



**Annual Report on the  
Criminal Justice, Mental Health, and  
Substance Abuse Reinvestment Grant  
Program Act**

**Submitted by  
The Florida Substance Abuse and Mental Health Corporation  
and  
The Criminal Justice, Mental Health, and Substance Abuse  
Technical Assistance Center**

**January 1, 2009**

# Florida Substance Abuse and Mental Health Corporation

The Florida Substance Abuse and Mental Health Corporation is a non-profit corporation created by the Legislature to oversee the state's publicly funded substance abuse and mental health services. The Governor, President of the Senate and Speaker of the House appoint its 12 directors.

The Corporation is charged with making recommendations annually to the Governor and the Legislature on policies designed to improve coordination and effectiveness of the state's publicly funded mental health and substance abuse systems.

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## **Executive Summary**

This is the first annual report on the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Act Grant Program. The Florida Legislature enacted the program in 2007 to create initiatives focused on individuals with mental disorders who are in or at risk of entering the criminal justice and juvenile justice systems.

In fiscal year 2007-2008, the first year of the grant program, 12 counties received planning grants (up to \$50,000 in state funding for one year) and 11 counties received implementation grants (up to \$1,000,000 total over three years). The counties are geographically and demographically representative of Florida. In the first year of the grant, \$3,850,000 of state funding has been released to counties. Counties are required to match state funding. In addition \$120,000 was allocated to the Criminal Justice, Mental Health, and Substance Abuse (CJMHS) Technical Assistance Center, which the legislation places at the University of South Florida, and \$30,000 was allocated to the Florida Substance Abuse and Mental Health Corporation for administrative responsibilities associated with the Act.

The annual report reaches the following conclusions.

- Counties with planning grants are creating strategic plans as required by the statute. While counties have proceeded at different paces, all should have a strategic plan in place by the end of the one year of funding.
- In counties with implementation grants, assessment and treatment services have been expanded. The specific programs funded include centralized assessment centers that provide an alternative to arrest and incarceration, jail based diversion programs, court-based diversion programs, forensic diversion teams, and mental health courts. There have been delays in implementation in a few counties, but implementation has begun in all but one county where a treatment provider became unavailable. That county will submit a revised plan to the SAMH Corporation and funding will be reduced accordingly.
- Because the grant program is in its first year, there is no evidence to date that these new services have had a direct impact on commitments to state forensic beds or the growth of jails, detention centers, and prisons. However, state and local data bases will be used over the next year to track treatment and criminal justice outcomes for people enrolled in grant-funded programs and this will result in direct evidence of the impact or lack of impact of these programs.
- The future success of the grant program is dependent on the success of other state initiatives, such as the effort by the Department of Children and Families to integrate mental health and substance abuse funding and treatment.

Respectfully submitted,

***Ellen Piekalkiewicz***

Executive Director

Florida Substance Abuse and Mental Health Corporation

***John Petrla***

Director

Criminal Justice, Mental Health and Substance Abuse Technical Assistance Center

# Annual Report

This is the first annual report on the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program. The report is submitted to the Governor, the President of the Senate, and the Speaker of House of Representatives by the Florida Substance Abuse and Mental Health Corporation and the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center at the University of South Florida.

## Background

The Florida legislature enacted the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program in 2007 (s. 3, ch. 2007-200) which created a state and local county matching grant program. The purpose of the Grant Program is to

*“provide funding to counties with which they can plan, implement, or expand initiatives that increase public safety, avert increased spending on criminal justice, and improve the accessibility and effectiveness of treatment services for adults and juveniles who have a mental illness, a substance abuse disorder, or co-occurring mental health and substance abuse disorders and who are in, or at risk of entering, the criminal or juvenile justice systems” (FS. 394.656).*

Under the terms of the legislation, counties may apply for a planning grant or an implementation grant. *Planning* grants are for one year. They are designed to “develop effective collaboration efforts” among county criminal, juvenile justice, treatment, transportation and housing agencies with those efforts resulting in “a problem-solving model and strategic plan for treating” adults and juveniles in, or at risk of entering the criminal justice or juvenile justice systems (FS 394.658(1)(a)).

*Implementation* grants are for a three-year period to support the development or expansion of diversion and program initiatives that may include, but are not limited to, mental health courts; diversion programs; alternative prosecution and sentencing programs; crisis intervention teams; treatment accountability services; specialized training for criminal justice, juvenile justice, and treatment services professionals; housing, transitional housing and employment services; and re-entry services focused on mental health and substance abuse services and supports (FS 394.658(1)(b) 1-8).

The legislation also created the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance (TA)Center at the Florida Mental Health Institute at the University of South Florida. The TA Center has several statutory duties. These include assisting counties in projecting and monitoring the effect of a grant-funded intervention on the criminal justice system and jail, and acting as a clearinghouse for the dissemination of information on best practices and other information and material relevant to criminal justice, juvenile justice, mental health and substance abuse. The TA Center is also responsible, with the Florida Substance Abuse and Mental Health Corporation (SAMH Corp) for preparing an annual report on the grant program (FS 394.659(1)(a)-(f)).

