



**CRIMINAL JUSTICE**  
**MENTAL HEALTH & SUBSTANCE ABUSE**  
**TECHNICAL ASSISTANCE CENTER**  
*The Louis de la Parte Florida Mental Health Institute*

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

**Submitted by  
The Criminal Justice, Mental Health, and Substance Abuse  
Technical Assistance Center  
at the University of South Florida, Louis de la Parte Florida Mental Health Institute  
on December 20, 2013**

**October 1, 2012 – September 30, 2013  
Data Reporting Period**

## Table of Contents

Introduction.....	3
Current Grantee Progress: Expansion and Implementation Grants .....	5
Summary of Findings.....	5
Expansion Counties .....	7
Alachua County .....	7
Lee County.....	10
Miami-Dade County .....	11
Orange County .....	12
Pinellas County .....	13
Implementation Counties .....	14
Charlotte County.....	14
Collier County.....	15
Duval County .....	16
Flagler County .....	16
Lake County.....	17
Marion County .....	18
Monroe County .....	19
Osceola County.....	19
Palm Beach County.....	20
The Technical Assistance Center.....	21
Summary.....	22

## Introduction

This is the Annual Report on the Criminal Justice, Mental Health, and Substance Abuse (CJMHTSA) Reinvestment Grant Program Act. The enabling legislation ([http://www.floridatac.org/pdf/Florida Statutes for TA Center.pdf](http://www.floridatac.org/pdf/Florida_Statutes_for_TA_Center.pdf)) requires submission of an Annual Report to the Governor and Legislature by the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program Technical Assistance Center (hereinafter referred to as TA Center) at the University of South Florida, Louis de la Parte Florida Mental Health Institute (FMHI). The Annual Report is to include:

- (a) A detailed description of the progress made by each grantee in meeting the goals described in the application;
- (b) 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;
- (c) A summary of the effect of the grant program on the growth and expenditures of the jail, juvenile detention center, and prison;
- (d) 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. The summary must describe how the expanded community diversion alternatives have reduced incarceration and commitments to state mental health treatment facilities; and
- (e) A summary of how the local matching funds provided by the county or consortium of counties leveraged additional funding to further the goals of the grant program.

The Florida Legislature enacted Florida's Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant Act in 2007. This 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 supplement community mental health and substance abuse services that are often stretched too thin to address the complex needs of these individuals.

The Reinvestment Grant Act initially 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 grant funding ended in June 2008 and the funding for the 2007 implementation grantees expired in June 2010. In November 2010, legislative appropriations permitted the award of new grants, resulting in 9 new implementation grants and 5 expansion grants. All the expansion grantees had received implementation grants in 2007. Grants were awarded competitively and funds were matched by the counties, thereby maximizing available resources. The final execution of a Memorandum of Understanding (MOU) between Florida Department of Children and Families Substance Abuse and Mental Health (referred as DCF SAMH) Program Office and each county was in the spring of 2011 when most services actually commenced and will end in

the first six months of 2014 according to the executed date by county. This report addresses the progress that the 14 counties have made from the period of October 1, 2012 to September 30, 2013. The final data for these 14 county grants will be reported to the legislature and Governor in January of 2015.

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; 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.

Table 1. List of Grantee Counties by Year and Type of Grant

<b>Type of Grant Awarded:</b>	
<b>Planning Only/Implementation Only/Planning &amp; Implementation/Implementation &amp; Expansion</b>	
<b>Funded County</b>	<b>Year(s) Funded</b>
Alachua	2007, 2010
Broward	2007
Charlotte	2007, 2010
Citrus	2007
Collier	2010
Duval	2007, 2010
Flagler	2007, 2010
Hillsborough	2007
Lake	2007, 2010
Lee	2007, 2010
Leon	2007
Marion	2007, 2010
Martin	2007
Miami-Dade	2007, 2010
Monroe	2007, 2010
Nassau	2007
Orange	2007, 2010
Osceola	2007, 2010
Palm Beach	2007, 2010
Pinellas	2007, 2010
Polk	2007
St. Lucie	2007
Sumter	2007
Volusia	2007

## **Current Grantee Progress: Expansion and Implementation Grants**

This Report provides a summary of progress for each of the 14 current county grantees. A more detailed contractual report is accessible through the DCF SAMH Program Office in Tallahassee. The Report is divided into two main sections. The first section discusses the five counties awarded an **expansion** grant and the second section includes the remaining nine counties, which received **implementation** grants. The Report describes grantee efforts through the grantee reporting period (Oct. 1<sup>st</sup>, 2012 to Sept. 30<sup>th</sup>, 2013). The information contained in this report is all self-reported by the counties and reviewed by the DCF SAMH Program Office prior to submission to USF-FMHI. In the past, the USF-FMHI Technical Assistance Center (“TA Center”) was able to conduct independent analyses of certain outcomes, for example, the impact of funded projects on arrest rates of individuals enrolled in the projects. However, because of reductions in the budget of the TA Center through December 21<sup>st</sup>, 2012, it was contractually prohibited from performing any activities other than writing and submitting this Annual Report unless there was a direct agreement between the county and USF-FMHI for evaluation purposes. Starting December 21<sup>st</sup>, 2012, a contract amendment allowed for an increase in TA Center activity through June 30<sup>th</sup>, 2013, but was still limited in its contractual obligations. Specifically, this amendment allowed for more web-based activity and dissemination of information, but no technical assistance. If TA Center activities are reported during that portion of the reporting period, they are in response to specific county initiatives.

### **Summary of Findings**

Before describing each County, we summarize our conclusions regarding the five outcomes specified in the legislative requirement for this Annual Report.

#### **(a) A detailed description of the progress made by each grantee in meeting the goals described in the application**

A detailed description of each grantee’s progress in meeting its goals is contained in the county summaries below. The vast majority of counties report success in meeting the goals described in their individual applications, in total or in part. DCF SAMH also reviews the goals and objectives as outlined in the MOU on a bi-annual basis to ensure that the County is abiding by its intended contractual goals..

