Marion County, Florida
Sequential Intercept Mapping Report

June 17-18, 2025

Authors:
Abby Shockley, MPH, CPH
Katelind Melendez, MA, MS
Beth Holland, MBA

The Criminal Justice, Mental Health, & Substance Abuse Technical Assistance Center
Department of Mental Health Law and Policy
Louis de la Parte Florida Mental Health Institute
College of Behavioral & Community Sciences
University of South Florida

UNIVERSITY of
SOUTH FLORIDA

College of Behavioral & Community Sciences
Criminal Justice, Mental Health, and
Substance Abuse Techincal Assistance Center

Marion County SIM Report Abbreviations

Below is a list of abbreviations that may be helpful when reading the Marion County Sequential Intercept Mapping (SIM) narrative and map.

AA	Alcoholics Anonymous
ADC	Adult Drug Court
AHCA	Agency for Health Care Administration
AOT	Assisted Outpatient Treatment
APIC	Assess, Plan, Identify, Coordinate Model
ARF	Addictions Receiving Facility
ARNP	Advanced Registered Nurse Practitioner
BA	Baker Act
BJA	Bureau of Justice Assistance
BJMHS	Brief Jail Mental Health Screen
CIT	Crisis Intervention Team
CJMHSA	Criminal Justice, Mental Health, and Substance Abuse
CJMHSA TAC	University of South Florida Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center
COD	Co-occurring Disorders (substance use and mental health)
CRS	Central Receiving System
CRF	Central Receiving Facility
CRT	Co-responder Teams
CSU	Crisis Stabilization Unit
DCF	Florida Department of Children and Families
ED	Emergency Department
EMS	Emergency Medical Services
FDC	Florida Department of Corrections
FACT	Forensic Assertive Community Treatment Team
FICM	Forensic Intensive Case Management
IDD	Intellectual and Developmental Disabilities
ITP	Incompetent to Proceed
LE	Law Enforcement
LEO	Law Enforcement Officer
MA	Marchman Act
MAT	Medication-assisted Treatment
MH	Mental Health
MHC	Mental Health Court
MHFA	Mental Health First Aid
MOU	Memorandum of Understanding
MRT	Mobile Response Team
NA	Narcotics Anonymous
NAMI	National Alliance on Mental Illness

NGRI	Not Guilty by Reason of Insanity
PDO	Public Defender's Office
PSC	Problem-solving Courts
PSCC	Public Safety Coordinating Council
PSH	Permanent Supportive Housing
PTR	Pretrial Release
RCO	Recovery Community Organization
SAO	State Attorney's Office
SIM	Sequential Intercept Mapping
SMI	Serious Mental Illness
SUD	Substance Use Disorder
TBI	Traumatic Brain Injury
USF	University of South Florida
VA	U.S. Department of Veterans Affairs
VTC	Veteran's Treatment Court

Table of Contents

Marion County, Florida:
Transforming Services for Persons with Mental Illness and Substance Use Disorders in Contact with the Criminal Justice System

Introduction

This report provides a summary of the *Sequential Intercept Mapping* (SIM) convened on June 17-18, 2025, at the Mary Sue Rich Community Center at 1821 NW 21st Ave Ocala, FL 34475. The SIM provided a strategic plan for a targeted population, namely adults with mental health and/or substance use disorders involved in the criminal justice system in Marion County, FL. The SIM is an integrated community planning tool that can facilitate collaboration related to behavioral healthcare, reducing homelessness, and diversion from the criminal justice system.

This report includes:

- A brief review of the background for the SIM
- A summary of the information gathered at the SIM, presented by intercept.
- A Sequential Intercept Map developed with input from participants during the SIM.
- An action planning matrix (priorities in rank order) developed by the participants.
- Recommendations to assist Marion County in achieving their goals.

Background

The Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center (CJMHSA TAC) provides training and technical assistance consultation to grantees of the Department of Children and Families CJMHSA Reinvestment Grant Program. This SIM was conducted as a technical assistance request from grantee SMA Healthcare (LH888). The SIM will serve to inform the Marion County reinvestment grant program and present updated priorities of focus for Marion County, as the last Marion County SIM was conducted in September 2019. The SIM provided Marion County with the products listed below:

- Creation of a map of the current criminal justice system indicating points of "interception" where jail diversion strategies and programs for individuals with mental health and/or substance use disorders can be developed and implemented.
- Identification of resources, gaps in services, and opportunities within the existing behavioral healthcare system, law enforcement, and the judicial system
- Development of a strategic action plan to implement identified priorities that address criminal justice diversion, reentry, and treatment needs of adults (18+) with mental health and/or substance use disorders involved with the criminal justice system.

The Marion County SIM mapping was comprised of 33 participants representing cross-systems stakeholders including problem-solving courts, law enforcement, mental health and substance use treatment providers, human services, advocates and peers. A complete list of participants is available in Appendix A at the end of this report. Abby Shockley, Katelind Melendez, and Beth Holland representing the University of South Florida (USF) CJMHSA TAC facilitated the mapping. Julie Rada of SMA Healthcare organized the logistics of the mapping.

Prior to the SIM, SMA Healthcare conducted targeted interviews with key stakeholders across intercepts as a part of the reinvestment grant planning activities. Some of the data presented in the narrative report was provided during the interviews and in supplemental reports ahead of the SIM. Feedback was integrated into the SIM and validated by priorities identified in the Action Plan.

Objectives of the Sequential Intercept Mapping

The SIM is based on the Sequential Intercept Model developed by Patricia Griffin, Ph.D. and Mark Munetz, MD for the National GAINS Center for Behavioral Health and Justice Transformation funded by the Substance Abuse and Behavioral Health Services Administration (SAMHSA). During the mapping, the facilitators guided participants to identify resources, gaps in services, and opportunities at each of the six distinct intercept points of the criminal justice system.

The SIM has three primary objectives:

- Development of a comprehensive map of how people with substance use and mental health disorders (SAMH) disorders flow through six distinct intercept points of the Marion County criminal justice system: Community Services, Law Enforcement and Emergency Services, Initial Detention and First Appearance, Jails and Courts, Reentry, and Community Corrections.
- Identification of resources, gaps in services, and diversion opportunities at each intercept for adult individuals (18+) with substance use and/or mental health disorders involved in or at risk of becoming involved in the criminal justice system (target population).
- Development of priorities to improve the system and service-level responses for individuals in the target population.

The Marion County SIM map is on page 29 of this report.

Keys to Success

Existing Cross-Systems Partnerships

Marion County's history of community collaboration between the behavioral healthcare and criminal justice systems is reflected in several existing local efforts that were identified prior to and during the SIM:

- Public Safety Coordinating Council (convenes quarterly)
  - CJMHSA Taskforce (convenes monthly)
- Opioid Settlement Committee
- Baker Act Task Force
- Housing Alliance
- High Utilizer Meetings (convenes weekly, focus on senior citizen population)

Representation from Key Decision Makers

Figure 1. Opening remarks by Mayor Marciano

Figure 2. Marion County SIM workshop participants

The SIM featured diverse, cross-system representation and included key decision-makers. Mayor Ben Marciano (pictured above on the left) delivered the opening remarks, sharing his powerful personal story with lived experience that highlighted the significance of the mapping process. His message underscored the County's dedication to enhancing the collaboration between the behavioral health and justice system within the community.

Marion County Sequential Intercept Map Narrative

This narrative reflects information gathered during the two-day mapping and often verbatim from the participants or local experts. This narrative is a reference guide to navigate the Marion County SIM map, especially program specifics and acronyms used on the map.

Intercept 0—Community Services

Prevention Efforts

988 National Suicide Hotline
- 988 may connect callers (and text messages) to the Mobile Response Teams (MRT) operated by SMA Healthcare.
- 211 operated by United Way transitioned to 988 and was discontinued.

24/7 Access to Care Line operated by LSF Health Systems
- For 24/7 assistance with behavioral health needs/services, individuals, family members, or providers can dial (877) 229-9098.

Healthy Ocala
- Healthy Ocala (https://mchdt.org/healthy-ocala-initiative/) is an online behavioral health resource guide sponsored by Marion County Hospital District which provides information on local behavioral health providers and services.

