ul style="list-style-type: none"> <li>▪ Collaborate w/other PBC housing subcommittees</li> <li>▪ SEFBHN (legislation)</li> </ul>	12 months

**Group Members:**

- |  |  |
|--|--|
| <ol style="list-style-type: none"> <li>1. Katherine Shover, Palm Beach County, Criminal Justice Commission</li> <li>2. Daniel Ramos, Palm Beach County Community Services Department</li> <li>3. Brett Taylor, Center for Justice Innovation, West Coast Initiatives</li> <li>4. Mayra Martinez-Gelabert, Southeast Florida Behavioral Health Network</li> </ol> | <ol style="list-style-type: none"> <li>5. Arlene Griffiths, Palm Beach County Reentry Program</li> <li>6. Keith Oswald, Palm Beach County School District</li> <li>7. Allie Severino, City of West Palm Beach</li> <li>8. Courtney Draine, Palm Beach County, Fire Rescue</li> <li>9. Vanessa Klein, The Lord's Place</li> </ol> |
|--|--|

**Priority Area #2: Ensure access to BH services county-wide.**

Objective	Action Step	Who	When
Identify available resources	<ul style="list-style-type: none"> <li>▪ Centralized service identifiers</li> <li>▪ Care coordinators</li> </ul>	<ul style="list-style-type: none"> <li>▪ PBC Human Services or 211</li> <li>▪ PBC Healthcare District</li> <li>▪ SEFBHN</li> </ul>	6-9 months
Expand accessibility: Beyond 9am-5pm, weekends	<ul style="list-style-type: none"> <li>▪ Increase mobile units at the jail</li> <li>▪ Increase satellite locations (providers)</li> <li>▪ Partnering with library system, feeding locations</li> </ul>	<ul style="list-style-type: none"> <li>▪ PBC Healthcare District</li> <li>▪ Florida Department of Children and Families</li> <li>▪ SEFBHN</li> </ul>	24-48 months
Increase transportation services	Travel training for public transportation	<ul style="list-style-type: none"> <li>▪ Palm Tran</li> <li>▪ School district E.S.E. (up to age 20)</li> <li>▪ Peer specialists</li> </ul>	12-18 months

**Group Members:**

1. Dawn Davenport, Palm Beach County, Criminal Justice Commission
2. Cheo Reid, State Attorney's Office
3. Sandra Sisson, Palm Beach County Sheriff's Office
4. Michelle Beatty, JFK North Hospital
5. Dr. Barbara Gerlock, Pathways to Progress
6. Kevin McCormick, Palm Beach County School District
7. Jacob Kalathoor, Health Care District of Palm Beach County
8. Griffin Harrow, South County Mental Health Center
9. Alicia Reno, Southeast Florida Behavioral Health Center
10. Deputy Sheriff James Mackey, Palm Beach County Sheriff's Office
11. Carolyn Stein, 211 Palm Beach/Treasure Coast

**Priority Area #3: Strengthen care coordination that follows the individual, including client/peer advocacy from arrest to reentry.**

Objective	Action Step	Who	When
Identify resources/gaps within the services provided to the clients to strengthen care coordination	<ul style="list-style-type: none"> <li>▪ Client-based case studies that include each intercept (historical data, follow new clients through system)</li> <li>▪ Establish flow chart to map out their progress through the process (arrest to reentry)</li> </ul>	Case studies to include: law enforcement, corrections, court, PD & SA, community supports	6 months – 1 year
Infuse client-based advocacy through peer support to ensure efficient care coordination	Create policy recommendation to incorporate and provide peer support/client advocacy to participants who are identified with MH/SU needs at each service point and through the process	<ul style="list-style-type: none"> <li>▪ Service providers</li> <li>▪ County boards and agencies that fund services</li> </ul>	Start ASAP for 2024-25 fiscal year implementation

**Group Members:**

1. Major Michael Devoter, Palm Beach County Sheriff's Office
2. Stephanie Moliere, Palm Beach County, Criminal Justice Commission
3. Dr. Mary Claire Mucenic, Palm Beach County School District
4. Jennifer Loyless, Public Defender's Office
5. Conrad Saddler, Palm Beach County, Pretrial Services Program
6. Laura Waterman, Gulfstream Goodwill Industries

**Priority Area #4: Infuse/engage the community and providers to promote family awareness pre and through criminal justice involvement.**

Objective	Action Step	Who	When
Identify points of contact (web pages, agencies, etc.) that family members and those impacted already might encounter (churches, libraries, govt, etc.)	<ol style="list-style-type: none"> <li>1. Break down resources into pre-arrest, arrest, and release.</li> <li>2. Identify who the right people are to address each intercept.</li> <li>3. Identify resources and processes at each intercept.</li> <li>4. Look for grants.</li> </ol>	Subcommittee: mix of community services, community engagement reps, law enforcement, public safety, CJC, citizens (Community Engagement Task Force).	Get on task force agenda w/in 90 days
Develop resources- brochures, web material, videos, and marketing materials (in English, Spanish & Creole)	<ol style="list-style-type: none"> <li>1. Materials on the criminal justice process (replicate vs. materials)</li> <li>2. Develop resources/materials for each intercept</li> <li>3. Guide</li> </ol>		1 year to identify and write grants to support
Develop marketing campaign Include heat mapping to target	Pre-arrest, arrest, & release		
Identify points of contact	At each intercept		
Focus groups to get information from those impacted: "What do you wish you would have known?"	<ol style="list-style-type: none"> <li>1. From each intercept</li> <li>2. Include stipends for community members</li> </ol>		