#### **(b) 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**

Most grantee counties generally did not have a reduction in forensic commitments to state mental health treatment facilities as a goal in their application. Therefore, there is little specific information available from the counties regarding the impact of grant funded initiatives on reducing the number of forensic commitments. However, many counties report good success in reducing the number of arrests among individuals with serious mental health issues served by grant funded projects. Therefore, it is reasonable to conclude that these counties have reduced the

number of individuals who potentially could be referred for competency evaluations and, ultimately, commitment to a state facility for competency restoration.

**(c) A summary of the effect of the grant program on the growth and expenditures of the jail, juvenile detention center, and prison**

Several counties report that grant-funded initiatives have reduced jail costs because of reduced arrest rates. These counties include Lee, Pinellas, Alachua, Miami-Dade, Orange, Flagler, and Lake. In some cases, the reduction is very large. Pinellas, for example, reports that 20 clients enrolled in their intervention had generated 628 arrests prior to enrollment, with aggregate jail costs of \$754,809. Subsequently, those 20 clients had accumulated only \$3,286 in jail costs. Alachua County is also tracking cost avoidance data and has indicated that 267 persons served by their Reinvestment Grant have demonstrated a cost avoidance of \$14,799 per person in jail days.

It should be noted that most county jails, detention centers and state prison costs are often “fixed” costs and difficult to reduce the actual budget. There is early evidence in 2013 that the Miami-Dade Crisis Intervention Teams (CIT) have had, for example, a direct impact on the closure of a jail unit.

**d) 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. The summary must describe how the expanded community diversion alternatives have reduced incarceration and commitments to state mental health treatment facilities**

Each of the expansion counties and a number of the implementation counties report that services have been made available to the target population as a result of grants. There is more information from the expansion counties simply because they each already had implementation grants and so there has been more time to put services in place. The services usually include some or all of the following: housing access, case management, medication management, screening, co-occurring (mental illness/substance use) treatment, assistance in gaining access to entitlements, and job training. Counties that have outcome data report significant impact on reducing incarceration for those targeted for interventions. In addition, Orange County notes a sharp decline in hospitalizations for its population and Alachua reports that no one in its client group was admitted to a state psychiatric hospital.

Those counties reporting reduced arrest rates (which necessarily leads to reduced incarceration) include Alachua (a 63% reduction in jail days); Lee County (20% of those brought to the Triage Center would have been arrested at the point of law enforcement intervention and individuals served by the Triage Center had 1,249 arrests before establishment of the Triage Center); Miami-Dade (80% of individuals not rearrested at this point), Orange (86% not rearrested within a 90 day period subsequent to discharge from services); Marion (67% of graduates from the mental health court had not been rearrested); and Pinellas, which reported significant reductions in

arrests among the people served by the expansion grant funded services. Flagler also reports reductions in jail and hospital use.

**(e) A summary of how the local matching funds provided by the county or consortium of counties leveraged additional funding to further the goals of the grant program.**

Approximately one-half of the counties note explicitly that they have leveraged additional funding to further the grant program goals. These include Collier, which has obtained additional housing vouchers because of the grant; Lake, which has applied for a grant from the United States Bureau of Justice Assistance, relying on the reinvestment grant as the foundation of the application; Charlotte, which has leveraged its grant to acquire more housing and medication; Miami-Dade, which used its reinvestment grant activities for a recent \$1.2 million dollar award from the Bristol Myers Squibb Foundation to create services for “heavy users” of the criminal justice system who have serious mental illnesses; and Lee County, which has secured consistent County funding beyond the County match. In 2013 there was a growing trend for counties to pursue and leverage supportive housing and employment opportunities through community partners and re-entry programs.

## **Expansion Counties**

### **Alachua County**

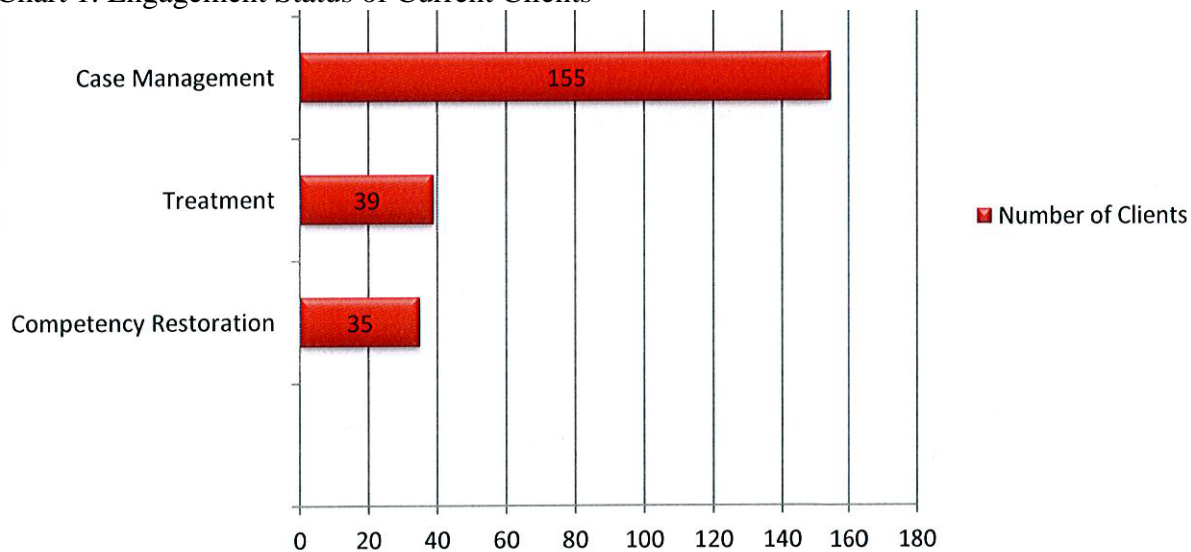
As a 2007 implementation county and 2010 expansion grantee county, Alachua County created a forensic diversion team (FDT) with its initial grant funding. The FDT targeted adults with two or more jail stays, a history of mental illness, substance abuse, or co-occurring disorders, and a pending Alachua County criminal case. During the program’s initial stages (2007 grant), clients had a reduction in jail days, reduction in number of charges, and increased access to services. In an effort to provide enhanced services to individuals with mental illness and substance use disorders and improve public health and safety, Alachua County has expanded its FDT program with the 2010 grant to diversify its service array to include targeted case management services and evidence-based therapeutic practices (i.e. Trauma-Informed Care, Gender-specific treatment, etc.). These enhancements sought to increase client access to case management, treatment, peer specialists, and wrap-around care. The county’s grant goals include; 1) increase public safety, 2) improve assessment and treatment options, 3) avert spending on the jail and state hospitals, and 4) increase collaboration among stakeholders.