Crisis Services

SMA Mobile Response Team
- The MRT serves primarily youth but responds to all age groups.
  - The phone number for the MRT is (800) 539-4228.
- Marion MRT has a 60% diversion rate with 50 unique clients served in March 2025 and 62 unique calls in May 2025.
  - Volusia County MRT supports overflow.
- MRT follow-up occurs within 3 days of initial call.
- Most requests are from schools or private residences.
- Telehealth services are available.

Beacon Point Access Center operated by SMA (crisis stabilization unit and outpatient clinic)
- The Access Center is a clinic that provides outpatient and inpatient (CSU) services to individuals for both voluntary and involuntary clients. Walk-ins and appointments are accepted.

Community Supports

Zero Hour Life Center Recovery Community Organization (RCO) (Intercepts 0 and 5)
- Zero Hour Life is a mobile RCO that assists with referrals to respite (out of county) and peer services, focusing primarily on the adult population. The RCO may also assist with benefits enrollment and works collaboratively with other community organizations such as Interfaith Emergency Services and SMA. The RCO also has a permanent location in Marion County.

Interfaith Emergency Services (Intercepts 0 and 5)
- Interfaith is a local faith-based organization supporting individuals experiencing homelessness with basic needs and services such as food, hygiene, glasses, ID cards, gas cards, work boots and clothing, showers, prescriptions (partnership with the Marion County Hospital District), mental health counseling, and more. The shelter hours are Monday-

Friday, 9:00 a.m. to 11:30 a.m. and 1:00 p.m. to 4:00 p.m.

NAMI Marion County (Intercepts 0 and 5)
- NAMI provides support services and advocacy efforts for people living with mental illness as well as their family, friends, caregivers, and mental health service providers. Services may include peer support groups, mental health education classes, and promotion of 988.

Marion County Mobile Health Unit operated by Florida Department of Health (Intercepts 0 and 5)
- The Mobile Health Unit provides health department services including immunizations and other preventable healthcare at various sites in Marion County.
- A calendar of events is available here: https://marion.floridahealth.gov/events/index.html

The Right Service at the Right Time (Intercepts 0 and 5)
- This new online platform is intended for librarians and library users throughout Florida offering referral information for assistance with daily needs such as food and clothing, as well as housing, job related assistance, transportation, immigration, and financial information.
  - Marion specific resources are available here: https://rightservicefl.org/servicetypes/marion

Saving Seniors (Intercepts 0 and 5)
- Saving Seniors is a non-profit that provides supportive care and assists with dementia-specific services, such as meals, transportation, and in-home support to elderly, disabled, and disadvantaged residents of Marion County.

Strengths

- Interfaith has plans to add recovery services in partnership with Zero Hour Life.
- There is access to benefits enrollment services through SMA.
- Interfaith offers trainings developed by Ryan Dowd (Homeless Leadership Coalition).
- Interfaith has a grant with MCHD to provide psychotropics to individuals at their shelter.
- Marion County has a robust community paramedicine program.
- Health clinics are available in rural areas of Marion County.

Opportunities for Improvement

- Raise awareness of new online resource (Healthy Ocala) that is replacing 211 United Way.
- There is a need for additional resources to assist caregivers when senior citizens are in crisis.
- Expand knowledge among community members and providers on accessing available services in Marion County.
- There is a need for additional peer respite.

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Intercept 1—Law Enforcement & Emergency Services

<u>Emergency Services and 911</u>

911
- If an individual is experiencing an apparent behavioral health crisis, 911 is the first point of emergency contact and system response.
- When 911 is called, the call is reviewed by dispatch and sent to law enforcement. At this stage, MCSO will determine if the call is appropriate to engage crisis intervention specialists.
    - The Marion County Paramedicine Program has significantly reduced 911 calls (by 68%) and provides home-based medical and behavioral interventions. This program primarily addresses overutilization of the emergency room by seniors for issues with transportation, medication, and other physical health needs.

<u>Law Enforcement</u>

Marion County Sheriff's Office (MCSO)
- Crisis Intervention Specialists (CIS) Unit
    - The CIS Unit is comprised of a juvenile advocate, senior victim advocate, and crisis intervention specialists (LCSW).
    - Follow-up from CIS occurs within 72 hours of initial law enforcement contact and appropriate resources are provided.
- The 40-hour CIT Memphis Model is not widely implemented among MCSO.

Ocala Police Department
- Approximately 50% of OPD are CIT-trained (82 patrol officers and 194 sworn officers).
- OPD officers receive mandatory mental health training each year (facilitated by problem-solving courts).
- All OPD school resource officers, victim witness advocates, and hostage negotiators are CIT-trained.

Table 1. *911 OPD Call Data*

Timeframe	Baker Act Calls	Marchman Act Calls	MH calls without BA
1/1/25-4/21/25 (Q1)	182	62	100
1/1/24-12/31/24	649	274	--

OPD Amnesty Program in collaboration with SMA
- Amnesty is a non-punitive program to encourage individuals to seek help for substance use issues funded by the Greg Graham Foundation. Individuals can voluntarily contact Ocala Police Department—whether by walking into a station, calling, or engaging with an officer in the community—and request assistance. OPD then facilitates the process by transporting the individual to SMA (60th or Beacon Point) for treatment and support services. The program also allows individuals to voluntarily turn in drugs or drug paraphernalia to the police without fear of criminal prosecution. This collaboration aims to prioritize public health and safety by offering an alternative to arrest, focusing on rehabilitation and reducing substance abuse-related harm in the community.

Other municipalities include Belleview Police Department and Dunnellon Police Department.

Crisis Services

Baker Act / Marchman Act
- When law enforcement arrives to the scene of an incident, the officer must determine if the individual in crisis appears to meet the criteria for involuntary examination in accordance with the Baker Act (Chapter 394, F.S.) or Marchman Act (Chapter 397, F.S.).
- In FY2023-24, there were 3,189 involuntary examinations for Marion County residents (Approximately 1,989 (62.36%) of these exams were for adults) (Baker Act Reporting Center, 2024).

Crisis & Detoxification Services

SMA Healthcare Central Receiving Facility
- The SMA CSU recently reopened as a central receiving facility, a single point of access/drop-off for law enforcement officers.
  - There are 22 adult CSU beds and 8 detoxification beds.
- SMA will discharge individuals under involuntary commitment after 72 hours and will follow up within 7 days.
  - SMA may provide individuals with between a 7-to-30 day supply of medications for existing prescriptions.

Table 2. *SMA Healthcare CSU Intake*

SMA Intake	Count
Total intakes	3345
Brought by LEO	1899 (57%)
Average LEO wait time	5.02 minutes
Total admissions to Crisis Unit	2272 (68%)
Admissions to Inpatient Detox	312
Average LOS for admissions	3 days

(Data comprises 5/14/24 to 4/23/25)

The Vines Hospital
- The Vines is a private (8-bed) Baker Act receiving facility and inpatient psychiatric hospital.
- The Vines offers programming for dual diagnosis, partial hospitalization, and intensive outpatient program, which provide services detoxification services, transportation to services, treatment plans, psychiatrist services, and more.

Beacon Point (funded by Marion County Hospital District)
- Beacon Point is primarily operated by SMA, but other providers including LifeStream, Heart of Florida, WellFlorida, and CASA Marion Outreach provide services on-site as well.
- Beacon Point supports an outpatient walk-in clinic and accepts voluntary and involuntary referrals and provides assessments/screenings.
- Additional services include medication management, Medication-Assisted Treatment, primary care, withdrawal management, residential treatment, peer support, outpatient counseling, AA, NA, and services for survivors of domestic violence.
  - SMA supports 16 peer FTEs. Peers are not designated to any specific program but rather engage with individuals/programs as needed/requested.

<u>Strengths</u>

- Crisis intervention specialists (LCSW) are embedded in Marion County Sheriff's Office.
- There is a team dedicated to the senior citizen (high utilizer population). This has reduced calls for service among this subset of the population within the county.
- OPD strives to determine the service need at dispatch before elevation to a Baker Act order.
- OPD attends Crisis Intervention Team (CIT) training out-of-county.