**Group Members:**

1. Lauren Zuchman, BeWell PBC
2. Jeanette Gordon, MacArthur's Own, Inc.
3. Annie Ifill, Healthier Glades
4. Jaime Lee-Bradshaw, Community Partners of South Florida
5. Nicole Bishop, Palm Beach County Victim Services and Justice Services
6. Reverend Kevin Jones, Criminal Justice Commission Chair, City of West Palm Beach
7. Damir Kukec, Palm Beach County, Criminal Justice Commission
8. Rosalind Murray, Palm Beach County, Criminal Justice Commission
9. Captain Randy Foley, Palm Beach County Sheriff's Office
10. Carmelin Marcelin-Chapman, Healthier Lake Worth

## Priority Area #5: Explore living opportunities for those with sex offenses

Objective	Action Step	Who	When
Educate and create public support re: collateral costs of current system	<ol style="list-style-type: none"> <li>1. Collecting data and statistics (approx. 100 persons)</li> <li>2. Funding and cost review, public cost, tax allocation (state, county, etc.)</li> <li>3. Publicize final review of data</li> </ol>	CJC, PBSO, Probation, DOC, Public Safety, DCF	Pull data from 2018 forward within the 2023-24 fiscal year  *Quarterly review of steps
Identify “bed” placements meeting SOR criteria	<ol style="list-style-type: none"> <li>1. Review statutory language and policy.</li> <li>2. County and municipal-owned buildings, private property funding.</li> <li>3. Create specific living criteria (e.g., PBC conviction, etc.)</li> </ol>	<ol style="list-style-type: none"> <li>1. Public Defender, County Legal, Reentry Taskforce, PBSO (Sexual Offenses Subcommittee)</li> <li>2. Reentry Task Force-Housing Subcommittee, City of WPB Housing Dir. Subcommittee (SOR)</li> </ol>	
Appropriate staffing (evidence-based, licensure, etc.)	<ol style="list-style-type: none"> <li>1. Identifying funding and allocation available</li> <li>2. Identifying evidence-based services needed (case management, nursing, vocational, house staff, etc.)</li> <li>3. Training and accountability for staff</li> </ol>	<ol style="list-style-type: none"> <li>1. SEFBHN, Public Safety, DOC</li> <li>2. Project leaders providing care and funding Project leaders</li> </ol>	FY 2023-24 with quarterly reviews
Sustainability	<ol style="list-style-type: none"> <li>1. Research and collect data once implemented in community</li> <li>4. Research on prior opportunities and data from SOR individuals</li> </ol>	<ol style="list-style-type: none"> <li>1. PBC Public Safety</li> <li>3. Reentry Task Force subcommittee</li> </ol>	

### Group Members:

1. Chris Slydell, Palm Beach County, Criminal Justice Commission
2. Catherine Paterno, Southeast Florida Behavioral Health Network
3. Chris James, Haywood Burns Institute
4. Oswald Newbold, The Reentry Center of Riviera Beach
5. Orié Bullard, The Reentry Center of Riviera Beach
6. Derek Gibson, Florida Department of Corrections
7. Major Chris Keane, Palm Beach County Sheriff’s Office
8. Lauren Arciero, South County Mental Health Center



## QUICK FIXES

**W**hile most priorities identified during a Sequential Intercept Model mapping workshop require significant planning and opportunities to implement, quick fixes are priorities that can be implemented with only minimal investment of time and little, if any, financial investment. Yet quick fixes can have a significant impact on the trajectories of people with mental and substance disorders in the justice system.

- South County Mental Health Center (SCMHC) jail screeners were recently told their clearance would not be renewed. There were complications suggested at the workshop due to a required 24-hour notice prior to seeing people who are incarcerated at the jail, though the jail commander reported during the workshop that they would investigate if the issue were brought to their attention.
  - Based on post-workshop follow up, SCMHC has decided not to engage in the jail clearance process in favor of the Public Defenders notification to the PBSO watch commander on a case by case basis.
- Upon hearing that people under probation were being violated due to inability to pay for treatment, the Southeast Florida Behavioral Health Network (SEFBHN) stipulated that they mandate providers to never deny services due to inability to pay, directing providers to contact the managing entity to review any cases.



## RECOMMENDATIONS

Palm Beach County has a number of exemplary programs that address criminal legal system/behavioral health collaboration. Still, the mapping exercise identified areas where programs may need expansion or where new resources and programming must be developed.

- 1. Identify where this continued work will ‘live’ and how existing cross-systems workgroups will collaborate and integrate to move the work forward. Continue to shape efforts by the Palm Beach County Criminal Justice Commission (CJC) to address the needs of justice-involved persons with behavioral health and other co-occurring needs.**

Following the SIM workshop, there is a need for ongoing dialogue, joint planning, and increasing awareness regarding system resources. Implementation of initiatives to increase diversion opportunities will require involvement of a broad group of stakeholders with sufficient authority to impact state-, county-, and municipal-level change.

Palm Beach County has had an active [Criminal Justice Commission \(CJC\)](#) since its creation in 1988. The CJC works on a variety of issues that impact the local criminal justice system in different ways, including crime prevention, courts, law enforcement, corrections, reducing costs, and improving effectiveness and efficiency. While the CJC may be the natural place to “house” the continued work of the SIM, including the action plans created on Day 2, there should be thoughtful collaboration and communication between other groups meeting and engaging with this population, as well as the community at large.

