



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

2014 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 17, 2014

County Data Reporting Period
June – September 2014

Table of Contents

Introduction.....	3
Background.....	3
Current Grantee Progress.....	5
Summary of Findings.....	6
Alachua County.....	8
Collier County.....	9
Duval County.....	10
Flagler County.....	10
Hillsborough County.....	11
Lake County.....	13
Lee County.....	13
Orange County.....	14
Seminole County.....	15
The Technical Assistance Center.....	17
Activities and Accomplishments.....	17
Satisfaction Survey Results (on-site).....	18
Technical Assistance.....	18
Recommendation and Suggested Strategies.....	19
Conclusion.....	20
Appendix A. County Service Reports Summary.....	21
Appendix B. Grant Financial Report Summary.....	23

Introduction

This is the Annual Report on the Criminal Justice, Mental Health, and Substance Abuse (CJMHS) Reinvestment Grant Program Act. Section 394.659(2), F.S. 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). Per Section B.1.a.6), of Contract # LH245, 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.

Additionally, Per Section B.4.d.6), a supplemental summary discussing the following shall be included:

- (a) Activities and accomplishments for each item in Section B.1.a., during the previous fiscal year,
- (b) The results of satisfaction surveys completed by grantees receiving on-site technical assistance during the previous fiscal year,
- (c) Recommendations and suggested strategies for further Technical Assistance Center and Reinvestment Grant Program Development, and
- (d) All technical assistance provided during the previous fiscal year.

Background

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 (treatment facilities). 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 Office of Substance Abuse and Mental Health (referred as DCF SAMH) and each county was in the spring of 2010 when most services actually commenced and ended in the spring of 2014 according to the executed date by county. Data for these 14 county grants was reported to the legislature and Governor in December of 2013 in the annual legislative report submitted by the TA Center. In March 2014, 9 new grantees were announced as reinvestment grant awardees and new grantee contracts were executed by June 2014. This report addresses the progress of these 9 grantee counties and TA Center grant activities for the 2014 calendar year.

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; service delivery of collateral services such as 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 service menu in the authorizing legislation.

Table 1. List of Grantee Counties by Year

County Grantee	Grant Agreement #	Begin Date	End Date
Alachua	LHZ09	3/28/2008	3/27/2011
	LHZ33	3/17/2011	3/16/2014
	LHZ45	4/1/2014	3/31/2017
Broward	LHZ06	5/14/2008	5/13/2011
Charlotte	LH708	3/28/2008	3/27/2009
	LHZ26	1/12/2011	5/11/2014
Citrus	LHZ02	3/28/2008	3/27/2009
Collier	LHZ25	2/24/2011	6/30/2014
	LHZ46	7/1/2014	6/30/2017
Duval / Jacksonville	LHZ21	5/9/2008	5/8/2009
	LHZ31	2/10/2011	2/9/2014
	LHZ43	4/1/2014	3/31/2017
Flagler	LHZ18	4/24/2008	4/23/2009
	LHZ34	2/4/2011	2/3/2014

	LHZ38	4/1/2014	3/31/2017
Hillsborough	LHZ20	5/5/2008	6/30/2011
	LHZ40	4/1/2014	3/31/2017
Lake	LHZ16	4/16/2008	4/15/2009
	LHZ30	2/22/2011	2/21/2014
	LHZ39	4/16/2014	3/31/2017
Lee	LHZ10	4/7/2008	4/6/2011
	LHZ28	1/13/2011	1/12/2014
	LHZ44	4/1/2014	3/31/2017
Leon	LHZ19	5/1/2008	6/30/2011
Marion	LHZ03	3/28/2008	3/27/2009
	LHZ32	2/28/2011	2/27/2014
Martin	LHZ05	3/28/2008	3/27/2009
Miami-Dade	LHZ15	4/15/2008	6/30/2011
	LHZ27	1/31/2011	6/30/2014
Monroe	LHZ12	4/10/2008	4/9/2009
	LHZ37	4/22/2011	6/30/2014
Nassau	LHZ07	3/28/2008	3/27/2011
Orange	LHZ17	4/16/2008	4/15/2011
	LHZ29	2/10/2011	2/9/2014
	LHZ42	4/1/2014	3/31/2017
Osceola	LHZ14	4/15/2008	4/14/2009
	LHZ24	4/1/2011	3/31/2014
Palm Beach	LHZ22	5/20/2008	5/19/2009
	LHZ36	3/29/2011	6/30/2014
Pinellas	LHZ23	6/30/2008	6/29/2011
	LHZ35	2/22/2011	2/21/2014
Polk	LHZ13	4/10/2008	6/30/2011
Seminole	LHZ41	5/1/2014	4/30/2017
St. Lucie	LHZ11	4/10/2008	6/30/2011
Sumter	LHZ01	3/28/2008	3/27/2009
Volusia	LHZ04	3/28/2008	3/27/2009

Current Grantee Progress

This Report provides a summary of progress for each of the 9 current county grantees from June 2014 through September 2014. A more detailed contractual report is accessible through the DCF SAMH Program Office in Tallahassee. Each section below describes specific county efforts through the grantee reporting period. The information contained in this report is primarily self-reported by the counties and reviewed by the DCF SAMH Program Office prior to submission to USF-FMHI for review and analysis. It is imperative that the reader understand that this report

represents a four month period, including the start-up phase, local execution of interagency Memorandum of Understandings (MOU's) approved by County Boards of County Commissioners, model/program development, hiring of staff, and admission of clientele. Overall, with the exception of a couple counties that are expanding a continuing grant, it has been a remarkable start-up phase for the counties in a brief period of time.