The legislature appropriated \$4 million for the program for fiscal year 2008. Of this amount, the SAMH Corporation and DCF made \$3.85 million available for grantee counties. Remaining funds were allocated to fund the CJMHSA Technical Assistance Center (\$120,000)

and the SAMH Corporation (\$30,000) for administrative costs associated with its duties under the Act. Counties must match the state appropriation at 100 percent, and state funds may not be used to supplant funding for existing programs. For “fiscally constrained counties” the match may be set at 50 percent (FS 394.658(2)(b)-(c)).

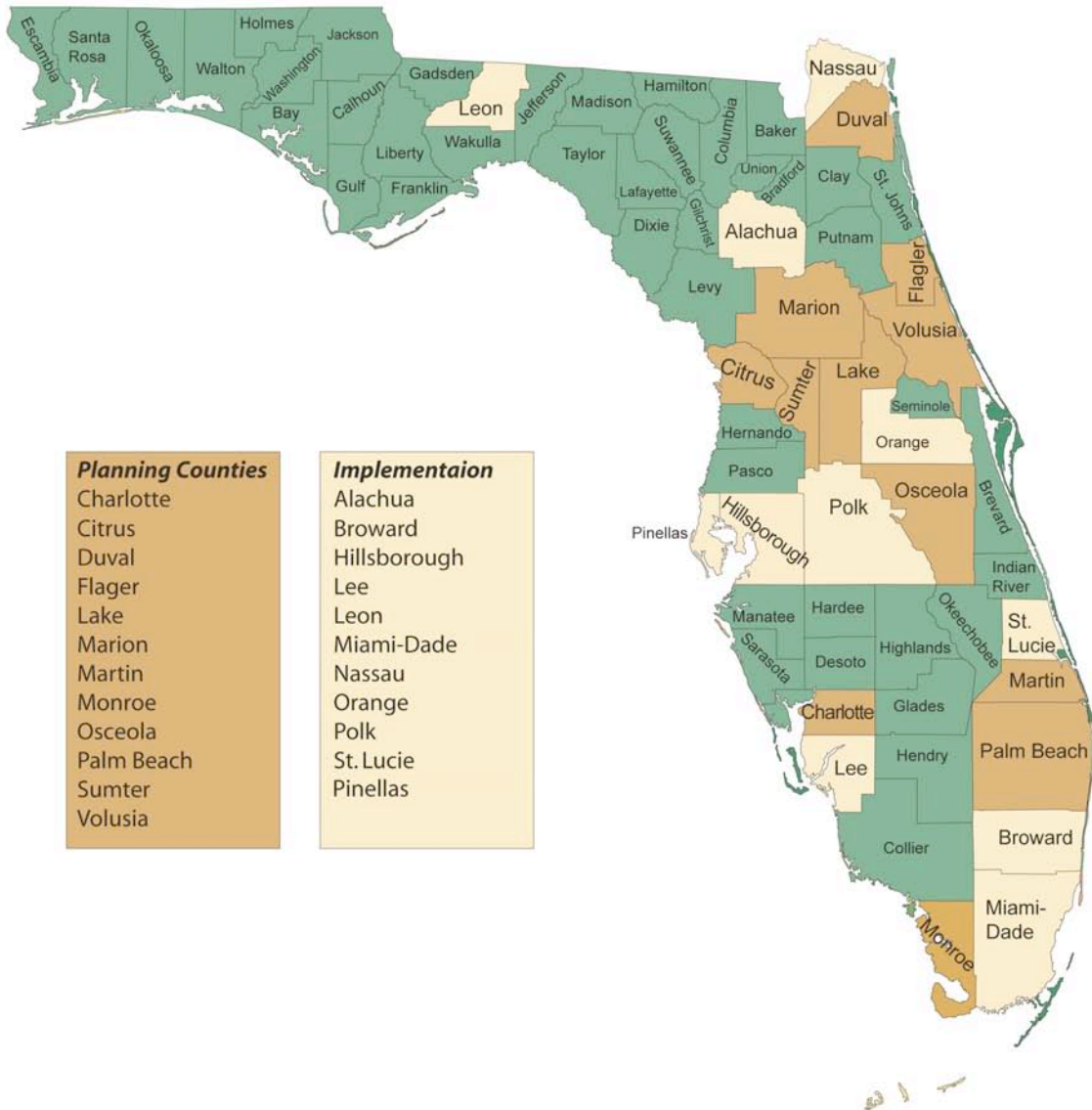
### **First year awards (FY 2007-2008)**

The legislation directed the Florida Substance Abuse and Mental Health Corporation (SAMH Corp) to create a grant review committee to review applications from the counties. After review, SAMH notifies the Florida Department of Children and Families (DCF) of those counties selected to receive a grant. Contingent on fund availability, DCF may then transfer funds to any county awarded a grant (FS 394.656(2); 384.656(4)).

In fiscal year 2007-2008, 11 counties received implementation grants and 12 counties received planning grants. The counties that received *planning* grants were **Charlotte; Citrus; Duval; Flagler; Lake; Marion; Martin; Monroe; Osceola; Palm Beach; Sumter; and Volusia**. The counties that received *implementation* grants were **Alachua; Broward; Hillsborough; Lee; Leon; Miami-Dade; Nassau; Orange; Pinellas; Polk; and St. Lucie**. The map below displays the Florida counties that received grants.

