



UNIVERSITY OF  
SOUTH FLORIDA

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

**2010 Report**

**Submitted by  
The Criminal Justice, Mental Health, and Substance Abuse  
Technical Assistance Center  
Louis de la Parte Florida Mental Health Institute  
University of South Florida**

## **Introduction**

The Florida Legislature created a valuable tool for communities across the state when it passed the Florida's Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant Act. The 2007 legislation laid the groundwork for community leaders to plan, create and expand innovative services to shift care of offenders with mental illnesses and/or co-occurring substance use disorders from the most expensive, deep end treatment settings to community-based programs. The grants have enabled counties to expand community mental health and substance abuse services that are stretched too thin to address the needs these individuals.

We know that public safety can best be served by appropriately diverting those offenders who have mental health care needs and who have not committed violent crimes into programs that help them manage, stabilize and recover from their mental illnesses and, where necessary, address their addictions. By combining the infrastructure and services created by the Reinvestment Grants, drug courts and the proposed Community Mental Health and Substance Abuse Treatment and Crime Reduction Act, Florida will be on its way to developing a system-wide, integrated treatment system that can be a model for reform in other states. To achieve this goal, Florida must continue to support best practices and initiatives to divert people from incarceration to treatment when appropriate. In addition, identify and treat people while incarcerated and provide comprehensive re-entry planning to reduce recidivism and increase public safety. It is also essential that Florida fund community mental health and substance abuse treatment providers to develop sufficient capacity to meet the treatment and support needs of individuals diverted or released from incarceration.

The Reinvestment Grant Act created two types of grants — planning and implementation — to help communities develop and/or expand treatment alternatives to jails, prisons and state forensic hospitals. The first grants were awarded to 23 counties in 2007. Planning grantees funding ended in June 2008 and the funding for the 2007 implementation grantees expired in June 2010. In November 2010, 14 new grantees were awarded, resulting in 9 new implementation grantees and 5 expansion grantees. All the expansion grantees were previously awarded implementation grants in 2007. Grants were awarded competitively and funds were matched 100% by the counties, thereby maximizing available resources. Despite a very constrained economy and in many cases budget cuts to health and social services, local counties have deemed the CJMHSA Reinvestment Grant a priority in their communities and are tracking the cost effective impact that the reinvestment grants are having on reducing the demand on county jails, emergency rooms, homelessness, and other related healthcare costs for persons in need of substance abuse and mental health care, in lieu of incarceration. The public-private partnerships that have been developed through the Reinvestment Grants will have a long term impact on cross-systems planning and the effective implementation and evaluation of best practices in behavioral healthcare in Florida.

By statute, these 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; transitional housing, permanent supportive

housing, 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.

## **Grantee Progress: Creating and Expanding**

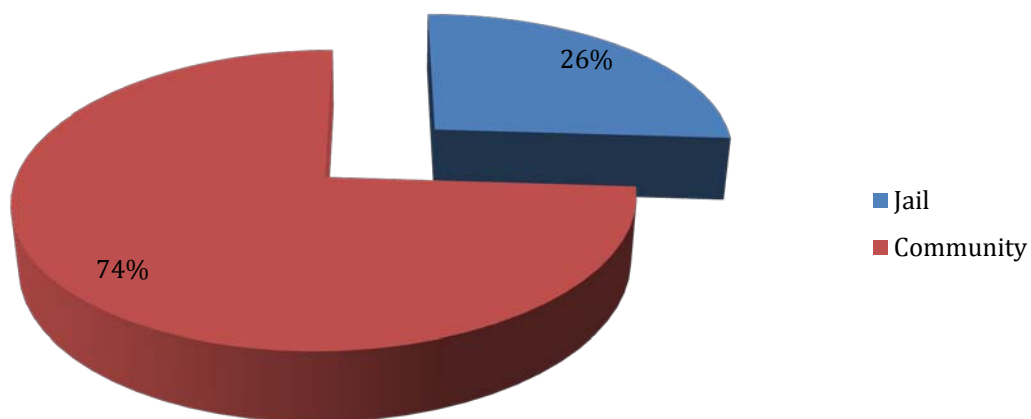
Below is a brief summary of each county’s progress. The report is divided into three sections. The first is dedicated to the eleven original implementation counties awarded in 2007; the second and the third will address the fourteen counties that were awarded in 2010. Since the five expansion counties were also previous implementation counties they will be mentioned twice however the first section will report their efforts from January 2010 thru June 2010 and the second session will describe their progress since being awarded in November of 2010.