The following is the summary of findings, yet we recommend reading the progress each county has made, their target population, and intervention models to better understand the early success in this three-year grant cycle.

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 narrative summaries and data presented in Appendix A. The majority of counties report success in meeting the goals described in their individual applications, in total or in part. DCF SAMH Program Office also reviews the goals and objectives as outlined in the Grant Agreement on a quarterly 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

All of the counties are implementing jail diversion programs where the vast majority of clients will not be individuals committed to a state forensic treatment facility under (Chapter 916, F.S.). Alachua and Flagler counties are tracking forensic commitments. To date, no one has been admitted to a state forensic treatment facility that is in their caseload. Two counties, Duval and Orange are implementing juvenile justice diversion programs with no applicable forensic admissions and the other five counties will have more forensic admission data within six months or June, 2015.

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

Most jail, juvenile detention centers and prisons are on fixed budgets. Therefore, counties have requested technical assistance on methods of demonstrating cost savings. USF-FMHI provided national consultation through Dr. Hank Steadman, Director of the GAINS Center, on how to approach a more realistic effect of "cost avoidance" on various jail systems by diverting people into treatment. It is anticipated that after the first year of data (June 2015), the grantees will have more cost data and analysis.

(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

All of the grantees have expanded community based mental health and substance abuse services in their respective counties and are diverting individuals from local jails, crisis stabilization units and state treatment facilities. There has been a significant increase in the number of law enforcement officers trained, (335 – Appendix A), in Crisis Intervention Teams (CIT) that are specifically designed to divert adults and juveniles (two counties serving juveniles: Duval and Orange) from incarceration. The TA Center plans on conducting a survey on the number of CIT officers trained after 12 months and the type of data they are collecting at the county level. Since these grants have only been in operation for four months, it is premature to report all of the outcome data, except in the summaries below and in Appendix A. It should also be noted that the counties have their own grant evaluators. The following counties have enrolled (diverted) participants in their programs: Alachua = 82; Collier = 64; Flagler = 55; Hillsborough = 232; Lake = 19; Lee = 347; Orange, Seminole and Duval Counties had a late contractual start up. It should also be noted that the larger numbers of people (Hillsborough, Lee) diverted are associated with Central Receiving Facility (Triage) programs rather than discrete case management type caseloads/models (Alachua, Lake). USF- FMHI will conduct a 12 month survey in June of 2015 to gather more extensive data from the counties.

(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 CJMHSR Reinvestment Grant required a 100% match by the county before the grant was awarded. The matching funds are primarily at the provider level in services, such as screening, triage, case management, law enforcement CIT participation and leased space. For example, if a grantee is receiving \$300,000 per year and they matched 100% in services, the total program is worth \$600,000 in services or an investment by the legislature. DCF SAMH maintains the match requirements as part of their contractual oversight of the grant program. Refer to Appendix B for detailed match analysis by county.

County Progress Summaries (2014)

Alachua County

Alachua County has had two prior implementation and expansion CJMHSA grants. With the current 2014 grant, the County has created a Centrally Coordinated Criminal Justice Diversion Program (CC-CJDP). This program targets adults with high criminogenic risk factors: 18-25 years old, aged out of foster care, and previously involved with the criminal justice system. To date, referral, intake and service delivery protocols have been established for client engagement, as outlined in the original CJMHSA Reinvestment Grant, including the roles of funded personnel positions, which is the foundation for the development of the Centrally Coordinated Criminal Justice Diversion Program. In an effort to increase access to mental health/substance use disorders treatment or mental health treatment/substance use prevention services, the new community site is coordinated with the Gainesville Community Intervention One Stop Center also known as GRACE Marketplace, which is currently being developed into a hub for services dedicated to homeless and at risk target populations in Alachua County. Grace Marketplace provides central coordination for the Program. Meridian Behavioral Healthcare, Inc. program staff are co-located at GRACE Marketplace Monday through Friday to provide screening assessment and referral for persons meeting criteria for services through this initiative. A formal screening and referral protocol is currently in use. Intent of this outreach is to refer the client to less restrictive formal and informal services/supports before his or her actions indicate the need for incident arrest/re-arrest, mental health inpatient crisis stabilization, or substance abuse detoxification/residential placement. As a priority of the Alachua County Program, recovery-oriented services continue to be used and enhanced by ongoing staff training, case peer reviews, and client engagement. The County also continues to further promote coordination among community providers by developing Memorandum of Understanding (MOU) templates for community partner agencies, particularly as they relate to transportation and housing. The CJMHSA Planning Council has been charged with developing the formal transportation agreement for the pre-booking stage of the criminal justice process. Agency representatives have been identified and the County is awaiting final approval of the MOU format by the Planning Council.

Another main objective of grant efforts; is to provide specific outreach activities to train and acquaint community partners with how to more effectively deal with persons involved in the criminal justice system with mental and substance use disorders. Specifically, CJMHSA staff members have been trained in Chapter 916 F.S. (Forensic Mental Health Law), Competency Restoration Training, HCR-20 V-3 Violence Risk Assessment, Trauma Informed Criminal Justice Responses, Burnout Facts and Tips, and SSI/SSDI Outreach Assess Recovery (SOAR) update training. It is the goal to increase public safety by reducing the number of arrests for the target population through the pre-booking stage of the criminal justice process based featured in the work of the Forensic Diversion Team. A primary mechanism for reducing arrests is through training of law enforcement officers and 911 emergency staff at the Alachua County Sheriff's Office on crisis intervention team (CIT Training). CIT training has been provided for 26 officers during this reporting period. The Team is also providing training and collaboration with probation and pretrial release officers with resources focused on helping to prevent violations in probation, thus lowering re-arrest rates among the target population. Further, there is outreach provided at the Gainesville Community Innovation site (GCI)/Grace Marketplace to staff, clients and potential clients about services available through the Program.