As part of follow-up after the SIM workshop, it will be helpful to create an inventory of other cross-systems groups, their meeting schedules, and membership, to avoid duplication and increase communication. A non-exhaustive list of relevant working groups mentioned during the SIM workshop included the: [Criminal Justice Commission](#) and various subcommittees; [Citizens Advisory Committee on Health and Human Services \(CAC/HHS\)](#); [Advisory Committee on Behavioral Health, Substance Use and Co-Occurring Disorder \(BHSUCOD\)](#); [Community Action Board](#); [Homeless Advisory Board](#); [Palm Beach Civic Association’s Public Safety Committee](#); [Reentry Task Force](#) and six

subcommittees (Youth Reentry; Employment, Training, and Education; Data and Evaluation; Sex Offenses; Housing; and Sustainability); [Human Trafficking Task Force](#); and [Veterans Coalition](#).

## 2. Maximize and leverage housing options across a continuum of resources, including options for individuals with a history of criminal legal system involvement.

As was discussed at the SIM workshop, lack of affordable housing disproportionately affects people who are formerly incarcerated (this was the #1 identified SIM Priority for Change, as it was during the 2019 Palm Beach SIM). State and local governments can pursue evidence-based programs to increase the supply of affordable housing, including by modifying exclusionary zoning practices and implementing land value taxes. Communities around the country have developed formal approaches to housing development, including use of the Housing First model. The [Housing First Model](#) is an approach that is effective with individuals with histories of criminal legal involvement and behavioral health disorders. The [Built for Zero](#) movement identifies key steps for communities to take that measurably and equitably end homelessness.

A strong housing continuum includes emergency shelters, landlord support and intervention, rapid rehousing, Permanent Supportive Housing (with or without Housing First but including supportive services such as case management, treatment, employment, etc.), Supportive Housing (partial rent subsidies), transitional housing, affordable rental housing, and home ownership. In addition, jurisdictions should consider how dependent care, institutional care, home-based services such as FACT, FUSE and ACT, halfway houses, and respite care can support specific populations needs.

Many cities and counties have moved to a "coordinated entry" housing approach where housing resources are prioritized for families, and those who meet HUD requirements, score high on coordinated entry "vulnerability" screens, or meet Veteran housing requirements. While coordinated entry is an important process to manage scarce resources, coordinated entry can leave the greatest percentage of the unhoused, or under-housed population with limited or no housing resources.

While housing is a challenging gap, a good place to start is maximizing and leveraging existing housing resources and policy, building on work of the [Ten-Year Plan to End Homelessness in Palm Beach County, Florida](#).

1. Learn about your county's [HUD Continuum of Care \(CoC\)](#). Larger, more populated counties often have their own designated CoC while rural and less populated areas may be part of a regional CoC or part of a Balance of State Continuum of Care (BOSCOC).
  - a. Partner with a Local Coalition to End Homelessness (LCEH) which could be under a local housing authority, human service department or other department; many more rural communities may not have a LCEH.
  - b. Explore housing challenges, options for housing and barriers to housing for justice involved individuals, and coordination, access, and availability of cross-discipline needs (such as primary care, employment, behavioral health) for justice-involved individuals. Perhaps hold a Criminal Justice Housing Summit, series of meetings, or establish a cross-system committee.



2. Explore how justice-involved individuals' housing needs can be addressed in specific strategies and across systems.
  - a. Collaborate with local businesses to invest in rehabbing abandoned buildings, building housing, and inventory existing *criminal legal-friendly housing resources*. In particular, inquire about and ensure access and consideration for the unique needs of justice-involved individuals living with mental health and substance use disorders. Are there large employers in your area who could partner with you in developing housing and workforce opportunities? Likewise, explore foundation grants or business grants to support housing or services.
  - b. Address shelter and landlord housing criteria that limit or exclude individuals with criminal legal system histories, or with mental health or substance use issues. Work collaboratively to improve access and physical state of the accommodations to promote safety and stabilization. The Wilson Center for Science and Justice's [Finding Home: Removing Barriers to Housing for Formerly Incarcerated Individuals \(2023\)](#) provides a helpful overview with recommendations.
3. Blend and braid public and private funds, including Medicaid-funded waivers as appropriate, and crisis and case management services to support the mental, physical and substance use disorder treatment needs of individuals in "room and board" situations, shelters, and other non-supported housing options.
4. Explore and be creative with how Landlord Incentive Programs are being utilized to support housing for justice-involved individuals. Develop or utilize landlord liaison and navigation programs to increase the likelihood that landlords will accept individuals with justice system involvement and who have higher needs.

Also see the [Resources](#) section below for additional resources on *Housing*.