### 2007 Implementation Counties

#### **Alachua County**

Alachua County has created a forensic diversion team (FDT) with its grant funding. Sixty-three percent of the individuals engaged in the program for 12 or more months had a reduction in the number of days in jail, 74% had a reduced number of charges, and 90% had charges that were lower or equivalent in severity to their initial charge at the time of admission to the program. The FDT provided screenings, change readiness, and clinical assessments to 199 clients that were accepted into the program between January and October 2010. At the end of September 2010, 77 clients were actively participating in the program, with 20 (26%) receiving case management and outreach services at the jail, and 57 (74%) receiving treatment and case management in the community (see figure 1).

Figure 1. Percentage of Clients Receiving Case Management and Services by Location



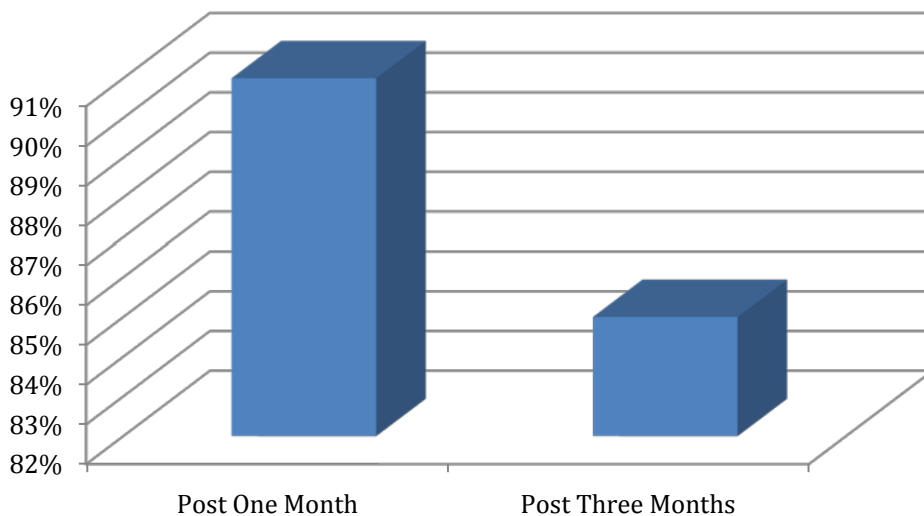
Between January and October 2010, 82% of the 243 referrals received were accepted to the program. Program participants averaged 65% of their days in the community, and 35% in the jail. None of the participants were discharged to a DCF state mental health hospital during the

reporting period thus, community based care averted the costly alternative of being served in state institutional treatment beds, which is a key goal of the Reinvestment grants. The Alachua County CJMHSAG meets quarterly to oversee the program, make changes/additions as needed, and ensure collaboration between partners. As a result, participants receive services from diverse providers. Planning Council Membership includes executive level representation from the Alachua County Board of Commissioners, Alachua County Department of Court Services, Department of Children and Families, Circuits 3 and 8 Substance Abuse and Mental Health Program Office, Meridian Behavioral Healthcare, Inc., 8th Judicial Circuit Court, Alachua County Sheriff's Office/Department of the Jail (ACSO-DOJ), Alachua County Housing Authority, Office of the Public Defender (OPD), Office of the State Attorney (SAO), North Florida Evaluation and Treatment Center (NFETC), Department of Corrections (DOC); and Gainesville Police Department (GPD). The planning council has met quarterly throughout this year focusing on continued project implementation, oversight and evaluation.