As of September 30, 2014, 139 individuals were screened by CJMHSAG staff. The Program has accepted or has pending approximately 59% (82 of 139) of referrals received. Also, over 88% of program participants received case management and treatment services in the community and less than 12% remained incarcerated. All outreach participants are screened either by the Benefit Coordinator or by other CJMHSAG staff for benefits. In this reporting period, 95% (36 out of 38) of benefit applications have been approved or are currently pending. Benefits sought on behalf of participants include SSI/SSDI, Medicaid, Medicare, and Food Stamps. Screening is the first step taken, with application for benefits, if appropriate, a secondary event. Also in this reporting period, 86% of discharged program participants were discharged with stable housing.

Prospectively, the Program continues to collect outcome data to enable further analysis of program services. Impact on cost avoidance or public sector expenditures will be better known after 12 months of services or June, 2015. The Program is currently collecting data on community and in-jail competency restoration. The Program provided competency restoration services to an average of 35 participants per month directly diverting them from the State Forensic Hospital. In this quarter, Alachua County was responsible for the restoration of competency of 8 participants. At the end of September, 64% (148 out of 233) of the Forensic participants were under statute 916. 52% were committed to a State Forensic Hospital, 22% were conditionally released as incompetent to proceed and 7% are incarcerated as incompetent to proceed. All Chapter 916, F.S., clients received case management. The grant diverted 100% of total eligible grant participants from State Forensic Hospital admission. This achievement of diverting appropriate individuals from the State Forensic Hospital is consistent with one of the primary goals and priorities of the CJMHSAG Reinvestment Grant Program identified by the State Legislature.

Collier County

Collier County's grant focuses on continuing the implementation of 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 a number of agencies including, but not limited to, Collier County Sheriff's Office (CCSO), the David Lawrence Center Centralized Assessment Center (DLC CAC), and the National Alliance on Mental Illness of Collier County (NAMI). An MOU between the Planning Council and the local Homeless Coalition was executed November 18, 2014.

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 justice-involved adults with co-occurring disorders. The program is currently on schedule to exceed the service target numbers for year one of the grant. FIRST services have been delivered to a total of 64 clients (71% of service target met). Further, 15 law enforcement officers were trained in CIT (25% of service target met). There have been no FIRST clients admitted to the forensic state mental health treatment facility since its inception and there has been an increase in the number of individuals screened

for potential mental health issues. Moreover, reintegration specialists increase the accessibility of services. All inmates are screened for potential inclusion in the program, which assists with discharge and re-entry planning. Though only a fraction of inmates qualify for services, the majority have been assisted with discharge planning and community resource referrals. The average number of previous arrests per FIRST participant is greater than six; therefore, providing access to psychiatric care, intensive case management, peer supports, employment, housing and other financial benefits.

There are a number of barriers for grant efforts. Lack of available housing is a major issue for the clients. Despite partnering with local landlords, many do not accept tenants with a felony history. Clients are often unable to stay at local shelters too, leading them to stay on the streets. Due to these living situations, the clients are less likely to pursue services and are at a higher rate of relapse. To address this barrier, DLC is educating local landlord associations on the benefits to having tenants with access to intensive in-home services. Currently, DLC operates 22 affordable housing units, but the current wait list exceeds one year. Further, lack of employment, and limited transportation and communication for clients remain an issue. On December 19, 2014 the USF CJMHS TA Center facilitated a “Community Conversations” forum with a subcommittee of the Planning Council to begin address these issues with a special emphasis on supportive housing.

Duval County

Duval County has the most youth committed to DJJ per capita in the state; therefore several groups have identified this problem as a priority for planning and services. Grant initiatives are aimed to create a Centralized Coordination Project (CCP) that will divert juveniles who are: 1) first time juvenile offenders; 2) have a mental illness and/or substance abuse problem indicated by the Positive Achievement Change Tool (PACT Assessment); 3) at risk for deeper penetration into the juvenile justice system without effective interventions; 4) eligible for consideration of a diversion program; and 5) present low risk to public safety. At the time of reporting (9/30/14), the CCP was not yet operational. Duval reports it anticipates the CCP will be implemented and operational during the first quarter of 2015 and that the performance targets of the grant will be met in the following quarter. Therefore, at this time, no further performance measures are reported during this reporting period.

Motivational Interviewing (MI) was identified as a top priority in the TA Center needs assessment submitted by the County. On October 13, 2014, a conference call was held with Jim Winarski with the TA Center regarding scheduling MI for the grant stakeholders. Additionally, a conference call was also scheduled for October 27, 2014 to continue MI discussion in relation to fidelity measures, team performance implementation, coaching and wraparound services. Motivational Interviewing was conducted by Mr. Winarski on December 16-17, 2014.

Flagler County

CJMHS Reinvestment Grant funds were utilized by Flagler to partner with Stewart-Marchman-Act Behavioral Healthcare (SMA) in the creation of a Crisis Triage and Treatment Unit (CTTU), located at SMA’s Vince Carter Sanctuary campus. This unit, licensed by AHCA and staffed 16 hours daily by appropriately credentialed staff, serves as a Flagler County based location where law enforcement may transport individuals in mental health crisis for assessment by a healthcare

professional to determine the appropriate clinical disposition. When an individual is in need of inpatient treatment, the CTTU staff provides transportation to the appropriate receiving facility in Volusia County. The CTTU also transports individuals that are under a Baker Act at Florida Hospital Flagler to Baker Act receiving facilities in Volusia, Orange and Duval Counties. This arrangement allows the Flagler Law Enforcement officer to remain in Flagler County. The CTTU ensures that the three critical elements of mental health crisis intervention are provided in Flagler County: 1) Trained law enforcement officers responding to mental health emergencies; 2) Emergency Screening to triage and properly refer each emergency; and 3) Assertive community treatment to follow each case to ensure that consumers receive on-going behavioral health treatment.