Housing Continuum			
Prevention	Short-Term	Specialized	Long-Term
Rapid Rehousing resources	Hotels/lodging that accept justice-involved individuals	Board-and-Care Group Homes Congregant Care State Medicaid Home and Community-Based Waivers	Permanent Supportive Housing, Housing First
Landlord liaisons, support, and intervention services	Emergency shelters	Nursing care facilities Skilled nursing services	Affordable rentals
Home-based services	Supported housing (partial rent subsidies)	Operated by Treatment/Service Providers: Developmental Disability, Mental Health, Substance Use Treatment, probation, “halfway houses” Young adults and Teen Parents	Long-term institutional care
Emergency Hotel Vouchers	Bridge/transitional housing	(Forensic) Assertive Community Treatment (FACT)	Veterans-Specific Housing
Temporary Alternatives: Tiny Homes, Safe Parking Lots, Organized Camping	Respite Care (Medical) Hostels	Housing Opportunities for Persons with AIDS (HOPWA)* Recovery and Sobriety	Housing Authority Units Affordable Homeownership
Rent Controlled Housing		Shared Living Arrangements (e.g., Sex Offenders)	
<p><b>Document:</b> Type/program, who manages units, on-site services, funding sources, location, # of units/capacity, access (referral sources), application process, availability, turn-over rate, safety, and suitability for occupation</p> <p><b>Target Population:</b> Eligibility criteria, exclusions, and “family unit”- individual, couples, children, pets, and “friends,” cultural responsiveness</p> <p><b>Laws, Policies, Practices:</b> Review and address laws, policies, and practices such as applications with criminal legal inquiries. Impact and process of Coordinated Entry including assessment tool (usually the VI-SPDAT).</p>			

### 3. Expand jail in-reach possibilities for community providers & peers.

During the SIM workshop, participants anecdotally shared that multiple organizations and services including the Office of the Public Defender, community program providers, and reentry planning have been prevented from utilizing professionals with prior criminal convictions, often including people lived experience (peers), to provide services in the jail due to security clearance policies. There was extended discussion at the workshop as to whether this was a Florida Department of Law Enforcement Priorities (FDLE) issue or whether it was possible to change the policy. Multiple SIM Priorities for Change were identified that relate to this barrier.

There is substantial and growing evidence that engaging peers leads to better behavioral health and criminal justice outcomes, including within jail and prison facilities. Peer staff and volunteers may perform mentoring and facilitating of jail support groups, practical assistance with incarceration and

reintegration, support for those in jail-based competence restoration units, and transition planning to improve reentry outcomes by shaping services around a person's needs before they are released. The DOJ's BJA guide, [Peer Recovery Support Services in Correctional Settings](#), provides a wealth of resources, including sample policies and case examples.

While clearance challenges are not unique to Palm Beach County, many jurisdictions across the country utilize individuals with lived experience, including prior criminal convictions and current engagement with community supervision (probation/parole), to provide in-reach services within jails and prisons. As examples in other Florida jurisdictions that could be beneficial learning sites, peers provide in-reach services within the [Pinellas County](#) and [Miami-Dade County](#) jails. Florida Governor DeSantis also signed [bipartisan legislation HB 1045](#) into effect in July 2023, which provides individuals incarcerated in Florida prisons a path to become certified peer specialists. The pilot program is entitled the Peer Specialist Gateway Pilot Program.

Other jurisdictional examples include:

- Albany County, NY's addictions services unit includes Certified Recovery Peer Advocates who provide Medication-Assisted Treatment (MAT) and harm reduction support in the jail.
- The All Rise (formerly NADCP) [Justice For Vets National Mentor Corps](#) provides professional development for volunteer veterans working in Veteran Treatment Courts.
- Massachusetts uses the [MISSION-CJ](#) (Maintaining Independence and Sobriety through Systems Integration, Outreach, and Networking—Criminal Justice) model in their adult drug, mental health, veteran, and family drug courts and reentry programs.
- The Pennsylvania Department of Correction's [Certified Peer Support Specialist](#) and Wellness Recovery Action Plan (WRAP) programs are offered in prison.
- Philadelphia, PA's [Peerstar, LLC](#) program provides jail in-reach for reentry planning.
- Hamilton County, OH's [Transitioning Opportunities for Work, Education, and Reality \(TOWER\)](#) program utilizes peers for five weeks of career readiness prior to release.
- In [Nebraska prisons](#), even peers currently under parole supervision for felony convictions are able to provide in-reach services.



## RESOURCES

### **Competence Evaluation and Restoration**

- Policy Research Associates. [Competence to Stand Trial Microsite](#).
- Policy Research Associates. (2007, re-released 2020). [Quick Fixes for Effectively Dealing with Persons Found Incompetent to Stand Trial](#).
- Finkle, M., Kurth, R., Cadle, C., and Mullan, J. (2009) [Competency Courts: A Creative Solution for Restoring Competency to the Competency Process](#). *Behavioral Science and the Law*, 27, 767-786.

### **Crisis Care, Crisis Response, and Law Enforcement**

- National Council for Behavioral Health. (2021). [Roadmap to the Ideal Crisis System: Essential Elements, Measurable Standards and Best Practices for Behavioral Health Crisis Response](#).
- National Association of State Mental Health Program Directors. [Crisis Now: Transforming Services is Within our Reach](#).
- National Association of Counties. (2010). [Crisis Care Services for Counties: Preventing Individuals with Mental Illnesses from Entering Local Corrections Systems](#).
- Abt Associates. (2020). [A Guidebook to Reimagining America's Crisis Response Systems](#).
- Urban Institute. (2020). [Alternatives to Arrests and Police Responses to Homelessness: Evidence-Based Models and Promising Practices](#).
- Open Society Foundations. (2018). [Police and Harm Reduction](#).
- Center for American Progress. (2020). [The Community Responder Model: How Cities Can Send the Right Responder to Every 911 Call](#).
- Vera Institute of Justice. (2020). [Behavioral Health Crisis Alternatives: Shifting from Policy to Community Responses](#).
- National Association of State Mental Health Program Directors. (2020). [Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies](#).
- National Association of State Mental Health Program Directors and Treatment Advocacy Center. (2017). [Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care](#).
- R Street. (2019). [Statewide Policies Relating to Pre-Arrest Diversion and Crisis Response](#).
- Substance Abuse and Mental Health Services Administration. (2014). [Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies](#).
- Substance Abuse and Mental Health Services Administration. (2019). [Tailoring Crisis Response and Pre-Arrest Diversion Models for Rural Communities](#).