<u>Opportunities for Improvement</u>

- Explore the possibility of housing a mental health counselor at 911 dispatch.
- Convene Crisis Intervention Team (CIT) training for 911 dispatchers.
- Formalize crisis intervention specialists role, based on evidence-based model.
- Collect data on diversion rates through utilization of crisis intervention specialists.
- If an individual is on psychotropic medications at the time of an involuntary admission, explore MOUs/information sharing agreements to verify prescriptions and ensure individuals can continue their medications.
- Explore options for warm hand-off following CSU discharge.
- Consider options to engage peers at The Vines Hospital.
- Review hospital emergency department protocols for when they are at capacity for involuntary commitments.

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Intercept 2—Initial Detention & First Appearance

Marion County Jail Booking

Booking and Intake
- A registered nurse completes intake assessments at booking.
  - The jail will determine suicide risk and also review the individual's mental health and substance use history.

Table 3. *Summary of 2024 Jail Booking & Screening Data*

	Total #	# Positive Screened
Jail Bookings		
Jail Mental Health Screenings	12,339	4,455
Jail Substance Use Screenings		1,078

(January-December 2024)

Intercept 2

Initial Detention & First Appearance

Arrest

Booking
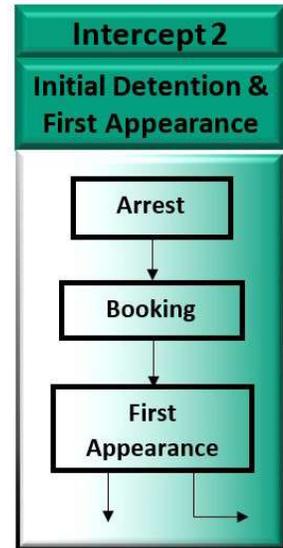
First Appearance

First Appearance

- First appearance occurs within 24 hours (depending on time of arrest) and individuals appear in court virtually from the jail. The Public Defender will also appear virtually from the jail. On weekends, the judge will hold first appearance hearings in person at the Marion County Jail.
  - Information and applications for problem-solving courts are available via jail kiosks and judiciary are active with referrals to the program. Jail personnel may also provide referrals for problem-solving courts.

Strengths

- This is ongoing collaboration between the Marion County Jail and the problem-solving courts, for referrals to the PSC.

Opportunities for Improvement

- Consider the use of evidence-based mental health screening tools at booking.
- There is a desire for in-jail services and connections to providers and peer specialists. Convene a meeting with MCSO to determine feasibility of allowing providers to engage with individuals in jail.
- There are no programs or housing options for individuals being released from jail following competency restoration (ITP).
- Review Recovery Friendly Landlord model to encourage housing providers to support the target population.

Intercept 3—Jails & Courts

Intercept 3

Jails & Courts

Jail → Courts → Sentence

Marion County Jail

In-Jail Medical Services
- Heart of Florida began overseeing the jail healthcare services in April 2020.
- MAT is offered to individuals who indicate Suboxone or Methadone treatment at intake (and is verified). However, MAT services are not initiated in jail.
- There is a dedicated medical pod for individuals experiencing suicidal ideations (or if they are in jail and under a Baker Act order).

In-jail programs/services include:
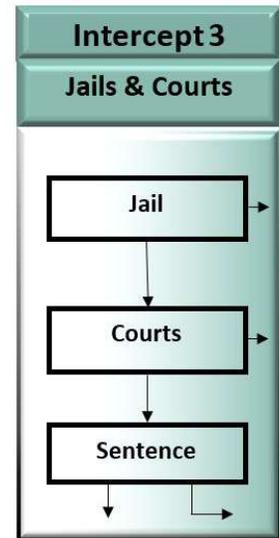- Alcoholics Anonymous / Narcotics Anonymous

Table 4. *Average Marion County Jail Population*

	Charge	#	%
Total Males: 1,530	**Felonies**	1,353	74%
	Misdemeanors	150	8%
Total Females: 319	**Felonies**	271	15%
	Misdemeanors	48	3%

(MCSO Annual Report, 2024)

Problem-Solving Courts

Percentage of PSC programs relative to the overall court caseload:
- According to Comprehensive Case Information Systems (CCIS) (as of April 23, 2025), Marion County had 443 open felony cases, 384 open misdemeanor cases, and 220 Criminal Traffic cases in March of 2025. The total open cases is 1,047 (covered by 6 judges) and we had 407 in problem-solving courts (covered by 5 judges who meet with program participants weekly or every 2weeks). Approximately 39% of cases are in problem-solving courts.

Mental Health Court (MHC)
- The MHC is a voluntary program and at the time of the mapping there were 26 active participants.
- All applications for consideration to the program must be filled out completely and include the applicant's attorney's signature (PDO or private attorney). Jail personnel may also make referrals for MHC.
    - Individuals in the MHC must have been arrested for or charged with a misdemeanor alleged to have been committed in Marion County, must be represented by an attorney, must meet residency requirement (90 days in Marion County prior to application), must have ability to understand and adhere to MHC program.
- The MHC is a three-phrase program that lasts between 6-12 months. The program is intended for those arrested in Marion County with a mental illness, who need treatment and other services, and who choose to participate in the MHC instead of having their case proceed through the regular court process.

- o SMA conducts diagnostic assessments with the Streamlined Risk and Needs Triage (RANT) and will provide mental health diagnosis.
- The MHC team includes court coordinators, peer specialists, a member of NAMI, the judiciary, a designated public defender (or defense attorney), community providers, and a case manager.
  - o Mental health services are provided by SMA Healthcare, Beacon Point, Ocala Consulting and Prevention, and other local community providers.
- Since 2019, the MHC has expanded to include nonviolent third-degree felony charges (no VOPs) and receives state funds to pay for treatment and transportation for participants.
  - o ITP no longer allowed in MHC (were previously allowed in 2019).
- The MHC meets at least twice each month. MHC personnel have a meeting for 1 hour before each docket. The judge speaks with each participant individually.
- An aftercare plan is developed by the MHC coordinator for each participant before graduation.

Pre-plea Drug Court (MD and Felony)
- The Marion County Diversion Drug Court program is a pre-plea diversion for non-violent offenders charged with an eligible misdemeanor or felony, with admission of a substance use disorder. Individuals are required to participate in substance use treatment, peer support meetings, random and frequent drug screens, and appear in court as required.
  - o For misdemeanor charges, the program is approximately 6-12 months and if successful, the court will dismiss the related charges.
  - o For felony charges, the program is typically 12-18 months.
- Participants are identified through MCSO daily booking, arraignment dockets, and referrals from judges and attorneys.
- Under Judge Landt, there were 35 active participants as of 4/23/25.
- The drug court is funded by a FY24-28 BJA grant, that covers treatment, training and evaluation by UF/Sam Houston State University/
  - o There are also 3 JAG Grants with MCSO that assist in the cost of our drug screens for Drug Court (and youth courts).

Adult Post-Adjudicatory Prison Diversion Drug Court
- The post-adjudicatory drug court is a voluntary structured program including substance use treatment and case management supervision for non-violent prison bound individuals.
- The program includes but is not limited to frequent court appearances, random drug screens, substance use treatment, frequent community or peer support meeting attendance while on FDC supervised probation. The four-phase program lasts a minimum of 13 months.
- The target population is non-violent adult felony offenders with a substance use disorder residing in Marion County who would otherwise go to prison. Applications are submitted to the State Attorney's Office for review.
- Under Judge Rodgers, there were 69 active participants as of 4/23/25.

Veterans Treatment Court
- The VTC is a voluntary court-supervised program for those arrested in Marion County who have a mental health, substance use, or other co-occurring disorder related to their military service who need treatment and other services.
- There were 20 active veteran clients as of 4/18/25.
- Treatment providers for the court include the VA, SMA Healthcare, The Vines, Perspectives, and Choice, Chances, Changes.

<u>Strengths</u>

- The Public Defender's Office is a strong partner in advocacy for the target population.
- There is a strong veteran's outreach presence in Marion County.
- There is potential to leverage MAT grant funds in collaboration with Meridian.