Figure 1

## Florida Criminal Justice, Mental Health and Substance Abuse Technical Assistance Center



The legislative requirement for a full county match is an important feature of the grant program because in FY 2007-2008 it more than doubled the amount of funding that would have been available had this been a wholly state-funded program. Table 1 displays the total amount of state awards and county match for FY 2007-2008, as well as the amount of state funds released for the year. Note that the “Grant award” amount is for the full term of the grant, which is one year for planning grants and three years for implementation grants. For the latter, funds are released in one-year increments over three years.

**Table 1**

<b>CRIMINAL JUSTICE, SUBSTANCE ABUSE AND MENTAL HEALTH REINVESTMENT GRANTS</b>			
<b>County</b>	<b>Grant Award</b>	<b>County Match</b>	<b>Fiscal Year 2007-2008 State Funds Released</b>
<b>Implementation Subtotal</b>	\$8,746,049	\$11,838,977	\$2,993,629
<b>Planning Subtotal</b>	\$856,371	\$825,799	\$856,371
<b>TOTAL</b>	<b>\$9,602,420</b>	<b>\$12,664,776</b>	<b>\$3,850,000</b>

Table 2 displays this same information for individual counties receiving planning grants.

**Table 2**

<b>PLANNING GRANTS - 1 YEAR AWARDS</b>			
<b>County</b>	<b>Grant Award</b>	<b>County Match</b>	<b>Fiscal Year 2007-2008 Funds Released</b>
Charlotte	\$60,190	\$60,190	\$60,190
Citrus	\$50,166	\$50,166	\$50,166
Duval	\$91,200	\$93,319	\$91,200
Flagler	\$40,447	\$23,061	\$40,447
Lake	\$60,000	\$60,000	\$60,000
Marion	\$59,000	\$68,587	\$59,000
Martin	\$100,000	\$100,000	\$100,000
Monroe	\$92,568	\$92,568	\$92,568
Osceola	\$87,500	\$87,500	\$87,500
Palm Beach	\$100,000	\$100,000	\$100,000
Sumter	\$50,000	\$25,000	\$50,000
Volusia	\$65,300	\$65,408	\$65,300
<b>Planning Subtotal</b>	<b>\$856,371</b>	<b>\$825,799</b>	<b>\$856,371</b>



Table 3 displays this same information for individual counties receiving implementation grants.

**Table 3**

<b>IMPLEMENTATION GRANTS - 3 YEAR AWARDS</b>			
<b>County</b>	<b>Grant Award</b>	<b>County Match</b>	<b>Fiscal Year 2007-2008 Funds Released</b>
Alachua	\$999,000	\$999,000	\$333,000
Broward	\$991,368	\$991,369	\$330,456
Hillsborough	\$999,999	\$1,000,000	\$333,333
Lee	\$997,698	\$2,030,473	\$332,566
Leon	\$792,624	\$890,469	\$264,208
Miami Dade	\$999,000	\$999,000	\$333,000
Nassau	\$225,000	\$225,000	\$75,000
Orange	\$954,663	\$2,476,788	\$318,221
Pinellas ( <i>one year award</i> )	\$117,419	\$117,419	\$117,419
Polk	\$980,706	\$1,021,530	\$326,902
St. Lucie	\$688,572	\$1,087,929	\$229,524
<b>Implementation Subtotal</b>	<b>\$8,746,049</b>	<b>\$11,838,977</b>	<b>\$2,993,629</b>

### **The Context**

There are four particularly important issues that affect the ultimate success of the Reinvestment Act.

First, the impact of mental illnesses and substance abuse disorders is a critical national policy issue. The most conservative estimates, provided by the federal Bureau of Justice and jail-based studies, is that 8 percent of the nearly 16 million annual arrests in the United States involve a person with a symptomatic mental illness. Prevalence estimates for all mental disorders among incarcerated populations run as high as 70-80 percent.

In Florida, there were 638,275 individuals arrested in fiscal year 2006-2007 according to the Florida Department of Law Enforcement. An analysis completed by the CJMHSA Technical Assistance Center showed that 83,721 individuals (or 13.11%) had used services in the fiscal year prior to their arrest as reflected in the Medicaid and IDS files.<sup>1</sup> Table 4 provides this information.

<sup>1</sup> The analysis matched individual arrest data from the Florida Department of Law Enforcement against Medicaid claims data from the Agency for Health Care Administration and the Integrated Data System maintained by the Florida Department of Children and Families.