From 6/30/2014, through the end of September 2014, the CTTU provided transportation for 100 Flagler County residents. There have been a total of 55 diversions from Baker Acts, Marchman Acts, or arrests over the past quarter. Most of these clients have been facilitated into other services, such as medication management or outpatient therapy. The CTTU also offers case management services to individuals who were previously incarcerated and have been identified as having a mental health disorder. The CTTU was fully operational during the first quarter of the fiscal year. (July – September, 2014) and 83 clients were admitted, including 78 transports to and from the CSU. Clients discharged from the CSU were linked back to the CTTU, with ongoing case management to ensure support and linkage to recommended treatment services. During this reporting period, 145 total clients (80%) of the 180 target for the first year have been met. Performance measures and outcomes were not reported by the County due to the project's early developmental stage (4 months). However, the case managers meet with public defenders, prosecutors, and the Director of the Flagler County Inmate Facility on a monthly basis to staff the cases of individuals with mental health and substance abuse issues that are incarcerated. The case managers advocate and mediate on behalf of those individuals in an attempt to expedite the process of the judicial system for the benefit of the client. To date only 6 clients have been arrested after their initial intake to the CTTU program. Further, no CTTU clients have had a forensic commitment to the State Mental Health Treatment Facility and 29 clients were diverted from a forensic commitment and/or were diverted from incarceration during the 4 months of the CTTU operation.

Another main initiative of the County is to provide ongoing Crisis Intervention Training (CIT) to FCSO and other county law enforcement agencies and Mental Health First Aid (MHFA) training to citizens. To date, there have been 22 FCSO attendees for CIT training (41% of goal met), 19 attendees for CIT in-service for educators, and 26 attendees to MHFA training (additional MHFA training scheduled before end of the year – 26% of goal met).

A barrier experienced during the reporting period was training attendance due to officer availability through the small law enforcement agencies. Future trainings will be held in multiple locations to increase attendance and limit the amount of time invested by the law enforcement officer.

Hillsborough County

Hillsborough County's Pre-Arrest Intercept Program-Central Receiving Center (PIP-CRC) was initiated in November 2013 and was subsequently enhanced and expanded in May 2014, as a

result of the CJMHSA grant funding. The goal of this program is to provide for the management of a system of recovery-oriented reception, assessment, intervention, triage, referral, and case management services for individuals who exhibit mental health and/or substance disorders and are believed to have violated local ordinances or committed misdemeanor offenses, and are deemed eligible by jail medical staff for diversion from incarceration and prosecution.

At this time, Hillsborough County Sheriff's Office (HCSO) personnel in the Jail Diversion Program continue to assess arrestees and enroll them in the Program. Thus far, the Program has diverted approximately 247 individuals with the primary identified charge of trespassing (33% of annual target). Of the 247 people identified; 232 people have been a part of the Program, 135 people are actively receiving services and 14 clients were transitioned to intensive case management services (as of September 2014). All persons served have been referred to appropriate services as identified during their initial assessments. Data is currently being collected using the Unity Data System to measure outcomes. USF evaluator, Dr. Annette Christy, has also developed a data dictionary in collaboration with system stakeholders to maintain consistent operational definitions within the system. Dr. Christy has developed two additional data tools to enhance the program. They include: a web-based application (Qualtrics) to capture vital program participant data and a corresponding Access database that allows program partners to more easily stratify and share participant data. The PIP-CRC project members also input data into the Agency for Community Treatment Services (ACTS) data system, which is utilized to track services delivered. Part of the ongoing process evaluation is to determine which components of the data should be included in the Unity System.

ACTS, a non-profit SAMH provider, is continuing to facilitate collaborative relationships with community providers for mental health and substance abuse services. The Jail Diversion Stakeholders Meetings are held monthly. These meetings have focused on improving the court reporting process, pre-booking assessment process, client compliance/non-compliance criteria, operationally defining diligent client search efforts, accessing incidental funds, and locating emergency and affordable housing options. Additionally, since the program was funded, 80 law enforcement officers have been trained in CIT. Additional courses are planned in order to meet the program goal of 200.

Barriers included increasing the number of referrals to the Program, issues with eligibility criteria due to prior Failure-To-Appear (FTA) charges, and limited housing options especially for smokers. The screening and eligibility process were re-designed to increase the number of individuals screened, as well as assisted the providers with serving the individuals more effectively. Further, the Hillsborough County Commission voted to accept post-booking diversions on FTAs and the PIP-CRC enrollment continues to increase and remain consistent. In regards to housing, the program is committed to increasing housing resources by identifying more structured housing options for the target population. Additionally, ACTS will provide non-smoking patches to smokers as an attempt to remove this barrier.

Finally, Sequential Intercept Mapping was listed as a top priority in the County's needs assessment submitted to the TA Center. A conference call was held in July 2014 to discuss the logistics of the mapping and planning materials were sent by the TA Center to the County for them to present to the Public Safety Coordinating Council in September 2014, where full support

was obtained. The on-site cross-systems mapping is scheduled to occur January 9, 2015. So far 30 individuals have responded, including six judges, the states' attorney and public defenders offices.