The FDT continues to receive a high rate of referrals for participation due to the demonstrated success of the program. Since the start of the expansion grant, the program has accepted, or has pending, approximately 63% of all referrals received. During the last quarter of the reporting period, 59% (91 of 155) of referrals received were accepted or pending. This rate is lower than the total number of accepted referrals (70%) in round 1 of the grant. Improved collaboration and cooperation with community stakeholders has resulted in enhanced efficiencies in making referrals to the program (i.e. fewer inappropriate referrals). However, since blending the Forensic Services an increased number of referrals have been submitted due to the expansion services available; clients that are more appropriate for residential services, have serious charges, or have several failed attempts in the Forensic Program are not accepted. The team also

continues to monitor the number of duplicate referrals to assess and improve upon efforts to engage individuals in participating in the program.

By the end of September, 2013, a total of 155 clients were actively participating in the Expanded-FDT program. Approximately 84% of participants received both treatment and case management services in the community. Treatment services include intensive outpatient services 2-4 days a week through individual and group therapy. Female participants receive gender-specific treatment through women's only groups. Services also include trauma-focused psychotherapy for all participants (both male and female) assessed and identified as having issues that pertain to trauma. The remaining participants received outreach/case management services in the jail, which emphasize the importance of continuing services following release. The engagement status of the 155 participants in the program is illustrated in Chart 1 below. Specific graphs included for this county were provided by Alachua County and were also presented at a Florida Partners in Crisis Board Meeting that included representatives from DCF SAMH, Department of Corrections (DOC), and Department of Juvenile Justice (DJJ). These graphs highlight a county that has had multiple reinvestment grants.

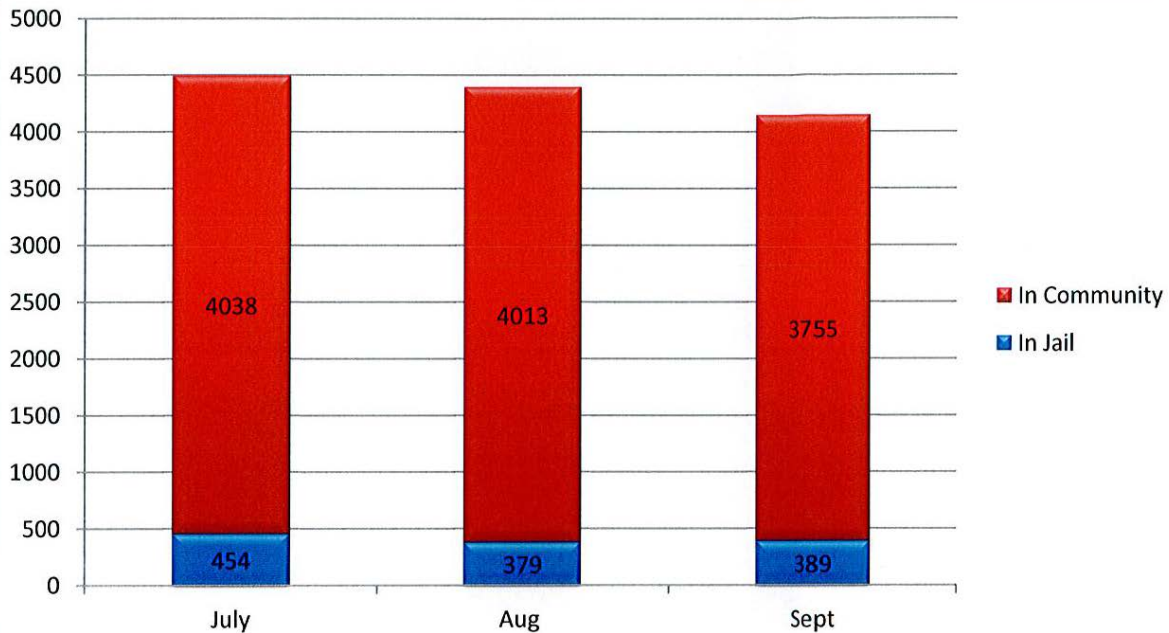
Chart 1. Engagement Status of Current Clients



The FDT program continues to monitor the number of days participants spend in jail versus the community to evaluate efforts in maintaining public health/safety and allocating resources most efficiently. Data consistently shows that participants spend more time in the community than jail (see Chart 2).



Chart 2. Number of Days Spent in Jail vs. Community



At the end of September, 66% (135 out of 204) of the Forensic clients were under statute 916. Of these clients, 47% were committed to a State Forensic Hospital, 28% were conditionally released as Not Guilty by reason of Insanity, 16% were conditionally released as Incompetent to Proceed and 9% are incarcerated as Incompetent to Proceed. All FS 916 clients receive case management. All of the Incompetent to Proceed clients in jail or the community receive competency restoration.

Finally, during the last quarter of the expansion grant, there have been 35 participant discharges from the Forensic Diversion Program (416 total discharges since start of program - overall). Approximately 74% (71% overall) were deemed successful at discharge due to full completion of treatment objectives established by both the clients and their therapist. The remaining 26% (29% overall) were discharged prior to completing treatment objectives, with over 100% of those being due to non-compliance.

Much of Alachua’s success can be attributed to the strong collaboration among the CJMHSA Planning Council, which meets quarterly and has full participation. A fundamental part of the Alachua expansion grant are education and training activities provided to stakeholder organizations and community-based agencies throughout the reporting period, which are supported by the Planning Council and stakeholder Meridian Behavioral Health Care (MBHC). Further, a special subcommittee of the Planning Council formed during the beginning of this reporting period to prepare a revised strategic plan with the goal of submitting an application to DCF SAMH for a third cycle of funding to support extension of the local program for three years. Specifically, the plan contains four key objectives that the Planning Council will focus on, including grant writing activities and an exploration of funding opportunities for housing; development of a strategic partnership with the regional workforce board, Florida Works; the development of enhanced employment and vocational services for program participants; and, the

preparation of a media kit to enhance broader awareness of the efforts of the CJMHSA grant supported program in the Alachua County community.