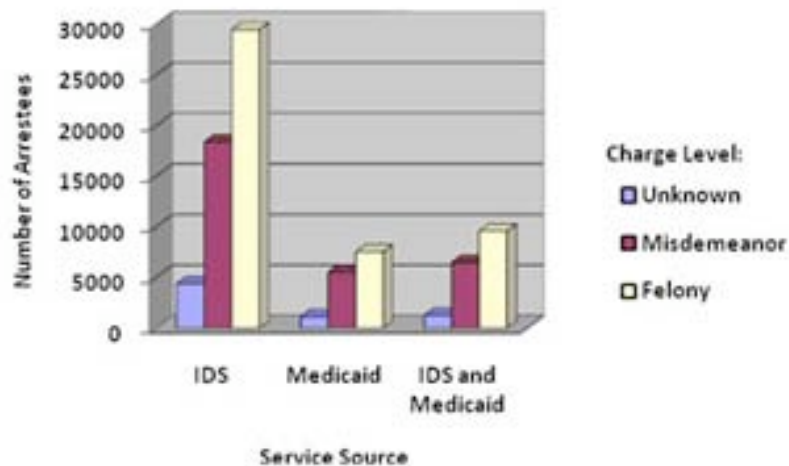
**Table 4**

Arrestees by Charge Level and Service Source – 1 Year prior to arrest year (FY2005-06)			
Arrest Charge Level <i>Frequency Percent of Arrestees</i>	Number of Arrestees N=638,275		
	<i>IDS</i>	<i>Medicaid</i>	<i>IDS and Medicaid</i>
0-Unknown	4395 (0.69%)	1115 (0.17%)	1257 (0.20%)
1-Misdemeanor	18379 (2.88%)	5538 (0.87%)	6491 (1.02%)
2-Felony	29457 (4.62%)	7513 (1.18%)	9576 (1.50%)
<b>Total</b>	<b>52231 (8.18%)</b>	<b>14166 (2.22%)</b>	<b>17324 (2.71%)</b>

These figures are based on prior, recorded use of mental health and/or substance use services, so they represent an underestimate of the number of people with mental disorders in the criminal justice system. There are no data currently available that show the percentage of arrestees who have an untreated mental disorder. As Table 5 shows, most of the documented service use is in the IDS system, with fewer arrestees using Medicaid-funded services. One issue with fiscal implications for the state is that IDS services tend to be fully funded by the state, while Medicaid services are partially funded by the federal government.

**Table 5**

Arrestees by Arrest Charge Level and Service Source  
1 Year Prior to Arrest (FY 2005 - 06)  
N=638,275



Second, the impact of mental disorders threatening to overwhelm the criminal justice system in many communities has developed over several decades and for many reasons. Treatment capacity has eroded. Case management services often cannot meet demand, and housing for people with mental illnesses is in short supply. As the number of arrests has gone up, the strain on courts, jails and prisons has become increasingly evident. Jails in particular have had to develop the ability to assess mental illness and related disorders for large numbers of individuals and to invest in treatment services. Medication costs have become a significant part of many jail budgets. While Florida and other states across the U.S. have downsized state hospitals, scarce treatment dollars are still invested disproportionately in deep-end services for comparatively few individuals. For example, DCF spends nearly \$250 million per year for 1700 hospital beds for individuals found incompetent to stand trial.

Third, the separate funding of treatment services for mental illness and for substance abuse has made access to integrated services difficult. For example, in many communities, individuals ordered into treatment through a mental health court have to obtain mental health treatment from one provider and substance abuse treatment from another. DCF has a major initiative to integrate mental health and substance abuse treatment funding and services. The success of that initiative is essential to the ultimate success of programs funded by the Reinvestment Grant Program.

Finally, it takes sustained effort from multiple stakeholders to effect change in this area. The legislature recognized this when it required stakeholders from all affected agencies and systems to participate in a county effort as a condition of receiving a grant. In doing so, the Reinvestment Program Grant Act provides a foundation for counties that is lacking in many states. As the rest of this report illustrates, the Act has had many positive effects in many counties. Perhaps the most important effect has been that as a result of the grants, more than one third of Florida's counties have begun to address a set of issues that are common to all stakeholders, including the courts, law enforcement, treatment providers, families and citizens. The Act cannot be expected to solve the problem of mental disorders and the criminal justice system in its first or second years, but it has enabled many counties to make a realistic beginning.

## **Annual Report Legislative Questions**

**The annual report is to address 5 questions regarding the implementation and impact of the Act.**

### **1. A detailed description of the progress made by each grantee in meeting the goals described in the application**

Information has been gathered on the progress of each county through a report submitted by each grantee to the SAMH Corporation and the Department of Children and Families, through a two-day grantee meeting held in Tampa and co-sponsored by the SAMH Corporation and the CJMHSA TA Center, and through site visits to most of the counties by Technical Assistance Center staff. Each county is discussed below. A table displaying expenditures by each county is attached to this report as an Appendix.

## **Planning Grantees**

Twelve counties received planning grants to create a strategic plan addressing the needs of adults and/or juveniles in or at risk of entering the criminal justice and/or juvenile justice systems. The statute requires the county commission to designate the county public safety coordinating council (FS 951.26) or an equivalent body as the planning council.

Many counties are using “Sequential Intercept Mapping” as a vehicle for creating the plan. “Sequential intercept mapping” is a two-day facilitated process in which stakeholders discuss the paths individuals with mental disorders may take in that county, from initial contact with law enforcement to community re-entry from incarcerations. Stakeholders also discuss gaps in services at each point, as well as opportunities (or “intercepts”) to divert people into treatment. The first day of the process creates a county-specific map that illustrates the county’s current criminal justice and treatment systems. The second day focuses on four to six areas identified by participants as the most important issues to address in the county’s strategic plan. A map and plan is then prepared by the facilitators, reviewed by participants and becomes the basis for the county strategic plan.