Lake County

Lake County used implementation grant funding to create a diversion program called the Forensic Community Services Team (FCST); a program of LifeStream Behavioral Center. The team is delivering a system of recovery-oriented screening, assessment, triage, and intensive treatment, services, and rehabilitation. The goal of this project is to continue to enhance each sequential intercept point through cross-system collaborative efforts for the targeted population; justice involved individuals with a serious mental illness or co-occurring disorders that are moderate to high risk for recidivism. Specifically, the criteria to enter into the program includes Lake County residents who present with mental health and/or substance use disorders and are at risk of justice involvement for misdemeanor offenses or non-violent felonies. Community partners refer program individuals with suspected mental illness or substance use problems for triage to include identification and access to the appropriate level of care.

Forty-one (41) individuals were screened by the FCST jail screener (55 total for the reporting period); and nineteen (19) participants met criteria and were approved and are active in the program. Eighteen (18) individuals referred did not meet the criteria and the remaining 4 referrals are tentative/pending program admission. One individual was re-arrested while active in the program; and 2 active participants were hospitalized (Involuntary Baker Act) also while in the program. The individuals that refused intensive services were provided information on other community resources. The FCST interventions provide improved access and effectiveness of mental health and substance abuse services for justice involved individuals requiring such services. The current target for program admission is 13 per quarter; which FCST met and exceeded. The current 19 individuals participating in FCST received screening, orientation, assessments, strength-base case management, motivational interviewing, cognitive behavioral therapy and medication management as indicated. One individual graduated from the program successfully. Data is being collected by FCST to include referrals, demographics, recidivism rates, and quality of life factors. The summaries will be displayed and sent to the University of Central Florida (UCF) for program analysis and evaluation.

Additionally, 28 officers were CIT trained during this reporting period, exceeding their target goal at 215%.

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 2014 expansion grant assisted in securing 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. With this new grant funding, a referral partnership with the Salvation Army has been established.

Of the program year's target number of 500 individuals to be served, 347 (69.40%) unique individuals were served since the beginning of the 2014 contract satisfying the requirement of 40% by end of second quarter. During the 1st quarter, 152 individuals were served and 208 were served in the 2nd quarter. Some individuals were provided services in both quarters, however the 347 reported above reflects an unduplicated count for the first two quarters. During this review period, 88.31% of individuals received case management services including referrals to medical and behavioral health care services that likely would not have had access to them. Clients entering the program as of the contract execution date (4/28/14) will be tracked for access to behavioral health services at one year. During this review period, 48.92% individuals were discharged to a stable housing situation. Clients entering the program as of the contract execution date (4/28/14) will be tracked for housing status at the one year mark. During this review period, 14.27% individuals were linked to social security or other benefits. In order to improve the timeliness of receipt of benefits, staff was trained in SOAR techniques on Sept. 15th and 16th and has begun utilizing the practice.

A potential obstacle to substantiating objectives is an effective way to measure benefits, especially long term, from a program, such as the Triage Center, that is a 30 day diversion/shelter without ongoing case management services and therefore has a short-term engagement period with an individual. Lee County has attempted to address this issue by hiring staff to follow up with individuals after discharge, however due to the short-term involvement and temporary and transient nature of many of the participants it may prove to be problematic to stay in contact with them. Another complication that has been identified and discussed with the TA Center is the difficulty in identifying valid costs that include involvement in the criminal justice system beyond jail costs that also encompass pre-trial, judicial, state attorney, public defender, probation, and the lack of a national or state standard that can be utilized when evaluating cost effectiveness of diversion programs. A quarterly technical assistance call with Dr. Hank Steadman, Director of the National Gains Center helped clarify the feasibility of obtaining system wide cost data.

Orange County

As of September 2014 the Centralized Coordination Program, known as Wraparound Orange is fully expanded to accommodate the target population of youth ages 13 and 14 with a mental health and/or substance abuse disorder. Through the provision of wraparound children/youth and families served will have increased access to services for mental health and substance abuse prevention and treatment. Additionally, wraparound will provide increased access to other natural supports, such as mentoring, housing and recreational activities. The project is using the high-fidelity wraparound model for service delivery. Assessment of the child/youth and family is based on use of the CANS-C (Child and Adolescent Needs and Strengths – Comprehensive Assessment). All staff received 24 hours of training in wraparound, along with ongoing coaching and supervision and 6 hours of training in use of the CANS. Certification for both

trainings occurs before any families are served. All newly hired staff consisting of three wraparound specialists, one manager and two family partners were trained in September 2014. Ongoing coaching and supervision schedules have been established.

Wraparound focuses treatment on the needs and strengths of the entire family system in each life domain. Goals and objectives are assigned when needs are present and monitored on a monthly basis through the Wraparound team process. This grant is in the early stages of development for the targeted youth population. At the end of September, three juvenile justice involved families were newly enrolled. However, Wraparound Orange has provided services to over 400 youth and their families in the past four years. Previous longitudinal data show a reduction in arrests 67% to 11%. The county reports it anticipates similar results will be attained with the new target population.

CIT-Youth training was provided to 110 law enforcement and school resource officers and consisted of 8 hours of training per day provided August 11-13, 2014 (38% of goal met). A pre-test measure of use of civil citation was provided. Preliminary post-assessment data is being gathered this month. Over the course of the project, it is expected that the use of Civil Citation will increase.

Wraparound received numerous referrals during the program quarter that did not meet the target population based on age, county of residence, and felony arrest. The Program Manager has had several meetings with the Department of Juvenile Justice and the Juvenile Assessment Center (JAC) staff to obtain the right referrals. The Program Manager will continue to attend weekly staff meetings at the JAC to facilitate referrals.