<u>Opportunities for Improvement</u>

- Review alternative mental health screening tools for MHC.
- Reevaluate goals of MHC.
- There are no options for intensive outpatient treatment or partial hospitalization programs in Marion County.
- There is difficulty verifying evidence-based services for the VTC.
- Convene a meeting with the State Attorney's Office to discuss implementation of best practice in the VTC.

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Intercept 4—Reentry

Jail Reentry

Marion County Jail Reentry
- Upon release from jail there is not a formal discharge process. All individuals will receive a 3-day supply of medications or a 3-day prescription to be filled at a local pharmacy.
- The MCSO Faith and Justice Reentry Building is located on-site at the jail and is operated by MCSO (1 FTE) and community volunteers.
    - Volunteers may provide information/assistance food resources, medical services, housing, and vocation.

Reentry Services

Xtreme Solutions
- Xtreme Solutions is a volunteer and faith-based organization that offers prison post-release support such as training and leadership classes and Sunday worship.

Strengths

- Meridian Forensic Multidisciplinary Team/Forensic Intensive Case Management Team can provide resources for clients/individuals engaged with Meridian, at reentry.

Opportunities for Improvement

- Those released from jail often return to the CSU shortly following discharge. Explore drop-in center models so individuals have a place to go, if they do not have housing.
- Increase collaboration between jail and providers at reentry.
- Formalize reentry services/planning with a focus on the target population of MH/SUD/COD.
- Consider best practice models such as Assess Plan Identify and Coordinate (APIC) model.
- At the time of the mapping, the jail was only releasing individuals with a 3-day supply of medications or a prescription. It is best practice to release individuals with a 30-day supply of medications.
- There are transportation barriers to service access following release from jail.
- Consider standardized release time to increase access to services immediately following release.
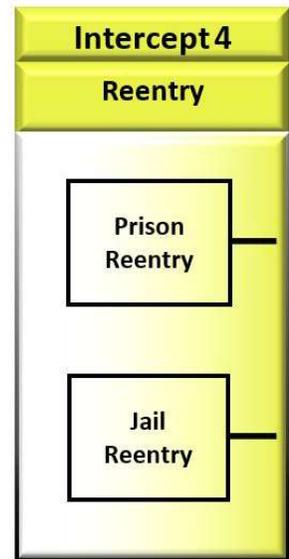
Intercept 5—Community Corrections

<u>Community Supervision</u>

Misdemeanor Probation
- Professional Probation Services supervises all misdemeanor probation cases for Marion County.

Felony Probation (Florida Department of Corrections)

<u>Crisis Services</u>

SMA Mobile Response Team (Intercepts 0 and 5)
- The MRT serves primarily youth, but responds to all age groups.
  - The phone number for the MRT is 800 539-4228.
- Marion MRT has a 60% diversion rate with 50 unique clients served in March 2025 and 62 unique calls in May 2025.
  - Volusia County MRT supports overflow.
- MRT follow-up occurs within 3 days of initial call.
- Most requests are from schools or private residences.
- Telehealth services are available.

Beacon Point Access Center operated by SMA (crisis stabilization unit and outpatient clinic)
- The Access Center is a clinic that provides outpatient and inpatient (CSU) services to individuals for both voluntary and involuntary clients. Walk-ins and appointments are accepted.

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Interfaith Emergency Services (Intercepts 0 and 5)
- Interfaith is a local faith-based organization supporting individuals experiencing homelessness with basic needs and services such as food, hygiene, glasses, ID cards, gas cards, work boots and clothing, showers, prescriptions (partnership with the Marion County Hospital District), mental health counseling, and more. The shelter hours are Monday-Friday, 9:00 a.m. to 11:30 a.m. and 1:00 p.m. to 4:00 p.m.

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- The Mobile Health Unit provides health department services including immunizations and other preventable healthcare at various sites in Marion County.
- A calendar of events is available here: https://marion.floridahealth.gov/events/index.html

The Right Service at the Right Time (Intercepts 0 and 5)
- This new online platform is intended for librarians and library users throughout Florida offering referral information for assistance with daily needs such as food and clothing, as well housing, job related assistance, transportation, immigration, and financial information.
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- Saving Seniors is a non-profit that provides supportive care and assists with dementia-specific services, such as meals, transportation, and in-home support to elderly, disabled, and disadvantaged residents of Marion County.

Peer Services

Zero Hour Life Center Recovery Community Organization (RCO) (Intercepts 0 and 5)
- Zero Hour Life is a mobile RCO that assists with referrals to respite (out of county) and peer services, focusing primarily on the adult population. The RCO may also assist with benefits enrollment and works collaboratively with other community organizations such as Interfaith Emergency Services and SMA.

NAMI Marion County (Intercepts 0 and 5)
- NAMI provides support services and advocacy efforts for people living with mental illness as well as their family, friends, caregivers, and mental health service providers. Services may include peer support groups, mental health education classes, and promotion of 988.

Housing

Unity House
- Unity House is a 12-step recovery program halfway house for men and women (100 beds). However, they are typically at capacity and have a waitlist.

Oxford House
- Oxford House is a sober living recovery housing model and at the time of the mapping there were 4 houses for men, 2 houses for women and 3 houses for families (with a waitlist).

Saving Mercy
- Saving Mercy is a new housing establishment that supports a wide range of services for those experiencing homelessness. In December 2025, the organization will have 79-beds available at a 59-unit apartment complex and 10 duplexes are also in development.

Men's Recovery House
- Recovery house is an 8-bed self-supporting halfway house. Residents are responsible for their recovery process, under supervision.

Phoenix House
- Phoenix House is an adult residential SUD treatment program, available only under court order. Phoenix House supports prevention, education, assessment, evaluation, partial hospitalization (PHP).

Open Arms Village at Compassion United Methodist Church
- Open Arms Village is a transitional housing shelter for men experiencing homelessness. There is also a holistic residential housing program in development. Open Arms provides food, shelter, laundering, transportation, and case management services.

His House for Her
- His House for Her is sober living for women, with services such as coaching for addiction, education, Christian counseling services, case management, outreach classes, and connection to mental health and medical needs.

Employment

CareerSource
- CareerSource provides trainings, talent development, youth job fairs, services for college and professionals, federal bonding program that assists with placement of justice involved and reentry candidates, recovery services, reentry services for women at Lowell's Correctional Women's Reception Center, and Veterans services for employers.

Wear Gloves - Dignity Center

- Wear Gloves offers workforce training, temporary shelter, services for mental health coaching, addiction recovery, life skills, mentorship, ID recovery assistance, and healthcare support. Programming is based on a 12-month structured plan.

Strengths

- Ora Clubhouse is a certified Clubhouse Model, within Marion County.

Opportunities for Improvement

- There is not specialized probation caseload for individuals with mental health.
- Housing options in Marion County are siloed.
- There are limited housing resources for the target population of MH/SUD/COD.
- Continue building out the RCO presence in the community (through brick-and-mortar site).

The remainder of this page is left intentionally blank.

Marion County Action Plan

At the end of the mapping on day one, priority areas are determined through a voting process. Workshop participants are asked to identify their top needs, and a set of priorities are presented to the group followed by a vote, where each participant has three votes. Participants are not allowed to vote for the same priority more than once. The voting took place on June 17, 2025. As a result of day one discussions, four goals/priorities emerged for action planning.

It is important to note that the priority related to awareness of services and access to services listed below (*Table 5*), did not receive any votes because it is already an identified priority area in the Marion County Community Health Improvement Plan (CHIP). The CHIP was finalized during the same week that the SIM was conducted. However, it was acknowledged during the SIM that it remains a priority area for the community and this specific target population as well. Effort should be made to align related awareness goals from the SIM with those stated in the CHIP to avoid overlap and duplication of efforts.
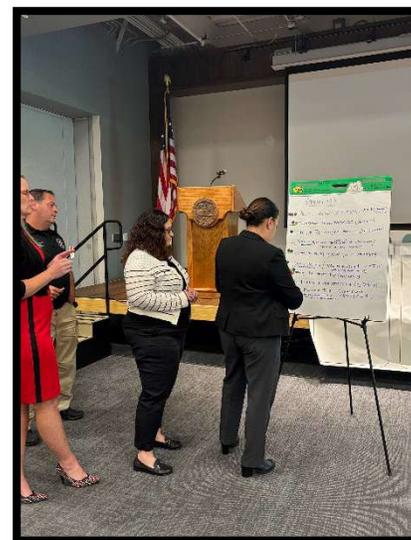
Figure 3. Goal/priority voting

The entire list of the 9 goals/priorities is provided below to guide future planning efforts.