- Substance Abuse and Mental Health Services Administration. (2020). *Crisis Services: Meeting Needs, Saving Lives*.
- Substance Abuse and Mental Health Services Administration. (2020). *National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit*.
- Crisis Intervention Team International. (2019). *Crisis Intervention Team (CIT) Programs: A Best Practice Guide for Transforming Community Responses to Mental Health Crises*.
- Suicide Prevention Resource Center. (2013). *The Role of Law Enforcement Officers in Preventing Suicide*.
- Bureau of Justice Assistance. (2014). *Engaging Law Enforcement in Opioid Overdose Response: Frequently Asked Questions*.
- International Association of Chiefs of Police. *One Mind Campaign: Enhancing Law Enforcement Engagement with People in Crisis, with Mental Health Disorders and/or Developmental Disabilities*.
- Bureau of Justice Assistance. *Police-Mental Health Collaboration Toolkit*.
- Policy Research Associates and the National League of Cities. (2020). *Responding to Individuals in Behavioral Health Crisis Via Co-Responder Models: The Roles of Cities, Counties, Law Enforcement, and Providers*.
- International Association of Chiefs of Police. *Improving Police Response to Persons Affected by Mental Illness: Report from March 2016 IACP Symposium*.
- Optum. (2015). In Salt Lake County, Optum Enhances Jail Diversion Initiatives with Effective Crisis Programs.
- The Case Assessment Management Program (CAMP) is a joint effort of the Los Angeles Department of Mental Health and the Los Angeles Police Department to provide effective follow-up and management of selected referrals involving high users of emergency services, the 911 system, and individuals at high risk of death or injury to themselves.

### Brain Injury

- National Association of State Head Injury Administrators. (2020). *Criminal and Juvenile Justice Best Practice Guide: Information and Tools for State Brain Injury Programs*.
- National Association of State Head Injury Administrators. *Supporting Materials including Screening Tools and Sample Consent Forms*.

### Housing

- The Council of State Governments Justice Center. (2021). *Reducing Homelessness for People with Behavioral Health Needs Leaving Prisons and Jails: Recommendations to California’s Council on Criminal Justice and Behavioral Health*.
- Alliance for Health Reform. (2015). *The Connection Between Health and Housing: The Evidence and Policy Landscape*.
- Economic Roundtable. (2013). *Getting Home: Outcomes from Housing High Cost Homeless Hospital Patients*.
- 100,000 Homes. *Housing First Self-Assessment*.
- Community Solutions. *Built for Zero*.
- Urban Institute. (2012). *Supportive Housing for Returning Prisoners: Outcomes and Impacts of the Returning Home-Ohio Pilot Project*.

- Corporation for Supportive Housing. Guide to the Frequent Users Systems Engagement (FUSE) Model.
  - Corporation for Supportive Housing. NYC Frequent User Services Enhancement – Evaluation Findings.
  - Corporation for Supportive Housing. Housing is the Best Medicine: Supportive Housing and the Social Determinants of Health.
- Substance Abuse and Mental Health Services Administration. (2015). TIP 55: Behavioral Health Services for People Who Are Homeless.
- National Homelessness Law Center. (2019). Housing Not Handcuffs 2019: Ending the Criminalization of Homelessness in U.S. Cities.

### Information Sharing/Data Analysis and Matching

- Center for Policing Equity. (2020). Toolkit for Equitable Public Safety.
- Legal Action Center. (2020). Sample Consent Forms for Release of Substance Use Disorder Patient Records.
- Council of State Governments Justice Center. (2010). Information Sharing in Criminal Justice-Mental Health Collaborations: Working with HIPAA and Other Privacy Laws.
- American Probation and Parole Association. (2014). Corrections and Reentry: Protected Health Information Privacy Framework for Information Sharing.
- The Council of State Governments Justice Center. (2011). Ten-Step Guide to Transforming Probation Departments to Reduce Recidivism.
- Substance Abuse and Mental Health Services Administration. (2019). Data Collection Across the Sequential Intercept Model: Essential Measures.
- Substance Abuse and Mental Health Services Administration. (2018). Crisis Intervention Team (CIT) Methods for Using Data to Inform Practice: A Step-by-Step Guide.
- Data-Driven Justice Initiative. (2016). Data-Driven Justice Playbook: How to Develop a System of Diversion.
- Urban Institute. (2013). Justice Reinvestment at the Local Level: Planning and Implementation Guide.
- Vera Institute of Justice. (2012). Closing the Gap: Using Criminal Justice and Public Health Data to Improve Identification of Mental Illness.
- New Orleans Health Department. (2016). New Orleans Mental Health Dashboard.
- The Cook County, Illinois Jail Data Linkage Project: A Data Matching Initiative in Illinois became operational in 2002 and connected the behavioral health providers working in the Cook County Jail with the community mental health centers serving the Greater Chicago area. It quickly led to a change in state policy in support of the enhanced communication between service providers. The system has grown in the ensuing years to cover significantly more of the state.

### Jail Inmate Information/Services

- NAMI California. Arrested Guides and Medication Forms.
- NAMI California. Inmate Mental Health Information Forms.