### **Lee County**

Lee County has used its grant funding to create the Bob Janes Triage Center/Low Demand shelter which began operations on April 28, 2008 as a multi-agency collaboration. This shelter was designed as an alternative to incarceration for individuals at risk of being charged with a minor ordinance violation or non-violent offense due to homelessness, substance use disorders, and/or a mental illness. Originally, the shelter accommodated 22 clients. However, since opening the Center has been relocated to a larger facility which can accommodate 58 clients and operates for 15.5 hours daily. Funding from the expansion grant assisted in securing the necessary, additional resources needed for the continued expanded operations of the Triage Center. Case management services provided to residents were also expanded to include 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. Employment opportunities for Triage clients were enhanced through a collaborative partnership with Goodwill Industries to provide job training, preparation and placement. In its application for funding, the County stated that its primary goals were to increase public safety, effectively utilize funding to improve accessibility and effectiveness of treatment services, and avoid increased spending in jail day and other criminal justice costs.

According to a brief questionnaire completed by officers who bring a client to the Center, most officers spent less than five minutes to complete delivery of offenders to the facility, allowing them to return to patrol for more effective utilization of the officer's time. During this reporting period (October 1<sup>st</sup>, 2012 to September 30<sup>th</sup>, 2013), the shelter has admitted 696 of the 738 clients (duplicated individuals) referred for an assessment. Specifically, from 10/1/12 to 3/30/13, 301 unduplicated individuals (generating 354 referrals) were referred to the facility for assessment. Of those, 338 entries stayed overnight, 1 did not qualify, and 15 qualified but did not stay overnight. The average length of stay during this time was 19 days. Between 04/1/13 and 9/30/13, 328 unduplicated individuals (accounting for 384 referrals) were referred to the facility for an assessment. Of those shelter referrals, 358 entries stayed overnight, 3 did not qualify to stay, and 23 qualified but did not stay overnight. The average length of stay was 19 days. Each reporting period, roughly 36-38% of clients placed in housing via emergency shelter, transitional housing, supportive housing, permanent housing, or with family/friends and 7% entered inpatient substance use treatment.

The County defines a "good exit" as an individual who has successfully completed the program, left for a housing opportunity or left for a mental health or substance abuse treatment facility. During the first half of the reporting period, 50% of those who left were defined as a "good exit", while during the second half of the reporting period, 38% of those who left were defined as a "good exit." Cost savings have been determined to be at a minimum of \$133 for every diversion and \$220 for every individual (does not include court and law enforcement officer time). During the most recent reporting period (4/1/13-9/30/13), there were 384 potential diversions and 328 individuals served for a minimum cost savings of between \$51,073 and \$72,160. Since opening

in 2008, there were 4088 entries and 2298 individuals served for a minimum cost savings of between \$543,704 and \$505,560.

The Triage Center continues to evaluate the services that are provided and enhance and supplement when issues are identified if financially feasible. Over the past two years, both the Fort Myers Housing Authority and Lee County Department of Human Services have worked closely with the Triage Center to accept referrals of Veterans for the Veterans Affairs Supportive Housing (HUD-VASH) program and the Supportive Services for Veterans Families (SSVF) program in order to house homeless Veterans. Both agencies are working with the Lee County Homeless Coalition on a local task force as part of the 100,000 Homes Campaign and reached a July 31, 2013 goal of housing 50 homeless Veterans. A new goal of housing an additional 50 Veterans who are homeless by December 31, 2013 was recently established. Further, as part of ongoing case management, a case plan is developed with specific goals and objectives that may include obtaining affordable housing, increasing skills and income, and developing greater self-determination. Strategies to achieve these objectives are linkages and referrals to outside assistance. In addition to these linkages, a number of activities are provided by community organizations at the Triage Center: job search assistance, financial seminars, life skills, health screenings, testing and seminars, Alcoholics Anonymous, and Narcotics Anonymous groups, peer-to-peer support, and a Veteran's support group.

Finally, data provided by the Lee County Sheriff's office shows that the number of misdemeanor bookings from 2007 (prior to inception of the Triage Center) to 2012 decreased by 11.3%; conversely the Triage Center admissions rose during the time periods that the misdemeanor bookings decreased suggesting a correlation between the decrease of misdemeanor bookings and increase in triage admissions.

### **Miami-Dade**

Previous implementation grant funding allowed Miami-Dade to continue expanding the Criminal Justice Mental Health Project, 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. Positive outcomes indicated that of the 106 participants actively enrolled in the program, 75%-80% were not re-arrested. Average days in jail for FJDP participants were also significantly decreased. 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.

With the expansion grant, Miami-Dade created a specialized unit to expedite access to benefits and enlarged its target population to include individuals re-entering the community after completion of a jail sentence. This effort is based on the SOAR model, promoted by the [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#) as an essential part of diverting people with mental illnesses from the criminal justice system. This national project is designed to increase access to the disability income benefit programs administered by the [Social Security Administration \(SSA\)](#) for eligible adults who are homeless or at risk of homelessness

and have a mental illness and/or a co-occurring substance use disorder. The county also worked with USF-FMHI to incorporate the Short-Term Assessment of Risk and Treatability instrument (the START), a risk assessment tool to assist diversion and re-entry planning, as well as train staff. Additionally, a program evaluation is being conducted to assess the efficiency of accessing benefits and effectiveness of jail diversion and re-entry planning. During the most recent reporting period (4/1/13-9/30/13), 94 individuals have been screened for eligibility for benefits, with 21 being ineligible. Of those 49 SSA applications that have been filed, 40 have been approved (95% approval rate), two have been denied, and seven are pending decision. Additionally, nine SSA reconsideration applications were completed and approved and five reinstatements were completed. This grant funded project has dramatically accelerated the process for applying for benefits. On average, it took 22 days to go from screening to application (determine eligibility and collect information and necessary documentation) and only 20 days from application to approval (the national average is 9-12 months). Annual and to-date numbers were not made available.