### **Broward County**

Broward County used its grant funds to divert individuals with mental health or co-occurring substance use disorders from jails by implementing the Freedom Project, a pre-arrest community based jail diversion model. Law enforcement officers may drop off individuals at risk of arrest because of mental health disorders at the project facility 24 hours a day. Services include peer support, counseling, case management and evaluation for further treatment interventions as deemed necessary. The Freedom House offers a one-stop, stand-alone facility for consolidated services. On average, it takes less than 15 minutes for an officer to complete delivery of an offender to the Freedom House. According to the project's last cumulative quarterly report, 91% of individuals served had not been re-arrested during the one month post-graduation from the program and at the three-month mark, 85% of the 91% had not been re-arrested (see figure 2). At Freedom Project, individuals receive help accessing substance abuse and mental health services, housing and referrals for additional resources in the community. Peer Specialists provide participants with a social support network and help them connect to services.

Figure 2. Percentage of Individuals with No Re-arrests after Graduation



## **Hillsborough County**

Hillsborough County used its award to expand Looking Ahead, an existing Forensic Intensive Case Management diversion program created in 2007. The Looking Ahead Program has proven to be a highly successful and innovative program. During the program's two and a half years of implementation it has become an integral part of the criminal justice and behavioral health systems in Hillsborough County and has developed and enhanced clinical reentry pathways for individuals with mental health and co-occurring substance abuse disorders. The Looking Ahead project has been highly effective at increasing the quantity and quality of reentry services provided to individuals with unmet mental health and co-occurring substance abuse needs reentering Hillsborough County from jail and prison.

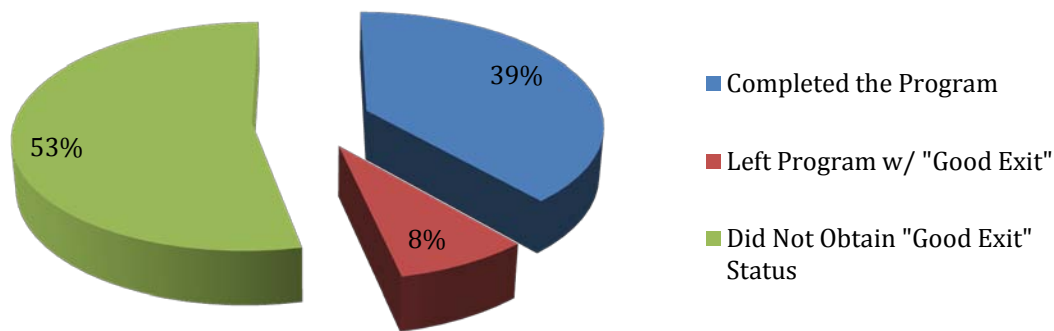
Prior to the Reinvestment Grant, Hillsborough County was the only Florida County to be awarded a Federal Substance Abuse Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) Targeted Expansion Capacity Jail Diversion Grant (2006 - 2009) which addressed jail diversion processes and discharge planning services for persons with mental illnesses from the Hillsborough County jail. Provision of mental health and substance abuse services at the reentry intercept point was not a priority for many stakeholders before the implementation of the Looking Ahead program. The opportunity to break the cycle of criminal recidivism for these individuals through proactive service assessment, linkage and provision was often missed. Looking Ahead has been instrumental in decreasing criminal recidivism for its participants. The recidivism rate for individuals involved in the program has been from 6-8%, while Florida Department of Corrections continues to report recidivism rates of 32.8% (defined as reoffending within three years of release). In addition to the reported benefits to public safety the program has created expedited pathways to core social services including mental health and substance abuse treatment, case management, housing, employment/vocational services and access to the Hillsborough County Health Care Plan and related medical care and prescription services. Access to Looking Ahead and other diversion and reentry programs associated and collocated with Looking Ahead have played a pivotal role in the decreased need for jail psychiatric beds and the system's increased capacity to assess and link individuals to necessary services. The Looking Ahead Planning Council membership includes members of the Public Safety Coordinating Council Alternatives to Incarceration Subcommittee, consisting of the following membership: The State Attorney, the Public Defender, a Circuit Judge, a County Court Judge, chief correctional officer, and the Police Chief or his/her representative. Looking Ahead advisory meetings are held once per month. Planning and advisory council membership has remained fairly consistent throughout the duration of the project. The group has been instrumental in overcoming obstacles to implementation and helping to development new clinical and re-entry pathways. Advisory members have also played a key role in identifying and providing match dollars and services to support the project. Over the last year the Looking Ahead program has been able to leverage an additional \$78,690.63 in match above the project's required match to sustain the core services of the program.