- Urban Institute. (2018). *Strategies for Connecting Justice-Involved Populations to Health Coverage and Care*.
- R Street. (2020). *How Technology Can Strengthen Family Connections During Incarceration*.

### **Medication-Assisted Treatment (MAT)/Opioids/Substance Use**

- American Society of Addiction Medicine. *Advancing Access to Addiction Medications*.
- American Society of Addiction Medicine. (2015). *The National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use*.
  - ASAM 2020 Focused Update.
  - Journal of Addiction Medicine. (2020). *Executive Summary of the Focused Update of the ASAM National Practice Guideline for the Treatment of Opioid Use Disorder*.
- National Commission on Correctional Health Care and the National Sheriffs' Association. (2018). *Jail-Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field*.
- National Council for Behavioral Health. (2020). *Medication-Assisted Treatment for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit*.
- Substance Abuse and Mental Health Services Administration. (2019). *Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings*.
- Substance Abuse and Mental Health Services Administration. (2019). *Medication-Assisted Treatment Inside Correctional Facilities: Addressing Medication Diversion*.
- Substance Abuse and Mental Health Services Administration. (2015). *Federal Guidelines for Opioid Treatment Programs*.
- Substance Abuse and Mental Health Services Administration. (2020). *Treatment Improvement Protocol (TIP) 63: Medications for Opioid Use Disorder*.
- Substance Abuse and Mental Health Services Administration. (2014). *Clinical Use of Extended-Release Injectable Naltrexone in the Treatment of Opioid Use Disorder: A Brief Guide*.
- Substance Abuse and Mental Health Services Administration. (2015). *Medication for the Treatment of Alcohol Use Disorder: A Brief Guide*.
- U.S. Department of Health and Human Services. (2018). *Facing Addiction in America: The Surgeon General's Spotlight on Opioids*.

### **Mental Health First Aid**

- Mental Health First Aid. *Mental Health First Aid is a skills-based training course that teaches participants about mental health and substance use issues*.
- Illinois General Assembly. (2013). *Public Act 098-0195: Illinois Mental Health First Aid Training Act*.
- Pennsylvania Mental Health and Justice Center of Excellence. *City of Philadelphia Mental Health First Aid Initiative*.

### **Peer Support/Peer Specialists**

- Policy Research Associates. (2020). *Peer Support Roles Across the Sequential Intercept Model*.
- Department of Behavioral Health and Intellectual disability Services. *Peer Support Toolkit*.
- University of Colorado Anschutz Medical Campus, Behavioral Health and Wellness Program (2015). *DIMENSIONS: Peer Support Program Toolkit*.

- Local Program Examples:
  - People USA. [Rose Houses](#) are short-term crisis respites that are home-like alternatives to hospital psychiatric ERs and inpatient units. They are 100% operated by peers.
  - Mental Health Association of Nebraska. [Keya House](#) is a four-bedroom house for adults with mental health and/or substance use issues, staffed with Peer Specialists.
  - Mental Health Association of Nebraska. [Honu Home](#) is a peer-operated respite for individuals coming out of prison or on parole or state probation.
  - MHA NE/Lincoln Police Department [REAL Referral Program](#). The REAL referral program works closely with law enforcement officials, community corrections officers and other local human service providers to offer diversion from higher levels of care and to provide a recovery model form of community support with the help of trained Peer Specialists.

### **Pretrial/Arrest Diversion**

- Substance Abuse and Mental Health Services Administration. (2015). [Municipal Courts: An Effective Tool for Diverting People with Mental and Substance Use Disorders from the Criminal Justice System](#).
- CSG Justice Center. (2015). [Improving Responses to People with Mental Illness at the Pretrial Stage: Essential Elements](#).
- National Resource Center on Justice Involved Women. (2016). [Building Gender Informed Practices at the Pretrial Stage](#).
- Laura and John Arnold Foundation. (2013). [The Hidden Costs of Pretrial Diversion](#).
- Washington State Institute of Public Policy. (2014). [Predicting Criminal Recidivism: A Systematic Review of Offender Risk Assessments in Washington State](#).

### **Procedural Justice**

- Center for Court Innovation. (2019). [Procedural Justice at the Manhattan Criminal Court](#).
- Chintakrindi, S., Upton, A., Louison A.M., Case, B., & Steadman, H. (2013). [Transitional Case Management for Reducing Recidivism of Individuals with Mental Disorders and Multiple Misdemeanors](#).
- American Bar Association. (2016). [Criminal Justice Standards on Mental Health](#).
- Hawaii Opportunity Probation with Enforcement (HOPE) [Program Profile](#). (2011). HOPE is a community supervision strategy for probationers with substance use disorders, particularly those who have long histories of drug use and involvement with the criminal justice system and are considered at high risk of failing probation or returning to prison.

### **Racial Equity and Disparities**

- Mathematica. (2021). [Using a Culturally Responsive and Equitable Evaluation Approach to Guide Research and Evaluation](#).
- Law360. (2021). [Data Collection Is Crucial For Equity In Diversion Programs](#).
- Chicago Beyond. (2018). [Why Am I Always Being Researched? A Guidebook for Community Organizations, Researchers, and Funders](#).
- National Academies of Sciences, Engineering, and Medicine. (2021). [Addressing the Drivers of Criminal Justice Involvement to Advance Racial Equity: Proceedings of a Workshop—in Brief](#).