Although assessment is on-going and formal outcomes are not yet available in regards to averting spending on forensic beds, program staff have met with the Miami-Dade Forensic Alternative Center and the local forensic team to discuss the program and develop collaboration to receive referrals. Further, as reported above, during this reporting period, a 95% success rate has been achieved in the SSA applications completed by staff and submitted for approval. However, no further outcomes are currently available for reporting. Reports to collect program outcomes have been developed and are being utilized. Information regarding outcomes continues to be collected.

### **Orange County**

Orange County has used 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 Accessing New Choices for Housing Opportunities and Recovery (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. The county used its expansion grant 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 expansion grant has allowed ANCHOR to hire a full time substance abuse and mental health counselor, a self-sufficiency counselor (to increase client access to public entitlement benefits, including VA benefits and job readiness training, as well as life skills development services), and a vocational counselor.

During the reporting period, 108 individuals have been served. Analysis of client data thirty days after a successful discharge from the program found that 55% of graduates had reduced their use of the CRC, 100% of clients showed a reduction in the severity level of their substance

use, and 92% had not been rearrested. Furthermore, 56% left for permanent housing, 23% left the program secured employment income by discharge, 80% obtained food stamps, and 15% obtained Social Security Income/Social Security Disabilities Income (SSI/SSDI). Explicitly, all outcomes were met during this reporting period, except transitioning clients to permanent housing (19% deficit).

### **Pinellas County**

Through previous implementation grant funding, 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 Public Defender, State Attorney, Pinellas County Sheriff, the courts and local service providers have collaborated 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. An existing collaboration with Suncoast Center for Community Mental Health in St. Petersburg has been expanded, with Suncoast Center assigning a full-time clinician from their Focused Outreach Program to work at the County's jail diversion program office. Once the clients 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 to the County. The program continues to provide jail-based 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 the County's grant 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. This goal was met and the wait list was eliminated with the resources offered by the expansion grant. Currently clients eligible for jail diversion are qualified prior to first court appearance, and admission into a jail diversion program can commence immediately upon the judge's order.

Pinellas County also has used expansion grant funding to expand the Pinellas County Mentally Ill Jail Diversion Program with the goal of increasing the number of clients served by admitting formally ineligible, chronically inebriate clients with co-occurring mental illnesses; once detoxification is completed, the program continues to provide jail diversion services to clients in the target group designed to reduce recidivism and effectively rehabilitate this group.

The first 20 clients from this pool had generated 628 arrests with 960 distinct charges prior to entry to the program, with 22 percent of charges being related to homeless status and 63% of charges directly related to alcohol. The program has proved to be cost effective, with analysis finding that these 20 clients accounted for pre-program jail costs of \$754,809. In contrast, at a program cost of \$35,000 for all 20 clients, post-program jail costs for these clients to date have only been \$3,286. For this reporting period, there have been 36 new clients admitted, all of which have shown a significant decrease in county costs. Furthermore, the program reports that it has attained a number of other successful outcomes, including access to alcohol treatment, mental health stability, housing, financial stability, community involvement, decreased emergency room health care, decreased paramedic/EMS involvement, decreased contact with law enforcement, decreased charges, decreased arrests and number of days incarcerated.

Sustainability of the program and its efforts has been the focus in the past year. Negotiations were completed for the Pinellas County Housing Authority to purchase a 10 unit apartment building for the exclusive use of the Public Defender's Office, which are rented on a monthly basis, utilizing existing County funds which are not a part of the match for this grant. These efficiency units were initially furnished with reinvestment grant funds which were approved by a budget amendment for this purpose. Ongoing costs will not be funded through the rents collected from clients. Clients approved for occupancy pay rent to the Public Defender's Office based a percentage of their income, with a goal of becoming self-sustaining and moving into permanent housing.

## **Implementation Counties**

### **Charlotte**

In Charlotte County, like many counties in Florida, a lack of identification, diversion, treatment, and discharge planning for individuals with mental health and/or substance abuse problems, and limited community resources available at discharge, contribute to an overrepresentation of this population in the justice system and put them at higher risk for recidivism. The County used its planning grant to engage in a number of activities, including the use of sequential intercept mapping conducted by the TA Center staff to map the County's current criminal justice system to identify the intercept points that could divert the target population from the system. The two intercept points that were made a priority were in early identification and reentry. In order to identify and divert these individuals before involvement with the criminal justice system, the implementation grant is focused on providing 911 dispatchers with Crisis Intervention Team (CIT) training. Dispatchers trained in this model will be able to identify situations where CIT-trained officers should be involved, thus matching the appropriate officer with the situation. Funding will also be used to train additional officers in the CIT curriculum. For a description of the CIT program, which is a national evidence-based practice, see <http://www.memphispolice.org/crisis%20intervention.htm>. During the reporting period, two CIT trainings took place; specifically, 14 Charlotte County Sheriff Office (CCSO) officers, 15 Department of Corrections/Charlotte Correctional Institute officers, 2 Department of Corrections Desoto Correctional Institute, and 1 Punta Gorda Police Department officer were trained the full 40 hours. To date, 35% of all dispatchers call takers, and supervisors have been trained (50% goal).

The implementation grant has also funded activities focused on the reentry phase of the criminal justice system, that is, when people leave jail or prison to return to the community. To date, 63 participants were accepted into a case management program supported by the grant. However, the County continues to strive to reach its target numbers of 100-150 individuals served annually. Of those served, 33 participated in housing with one of the grant housing partners. Furthermore, 19 participated in faith-based housing and 14 utilized the local homeless coalition. Preliminary data shows a reduction in arrest rates for grant participants that fully engaged in case management services. The numbers collected are averages of all people that successfully completed their goals and "graduated" from the program. Counted are numbers of arrests 12-months before the arrest that put them in the program and number of arrests 12 months after their jail release date.