### **Charlotte County**

Charlotte County has completed the sequential intercept mapping process, prepared its strategic plan, developed a monthly newsletter and established several active workgroups on discharge planning, public education and funding. Charlotte officials have met with TA Center staff to discuss data elements the county could capture and use in tracking outcomes as it implements its plan. The TA Center also has conducted training on co-occurring disorders, housing and on federal and state privacy laws. The county also intends to expand its use of Crisis Intervention Training (CIT), a weeklong training program for law enforcement officers to better equip them to recognize and address symptoms of mental illness at the point of initial contact with an individual.

### **Citrus County**

Citrus County has contracted with a consultant to facilitate the creation of its strategic plan. The county’s plan will focus on transportation issues, development of accurate cost data for inmates receiving treatment for mental illness and substance abuse disorders and assisting inmates with mental disorders in their re-entry from incarceration to the community. The county also intends to expand Crisis Intervention Training for law enforcement officers.

### **Duval County**

Duval County has experienced some delays in issuing contracts paid for with grant funding and this initially slowed its progress. In addition, November elections resulted in changes in a number of Public Safety Coordinating Council members. The Duval County Health Department is administering the grant. The county is using Sequential Intercept Mapping as a foundation for its strategic plan. A review of evidence-based and best practices is also being conducted so that such practices can be integrated into the county’s plan. It is anticipated that the strategic plan will be written beginning in January 2009.

**Flagler County**

Flagler County has progressed steadily in the creation of its strategic plan and has completed Sequential Intercept Mapping. Flagler has also explored the expansion of CIT training for law enforcement. One outgrowth of the planning discussions has been the identification of low-cost solutions to specific issues that affect access to services. As one example, Flagler County social services staff has begun to assess some individuals in jail to facilitate client access to services on release.

**Lake County**

Lake County's planning council meets twice a month. The planning council has created a number of subcommittees, has made site visits to other counties, is reviewing evidence-based practice models for jail diversion at its regular meetings and is focused on the question of sustainability. The county is drawing on the Social Services Needs Gap Analysis of Lake County that was conducted by the Center for Community Partnerships College of Public Health and Public Affairs at the University of Central Florida. Lake County has also completed Sequential Intercept Mapping.

**Marion County**

Marion County has established a Management Team to oversee grant activities and has also retained a consultant to facilitate the planning process. The Management Team has conducted a meeting called "Milestone One", attended by 59 individuals from 31 agencies to provide an overview of the planning process to all affected parties. The meeting resulted in the establishment of four subcommittees, including lawyers/judiciary, law enforcement, advocacy and providers. A needs assessment is being conducted by the WellFlorida Council. The county has also participated in Sequential Intercept Mapping.

**Martin County**

Martin County administrative staff is administering its planning process. The county planning group has been meeting regularly and reports good cooperation among the various agencies. The county has conducted Sequential Intercept Mapping and is working with the TA Center on a project to identify "heavy users" of services in the criminal justice and treatment systems as a tool for focusing scarce resources. This project should be in place by mid-February 2009.

**Monroe County**

Under the leadership of the Monroe County Sheriff's Office, Monroe County has retained a project director to oversee the planning process. The planning council is focusing on needs and resource assessment, evidence-based practice review, data collection and communication, supported housing and employment and sustainability. The planning council is also conducting cost analyses to determine if funding can be identified for new diversion services. Sequential Intercept Mapping has been completed. Monroe County has also received training and consultation from the TA Center on federal and state privacy laws, housing and co-occurring disorders.

### **Osceola County**

Osceola County has contracted with a private vendor to facilitate its planning process. The county's planning committee meets monthly and has focused on several issues, including a target population for intervention, data sharing and data systems, a needs assessment, the various "intercepts" at which interventions might occur and funding recommendations. A draft strategic plan has been completed, based on a map of the system created by a cross-agency task force drawn from the planning council. A needs assessment has also been completed and the county planned to consider and adopt the strategic plan in December 2008. The county has also received consultation from the TA Center on federal and state privacy laws and data issues.

### **Palm Beach County**

Palm Beach County has hired consultants to facilitate its planning process and the planning council has created a number of subcommittees on courts, corrections, social services, and other issues that are congruent with the intercept points of the Sequential Intercept Model. A report, designed to serve as the basis for the county's strategic plan, has been presented to the planning council with a number of overarching themes, including targeting a population with co-occurring disorders, strengthening the county's capacity to treat individuals with co-occurring disorders, and to do so through an integrated treatment system rather than through compartmentalized services.

### **Sumter County**

Sumter County has not moved as rapidly as other counties in its planning. However, the planning council has been meeting, and Sequential Intercept Mapping will occur in late January.

### **Volusia County**

Volusia County has retained a consultant to facilitate its planning process. A system map has been created and presented to the planning council and the strategic plan will be completed in early 2009. In addition, the county has created a data profile for potential target populations; identified and mapped relevant resources and capacity within the county; interviewed key stakeholder groups on priorities and system barriers; and identified best practices in treatment and diversion for integration into the county's planning process.. The county has begun discussions with the TA Center on a potential data project for Volusia, focused on individuals with mental disorders entering the criminal justice system.