- Substance Abuse and Mental Health Services Administration. (2015) TIP 59: Improving Cultural Competence.
- SAMHSA's Program to Achieve Wellness. *Modifying Evidence-Based Practices to Increase Cultural Competence: An Overview*.
- Actionable Intelligence for Social Policy. (2020). *A Toolkit for Centering Racial Equity Throughout Data Integration*.
- The W. Haywood Burns Institute. *Reducing Racial and Ethnic Disparities: A NON-COMPREHENSIVE Checklist*.
- National Institute of Corrections. (2014). *Incorporating Racial Equality Into Criminal Justice Reform*.
- Vera Institute of Justice. (2015). *A Prosecutor's Guide for Advancing Racial Equity*.

### Reentry

- Substance Abuse and Mental Health Services Administration. (2017). *Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison*.
- Substance Abuse and Mental Health Services Administration. (2016). *Reentry Resources for Individuals, Providers, Communities, and States*.
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- The Council of State Governments Justice Center. (2009). *National Reentry Resource Center*
- Community Oriented Correctional Health Services. *Technology and Continuity of Care: Connecting Justice and Health: Nine Case Studies*.

### Screening and Assessment

- Substance Abuse and Mental Health Services Administration. (2019). *Screening and Assessment of Co-occurring Disorders in the Justice System*.
- The Stepping Up Initiative. (2017). *Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask*.
- Center for Court Innovation. *Digest of Evidence-Based Assessment Tools*.
- Urban Institute. (2012). *The Role of Screening and Assessment in Jail Reentry*.
- Steadman, H.J., Scott, J.E., Osher, F., Agnese, T.K., and Robbins, P.C. (2005). *Validation of the Brief Jail Mental Health Screen*. *Psychiatric Services*, 56, 816-822.

### Sequential Intercept Model

- Policy Research Associates. *The Sequential Intercept Model Microsite*.
- Munetz, M.R., and Griffin, P.A. (2006). *Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness*. *Psychiatric Services*, 57, 544-549.
- Griffin, P.A., Heilbrun, K., Mulvey, E.P., DeMatteo, D., and Schubert, C.A. (2015). *The Sequential Intercept Model and Criminal Justice*. New York: Oxford University Press.
- Urban Institute. (2018). *Using the Sequential Intercept Model to Guide Local Reform*.

## **SSI/SSDI Outreach, Access, and Recovery (SOAR)**

Increasing efforts to enroll justice-involved persons with behavioral disorders in the Supplement Security Income and the Social Security Disability Insurance programs can be accomplished through utilization of SSI/SSDI Outreach, Access, and Recovery (SOAR) trained staff. Enrollment in SSI/SSDI not only provides automatic Medicaid or Medicare in many states, but also provides monthly income sufficient to access housing programs.

- The online [SOAR training portal](#).
- Information regarding [FAQs for SOAR for justice-involved persons](#).
- Dennis, D., Ware, D., and Steadman, H.J. (2014). [Best Practices for Increasing Access to SSI and SSDI on Exit from Criminal Justice Settings](#). *Psychiatric Services*, 65, 1081-1083.

## **Telehealth**

- Remington, A.A. (2016). [24/7 Connecting with Counselors Anytime, Anywhere](#). *National Council Magazine*. Issue 1, page 51.

## **Transition-Aged Youth**

- National Institute of Justice. (2016). [Environmental Scan of Developmentally Appropriate Criminal Justice Responses to Justice-Involved Young Adults](#).
- Harvard Kennedy School Malcolm Weiner Center for Social Policy. (2016). [Public Safety and Emerging Adults in Connecticut: Providing Effective and Developmentally Appropriate Responses for Youth Under Age 21](#).
- Roca, Inc. [Intervention Program for Young Adults](#).
- University of Massachusetts Medical School. [Transitions to Adulthood Center for Research](#).

## **Trauma and Trauma-Informed Care**

- SAMHSA. (2014). [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#).
- SAMHSA. (2014). [TIP 57: Trauma-Informed Care in Behavioral Health Services](#).
- SAMHSA, SAMHSA's National Center on Trauma-Informed Care, and SAMHSA's GAINS Center. (2011). [Essential Components of Trauma Informed Judicial Practice](#).
- SAMHSA's GAINS Center. (2011). [Trauma-Specific Interventions for Justice-Involved Individuals](#).
- National Resource Center on Justice-Involved Women. (2015). [Jail Tip Sheets on Justice-Involved Women](#).
- Bureau of Justice Assistance. [VALOR Officer Safety and Wellness Program](#).

## **Veterans**

- SAMHSA's GAINS Center. (2008). [Responding to the Needs of Justice-Involved Combat Veterans with Service-Related Trauma and Mental Health Conditions](#).
- Justice for Vets. (2017). [Ten Key Components of Veterans Treatment Courts](#).