Table 2. Average Number of Arrests for Program Participants Before and After Graduation

Year of Program	Avg. # of Arrests 12 Mos. Before Program	Avg. 3 of Arrests 12 Mos. After Program
1	2.17	0.75
2	1.54	0.35

To date, 68% of individuals utilizing the transitional case management program are connected to treatment services within seven days of discharge or acceptance into the program (goal 90%). Moreover, 96% of individuals have been connected to housing within 1 day of discharge or acceptance into the program (goal 90%). The County also continues to improve collaboration efforts within the community. According to the County, the USF-FMHI TA Center has been helpful in refining the specifics of the grant, implementation of best practices, and identifying screening tools and relevant data sets for the evaluation.

At this time, sustainability of the initiatives currently supported by the Reinvestment Grant is still being determined. Ongoing reentry case management services may be a realistic future goal with utilization of state, Medicaid, and other contracts. However, the Reinvestment grant has served as an anchor for accessing additional funding for housing and medications and County officials report that the loss of grant funding would make access to such funding much more difficult. The Charlotte County CJMHS Planning Council continues to be active and is addressing several options for future funding.

**Collier**

Collier County’s grant focuses on implementing jail and community-based transitional supports for adults with serious mental illnesses and co-occurring substance abuse disorders through the Forensic Intensive Reintegration Support Team (FIRST). This intervention is modeled on a best practice approach to community re-entry for inmates with co-occurring disorders as the basis for transition planning from jail to the community. The FIRST program consists of a partnership between Collier County Housing, Human & Veteran Services (HHVS), Collier County Sheriff’s Office (CCSO), and its contracted health care providers, Prison Health Services (PHS) and the David Lawrence Center (DLC), the comprehensive public behavioral health care agency; and the National Alliance on Mental Illness of Collier County (NAMI). Furthermore, Florida Gulf Coast University has assigned interns from its Community Health and Social Work programs to assist with an evaluation of the project.

The FIRST program has focused on collaborative efforts with both national and local entities to ensure access to information/records of clients for continuity in assessment and treatment of clients. The target population for FIRST includes adults, age 18 and over, who have a severe mental illness and are charged with non-violent offenses. Participants may be pre-or post-trial and either in jail at the time of admission, or at risk of incarceration. The program capacity is 45 at any given time, with an expected average length of stay of six to twelve months and projected number of 200 served over the three years of the grant. There have been 327 total referrals

through October 1, 2013. Referrals come from a number of sources, and are being coordinated through the DLC forensic program which also provides Mental Health Court, Drug Court and forensic case management. To date, there have been 121 clients served and are currently serving 39 clients. Also, the County has been able to leverage additional funds for this initiative by collaborating with the Collier Housing Authority to obtain housing vouchers through Collier County HUD grants. Specifically, 7 FIRST clients received housing vouchers to date. However, due to funding and criminal history of clients, housing remains a problem. Finally, the County/FIRST has not identified the impact of the program on growth or expenditures of the jail, detention center, or prison.

### **Duval**

Like many other Florida counties, over-crowding in jails is a major issue in Duval County, with an overrepresentation of individuals with mental illness and/or substance abuse. Many individuals with mental illnesses and/or substance abuse disorders have a pattern of minor, public nuisance type crimes, then a progression over several years into more serious and sometimes violent crimes. With this in mind, the County sought to use implementation grant funds to expand services to individuals with mental illness or co-occurring disorders in the adult criminal justice system by enhancing the Duval County Mental Health Court which, although unfunded previously, provided services to over 40 individuals in 2008-2009.

Duval County used its Criminal Justice, Mental Health, and Substance Abuse planning council to create collaborative stakeholder relationships across County criminal justice, social welfare, and treatment provider systems. Collaborative planning meetings have focused on ways to promote public safety by improving screening practices for individuals either at risk or already in the criminal justice system. A Mental Health Court handbook was created, as well as a referral process for county partners. Approximately 55 individuals have been screened for Mental Health Court from October 1, 2012 to March 31, 2013 (most recent reporting period data unavailable). Those individuals who are evaluated are then linked to appropriate services, diverting them away from the system. Outcome data has not been assessed, however, River Region Human Services, the mental health services, and housing services provider for the project is in the process of sub-contracting for a complete evaluation of the program's outcome.

The program has encountered several barriers including inaccurate diagnoses, and the need for staff training opportunities. The MHC team has been working together to identify the source of problems and to correct them, and is moving towards increasing training opportunities and resources. The County and its project partners are all experiencing significant financial challenges at this time, but remain enthusiastic and committed to the goals and objectives of this project, as well as to its overarching goal of diverting individuals with mental illnesses and co-occurring disorders from the criminal justice system into appropriate treatment and case management.

### **Flagler**

An estimated 22% of inmates in the Flagler County jail system have mental health issues and 44% have substance abuse and/or co-occurring disorders. The County has used its implementation grant funding to improve law enforcement linkage to crisis support, expand CIT training, and divert individuals at various points in the criminal justice process. Based on



planning accomplished through its initial planning grant, the County initiated the Mental Health Jail Diversion (MHJD) project to decrease arrests, days in jail, emergency screening, and inpatient hospitalization, and ease the burden on the Flagler County court system. Prior to the implementation grant, the County conducted a pilot study with 15 high risk clients to examine the effects of its proposed program. Since the program's inception in November 2009, there has been a significant decrease in arrests, days in jail, emergency screenings and a decrease in inpatient hospitalizations due to intensive mental health jail diversion services, which include weekly medication drops, monthly pharmacological management with ARNP, transportation to scheduled appointments (medical care, mental health, and specialists), weekly nursing services, treatment planning, and individual counseling.

To be more specific, of the program's caseload of 25 high risk clients, there have been only 39 arrests since November 2009, 25 of which resulted in incarceration. Nine of the clients have no arrests, detentions, or incarcerations. Prior to the program, the number of arrests for these clients was 140 arrests, 136 of which resulted in incarceration. There have been only 13 emergency screenings (prior 57) and 18 inpatient hospitalization (74 prior). Sixteen of the clients have participated in substance abuse residential treatment, in place of jail time, since receiving Mental Health Jail Diversion services.