### **Implementation counties**

There are 11 implementation counties. Implementation grants may be used to fund initiatives including, but not limited to, mental health courts; diversion programs; alternative prosecution and sentencing programs; crisis intervention teams; treatment accountability services; specialized training for criminal justice, juvenile justice, and treatment services professionals; housing, transitional housing and employment services; and re-entry services focused on mental health and substance abuse services and supports.

Some of the counties receiving implementation grants have used the funding to expand existing programs. Others have used the funds to create new programs from the menu in the authorizing legislation.

### **Alachua County**

Alachua County has created a forensic diversion team with its grant funding. Individuals in jail are screened for potential eligibility for the team's services. At the time of writing, 23 individuals had been enrolled from approximately 250 screened individuals. Treatment and oversight provided by the forensic team are designed to reduce recidivism and improve treatment adherence. Alachua County has also received training on federal and state privacy laws, and risk assessment methods. At the county's request, the the TA Center has developed an electronic data base that enables tracking of criminal justice and treatment outcomes for individuals who are screened for possible admission to the forensic team. The county is also keeping track of client compliance with medication, independent living, and employment.

### **Broward County**

Broward County intended to use its grant to divert 1800 individuals from the criminal justice system into treatment. The county established very specific goals regarding recidivism: increased access to treatment services, client retention in treatment, and better mental health status as reflected in decreased substance abuse and alleviation of symptoms of mental illness as measured on validated scales. However, the primary service provider became unavailable. As a result, Broward will submit a revised plan to the SAMH Corporation in early 2009 for two rather than three years of service.

### **Hillsborough County**

Hillsborough County is using grant funding to expand an existing Forensic Intensive Case Management diversion program created in 2007. This program is designed specifically to prevent forensic commitments to state hospital beds. Grant funding is being used not only to expand the program, but also to develop a data system designed to track program outcomes. Hillsborough County reports that the program has resulted in decreased commitments to forensic beds from the county. Based on this experience, the county anticipates expanding the program through grant funding will continue that trend. New program staff were hired through the grant in September 2008 and the county reports no current barriers to implementation of the expansion.

### **Lee County**

Lee County rapidly implemented its proposal. It used grant funding to create the Triage Center/Low Demand shelter which became operational on April 28, 2008, three months after the county was notified of the grant award. The Center provides an alternative to jail for individuals who may have a mental illness, The Center provides assessment and referral to treatment as appropriate. Between April 28, 2008 and September 30, 2008, the Center received 202 referrals from law enforcement, and 61% of those individuals were successfully linked to housing and/or community services. The Center also provides shelter based on need. During the same period, 180 individuals used the shelter, with an average length of stay of 11 days. The county is tracking outcome data on individuals referred to the shelter, as well as process data on the amount of time law enforcement spends at the Center during a referral. Thus far, 81% of officers reported spending less than five minutes at the Center. The fact that the Center permits officers to quickly transfer responsibility to the Center is important, since the response of an officer to a particular situation will depend in part on whether an assessment or treatment facility enables the officer to return to the street rapidly.

### **Leon County**

Leon County has used its implementation grant to expand or create six programs. These include a mental health pretrial release program, mental health probation for both county and state probation, a misdemeanor and a felony mental health court, community competency restoration and enhancement of Crisis Intervention Team (CIT) training. The goal of these programs individually and in the aggregate is to create more efficient processing (and diversion as appropriate) in cases involving defendants with mental illnesses, while assuring public safety. Each of these programs is operational, with a total of more than 200 people enrolled. Leon County is keeping detailed data regarding selected outcomes. Leon County's approach is somewhat unique in that the county has chosen to fund multiple programs. The programs are linked philosophically and, in the aggregate, provide services from pretrial release to probation.

### **Miami-Dade**

Miami-Dade is using its grant to expand the Criminal Mental Health Project, a court-based program designed to divert individuals with serious mental illnesses into treatment. Expansion will permit diversion of individuals charged with non-violent felonies who are judged not to be a public safety risk. One goal of the program is to reduce use of state forensic beds. Staff to expand the program was hired in September. In the interim between awarding of the grant and hiring staff, the Reinvestment Grant Implementation Group and the Felony Operations Group continued to meet with key stakeholders on issues related to implementation. Treatment capacity has been identified for individuals diverted through the program and Miami-Dade intends to track arrest and treatment outcomes for individuals served by the program.

### **Nassau County**

Nassau County has used its grant for its mental health court. The court has jurisdiction over misdemeanor offenses and third degree non-violent felonies. The court is seeking to expand its caseload which to date has been between 8 and 12 cases. The mental health court has a director who screens and reviews all individuals entering the Nassau County jail for possible referral to the mental health court. The screening has the collateral effect of expanding the amount of information available to the jail and the court system regarding potential mental illness and substance abuse issues. Nassau County is now working with the TA Center to create a computerized data base that will permit tracking individual arrest and treatment outcomes.

### **Orange County**

Orange County is using grant funding to expand its existing Central Receiving Center (CRC), a triage center for people with acute mental illness or substance abuse needs referred by law enforcement or emergency rooms. The CRC provides assessment and linkage to treatment services as an alternative to arrest or involuntary civil commitment. The grant has funded the creation of the ANCHOR program, a residential program with a capacity of 44 individuals who have been referred to the CRC. The ANCHOR program fills an important gap in the continuum of services offered by the CRC, providing a wide variety of services, including job skills training, assistance in applying for food stamps and Medicaid and access to housing and physical health care. The county is maintaining data on a variety of measures related to client outcomes.