## **Lee County**

Lee County has used its grant funding to create the Triage Center/Low Demand shelter which began operations on April 28, 2008. The original location accommodated 22 clients and operated from 4:00 PM to 11:00 PM. Since the opening the Center has been relocated to a larger facility which can accommodate 58 clients and operates from 9:00 AM to 12:45 AM. Between January

2010 and October 2010, 719 duplicated and 515 unduplicated individuals were referred to the Triage Center for an assessment. Of those individuals who came to the Low Demand Shelter, 33% were transferred to other emergency shelter, transitional housing, permanent supportive housing, or independent housing programs and 16% entered inpatient substance abuse treatment. The average length of stay at the shelter has been fourteen days. Of the 515 individuals who came to the Shelter, only seven individuals have gone to jail directly from the Center for altercations or other criminal behavior. A total of 240 individuals (46.6%) had a “good exit” from the program, which includes 199 individuals (38.6%) who completed the program and 41 (7.96%) who exited the program early for a housing opportunity or for a treatment facility (See figure 3).

Figure 3. Client Outcomes



According to a report completed the CJMHSA TA Center Staff, there were significantly fewer arrests and days in jail for those with a “good exit”. An individual leaving the program who has successfully completed the program, left for a housing opportunity or left for a mental health or substance abuse treatment facility is designated as a “good exit”. The report concluded that, “for those who exited the Triage program either by completing the program or by leaving early for a housing opportunity or for a treatment facility the program appears to have a positive effect on subsequent arrests, duration of incarceration and time to the next encounter with law enforcement.” This finding suggests that the key to making the program more successful overall would be to increase the rate of “good exit” status as well as the program completion rates. The Lee County Public Safety Coordinating Council (PSCC) meets on regular basis and receives reports on the Triage Center. PSCC membership includes: The State Attorney, the Public Defender, a County Judge, a State Probation representative, a Court Administrator representative, a Pretrial Intervention specialist, the Director of the Substance Abuse Provider, the Director of Community Mental Health, a DCF SAMH representative, a peer specialist, a family member of a consumer, homeless program representative, Department of Juvenile Justice Designee, County Department of Human Services representative, and the Chief Probation Officer. Additionally, a Governing Board for the Triage Center, which includes representation

from all major funders and partners meets on a monthly basis and a majority of all members attend the meetings. This group provides oversight to the center and addresses any operational issues. They also evaluate data collection efforts and recommend improvements. It should also be noted that Lee County was awarded funds through the Department of Veterans Affairs in the amount of \$319,375 for a five year period. These funds will pay a portion of expenses to provide services and lodging for 10 beds for veterans. Lee County was awarded funds through the Florida Department of Law Enforcement Justice Assistance Byrne Grant in the amount of \$129,244. The funds are being used for salaries and operating expenses for the Triage Center.