Barriers that have been encountered include a lack of transportation for the majority of clients. However, Stewart Marchman ACT Behavioral Healthcare (SMA) was able to allot a vehicle for the MHJD intensive case manager to use to transport clients to their appointments. Recently transportation has become an issue again with the addition of a case manager and life skills coach that must share the one vehicle. Barriers that remain include a lack of community resources, (i.e. housing, medical care, residential substance abuse treatment facilities, and specialists) in Flagler County.

### **Lake**

Lake County used implementation grant funding to create a diversion program called the Forensic Community Services Team (FCST). A great deal of community collaboration was involved to build communication and partnership among key stakeholders. In meetings with local partners, a referral process was developed, along with a list to determine the eligibility criteria for program participants. Those thought to benefit the most from the program and reduce costs were repeat offenders with mental illness or co-occurring disorders that burdened the court system.

A total of 358 individuals were referred and screened by Lake FCST, as of September 30<sup>th</sup>, 2013. Of these individuals, 122 were admitted into FCST. With the CJMHSA grant, 105 clients have been served and 60 (63.2%) have successfully completed the program and graduated. Recidivism rates for clients' post-graduation is 20%, while recidivism rates for clients post unsuccessful completion is 48%.

As one example of cost-savings achieved by the program, the County identified one participant diverted from what would have been a 180 day incarceration. The cost savings to the jail was at a minimum \$10,627.20 (180 days in jail plus the cost of medications.) This individual has a severe mental illness and was assessed and approved for disability (SSA) benefits, he receives

co-occurring treatment services and is currently seeking supportive independent housing with support from his forensic case manager.

LifeStream, which consists of FCST and other existing county programs, has received a grant from the United States Bureau of Justice Assistance and has already served 17 clients with the additional funding. BJA funding will continue through October 2015. With this additional grant, technical assistance from BJA will be provided in January 2014 to help the team identify performance improvements. Barriers continue to be encountered in Lake County: homelessness, lack of employment opportunities, and lack of transportation. The County will begin to plan during the next year to combat these barriers.

### **Marion**

As a grant initiative, Marion County proposed enhancement and expansion of its already existing Mental Health Court program. The implementation grant has permitted the addition of program staff to expand the outreach component to key players in the court system. Information packets were developed and distributed to jail staff, judges, and attorneys that outlined the program requirements and benefits of participating. Also, a full-time forensic case manager was hired through grant funding to work with program participants to establish a treatment plan and connect them with resources in the community. Funding has also expedited the process to identify potentially eligible individuals earlier in the criminal justice process, with the goal of diverting them from the jail and into community-based services.

As a result of the CJMHSA grant the County is able to randomly drug test all of the participants in the program, which the County has found to be a positive outcome. Drug testing has enhanced the program's ability to stabilize clients, improved the effectiveness of prescribed medications, and allowed staff to identify those with co-occurring problems and get them into substance abuse treatment more quickly. Prior to receipt of implementation grant, the County did not have the funding to randomly drug test Mental Health Court participants. A drug test was administered only when suspicions arose that someone was using illegal drugs or abusing prescription medications. Not having the ability to be proactive in identifying the individuals that had substance abuse problems resulted in the program exhausting services that were not appropriate for the individual. Drug testing permits early identification of substance abuse problems, enabling quicker placement in appropriate treatment.

In addition, the grant has provided funding for to provide National Alliance for Mental Illness (NAMI) peer to peer education to participants. Participants have been able to attend this 10-week course as part of their case plan for Mental Health Court. This outcome has been instrumental in helping persons identify the symptoms of their mental illness and encourage them to engage in treatment to achieve a life in which their illness is stabilized, while improving public safety.

Marion County has partnered with USF-FMHI to evaluate their Mental Health Court (MHC). The following information was gathered from this July 2013 report. To date, the MHC has received 382 applications for 362 individuals. Of those who applied, 82 (23%) clients were accepted into the program, leaving 77% ineligible. Reasons for denial or ineligibility were various including open felony case, case dropped, adjudicated guilty, DUI, registered sex

offender, violation of probation, violent offender, etc. Of the 37 who were discharged from the program 32 (86.5%) have graduated and completed the program successfully. The outcomes and impact analysis were done by identifying a comparison group to examine recidivism rates; It was found that those clients who successfully completed the MHC program were significantly less likely to be re-arrested, and if re-arrested were in the community longer prior to the re-arrest. Additionally, a cost-savings of about \$10,000 was reported just in the past year. Overall, analyses to date show positive outcomes regarding recidivism and cost-savings. This success has been partly accomplished because of the strong leadership and partnerships in the community.

### **Monroe**

Monroe County has used its implementation grant to increase the number of CIT officers, and as a result, there are now 204 law enforcement/corrections officers in the County who have graduated from the 40 hours CIT training. Furthermore, the Lower Keys Medical Center has agreed to provide one dedicated triage bed to receive referrals from the CIT officers, which will provide immediate care for individuals experiencing mental illness and/or substance abuse identified by CIT trained officers. Also, local transitional housing programs are now accepting referrals from the Monroe County Sheriff's Office Jail Diversion Reentry Program. To date, 50 admissions have been made to the CARE4U program, with 12 completing the program. Finally, routine drug testing for reentry program clients is now approved through the local drug court program.

A barrier to implementation has been personnel changes in key among community stakeholders and partners. However, Monroe County reports good success in achieving many of its goals. The County has reestablished its Criminal Justice, Mental Health, and Substance Abuse diversion planning council, obtained qualified personnel to implement the grant through the Monroe County Sheriff's Office Reentry Program, the number of CIT trained officers has increased with positive feedback from those trained, increased spending on forensic beds has been averted, and public safety has been enhanced through 24-hour emergency medical service for CIT referrals.

At this time there are no statistical outcomes available for the specific effect of the grant program on the growth and expenditure of the jail and juvenile detention center. However, it is anticipated that expenditure in jails should decrease. Data has been requested from numerous sources to analyze outcomes on the impact of the grants efforts in the County. An independent consultant/evaluator has been retained to assist the County.

The County has not secured additional funding for the program, but the City of Key West is seeking funding to initiate a mobile unit to supply emergency mental health and case management services. Also, a transitional housing program for women and single women with children received a grant that allows them to receive additional referrals from the community. Additional services and capabilities obtained by any service provider benefits all because of the large number of shared clients in the county system.