Table 5.
Priority Voting Survey Results

Priority Area/Goal	# Votes
Housing for target population (MH/SUD/COD/CJ involvement)	**22**
Co-response Team expansion / Capacity Building (e.g. seniors, high utilizers, behavioral health professional at 911 dispatch)	**20**
Reentry planning from jail to community	**12**
Peers across continuum (e.g. jail bridge program)	**11**
In-jail mental health services / providers in-jail access	8
Continuum of care development (e.g. IOP/PHP)	7
Crisis respite (BA and Seniors) / drop-in models (Living Room model)	4
Transition from Baker Act (hospitals)	3
Community member and provider awareness of services/access services	N/A- CHIP

The top four goals are presented on the following pages:
1. Housing for target population (MH/SUD/COD/CJ involvement)
2. Co-response Team, High-utilizer Team expansion, and capacity building (e.g. seniors, high utilizers, behavioral health professional at 911 dispatch)
3. Reentry planning from jail to community
4. Peers across continuum (e.g. jail bridge program)

The stakeholders were enthusiastic and engaged throughout the development of a strategic action plan. Groups who were involved in initial action planning groups are presented in *Table 6*. The plan specifies the individuals/organizations responsible for the implementation of each task and is presented on the following pages.

Figure 4. Action planning groups

Figure 5. Action planning presentation

Table 6.
Action Planning Groups

Group	Participants
Goal 1: Housing for target population (MH/SUD/COD/CJ involvement)	Lauren Blaugh, Roberta Cincotti, Robin Ford, Karla Greenway, Donna Guinn, Helen Urie, and Nikiah Washinton
Goal 2: Co-response Team, High-utilizer Team expansion, and Capacity Building (e.g. seniors, high utilizers, behavioral health professional at 911 dispatch)	Jeremiah Alberico, Tyrone Edwards, James Hickman, Briana Kelly, Kimberly Lambert. Clint Smith, Tanya Rodriguez, and David Westgate
Goal 3: Reentry planning from jail to community	David Duclos, Hilary Jackson, Robin Lanier, Steven Leilich, Regina Lewis, Ozietta Reid, Youlonda Smith, and Terence Thomas
Goal 4: Peers across continuum (e.g. jail bridge program)	Robert Cooper, Earl Hunt, Daniel Lieberman, Travis McAllister, Patrick Miley, Tara Morton, and Jean Tucker

Goal 1: Increase Housing for Target Population (MH/SUD/COD/CJ)

Task	Performance Measure	Lead Person or Organization	Projected Completion Date
Objective 1.1: Identify and inventory various levels and types of shelter/housing in our region.			
1.1a Create a verified list of providers categorized/defined by: • Type of housing (emergency/shelter, transitional, permanent supportive) • Populations served (men, women, families, veterans) • Eligibility criteria (income, sobriety, MH/SUD) • Type of services they offer (meals, case management, vocational support, MH/SUD counseling) • Utilization rates (bed availability) • Access model (low-barrier, coordinated entry, walk-in, referral only)	• # of providers contacted for verification • % of providers verified • # of providers offering each type of service (mental health, substance use, co-occurring) • Client satisfaction of each provider • Document utilization rates and bed availability of each provider in the region	NAMI – KG to set meeting	August 2025
1.1b Collaborate with Marion County Hospital District (MCHD) to review the inventory of housing provider information.	• Offer providers an opportunity to review and confirm their information before publication.	Healthy Ocala MCHD/Housing Alliance	October 2025
Objective 1.2: Create or adopt a centralized digital platform to store and share up-to-date shelter and housing resource information.			
1.2a Collaborate with Marion County Hospital District (MCHD) to conduct a review of existing local dissemination resources/apps (E.g. 211, Healthy Ocala).	• Identify pros/cons of building a new platform/vs partnering/customizing existing platform. • Evaluate costs and integration potential.	Healthy Ocala MCHD/Housing Alliance	June 30, 2025
1.2b Facilitate stakeholder decision-making to develop/determine to one shared source of local housing information and resources.	• Host a working group with funders, providers, community members, and individuals with lived experience. • Develop a timeline and assign a lead agency.	Healthy Ocala MCHD – KG to contact	June 30, 2025

Task		Performance Measure	Lead Person or Organization	Projected Completion Date
1.2c	Test and launch platform.	• Conduct pilot test with frontline staff, community members, law enforcement, and providers. • Train providers on how to update and use the platform. • Launch publicly.	Healthy Ocala MCHD/Housing Alliance	October 2025
1.2c	Promote local advertising and education of selected platform	• Create QR Code for dissemination and tracking the number of users. o Share/post QR code on business cards, local community centers, websites, law enforcement offices, courts • Establish a regular data update protocol.	Healthy Ocala MCHD/Housing Alliance	November 2025
Objective 1.3: Improve access to shelter by adding 15 low-barrier/emergency or recovery beds.				
1.3a	Engage local government leaders (county and city) and local providers to explore opportunities to consider capacity expansions.	• Create a template letter to send to organizations and leadership and track their responses. o # engaged, # committed to explore expansion	Healthy Ocala MCHD/Housing Alliance	Ongoing
1.3b	Advocate for funding to increase behavioral health staffing: licensed counselors and peer support specialists for targeted providers.	• # of funders contacted • # of targeted providers identified • % increase in behavioral health support capacity	Healthy Ocala MCHD/Housing Alliance	Ongoing

Goal 2: Co-response Team, High-utilizer Team Expansion, and Capacity Building

	Task	Performance Measure	Lead Person or Organization	Projected Completion Date
Objective 2.1: Data collection – 911, jail, ED, Baker Acts, etc.				
2.1a	Review 2024 data of receiving facilities, local hospitals/emergency departments, and jail booking records to identify the top 25 high utilizers of the Marion County BH/CJ system.	• Collect and review existing co-response team high utilizer data to tailor targeted approaches and develop criteria to define "high utilizer."	SMA Healthcare Law enforcement agencies (MCSO, OPD, BPD)	3 months
2.1b	Define "high utilizer" for Marion County related to target population of MH/SUD/COD.	• Use data (from 911, CJ, ER, BH) to define thresholds (e.g., 3+ ER visits, 2+ jail bookings, etc.).	SMA Healthcare MCSO	3 months
Objective 2.2: Gather information from other counties that are operating the CRT model.				
2.2a	Connect with other Florida communities who have co-response team programs.	• Conduct outreach to other communities to learn about funding sources and local capacity. • Reach out to counties such as Alachua County, Hillsborough County (Behavioral Response Unit), Pasco County.	SMA Healthcare MCSO	3-6 months
2.2b	Review information gathered from best practice models and other Florida communities to project cost-savings for Marion County/City of Ocala.	• Leverage cost-savings measure to develop grant applications.	SMA Healthcare MCSO	6-9 months
2.2c	Seek and apply for grants and funding opportunities.	• Review funding sources from other programs that are currently using CRT models. • Review opportunities from state, private, and federal funders.	SMA Healthcare	6-9 months
Objective 2.3: Establish a High Utilizer Team for BH/MH target pop – CJ, 911, BA (all ages)				
2.3a	Define scope, goals, and membership roles of the high utilizer team.	• Identify the purpose of the team and staffing model based on the high utilizer data. • Leverage definition of "high utilizer" from Objective 2.1 to define eligibility criteria. • Identify a lead agency/designated coordinator.	SMA Healthcare	9-12 months