### **Leon County**

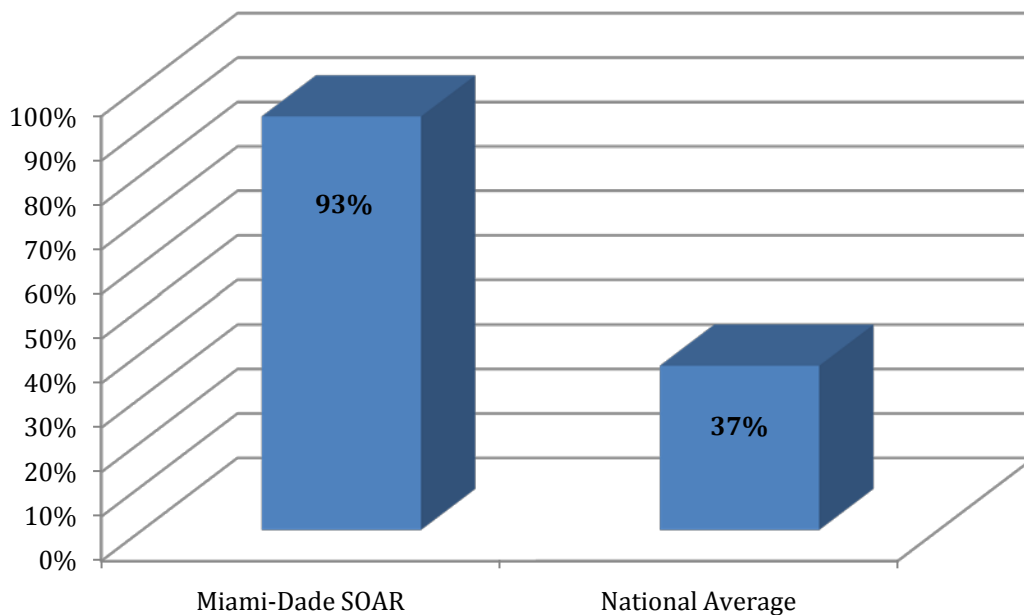
Leon County has used its implementation grant to expand or create six programs related to their Mental Health Court. These include a mental health pretrial release program, mental health probation for both county and state probation, a misdemeanor and a felony mental health court, community competency restoration and enhancement of Crisis Intervention Team (CIT) training. The main objective of these programs individually and in the aggregate is to improve access to treatment for defendants with mental illnesses and dispose of their cases in a timely manner, while helping to assure public safety. An essential part of these programs success is their improvement of communication through a data base system that automatically assigns appropriate defendants to the mental health court docket. When an individual is booked, an e-mail notice is sent to the appropriate agencies/personnel to notifying them that a mental health defendant has been booked into the jail. The list then reviewed by staff and it is determined whether the individual has competency issues as well as establishing the clinical and social needs of the client. Along with the mental health pretrial release program allows the court the option of releasing an offender into the community under the supervision of a mental health professional. Each specialist has an active caseload of about 27 clients and there have been over 20 successful graduates. The competency restoration program provides case management services, educates clients about their case and the court process, and refers them to the Division of Vocational Rehabilitation or other training programs. Department of Corrections and Leon County probation officers who have gone through Crisis Intervention Team (CIT) training, which has been expanded, monitor the mental health probation program clients. To date, over 300 law enforcement officers/personnel have been trained.

### **Miami-Dade County**

Miami-Dade continues to use their funding to expand the Criminal Mental Health Project (CMHP), a court-based program designed to divert individuals with serious mental illnesses into treatment. The project has four components: the Felony Jail Diversion Program, the Misdemeanor Jail Diversion Program, Forensic Diversion and Crisis Intervention Team (CIT) training. Several goals were established and realized this calendar year. These include protecting public safety, diverting and treating people at risk of entering the criminal justice system and averting costs for the criminal justice system. Also noteworthy is the Miami-Dade project's effort to assist clients in applying for entitlement benefits that will support their recovery and transition back to the community. The CMHP has incorporated the Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI), Outreach, Access, and Recovery (SOAR) model, an evidence-based approach developed as a federal technical assistance initiative to expedite access to social security benefits. The project has achieved approval rates over 90 percent within 50 days. By contrast, traditional methods of applying for benefits demonstrate approval rates of less

than 40 percent and typically take 9 to 12 months (See figure 4). Miami-Dade County has gained national recognition for the successful implementation of the SOAR program. Additionally, the county has demonstrated the priority it places on the CMHP by sustaining multiple grant-funded projects that have expanded the role of the program. With the support of a voter approved general obligation bond, the county is currently in the process of developing a first-of-its-kind mental health facility which will provide treatment, diversion, and re-entry service to individuals involved in the justice system. In support of this effort, the county has created the position of Mental Health Services Manager to oversee policies and review mental health services provided in the jail, as well as to assist the department with long-term strategic planning and cross-system collaboration with community stakeholders.

