



SARASOTA COUNTY
MENTAL HEALTH COURT SEMINAR
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Criminal Justice, Mental
Health, and Substance Abuse
Technical Assistance Center

Community Care Models: Best Practices

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CJMHSR ROADMAP & A FEW MODELS

- Sarasota County Leadership (CJMHSR Planning Council)
- Sequential Intercept Mapping Action Plan (Stakeholder Inclusion)

PRINCIPLES OF RECOVERY

- Hope
- Person-Driven
- Pathways – Non-linear, clinical, family, medications, faith, highly personalized
- Holistic – mind, body, healthcare, spirit, community
- Peer Support
- Relationships and Social Networks
- Culturally Based and Influenced
- Address Trauma
- Strengths and Responsibility
- Respect, Courage and Community Acceptance
- Source = SAMHSA

SCREENING JUSTICE INVOLVED INDIVIDUALS

- Engage the Individual
- Collect Collateral Information
- Screen and Detect Co-occurring Disorders
- Determine the Severity of Mental Health and Substance Use Issues
- Determine the Level of Treatment Services Needs
- Identify a Diagnosis
- Determine the Level of Disability and Functional Impairment
- Identify Strengths & Supports
- Identify Cultural and Linguistic Needs and Supports
- Describe Key Areas of Psychosocial Problems
- Determine the individual's Level of Motivation and Readiness for Treatment
- (Source – SAMHSA – CMHS)

RISK NEED RESPONSIVITY MODEL

Dynamic Risk Factors for Criminal Recidivism

- High Risk Factors: •
- Antisocial Attitudes
- Antisocial Friends and Peers
- Antisocial Personality Pattern
- Substance Abuse

ASSERTIVE COMMUNITY TREATMENT (ACT BASICS)

- Higher the Fidelity, The Better The Outcome
- ACT provides the level of support for the target population identified by the Mental Health Court
- ACT is Not a “Linkage” or Brokerage Model
- ACT provides highly individualized services directly to consumers, mostly at on-site or at home
- ACT recipients receive services from a multidisciplinary team, consisting of psychiatry, social work, nursing, substance abuse, peers and housing/employment specialists and if necessary 24/7 and 365 days a year.

FORENSIC ASSERTIVE COMMUNITY TREATMENT

- Modifications from “civil” model = Target population
- Increased % of time spent in-home and community
- Focus on criminal risk and criminal justice sanctions
- Staffing – Cross-system Boundary Spanners
- Partnership with Probation and Courts
- Outcomes – Reduce arrests, Hospitalizations, Recovery
- Community Integration, Social Settings, Peers, Support
- Permanent Supportive Housing is a Core Component
- SAMHSA National Expert Panel in Development (2018)

FORENSIC INTENSIVE CASE MANAGEMENT

- Similar Principles and Practices as ACT, except the staffing and target population may differ.
- Mostly Social Work and Case Managers
- Expectation that Services are 70% in the field
- Access to clinic-based psychiatry and medications
- Transition planning from the jail to community
- Case Conferencing with the Courts
- Benefits Planning and Access to Healthcare
- Strong Partnership with Other Community Providers !

COMMUNITY-

Resources

Recommended one-stop portal for resources:

USF's CJMHSA Technical Assistance Center website: www.floridatac.org

- Mark Engelhardt: mengelhardt@usf.edu
- Karen Mann: kem2@usf.edu
- Katelind Halldorsson: katelind@usf.edu

Policy Research Associates, Inc. : www.prainc.com

GAINS Center: www.samhsa.gov/gains-center

The Justice Center: <http://justicecenter.csg.org>

SAMHSA: www.samhsa.gov

USF <http://mhlp.fmhi.usf.edu> Dept. of Mental Health, Law and Policy