Task		Performance Measure	Lead Person or Organization	Projected Completion Date
		• Draft MOUs and data sharing agreements for interagency collaboration (BH and CJ agencies).		
2.3b	Promote awareness of high-utilizer team across law enforcement sectors.	• Ensure community members, providers and law enforcement partners understand the goals, structure and referral process for the team. • Develop clear messaging and education materials, such as flyers and FAQs for target audience and partners. • Maintain ongoing community engagement through success stories or periodic updates.	SMA Healthcare	9-12 months

Goal 3: Reentry Planning from Jail to Community

Task	Performance Measure	Lead Person or Organization	Projected Completion Date
Objective 3.1: Establish coordinated communication between jail administration and behavioral health providers to ensure timely linkage to services upon client release.			
3.1a Meet with Dr. Major (MCSO lead at the reentry center).	• Identify percentage of identified individuals referred to behavioral health services prior to release. • Confirm time (in days) between release and first behavioral health service appointment. • Review percentage of individuals with documented discharge planning that includes behavioral health referrals.	SMA Healthcare MCSO PSCC	Fall 2025
3.1b Establish ongoing quarterly meetings between providers and jail staff.	• Review and track the number of meetings or communications held between jail staff and behavioral health providers per quarter.	SMA Healthcare MCSO PSCC	Fall 2025
Objective 3.2: Enhance identification and increase engagement with incarcerated individuals at risk for mental health and substance use challenges at intake.			

3.2a Distribute clear discharge instructions to individuals in need of behavioral health services, including Medication-Assisted Treatment (MAT), using materials such as informational postcards.	• Track the amount of marketing materials needed.
	• Included data and tracking of:
	    ○ % of individuals receiving behavioral health and substance use screening at intake.
	    ○ # of individuals identified as at-risk for behavioral health or substance use issues.
	    ○ % of identified individuals who receive follow-up assessment or services during incarceration.
	    ○ # of behavioral health referrals initiated from intake screenings.
		MCSO
		SMA Healthcare
			Spring 2026

Task		Performance Measure	Lead Person or Organization	Projected Completion Date
Objective 3.3: Engage individuals in behavioral health services and support their reentry into the community upon release from jail to reduce recidivism.				
3.3a	Connect with community resources (peers, backpacks of basic supplies & Narcan, driver's license and birth certs, etc.)	• Track and identify amounts need on a weekly, monthly, and quarterly basis • Track percentage of released individuals who attend at least one behavioral health appointment within 30 days of release. • Track number of individuals connected to peer support or reentry navigation services. • Collect data for six-month and 12-month recidivism rates among participants engaged in post-release behavioral health services. • Utilize client satisfaction or engagement rates with reentry support services (survey-based, if available).	MCSO SMA Healthcare	Fall 2026

Goal 4: Reduce Recidivism through the use of Peers across the Continuum (e.g., Jail Bridge Program).

	Task	Performance Measure	Lead Person or Organization	Projected Completion Date
Objective 4.1: Establish Jail Bridge Program.				
4.1a	Identify target population and eligibility criteria.	• Define eligibility criteria (individuals with MH/SUD/COD diagnosis, history of homelessness, high utilizer status).	SMA Healthcare Zero Hour Life	October 2025

4.1b	Design the jail bridge program model.	• Determine core services such as:
		  ○ Screening and assessment
		  ○ Discharge planning and referral coordination/warm hand-off to behavioral health services
		• Establish community peer support group to support bridge program participance once they reenter the community.
			SMA Healthcare Zero Hour Life	October 2025

4.1c	Engage jail and community partners.	• Obtain MOUs with the Heart of Florida, SMA, MCSO, Zero Houe Life, Meridian, etc.	SMA Healthcare Zero Hour Life	December 2025
4.1d	Secure funding and develop sustainability plan.	• Prepare grant applications for when funds become available such as DCF CJMHSA Reinvestment grant funds or managing entity funds (LSF).	SMA Healthcare Zero Hour Life	December 2025
4.1e	Engage ACHA for billing of services with peers.	• Track written communication from AHCA and request directions and guidance.	SMA Zero Hour Life	December 2025
Objective 4.2: Add designated peer services for Mobile Response Team.				
4.2a	Define the role of peer support specialists on the MRT.	• Determine coverage needs and ensure alignment with state certification for peer specialists. • Engage with certified peers and MRT staff in co-designing this role. • Establish team expectations for peer involvement in dispatch, field response, and follow-up.	SMA Healthcare Zero Hour Life	October 2025

Task		Performance Measure	Lead Person or Organization	Projected Completion Date
4.2b	Establish supervision and support structure for peers.	• Designate a clinical supervisor trained in supporting peer staff. • Set up regular check-ins, reflective supervision, and wellness resources tailored to peers. • Convene support group for peers.	SMA Healthcare Zero Hour Life	Sept 2025
4.2c	Secure funding and develop sustainability plan.	• Prepare grant applications for when funds become available such as DCF CJMHSA Reinvestment grant funds or managing entity funds (LSF). • Engage ACHA for billing of services with peers. Track written communication from AHCA and request directions and guidance.	SMA Healthcare Zero Hour Life	December 2025
4.2d	Recruit and train peer specialists for the MRT.	• Develop job descriptions and recruit individuals with lived experience. • Maintain the goal to train 10 additional peer specialists each year.	SMA Healthcare Zero Hour Life NAMI	January 2026
Objective 4.3: Embed designated certified peer support specialists in receiving facilities (SMA and The Vines).				
4.3a	Engage receiving facility leadership and secure buy-in for embedding peers.	• Establish MOU with SMA and The Vines. • Discuss logistics for staffing, integration, and supervision of peers. o Define roles and responsibilities.	SMA Healthcare Zero Hour Life	Dec 2025
4.3b	Secure funding, position approval in CSUs, and develop sustainability plan.	• Prepare grant applications for when funds become available such as DCF CJMHSA Reinvestment grant funds or managing entity funds (LSF). • Engage ACHA for billing of services with peers. Track written communication from AHCA and request directions and guidance.	SMA Healthcare Zero Hour Life	December 2025

Quick Fixes / Low-Hanging Fruit

While most priorities identified during a SIM mapping workshop require significant planning and resources to implement, quick fixes are changes that can be implemented with only minimal investment of time and little, if any, financial investment. At the same time, quick fixes can have a significant impact on the trajectories of adults with mental and substance disorders in the justice system. The bulleted items below are activities identified by the TAC that appear to be a "quick fix" that may be explored in addition to implementation of the action plan.

- Conduct "secret shopper" of local hotlines/crisis resources to identify where improvements could be made from a consumer navigation perspective.

- Expand high utilizer (senior population) case conferencing to high utilizers of behavioral health services and criminal justice system.

- Review discharge process for Baker Act release from hospital emergency departments.

- Review and compare community provider and jail medication formularies to see if there is potential for continuity.

- Meridian provides services in jail for Incompetent to Proceed cases. Look at model of engagement in jail to see if it can be duplicated to allow other service providers in jail.

- Leverage the Public Defender's Office capacity to inform clients of problem-solving courts.

- Explore options to have peers connect with individuals reentering the community.

- Identify shared space for service access among multiple community providers.

Parking Lot

Some gaps identified during the Sequential Intercept Mapping are too large or in-depth to address during the workshop. These items are identified throughout the mapping process and placed in the "parking lot". Items in this section are flagged as important to consider and discuss further, either through targeted training, further mapping efforts, or future investments. Items identified in Marion County for further discussion include:

- Respite beds for senior citizen population, when caregivers need a break

Recommendations

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

1. Explore local drop-in respite options with models such as the "Living Room" model. These welcoming, trauma-informed spaces—exemplified by programs like the ones sited below, such as New Horizons in Miami, can reduce ER visits, enhance crisis stabilization, and provide immediate provider and or/peer connections in a cost-effective, community-based setting.

   o [The Living Room Model](#)

   o [The Living Room Model](#) (NAMI)

   o Florida Example: [New Horizons Community Mental Health Center](#) in Miami, FL

2. Engage with the Patients Not Prisoners initiative to adopt and promote tools such as the family member self-report form hosted on the Putnam County Jail website. This form facilitates critical communication between families and jail-based service providers, ensuring timely identification of mental health needs and improving coordination of care from the point of arrest.

   o [Patients Not Prisoners](#)

   o [Putnam County Jail Information Form](#)

3. Develop and implement a formal reentry strategy anchored in the Assess, Plan, Identify, Coordinate (APIC) framework. Collaborate with established reentry initiatives such as the Lee County Reentry Taskforce and utilize resources like SAMHSA's Guidelines for Successful Transition to ensure continuity of care, reduce recidivism, and support the reintegration of individuals with behavioral health needs leaving incarceration.

   o [Guidelines for Successful Transition of People with Mental or Substance Use Disorders from Jail and Prison: Implementation Guide](#) (SAMHSA, 2017)

4. Formalize boundary spanner roles: professionals who operate across systems to bridge gaps between behavioral health, criminal justice, and community services. By institutionalizing these roles within agencies and reducing reliance on informal, person-dependent processes, the community can create sustainable infrastructure for long-term interagency coordination and client-centered support.