*Resources Effective August 4, 2023*



# APPENDIX

**Appendix 1** SIM Workshop Agendas

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**Appendix 2** Sequential Intercept Mapping (SIM) Workshop Participant List

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# APPENDIX A: SIM WORKSHOP AGENDAS



## *Sequential Intercept Model Mapping Workshop*

### AGENDA

Palm Beach County, Florida

September 13, 2023

- 8:30**      **Registration and Networking**
- 9:00**      **Opening**
- Welcome and Introductions
  - Overview of the Workshop
  - Workshop Focus, Goals, and Tasks
  - Collaboration: What's Happening Locally
- What Works!**
- Keys to Success
- The Sequential Intercept Model**
- The Basis of Cross-Systems Mapping
  - Six Key Points for Interception
- Cross-Systems Mapping**
- Creating a Local Map
  - Examining the Gaps and Opportunities
- Establishing Priorities**
- Identify Potential, Promising Areas for Modification Within the Existing System
  - Top Five List
  - Collaborating for Progress
- Wrap Up**
- Review
- 4:30**      **Adjourn**

*There will be a 15-minute break mid-morning and mid-afternoon.*

*There will be break for lunch at approximately noon.*

## *Sequential Intercept Model Mapping Workshop*

### AGENDA

Palm Beach County, Florida

September 14, 2023

- 8:30**      **Registration and Networking**
- 9:00**      **Opening**
- Remarks
  - Preview of the Day
- Review**
- Day 1 Accomplishments
  - Local Priorities
  - Keys to Success in Community
- Action Planning**
- Finalizing the Action Plan**
- Next Steps**
- Summary and Closing**
- 12:30**      **Adjourn**

*There will be a 15-minute break mid-morning.*

## APPENDIX B – SIM WORKSHOP PARTICIPANT LIST

Name	Title	Agency/Organization
Lauren Arciero	Forensic Team Supervisor	South County Mental Health Center
Todd Baer	Captain	Palm Beach County Sheriff's Office
Michelle Beatty	Education Coordinator	JFK North Hospital
Nicole Bishop	Director	Palm Beach County Victim Services and Justice Service
Jaime-Lee Bradshaw	Chief Strategy Officer	Community Partners of South Florida
Orie Bullard	Director	The Riviera Beach Reentry Center
Mayra Martinez-Gelabert	Director of Program Innovation	Southeast Florida Behavioral Health Network
Julia Dattolo	President and Chief Executive Officer	Palm Beach County Career Source
Michael Devoter	Major	Palm Beach County Sheriff's Office
Dr. Rachel Doeckal	Chief Executive Officer/CJC Vice Chair	Hanley Foundation
Jessica Durant	Regional Community Forensic Liaison	Department of Children and Families
Earnie Ellison	Managing Partner/CJC Member	Ellison Consulting Group
Randy Foley	Captain	Palm Beach County Sheriff's Office
Dr. Barbara Gerlock	President	PBJ Pathways to Progress
Derek Gibson	Circuit Administrator for Region IV Circuit 15	Florida Department of Corrections
Jeanette Gordon	President and Chief Executive Officer	McArthur's Own, Inc.
Arlene Griffiths	Program Coordinator	Palm Beach County Justice Services, Reentry
Griffin Harrow	Family Systems Navigator for South County Mobile Response Team	South County Mental Health Center
Latronda Hayes	Program Manager	Civil Drug Court
Regenia Herring	Executive Director	Palm Beach County Criminal Justice Commission
Annie Ifill	Project Director	Healthier Glades
Christopher James	Consultant	Burns Institute
Kevin Jones	Clergy/CJC Chair	City of West Palm Beach
Jacob Kalathoor	Provider Experience Analyst and Trainer	Health Care District of Palm Beach County
Vanessa Klein	Director	The Lord's Place
Jacob Kramer	Nursing Infomaticist	Clinical Informatics
Jenica Lopez	Attorney	State Attorney's Office
Jennifer Loyless	Program Coordinator	Public Defender's Office
James Mackey	Deputy	Palm Beach County Sheriff's Office
Adrian Maldonado	Corporal	Palm Beach County Sheriff's Office
Carmelle Marcelin-Chapman	Project Director	Healthier Lake Worth
Andrew McAusland	Chief Executive Officer	Mental Health America of the Palm Beaches
Kevin McCormick	Director of Exceptional Student Education	The School District of Palm Beach County
Pat McNamara	President and Chief Executive Officer	Palm Healthcare Foundation
Dr. Mary Claire Mucenic	Director of Behavioral and Mental Health	The School District of Palm Beach County

<b>Name (Continued)</b>	<b>Title</b>	<b>Agency/Organization</b>
Katherine Murphy	Chief Executive Officer	NAMI: National Alliance on Mental Illness
Oswald Newbold	Case Manager	The Reentry Center of Riviera Beach
Keith Oswald	Chief of Equity and Wellness	The School District of Palm Beach County
Catharine Paterno	Network Integrity Manager	Southeast Florida Behavioral Health Network
Ricky Petty	Project Director	Healthier Boynton
Daniel Ramos	Senior Program Manager	Palm Beach County Community Services Department
Cheo Reid	Assistant State Attorney	State Attorney's Office
Dr. Joanna Reid-Enoise	Manager, Planning & Evaluation	Palm Beach County Community Services
Alicia Reno	Senior Program Innovation Manager	Southeast Florida Behavioral Health Network
Sam Roman	Liaison	Palm Beach County Sheriff's Office
Conrad Saddler	Pretrial Services Counselor II	Pretrial Services Palm Beach County
Stephanie Sejnoha	Director	Palm Beach County Public Safety
Allie Severino	Homeless Services Coordinator	West Palm Beach Police Department
Sandra Sisson	Director, LMHC, Behavioral Services Division	Palm Beach County Sheriff's Office
Carolyn Stein	Resource Center Manager	2-1-1 Palm Beach/Treasure Coast
Brett Taylor	Senior Advisor, West Coast Initiatives	Center for Justice Innovation
Fabiola Van Otteran	Probation Officer	Professional Probation Services
Laura Waterman	Director of Justice Services	Goodwill Gulfstream Industries
Lauren Zuchman	Executive Director	BeWell Palm Beach County





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