Figure 4. Percentage of Applications Approved for SSI/SSDI Compared to the National Average



### **Nassau County**

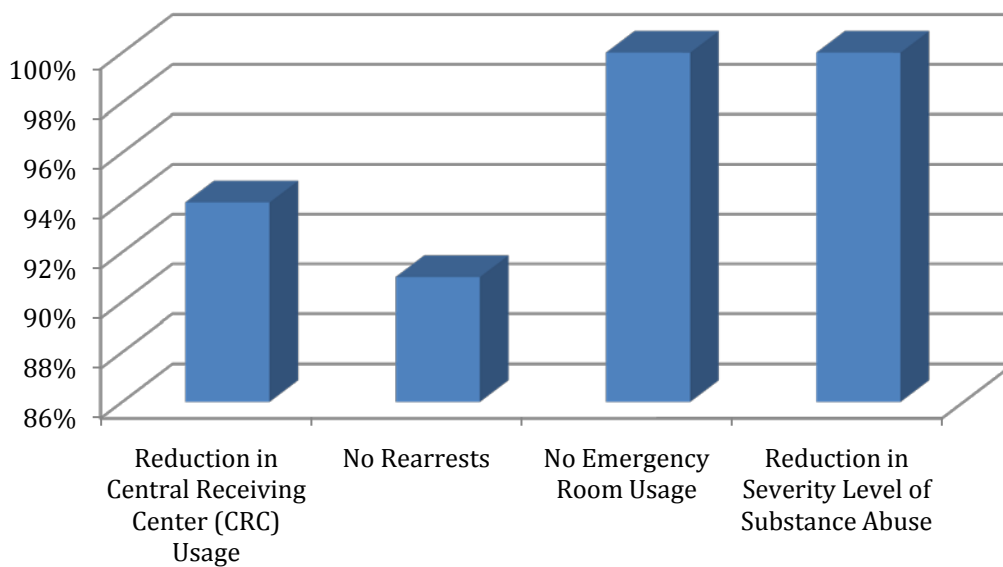
Nassau County has used its grant to expand a preexisting mental health court. The court has jurisdiction over misdemeanor offenses and, as a result of grant funding has been able to include offenders charged with third degree non-violent felonies. The mental health court has a director who screens and 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 has partnered with the USF-FMHI CJMHS TA Center to manage their mental screening and referral data. The TA Center has created a web-based data management system that allows the in-jail mental health court director to digitally store and analyze screening forms, referrals and psychological evaluations. To date, 3,462 people have been screened for eligibility to mental health court.



### 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 use disorders referred by law enforcement or emergency room staff. The CRC provides assessment and linkage to treatment services as an alternative to arrest or involuntary civil commitment. The grant has funded creation of the ANCHOR program, which provides transitional housing and case management services. It includes a continuing care system that provides medical services, access to permanent housing, medication management, help in accessing entitlements, support groups, legal services and aftercare treatment. The program is housed in a 44-unit apartment complex. Clients reside in a double occupancy room within a therapeutic community. Analysis of client data thirty days after a successful discharge from the program found that 94% of graduates had reduced their use of the CRC and 91% had not been rearrested. Furthermore, 100% of those clients did not use the emergency room in the prior thirty days and 100% also showed a reduction in the severity level of their substance abuse (see chart 5). The program has served nearly 150 clients.

Figure 5. Percentage of Clients Meeting Benchmarks 30 Days Post Successful Discharge



### Pinellas County

The program created by Pinellas County provides access to community based health and substance abuse treatment services while at the same time addressing the client's involvement in the criminal justice system. Since 2004, the County has collaborated with the Public Defender, State Attorney, Pinellas County Sheriff, the courts and local service providers to reduce the incidence and length of incarceration of individuals diagnosed with mental illness or co-occurring mental health and substance abuse disorders who are charged with crimes. They have expanded their existing collaboration with Suncoast Center for Community Mental Health in St. Petersburg, who has assigned a full-time clinician from their Focused Outreach Program to work at the County office, and once the clients have complete their court-ordered program, they can be placed into this longer-term program with Focused Outreach. Suncoast Center is also providing clients with preliminary psychological evaluations at no cost. The program continues to provide