5. There was interest in reviewing and enhancing the community's overall crisis response continuum. The facilitators suggest applying caution when framing this as a co-responder system review to avoid confusion with the Co-Responder Model terminology.

For information or clarification regarding this SIM, action plan, and report, contact:
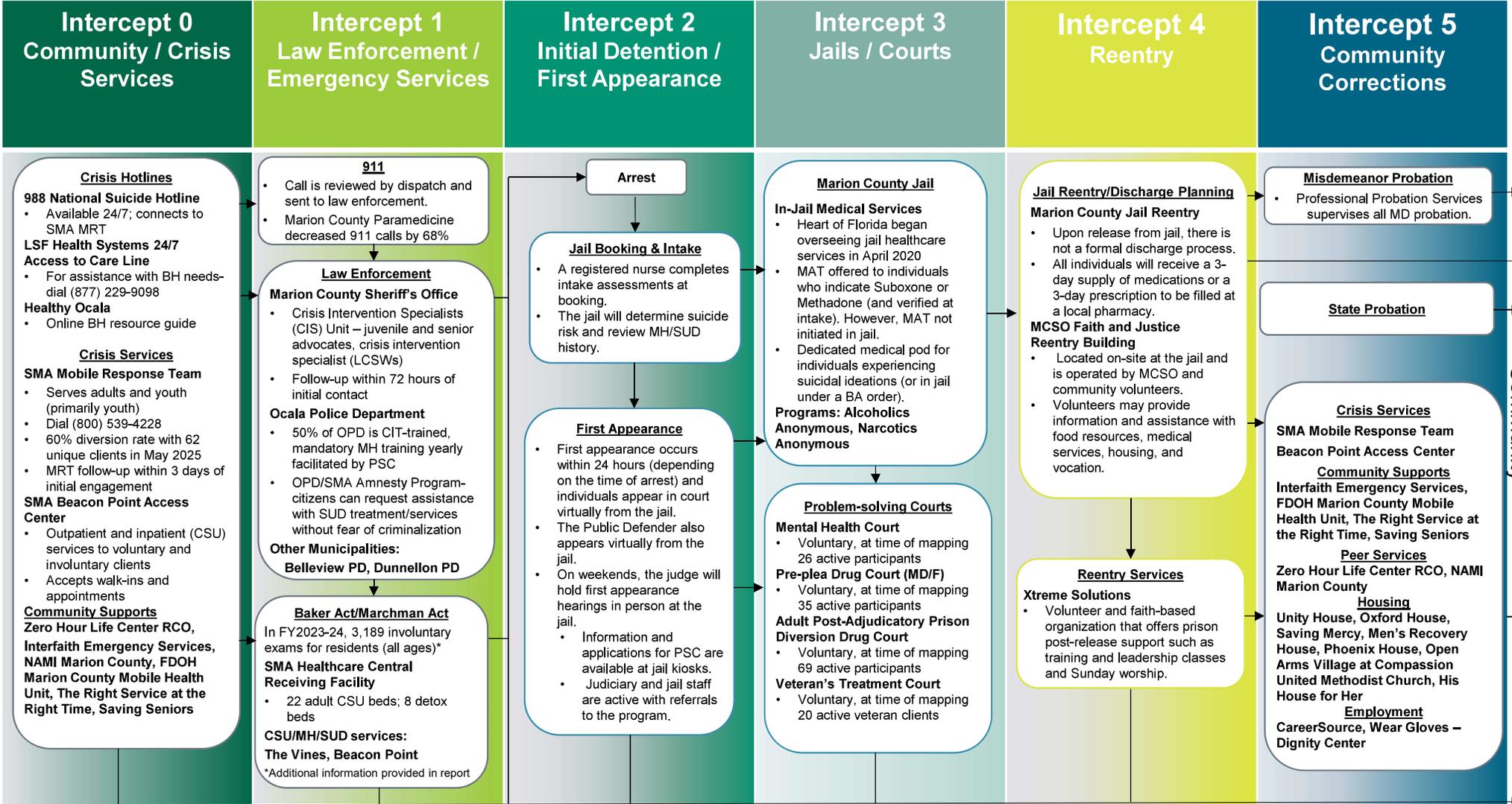
Abby Shockley, Director, CJMHSA TAC, ashockley1@usf.edu

Katelind Melendez, Assistant Program Director, CJMHSA TAC, katelind@usf.edu

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

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Adult Sequential Intercept Map: Marion County, Florida

Intercept 0 Community / Crisis Services	Intercept 1 Law Enforcement / Emergency Services	Intercept 2 Initial Detention / First Appearance	Intercept 3 Jails / Courts	Intercept 4 Reentry	Intercept 5 Community Corrections

Community (left margin) ... **Community** (right margin)

Intercept 0 — Community / Crisis Services

Crisis Hotlines

988 National Suicide Hotline
- Available 24/7; connects to SMA MRT

LSF Health Systems 24/7 Access to Care Line
- For assistance with BH needs- dial (877) 229-9098

Healthy Ocala
- Online BH resource guide

Crisis Services

SMA Mobile Response Team
- Serves adults and youth (primarily youth)
- Dial (800) 539-4228
- 60% diversion rate with 62 unique clients in May 2025
- MRT follow-up within 3 days of initial engagement

SMA Beacon Point Access Center
- Outpatient and inpatient (CSU) services to voluntary and involuntary clients
- Accepts walk-ins and appointments

Community Supports
Zero Hour Life Center RCO, Interfaith Emergency Services, NAMI Marion County, FDOH Marion County Mobile Health Unit, The Right Service at the Right Time, Saving Seniors

Intercept 1 — Law Enforcement / Emergency Services

911
- Call is reviewed by dispatch and sent to law enforcement.
- Marion County Paramedicine decreased 911 calls by 68%

Law Enforcement

Marion County Sheriff's Office
- Crisis Intervention Specialists (CIS) Unit – juvenile and senior advocates, crisis intervention specialist (LCSWs)
- Follow-up within 72 hours of initial contact

Ocala Police Department
- 50% of OPD is CIT-trained, mandatory MH training yearly facilitated by PSC
- OPD/SMA Amnesty Program- citizens can request assistance with SUD treatment/services without fear of criminalization

Other Municipalities:
Belleview PD, Dunnellon PD

Baker Act/Marchman Act
In FY2023–24, 3,189 involuntary exams for residents (all ages)*

SMA Healthcare Central Receiving Facility
- 22 adult CSU beds; 8 detox beds

CSU/MH/SUD services:
The Vines, Beacon Point

*Additional information provided in report

Intercept 2 — Initial Detention / First Appearance

Arrest

Jail Booking & Intake
- A registered nurse completes intake assessments at booking.
- The jail will determine suicide risk and review MH/SUD history.

First Appearance
- First appearance occurs within 24 hours (depending on the time of arrest) and individuals appear in court virtually from the jail.
- The Public Defender also appears virtually from the jail.
- On weekends, the judge will hold first appearance hearings in person at the jail.
  - Information and applications for PSC are available at jail kiosks.
  - Judiciary and jail staff are active with referrals to the program.