Seminole County

The Centralized Coordination Program, including a Community Resource Center (CRC) has been operational as of June 1, 2014, with the mission to coordinate services to divert the target population from prosecution, incarceration, and increase access to mental health, substance abuse, and preventative services. The CRC is fully staffed, including the training of Peer Support Mentors, three clinicians trained in recovery-oriented services, and the development of a computer kiosk center. The target population has been identified as adults 18 years old and over, with a focus on 18-24 years old. The resources are in place to increase the access to services in the community. As the program has just started, the data has not been collected to confirm that recidivism rates have been reduced; however, the current participants are actively engaged with the CRC and evidence-based interventions are employed in an effort to increase public safety. The program currently aids participants to identify and engage in employment, educational, and housing opportunities through partnerships made in the community and services available at Aspire Health Partners (Aspire), formerly Seminole Behavioral Healthcare.

A Centralized Coordination Program Memorandum of Understanding (MOU) was established with participating law enforcement agencies before May 1, 2014. In addition, a MOU was established with Sanford Outreach Rescue Mission before June 1, 2014. All staff for the CRC were hired and trained by June 1, 2014, when it became fully operational. A collaborative relationship has been built with judiciary parties, law enforcement, families and consumers of substance abuse and/or mental health services. Finally, all program participants are screened

using a DLA 20 (Daily Living Activities – Functional Assessment Measurement Tool). A contract is currently in place with a distributor of the Ohio Risk Assessment System (ORAS) and the Seminole County Probation Office and Sheriff Department. The ORAS training has been completed; however, screening processes in the jail have not begun, yet. As a result, participants in the reinvestment grant program have not undergone the ORAS assessment. It is projected that this will start in the next quarter. Copies of MOU's were submitted to DCF SAMH Program Office with the first quarter report. A 40 hour CIT core training was conducted for all Seminole County law enforcement agencies. There were 35 officers in attendance. Mental Health First Aid (MHFA) training was held on September 12, 2014. There were 15 participants in attendance. The information system used by Aspire for the program is Anasazi, an electronic health record. Anasazi is used to identify and track individuals receiving grant related services and to provide information to the third party external evaluator at the University of Central Florida. Program evaluation services began in late August. Finally, the Public Safety Council meeting was held on October 16, 2014. The strategic plan was presented during the meeting.

The barrier that has been encountered this reporting period is screening clients of the program using ORAS tool. The contract has been signed and training has been completed, however screening processes in the jail have not begun, yet. As a result, participants in the reinvestment grant program have not undergone the ORAS assessment. It is projected that this will start in the next quarter. To overcome the barriers, the program manager attends all re-entry task force meetings to stay abreast of progress of this project and maintains relationships with the jail staff to obtain ORAS outcomes once they are available.

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. The following sections of the report provide a detailed summary of TA Center CJMHSA grant-related activities during this 2014 calendar year in date order.

Activities and Accomplishments

- TA Center staff participated in the Reinvestment Grant Panel ranking of the 14 county applications on January 8, 2014. (non-voting)
- TA Center submitted and received approval of the list of USF and non-USF Subject Matter Experts.
- The functional organizational chart for the TA Center, which includes specific faculty members of the TA Center, as well as national subject matter experts and other TA Center and USF staff involved with the TA Center, was submitted to DCF SAMH Program Office. A flow chart of how the TA process works with counties was also included. (on file)
- Awards were formally announced and posted by DCF on March 26, 2014. The link to this announcement and other funding opportunities were posted on the TA Center website.
- The TA Center received a grantee contact list and created a CJMHSA email group to disseminate grant information.
- A conference call lead by several TA Center subject matter experts and national experts, Dr. Hank Steadman (GAINS Center) and Dr. Fred Osher (Justice Center – Council of State Governments) was conducted on June 6, 2014. The conference call consisted of a roundtable discussion about models, diversions, and planning. Grantee counties were also given the opportunity to present and discuss their grant initiatives. Additionally, counties were provided a Q&A session with the subject matter experts.
- A needs assessment was developed and electronically distributed to offer technical assistance to each of the county contacts.
- The TA Center organized, planned, and conducted the Florida Partner's in Crisis CJMHSA Reinvestment Grant Program Development Workshop held on July 1, 2014. The TA Center Director, Mr. Mark Engelhardt, and subject matter expert, Dr. Fred Osher facilitated the workshop with a discussion of grant initiatives, national best practices, and screening tools. The workshop also provided a forum for the counties to meet with others who may have similar grant aims, target populations, or obstacles. Each county presented a summary of their implementation activities at the workshop held in Orlando.
- A conference call on cost-effectiveness led by national subject matter expert, Dr. Hank Steadman was held on September 4, 2014. Prior to the call, the TA Center coordinated with two of the grantee counties (Lee and Orange) that listed cost-effectiveness as a priority in their TA Center needs assessment. These counties were used as examples and Dr. Steadman was able to respond to their specific questions.

- To address the legislative goal the effect the grant program has on the growth and expenditures of the juvenile detention center, jail or prison, the TA Center has completed a draft of SAMH related service costs across DCF, Medicaid, Corrections, Juvenile Justice and local jails for use by the counties in determining cost avoidance. The guide to assist counties will be finalized in the next quarter (January – March 2015) and posted on the CJMHSA TA Website.
- On-site Technical Assistance on Supportive Housing and Motivational Interviewing was conducted by the TA Center in Seminole, Duval and Collier Counties.
- Throughout the year, the TA Center website (www.floridatac.org) was updated to provide counties and stakeholders a centralized location to obtain information on the grant, just-released publications, assessment tools, grant/funding opportunities, webinars/training opportunities, and web resources that focus on the health care needs for those with mental health/substance abuse issues both in the community and in the criminal justice system.