### **Osceola**

In response to heightened problems with community re-entry for mentally ill and substance abusing offenders, Osceola County proposed to use an implementation grant to enhance re-entry

services, improve access to local resources, and expand mental health and substance abuse services for defendants with mental illnesses and substance abuse disorders. Addressing these issues led to the implementation of the Fellowship House Program. The program targets Osceola County residents, over the age of 18, with a history of mental illness, substance abuse, or co-occurring disorders that are homeless, charged with a misdemeanor or non-violent 2<sup>nd</sup> and 3<sup>rd</sup> degree felonies that pose no or low safety risks and are in need of mental health and/or substance abuse treatment.

Participants receive a psycho-social assessment, have a comprehensive treatment plan, and are assigned a case manager, a group therapist and a supportive housing specialist to help them with transitioning back into the community by linking them to resources in the community. Medication and wellness education are also offered to assist clients in achieving maximum benefits from prescribed medications, and to assure that clients are compliant with mental health and medical treatment. All clients participate in AA/NA weekly meetings. The County reports that 14 consumers have been admitted to the program, with 3 successfully completing the program. Although still in the early stages, the County reports that 2 participants have been re-arrested and none of the participants have been admitted to any forensic institution.

### **Palm Beach**

Statistics from Palm Beach County's Pretrial Services Division reveal in FY 09-10 that about 4.5% of persons released from jails on their own recognizance were homeless. Furthermore, another report showed that a great deal of the county's unsheltered persons were severely mentally ill, had chronic substance abuse problems, were victims of domestic violence, and in many cases were at risk for entry into the criminal justice system. Moreover, almost three quarters of mothers who are homeless meet criteria for at least one lifetime mental disorder, substance use disorder, or both. Parents must have stable housing to regain full custody of their children and supportive housing will mitigate many of the barriers to treatment that parents experience, and may serve as an incentive to move forward in treatment. As a result of these findings, the County's implementation project has focused on providing housing and supportive services for homeless persons with co-occurring disorders being released from the county jail with an emphasis on custodial parents. The County hopes to positively impact not only the parents with the program's services, but also their children.

Palm Beach County has experienced some turnover in members of the planning council, hindering implementation progress. To date, the program has placed 6 clients in independent housing and received case management and referrals to support recovery. The County is still at the beginning stages of implementation and therefore has not had an impact on the jail population yet. The County anticipates reporting more outcomes in the next reporting period and has partnered with USF-FMHI to evaluate the program. Further, no additional funds have been leveraged at this time, although the County is in the process of reviewing additional resources to support the program.

## The Technical Assistance Center

The Criminal Justice, Mental Health and Substance Abuse Technical Assistance (TA) Center at the Florida Mental Health Institute (FMHI) has several statutory responsibilities. 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 disseminating information on best practices and other information relevant to criminal justice, juvenile justice, mental health and substance abuse. In 2011, TA Center funding from DCF was reduced significantly because of cuts in Reinvestment Grant funding and activities with counties were funded exclusively through contracts with individual counties until a contract amendment, which started December 21<sup>st</sup>, 2012 through June 30, 2013. This amendment provided the TA Center with additional resources to update and maintain the TA Center website ([www.floridatac.com](http://www.floridatac.com)), facilitate conference calls between current grantee counties to provide technical assistance, and produce a final project report.

All technical assistance provided to grantee counties during the reporting period of December 21st to March 14th, 2013 was conducted via phone and/or email.

- Through email, technical assistance was provided to Marion County to address issues with their web-based data collection. TA Center staff was able to address the issue and assist in improving data management promptly.
- The TA Center provided technical assistance to the DCF SAMH Program Office on the development of the FY 2013-2016 CJMHPA Reinvestment Grant (RFA- Request for Applications). This activity included a thorough review of the RFA, writing new sections, editing the document and several draft reviews that were submitted to the DCF Reinvestment Program Managers.

From March 15th to June 30th, technical assistance (TA) provided to grantee counties during this reporting period was conducted via a variety of methods: on-site, phone, and email.

- The TA Center provided on-site TA to Osceola County and Park Place Behavioral Health on May 23rd in Kissimmee, FL on the development of a triage center and the feasibility of Housing First, an evidence-based supported housing model.
- The TA Center met on-site with Lake County and LifeStream Behavioral Healthcare in Tavares, FL to discuss expansion of the Forensic Intensive Case Management Team and Supportive Housing.
- TA was provided to Monroe County with regards to the County's sustainability plan.
- On site TA was also provided to Osceola, Lake and Monroe Counties regarding future funding through the Reinvestment Grants.
- Telephonic consultation regarding the 2013 Reinvestment Grant was provided to Hernando, Charlotte, Lake, Hillsborough, and Manatee Counties.

- Through email, technical assistance was also provided to Seminole County to discuss the possibility of developing web-based data collection.
- Two conference calls were held: one for current grantee counties, on June 25th, 2013 and the second for potential RFA applicants, on June 27th, 2013. During these calls, the following was discussed with Counties and DCF SAMH Program staff: 1) target population & model(s), 2) successes and challenges, 3) data and outcomes, 4) planning council activity or community organization, and 5) sustainability. The TA Center concluded the call with a brief summary and information about a call for counties interested in applying for the FY2013/2014 RFA to be released by the Florida Department of Children and Families.

## Summary

The CJMHSA Reinvestment Grants have had a major impact on those counties involved in the planning implementation and expansion of services. In the absence of adequate intervention and treatment, a disproportionate number of individuals with mental illness and/or substance abuse are becoming involved in Florida's justice system. The fact that so many individuals cycle through local jails and courts creates a public health and safety issue for many counties as well as a significant drain on scarce resources. 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 Abuse Reinvestment Grant Program 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 six 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.

It is clear that those counties with implementation and expansion grants have taken their local "cross-systems" to a new level of collaboration and integration of service delivery. New partnerships have been formed and the use of evidenced-based models and best practices for persons with mental illnesses and/or co-occurring substance use disorders involved with the criminal justice system is becoming the norm among providers and stakeholders in Florida. The CJMHSA Reinvestment Grants are a catalyst to system improvement and are demonstrating a return on investment and ultimately recovery for Floridians.