Intercept 3 — Jails / Courts

Marion County Jail

In-Jail Medical Services
- Heart of Florida began overseeing jail healthcare services in April 2020
- MAT offered to individuals who indicate Suboxone or Methadone (and verified at intake). However, MAT not initiated in jail.
- Dedicated medical pod for individuals experiencing suicidal ideations (or in jail under a BA order).

Programs: Alcoholics Anonymous, Narcotics Anonymous

Problem-solving Courts

Mental Health Court
- Voluntary, at time of mapping 26 active participants

Pre-plea Drug Court (MD/F)
- Voluntary, at time of mapping 35 active participants

Adult Post-Adjudicatory Prison Diversion Drug Court
- Voluntary, at time of mapping 69 active participants

Veteran's Treatment Court
- Voluntary, at time of mapping 20 active veteran clients

Intercept 4 — Reentry

Jail Reentry/Discharge Planning

Marion County Jail Reentry
- Upon release from jail, there is not a formal discharge process.
- All individuals will receive a 3-day supply of medications or a 3-day prescription to be filled at a local pharmacy.

MCSO Faith and Justice Reentry Building
- Located on-site at the jail and is operated by MCSO and community volunteers.
- Volunteers may provide information and assistance with food resources, medical services, housing, and vocation.

Reentry Services

Xtreme Solutions
- Volunteer and faith-based organization that offers prison post-release support such as training and leadership classes and Sunday worship.

Intercept 5 — Community Corrections

Misdemeanor Probation
- Professional Probation Services supervises all MD probation.

State Probation

Crisis Services

SMA Mobile Response Team

Beacon Point Access Center

Community Supports
Interfaith Emergency Services, FDOH Marion County Mobile Health Unit, The Right Service at the Right Time, Saving Seniors

Peer Services
Zero Hour Life Center RCO, NAMI Marion County

Housing
Unity House, Oxford House, Saving Mercy, Men's Recovery House, Phoenix House, Open Arms Village at Compassion United Methodist Church, His House for Her

Employment
CareerSource, Wear Gloves – Dignity Center

Appendix A: Participant List

Name	Organization	Email	Attendance
Alina Stootnoff	Fifth Judicial Circuit	astoothoff@circuit5.org	Day 1
Briana Kelley	Marion Senior Services	bkelley@marionseniorservices.org	Day 1 and 2
Clint Hauger	The Vines	clint.hauger@uhsinc.com	Day 1
Clint Smith	MCSO	csmith@marionso.com	Day 1 and 2
Daniel Lieberman	Meridian Behavioral	Daniel_lieberman@mbhci.org	Day 1 and 2
Dave Westgate	MCSO	dwestgate@marionso.com	Day 1 and 2
David Duclos	PDO	dduclos@pd05.org	Day 2
Donna Guinn	Ocala PD	dguinn@ocalapd.gov	Day 1 and 2
Earl Hunt	DCF	earl.hunt@myflfamilies.com	Day 1 and 2
Frances Watson	PDO	fwatson@pdo5.org	Day 1
Helen Urie	Marion County Community Services	helen.urie@marionfl.org	Day 1 and 2
Hilary Jackson	Marion County Children's Alliance	hilary@mchildrensalliance.org	Day 1 and 2
Jean Tucker	DCF	jean.tucker1@myflfamilies.com	Day 1 and 2
Jeremiah Alberico	SMA Healthcare	jalberico@smahealthcare.org	Day 1 and 2
Jesse Blaire	Ocala Fire Rescue	jblaire@ocalafl.gov	Day 1
Julie Rada	SMA Healthcare	jrada@smahealthcare.org	Day 1 and 2
Karla Greenway	Interfaith Emergency Services	karla@iesmarion.org	Day 1 and 2

Name	Organization	Email	Attendance
Kim Lambert	DJJ	Kimberly.lambert@fldjj.gov	Day 1 and 2
Lauren Blaugh	MCBOCC	Lauren.blaugh@marionfl.org	Day 2
Nikiah Washington	Marion Senior Services	nwashington@marionseniorservices.org	Day 1 and 2
Ozietta Reid	Heart of Florida	oreid@marionso.com	Day 1 and 2
Patrick Miley	SMA Healthcare	pmiley@smahealthcare.org	Day 1 and 2
Regina Lewis	Fifth Judicial Circuit	rlewis@circuit5.org	Day 1 and 2
Roberta Cincotti	Marion Community Services	Roberta.cincotti@marionfl.org	Day 2
Robert Cooper	Zero Hour Life Center	rcooper@zerohourlifecenter.org	Day 1 and 2
Robin Lanier	SMA Healthcare	robin.lanier@smahealthcare.org	Day 1 and 2
Steven Leilich	NAMI	executivedirector@namimarioncountyfl.org	Day 1 and 2
Tanya Rodriguez	MCSO	trodriguez@marionso.com	Day 1 and 2
Tara Morton	Meridian Healthcare	tara_morton@mbhci.org	Day 1 and 2
Terence Thomas	SMA Healthcare	tethomas@smahealthcare.org	Day 1 and 2
Travis McAlister	SMA Healthcare	tmcallister@smahealthcare.org	Day 1 and 2
Tyrone Edwards	MCFR	Tyrone.edwards@marionfl.org	Day 1 and 2
Youlanda Smith	Heart of Florida	yosmith@marionso.com	Day 1 and 2

Appendix B: Resources

Web Resources
 Partners

Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center (CJMHSA TAC)	http://www.floridatac.org/
Louis de la Parte Florida Mental Health Institute- Department of Mental Health Law and Policy (MHLP)	http://www.usf.edu/cbcs/mhlp/
Florida Alcohol and Drug Abuse Association	https://www.fadaa.org/
Florida Department of Children and Families (DCF)- Mental Health and Substance Use	https://www.myflfamilies.com/services/substance-abuse-and-mental-health
Policy Research Associates (PRA)	https://www.prainc.com/
SAMHSA's GAINS Center for Behavioral Health and Justice Transformation	https://www.samhsa.gov/gains-center

The Substance Abuse and Mental Health Services Administration (SAMHSA) Web Resources

The Substance Abuse and Mental Health Services Administration (SAMHSA)	https://www.samhsa.gov/
Center for Mental Health Services	https://www.samhsa.gov/about-us/who-we-are/offices-centers/cmhs
Center for Substance Abuse Prevention	https://www.samhsa.gov/about-us/who-we-are/offices-centers/csap
Center for Substance Abuse Treatment	https://www.samhsa.gov/about-us/who-we-are/offices-centers/csat
Homelessness Programs and Resources	https://www.samhsa.gov/homelessness-programs-resources
National Center for Trauma Informed Care (NCTIC)	https://tash.org/nctic/
National Clearinghouse for Alcohol and Drug Information	https://clearinghouse.fmcsa.dot.gov/
SAMHSA Grant Announcements	https://www.samhsa.gov/grants/grants-dashboard
Evidence-Based Practices Resource Center SAMHSA'S Knowledge Network	https://www.samhsa.gov/ebp-resource-center

Other Web Resources

Baker Act Reporting Center	http://bakeract.fmhi.usf.edu/
Council of State Governments (CSG)	http://www.csg.org/
CSG Justice Center	https://csgjusticecenter.org/
Grant Opportunities	http://www.grants.gov/
National Alliance for the Mentally Ill (NAMI)	http://www.nami.org/
National Alliance to End Homelessness	https://endhomelessness.org/resource/housing-first/
National Center for Cultural Competence	https://nccc.georgetown.edu/
National Council for Behavioral Health	https://www.thenationalcouncil.org/
National Criminal Justice Reference Service	https://www.ojp.gov/ncjrs/new-ojp-resources
National Institute of Corrections	http://nicic.gov/
National Institute on Drug Abuse	https://www.drugabuse.gov/
Office of Justice Programs	https://ojp.gov/
Office of Juvenile Justice and Delinquency Prevention (OJJDP)	https://www.ojjdp.gov/mpg
U.S. Department of Health and Human Services - Mental Health	https://www.mentalhealth.gov/
U.S. Department of Veterans Affairs - Mental Health	http://www.mentalhealth.va.gov/
United State Interagency Council on Homelessness	https://www.usich.gov/