### **Pinellas County**

Pinellas County was awarded a unique one-year implementation grant to expand its existing Pinellas County Mentally Ill Jail Diversion program. Grant funding is being used to address a waiting list of approximately 30 individuals. The program obtains a variety of treatment services for individuals, as well as housing and other social supports. The program provides quick screening of individuals in the jail who might be eligible. Staff was hired for the expanded program soon after the grant was awarded. As a result, the waiting list of 30 individuals has been eliminated. Staff hired through the grant have permitted additional individuals to be admitted to the program after those on the waiting list were served. The county has kept recidivism data on the diversion program since 2004, and reports an overall 89% reduction in arrests among individuals who have been diverted into treatment compared to their arrests prior to entry into the program.

### **Polk County**

Polk County has used its implementation grant to expand the capacity of a misdemeanor mental health court created in October 2007. The court had 43 cases active as of October 2008. Referrals to the court have been steady and the court operates at or near capacity. The county also has a forensic intensive case management team and has used CIT training for law enforcement. The mental health court is working with the TA Center to create a data base to permit tracking of client-specific treatment and criminal justice outcomes.

### **St. Lucie County**

St. Lucie County is using its implementation grant to expand its Mental Health Court initiative. The court was established 2007. As part of its grant, the county has hired additional treatment staff, including two case managers who will serve individuals enrolled in the mental health court. By creating its own case management staff, the court will reduce its impact on community case management in the county, freeing up resources for other clients. St. Lucie has an excellent management information system which permits tracking of client outcomes. According to the county, only 4% of mental health court graduates have been rearrested. The county has also increased CIT training as part of its efforts to divert people with mental disorders from the criminal justice system.

### **The Technical Assistance Center**

The Criminal Justice, Mental Health and Substance Abuse Technical Assistance (TA) Center at the Florida Mental Health Institute has several statutory responsibilities. Included are assisting counties in projecting and monitoring the effect of a grant-funded intervention on the criminal justice system and jail, and acting as a clearinghouse for disseminating information on best practices and other information relevant to criminal justice, juvenile justice, mental health and substance abuse.

The TA Center has created a website ([www.floridatac.com](http://www.floridatac.com)) that serves as a clearinghouse for information on best practices, as well as other resources for practitioners and policymakers in the criminal justice and treatment systems. The website also displays data profiles for each of Florida's counties. These data profiles integrate the county's arrested population (drawn from statewide Florida Department of Law Enforcement arrest data) with mental health and substance abuse services found in statewide Medicaid claims data, the statewide Integrated Data System

maintained by the Florida Department of Children and Families, and a statewide Baker Act data system maintained by FMHI. As a result, counties have information about the number of individuals who have been arrested and who have used mental health and/or substance abuse services in the past, as reflected in state data bases.

In addition, the TA Center has created electronic data bases for Alachua and Nassau Counties for use in tracking client specific outcomes for individuals served by each county's grant-funded programs. A data base is also being created for Polk County and should be operational by March 2009. The TA Center is working with Martin County to provide a "heavy users" analysis of individuals who are the most frequent users of criminal justice and treatment services. The county can use this analysis to begin substituting less expensive services that can reduce cost. Consultation has been provided to counties on a variety of issues including federal and state privacy laws (Alachua, Monroe, Osceola, and Charlotte), as well as housing (Charlotte, Monroe, Miami-Dade) and co-occurring disorders (Polk, Monroe).

The TA Center has conducted Sequential Intercept Mapping in Monroe, Charlotte, Flagler, Martin, Lake and Marion Counties. Mapping will take place in Duval, Sumter and Hillsborough County in January and February. Because the TA Center used state funding to leverage additional funding from a foundation, these workshops, like all of the TA Center's activities to date, have been cost free to the counties.

Finally, the TA Center is working with the Justice Center of the Council of State Governments to make available to county jails validated screening instruments to improve identification of arrestees with mental illness and substance abuse disorders.

## **2. A description of the effect the grant-funded initiatives have had on meeting the needs of adults and juveniles who have a mental illness, substance abuse disorder, or co-occurring mental health and substance abuse disorders, thereby reducing the number of forensic commitments to state mental health treatment facilities**

Grant-funded initiatives have not yet had a demonstrated impact on forensic commitments to state mental health treatment facilities. In part, this is because in most counties with implementation grants, individuals have been entering grant-funded services for only a few months. However, as data become available on individuals served by grant-funded programs over the next year, the impact of these grants will be clearer. For example, Hillsborough County has used grant funding to expand an existing program that in the past has reduced forensic commitments. Miami-Dade is implementing a grant-funded program with the same goal. St. Lucie County reports a 4% recidivism rate for individuals served by its mental health court and has used grant funding to expand the court. Over the next year, individuals enrolled in these programs will be matched against DCF data to determine whether any have been in a state forensic bed before and after enrollment. A similar analysis will be conducted of individuals in the Alachua, Polk County and Nassau mental health courts, as well as for individuals referred to grant-funded assessment services in Orange and Lee Counties and the Pinellas Mentally Ill Jail Diversion program.