counseling and treatment services to clients in the jail, at night and on weekends. Caseworkers have begun group therapy sessions as well as art and music therapy sessions. The strategic goal outlined in their application was to address a target population consisting of 20-30 wait list clients who were not being admitted into a program due to lack of funding. The County continues to provide services to clients and expand the county's ability to effectively divert clients from county incarceration and DCF state mental health institutions. This goal was met and the client wait list was eliminated with the resources offered by the reinvestment act grant. Currently clients eligible for jail diversion are qualified prior to first appearance, and admission into a jail diversion program can commence immediately upon the judge's order. The composition of their Planning Council membership is as follows: the State Attorney, the Public Defender, the Chief Judge, a County Court Judge, the Chief of Police, the Pinellas County Sheriff, the State Probation Circuit Administrator, the Court Administrator, a Pinellas County Commissioner, a representative from Westcare, representing a local Substance Abuse Treatment program, a representative from Operation PAR, representing a Community Mental Health Agency, DCF Suncoast Circuit Substance Abuse Program Office, representatives from the Primary Consumer of Mental Health and Substance Abuse Services, Homeless Program Representatives, DJJ Chief Probation Officer, and the DJJ Director of Detention Facility. Susan Latvala, who is also currently Vice-Chair of the Pinellas County Board of County Commissioners, chairs the Planning Council. The Pinellas County Housing Authority (PCHA) is actively pursuing purchasing housing units for the program's use. At the July 2010 board meeting of the Pinellas Housing Authority, the board authorized the purchase for the Public Defender's Office of a 10-unit apartment building at a price not to exceed the appraised value. PCHA has indicated they will provide these units to the county at a very low cost, and the Housing Authority is committed to addressing the issue faced by Pinellas County clients relating to affordable housing. The County has been informed that closing on this apartment building could early 2011.

### **Polk County**

Polk County has used its implementation grant to expand the capacity of a misdemeanor Mental Health Court, Crisis Response Team (CRT), and Forensic Intensive Case Management (FICM). Currently all three are fully staffed and operational. As of the writing of this report, the Mental Health Court has had 585 referrals. Of those, 127 have participated in the program and 60 have graduated. There are currently 23 active clients. The USF-FMHI CJMHSA TA Center has partnered with the Polk County Mental Health Court to create a database to manage the expanding caseload. It has been in operation since early 2010. The extensive database tracks several hundred variables regarding each clients and assisted court staff in creating reports and managing client data.

### **Saint Lucie County**

Saint Lucie County is using its implementation grant to expand its Mental Health Court. The Court's case management staff has been very successful in helping clients obtain entitlements, housing, and both mental health and substance abuse services. They also provide aftercare services and follow up with all program graduates monthly. The county has an excellent data management system that permits tracking of client outcomes. One example of the mental health court's effectiveness is a random analysis of recidivism among 50 people who had graduated from the mental health court as of May 2009. Prior to enrolling in mental health court, the group

had collectively spent 446 days in jail. After completing the program, they spent a total of 15 days in jail. This may be attributed to the availability of wraparound services as well as to their use of peer specialists. Saint Lucie has also increased CIT training as part of its efforts to divert people with mental disorders from the criminal justice system.

## 2010 Expansion Counties

### **Alachua County**

The Expansion project will blend the Forensic Diversion Team and the Forensic Specialist Teams. Combining these teams will provide participants with greater individualized and targeted treatment strategies, with improved access to intensive case management, treatment, peer specialists and wrap around care based on the participant's individual needs. There will be minimal personnel changes, and policies and protocols are under revision. These efforts are receiving attention and input from the Technical Review Subcommittee, a unit of the overall Alachua County CJMHSAG Planning Council. Additionally, the County is broadening its collaborative partnerships to enhance the level of wrap around services for participants. The CJMHSAG Expansion will include FloridaWorks, Veterans Affairs, Vocational Rehabilitation, and the Alachua County Health Department.

### **Lee County**

Funding from the Expansion grant will assist in securing the necessary, additional resources needed for the continued expanded operations of the Triage Center. Case management services provided to residents will be expanded, including life skills, education, health care and hygiene classes; as well as assistance to increase employment opportunities through resume writing skills, and different modalities for job search.

### **Miami-Dade County**

The county plans to create a specialized unit to expedite access to benefits for clients, incorporating a validated strengths, needs, and risk assessment instrument (START) to assist in diversion and re-entry planning, expand target population to include individuals re-entering the community after completion of jail sentences, and conduct and evaluation to assess criminal justice and mental health outcomes, as well as the efficiency of accessing benefits and impact on service utilization.