Satisfaction Survey Results (on-site)

- To date, one group on-site technical assistance satisfaction survey was received by Seminole County. The TA Center exceeded the satisfactory benchmark of 85% by achieving 100% satisfaction.

Technical Assistance (Per contract)

- A conference call was organized by the TA Center and held on June 6, 2014 with all grantee counties. The conference call consisted of a roundtable discussion about models, diversions, and planning with several of the TA Center USF and non-USF subject matter experts. Specifically, Dr. Hank Steadman of the Gains Center spoke about national best practices in planning, use of the Sequential Intercept Mapping, and data. Dr. Fred Osher with the Council of State Governments discussed co-occurring disorders and the use of various screening and assessment tools. USF Content Experts, John Petrila, JD and Drs. Roger Peters and Mary Armstrong presented on the topics of HIPAA, healthcare, drug court, screening tools and practices, and children and families. Mark Engelhardt discussed the importance of having an active CJMHSA Planning Council or Public Safety Coordinating SAMH Committee.
- The TA Center organized, planned, and prepared the Florida Partner's in Crisis CJMHSA Reinvestment Grant Program Development Workshop held on July 1, 2014. The TA Center Director, Mr. Mark Engelhardt, and subject matter expert, Dr. Fred Osher facilitated the workshop with a discussion of grant initiatives, national best practices, and screening tools. The workshop also provided a forum for the counties to meet with others who may have similar grant aims, target populations, or obstacles. Each county present a summary of their implementation activities at the workshop
- A CJMHSA Technical Assistance (TA) needs assessment letter and web-based needs assessment survey was distributed electronically to each county. Counties were asked to rank their top three TA technical assistance needs. This needs assessment process was used to identify services required by grantees and matched with content experts and other TA Center services for this fiscal year. Upon receipt of their needs assessment, on-site or specific off-site technical assistance was offered and delivered on-site at three counties (Seminole, Collier and Duval) so far this Fiscal Year.

- On September 3, 2014, subject matter expert and TA Center Director, Mr. Mark Engelhardt conducted an on-site technical assistance training on Supportive Housing in Seminole County. This training consisted of five of the main representatives in the county that play a role in the county's efforts towards Supportive Housing: a county government official, local behavioral health entity, local Crisis Stabilization Unit, case management, and co-occurring residential unit.
- On September 4, 2014, the TA Center organized a conference call on cost effectiveness, which was held by national expert Dr. Hank Steadman. Specifically, during planning calls and emails, Lee County and Orange County were asked to prepare a several questions about cost-effectiveness, which Dr. Steadman would plan for and address during the call. The two counties presented a summary of their grant initiatives and then having Dr. Steadman respond to their questions. Additionally, counties were provided a Q&A session with the subject matter expert. Along with TA Center staff, three additional USF subject matter experts were on the call and seven of the nine grantee counties were represented on the call, as well.
- The quarterly TA call to all grantees was conducted by nationally recognized consumer advocate and Miami-based expert, Sandra McQueen Baker on Wellness Recovery Action Planning (WRAP) training on December 15, 2014
- In Duval County, USF-FMHI subject matter expert, Mr. Jim Winarski conducted an on-site training on Motivational Interviewing on December 16-17, 2014.
- Lake County has engaged the National Alliance for the Mental Ill (NAMI), a USF TA Center subcontracted content expert organization, to conduct a series of trainings on the National NAMI Family to Family training.
- Collier County requested TA on supportive housing and was matched with USF content expert, Mark Engelhardt, who provided an on-site "Community Conversation" on Supportive Housing on December 19, 2014.
- Hillsborough County is scheduled for Sequential Intercept Mapping on January 9, 2015. This is a cross-systems countywide effort with six judges planning to attend.

Recommended and Suggested Strategies

For Further TA and Reinvestment Grant Development:

- The CJMHSA TA Center worked with DCF SAMH to revise its contract and quarterly reporting procedures with the counties to create a document that aligns with the legislative report. (implemented)
- DCF forwards the quarterly reports that the counties submit to the DCF SAMH Program Office to the TA Center for review and tracking progress. (implemented)
- Counties are encouraged to use the CJMHSA TA Center website and contact us for telephonic technical assistance. (ongoing www.floridatac.org)
- The Technical Assistance Needs Assessment strategy has established a good working relationship between the counties and the TA Center and has promoted the use of national evidenced-based practices. (ongoing with quarterly technical assistance calls)
- Since it is still early in the implementation stages, the TA Center recommends that the counties be given several months to fully develop their programs and 12 months to assess their outcomes.

- The TA Center will conduct a survey of the number of CIT Officers trained and the type of data they are collecting in June, 2015.
- The TA Center will request more detailed data on Forensic State Hospital diversion by June 2015.
- The TA Center plans on coordinating a conference call with all external or internal grantee “evaluators” by June 2015.
- An annual in-person meeting between DCF SAMH Program Office, the USF TA Center and all grantees is recommended, ideally at a related CJMHSA conference.

Conclusion

All nine (9) County Reinvestment Grant grantees are developing their programs and are implementing services. With the exception of Seminole County, the other 8 counties have had a prior Reinvestment Grant, which accelerated the commencement of services. For the first time in the seven year history of the Reinvestment Grant, two counties, Orange and Flagler, have chosen adolescents/juvenile justice involved youth as their target populations. Both of these counties are utilizing the national “Children’s System of Care Principles and Practices” with wraparound services. All counties are conducting some level of Law Enforcement-based Crisis Intervention Team (CIT), to divert adolescents or adults from incarceration and into treatment. There is clear consensus that programs are implementing an evidenced-based practice or technique, such as motivational interviewing or co-occurring substance abuse and mental health treatment.