### **3. A summary of the effect of the grant program on the growth and expenditures of the jail, juvenile detention center, and prison**

There is not yet evidence that the grant program has had an impact on growth and expenditures in these facilities. However, individuals served by grant-funded programs will be tracked over the next year to determine whether arrests decreased after entry into a program, compared to a similar period of time prior to entry to the program. This analysis will be performed by matching individuals against Florida Department of Law Enforcement records. If individuals with serious mental illnesses are arrested less, then the costs associated with incarceration of those individuals will be reduced.

### **4. A summary of the initiative's effect on the availability and accessibility of effective community-based mental health and substance abuse treatment services for adults and juveniles who have a mental illness, substance abuse disorder, or co-occurring mental health and substance abuse disorders, including how expanded community diversion alternatives have reduced incarceration and commitments to state mental health treatment facilities.**

Grant-funded programs have led to increased assessment and treatment services in a number of counties. Alachua County has created a forensic diversion team and Hillsborough County has expanded an existing forensic diversion team. Pinellas County has expanded a jail-based program for diverting people into community treatment. Orange and Lee Counties have expanded the capacity of central assessment and referral centers that provide a clear alternative to arrest and incarceration and involuntary civil commitment. Leon County has created a community competency restoration program and Miami-Dade is expanding a court-based diversion program.

Each of these programs has expanded community assessment and/or treatment capacity. Over the next year, individuals enrolled in these programs will be matched with Baker Act data to determine how many were committed to state mental health treatment facilities prior to the grant program, and if so, whether such commitments have been reduced since implementation.

### **5. A summary of how local matching funds have leveraged additional funding to further the goals of the grant program.**

Some counties have contributed space and other materials to the grant program. In other counties, county-funded programs created for populations other than people with mental illnesses may become available for the population served by the grant program. For example, in one of the planning counties, discussion that occurred as part of mapping led to a commitment to examine whether a misdemeanor diversion program already in existence could be expanded to include people with mental illnesses who have been arrested for misdemeanors. The TA Center has also leveraged state funding by obtaining grants from a private foundation. These grants have permitted the TA Center to do three things that would not have been possible without this additional funding, including creation of the TA Center website which serves as a clearinghouse for information on best practices; conducting Sequential Intercept Mapping with more than one-half dozen planning grant counties; and developing county-based data bases to permit counties to track outcomes for people who access to treatment as a result of a grant-funded initiative.

## Summary

The number of people with serious mental illnesses and substance abuse disorders who enter the criminal justice system is a major issue for county and state governments. The Reinvestment Grant Program is an innovative response to this issue. While grants have been available to the 23 counties for less than a year, it is clear that the grant program already has been responsible for a number of achievements.

First, in all counties with planning grants, a strategic plan has been completed or is the process of being prepared. Nine counties have used Sequential Intercept Mapping as a tool for creation of the strategic plan, and two other counties will have had mapping completed by the end of February 2009. Most of these counties have established workgroups on specific issues that will need to be addressed as the plan is completed and implemented. While some counties have held more regular meetings of their planning councils than others, the planning process itself has resulted in stakeholders from *all* of the relevant agencies working together over a period of time to create a strategic plan that crosses system boundaries. In some counties, participants are meeting representatives from other agencies for the first time. In most counties, these cross-system planning efforts would not have occurred without the incentives and funding provided by the grant program.

Second, counties with implementation grants have hired staff, had contracts approved where necessary by their county commissions and are enrolling people in community-based, grant-funded initiatives. Counties have emphasized different programs, with four counties focused on mental health courts, two counties on forensic diversion teams and other counties using jail or court-based diversion programs. However, with only one apparent exception where a county is revising its plan, grant funds are being used to assess and/or treat individuals with mental disorders in or at risk of entering the criminal justice system. Third, over the next year, the TA Center will work with counties to match individuals enrolled in various grant-funded programs against Florida arrest, treatment and civil commitment records to assure the programs are successfully diverting people. The data bases being developed by a number of counties because of the grant will facilitate these analyses.

Finally, the legislative requirement that all stakeholders must be involved in grant-funded initiatives has resulted in cross-system communication that has often been missing. This has become obvious, for example, during mapping workshops, where people in one system note that they have learned for the first time what people in another system in the same county do. At times, this has led to the immediate elimination of barriers to service. For example, in one county, individuals were often released from jail in the evening, after treatment services were closed. This meant that the person could not go to the treatment center to fill a prescription. As a result, jail staff agreed that people with mental illnesses requiring immediate treatment access would only be released during the day when the treatment center was open. This and other changes like it occurred because of the grant program.

In its first year, the Reinvestment Grant Program has laid the foundation for shifting the focus of care of offenders with mental health and/or co-occurring substance use disorders from the most expensive, deep end of the system to early intervention and diversion. Strategic plans have been created where none existed and assessment and treatment resources designed to divert people from the criminal justice system into treatment have been expanded. These changes would not have occurred without the stimulus provided by the Reinvestment Act.

## **Appendices on Financial Allocations To Date**

See attachment