### **Orange County**

The County plans to use its expansion funds to build upon the preexisting ANCHOR program. Goals of the program are successful transition into permanent housing and compliance with medical and psychiatric treatment, as well as a reduction in the number of hospitalizations, incarcerations and admissions to community mental health and detoxification services. The County will continue to collaborate with community partners to contribute to the success of the program.

### **Pinellas County**

The expansion grant will allow Pinellas County to continue the Mentally Ill Jail Diversion Program and improve the quality of life for many in Pinellas County. They are currently working

on their client progress reports. This data is compiled on a calendar year basis and data analysis for 2010 should be complete by January 2011.

## 2010 Implementation Counties

The new implementation counties are Charlotte, Collier, Duval, Flagler, Lake, Marion, Monroe, Palm Beach, and Osceola. Since being notified of their awards counties have begun to prepare for implementation in the New Year. Several have had Public Safety meeting within their communities, other have focused on revising their budget to reflect the reduced award amount, and several have made arrangements with the USF-FMHI CJMHSa Technical Assistance Center for collaboration and guidance on a variety of issues, such as data management and scheduling sequential intercept mapping.

## **The University of South Florida (USF) -FMHI CJMHSa Technical Assistance Center**

The Criminal Justice, Mental Health and Substance Abuse Technical Assistance (TA) Center at the USF- Florida Mental Health Institute (FMHI) 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, and offers other resources for practitioners and policymakers in the criminal justice and treatment systems. Over the last year, the site has had over 44,000 visits and nearly 175,000 page views. The website display 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 for both adults and juveniles. In an attempt to further fulfill the counties' need for cross-agency data, the TA Center has secured five years of data on individuals who were served by programs funded by the Department of Juvenile Justice. These data have been integrated with Medicaid, Baker Act and IDS data, similar to the analyses done with adult data. The website was redesigned to incorporate the Juvenile Justice data and the youth data pages are the newest addition to the website for calendar year 2010. Additionally, the Center partnered with the Council of State Governments to add a new search tool that gives visitors the ability to search both of our sites for materials, thus expanding access to resources.

The TA Center has also created electronic databases for Polk and Nassau Counties for use in tracking client-specific outcomes for individuals served by each county's grant-funded programs. Databases are currently under development for Charlotte Counties and should be operational by early 2011. Also in 2010, the TA Center conducted Sequential Intercept Mapping in Lee

County, Collier County and re-mapped Hillsborough County. A preliminary meeting among stakeholders in Pinellas County was also conducted to discuss applying Sequential Intercept Mapping to the Veteran's System. These workshops, like all of the TA Center's activities to date, have been cost free to the counties. Finally, Center staff collaborated in the planning and participated in the annual Criminal Justice Mental Health and Substance Abuse Grantee conference in July 2010 July 16 and 17 in Orlando. TA Center faculty were instrumental in bringing several national known keynote speakers and conducted several workshops during the conference on evidenced-based practices.

## **Conclusion**

In the absence of adequate intervention and treatment, too many individuals with mental illness are becoming involved in Florida's justice system. The large number of people with mental illnesses cycling through local jails and courts are a public health and safety crisis for many counties. Community mental health and substance abuse services providers are unable to meet the treatment needs of this growing population with existing resources, and local corrections officials have become de facto treatment providers. When the Criminal Justice, Mental Health and Substance Act passed in 2007, lawmakers hoped the grant program it created would stimulate local innovation and state and county partnerships to develop systems of care to divert individuals with mental illnesses and substance use disorders from the criminal justice system. Those hopes have been realized in the three years of the grant program existence. The counties that received planning and implementation grants were able to develop strategies for more effective ways to address the growing number of people with mental illnesses and substance abuse disorders involved in the criminal justice system. As well as show that there are alternative treatment strategies that will improve public safety, help people with mental illnesses succeed in the community, and in the long run, save taxpayers money. This is an extraordinary example of a successful public-private partnership between state and county governments, with a 100% local match and service provision by private non-profit community mental health and substance abuse providers in collaboration with criminal justice systems and recipients of services.