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. The cross-systems leadership that has grown out of active CJMHSA Planning Councils and Public Safety Coordinating Councils at the county are essential to success and expansion of Florida’s CJMHSA Reinvestment Grant Program.

For comments or clarification, please contact Mark Engelhardt at mengelhardt@usf.edu or call 813-974-0769. (USF CJMHSA Technical Assistance Center)

Sponsored by the Criminal Justice, Mental Health, and Substance Use Technical Assistance Center at the University of South Florida, Louis de la Parte Florida Mental Health Institute and the State of Florida, Department of Children and Families.

Appendix A. County Service Reports Summary

Criminal Justice Mental Health and Substance Abuse Reinvestment Grant Program								
County Service Reports Summary								
County	Grant Number	Begin Date	Service Target Description	PROGRAM YEAR 1				
				Year 1 Target	As of 6/30/14	7/1/14 - 9/30/14	YTD Served	YTD Progress
Flagler	LHZ38	4/1/2014	Persons Served	180	62	119	181	101%
			CIT Training Participants	100	37	4	41	41%
			MHFA Training Participants	100	6	20	26	26%
Lake	LHZ39	4/16/2014	Persons Screened	N/A	14	41	55	N/A
			Persons Admitted	50	5	19	24	48%
			CIT Training Participants	13	0	28	28	215%
Hillsborough	LHZ40	4/30/2014	Persons Served	750	112	135	247	33%
			CIT Training Participants	200	0	80	80	40%
Seminole	LHZ41	5/16/2014	Persons Served	20	14	2	16	80%
			CIT Training Participants	25	35	0	35	140%
			MHFA Training Participants	15	15	15	30	200%
Orange	LHZ42	4/30/2014	Persons Served	48	0	3	3	6%
			CIT Training Participants	288	0	110	110	38%
Duval	LHZ43	5/1/2014	Persons Served	200	0	0	0	0%

			CIT Training Participants	140	0	0	0	0%
Lee	LHZ44	4/28/2014	Persons Served	500	152	208	360	72%
Alachua	LHZ45	5/29/2014	Persons Screened	233	41	139	180	77%
			Persons Admitted	93	12	41	53	57%
			CIT Training Participants	60	0	26	26	43%
			MHFA Training Participants	46	0	30	30	65%
Collier	LHZ46	7/1/2014	Persons Screened	1200	N/A	866	866	72%
			Persons Admitted	90	N/A	64	64	71%
			CIT Training Participants	60	N/A	15	15	25%

Appendix B. Grant Financial Report Summary

County	Grant Award Number	Beginning Date	Ending Date	3-Year Total Grant Award Amount	3-Year Total County Match Funds	Funds Released To Date	Grant Award Expenses Reported as of 9/30/14*	Match Funds Expenses Reported as of 9/30/14*
Alachua	LHZ45	05/29/14	03/31/17	\$ 1,200,000.00	\$ 1,258,530.01	\$ 200,000.00	\$ 113,716.22	\$ 94,976.68
Collier	LHZ46	07/01/14	06/30/17	\$ 853,316.71	\$ 859,733.15	\$ 68,673.55	\$ 3,018.93	\$ -
Duval	LHZ43	05/01/14	03/31/17	\$ 1,200,000.00	\$ 1,200,000.00	\$ 200,000.00	\$ -	\$ -
Flagler	LHZ38	04/01/14	03/31/17	\$ 1,200,000.00	\$ 1,200,000.00	\$ 200,000.00	\$ 187,949.99	\$ 66,590.28
Hillsborough	LHZ40	04/30/14	03/31/17	\$ 1,184,902.00	\$ 1,200,000.00	\$ 194,644.00	\$ 61,032.43	\$ 182,187.50
Lake	LHZ39	04/16/14	03/31/17	\$ 1,200,000.00	\$ 1,200,000.00	\$ 200,000.00	\$ 125,563.90	\$ 102,457.45
Lee	LHZ44	04/28/14	03/31/17	\$ 747,457.88	\$ 1,611,820.57	\$ 137,500.00	\$ 137,500.00	\$ 153,908.20
Orange	LHZ42	04/30/14	03/31/17	\$ 1,193,880.00	\$ 1,695,802.00	\$ 200,000.00	\$ -	\$ 253,719.37
Seminole	LHZ41	05/16/14	04/30/17	\$ 944,968.41	\$ 944,968.41	\$ 200,000.00	\$ 160,501.11	\$ 61,456.60
GRANT TOTALS				\$ 9,724,525.00	\$ 11,170,854.14	\$ 1,600,817.55	\$ 789,282.58	\$ 915,296.08
Technical Assistance Center Contract								
USF / FMHI TAC	LHZ45	12/13/13	06/30/16	\$ 600,000.00	N/A	\$ 237,500.00	\$ 121,596.81	N/A
PROGRAM TOTALS				\$ 10,324,525.00	\$ 11,170,854.14	\$ 1,838,317.55	\$ 910,879.39	\$ 915,296.08
<p>*COUNTIES REPORT GRANT EXPENSES AND MATCH QUARTERLY BASED UPON ACTUAL DISBURSEMENTS. TYPICALLY, COUNTY ACCOUNTING PROCEDURES CREATE A LAG IN QUARTERLY REPORTING. USF/FMHI TAC SUBMITS ANNUAL EXPENDITURE REPORTS, WHICH INCLUDE A FISCAL YEAR ANNUAL RECONCILIATION OF ACTUAL EXPENDITURES RELATED TO THE CONTRACT. THE EXPENSES SHOWN FOR USF/FMHI TAC ARE FROM 12/13/13 THROUGH 06/30/14.</p>								