



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

# **2015 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, 2015**

# Table of Contents

Introduction.....	3
Current Grantee Progress.....	3
Summary of Findings.....	3
Adult Programs.....	6
Alachua County.....	6
Collier County.....	7
Flagler County.....	8
Hillsborough County.....	9
Lake County.....	10
Lee County.....	11
Seminole County.....	11
Juvenile Programs.....	12
Duval County.....	13
Orange County.....	13
The Technical Assistance Center.....	15
Activities and Accomplishments.....	15
Satisfaction Survey Results (on-site).....	16
Technical Assistance.....	16
Recommendation and Suggested Strategies.....	18
Conclusion/Summary.....	19
Appendix A. County Service Reports Summary.....	21
Appendix B. Grant Financial Report Summary.....	23
Appendix C. Grantee Historical Background.....	24

## **Introduction**

This is the 2015 Annual Report on the Criminal Justice, Mental Health, and Substance Abuse (CJMHTSA) Reinvestment Grant Program Act, pursuant to Section 394.659(2), F.S. This report was prepared 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) under Contract LH245 with the Department of Children and Families Office of Substance Abuse and Mental Health (SAMH). This report includes the following elements required by statute:

- (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.

This report also includes the following elements required by Contract LH245:

- (a) Activities and accomplishments of the TA Center during the previous fiscal year,
- (b) The results of satisfaction surveys completed by grantees receiving on-site technical assistance provided by the TA Center during the previous fiscal year,
- (c) Recommendations and suggested strategies for further TA Center and Reinvestment Grant Program development, and
- (d) All technical assistance provided during the previous fiscal year.

## **Current Grantee Progress**

This Report summarizes progress for each of the nine current county grantees: Alachua, Collier, Duval, Flagler, Hillsborough, Lake, Lee, Orange, and Seminole. Each grantee's progress is from the start date through September 2015<sup>1</sup>. 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 the TA Center for review and analysis.

### **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.**

The county narrative summaries and data presented in Appendix A contain a detailed description of each grantee's progress in meeting its goals. All of the 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, Collier, and Flagler counties are tracking adult forensic commitments. Alachua and Collier counties report no program participants have been admitted to a State Forensic Mental Health Treatment Facility. Flagler County reports 2 out of 570 program participants have been admitted to the State Forensic Mental Health Treatment Facility. Hillsborough, Lake, Lee, and Seminole counties report no forensic admission data at this time. Duval and Orange counties are implementing juvenile justice diversion programs with no applicable forensic admissions.

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

All of the counties are half way through their three-year implementation period and continue to collect data on this outcome. At this time, Alachua County has estimated a cost-savings between \$571,788 and \$850,875 based on the number of days participants spent in jail. Specifically, participants spent a total of 12,544 days in jail in the one year period prior to their admission, but only 5,737 days in the one year period after their admission. At an estimated \$84 per day for a regular jail stay in Alachua County and an estimated \$125 per day for psychiatric inmates, the program appears to be a cost savings model. Collier, Flagler, Hillsborough, Lake, Lee, and Seminole Counties anticipate a reduction in jail growth and expenditures due to the increase in services for program participants, but do not report cost savings expenditure data at this time. Both Duval and Orange Counties do not report on the growth and expenditures of juvenile

---

<sup>1</sup> Data from Duval and Seminole Counties are from the start date through October 2015.

detention centers.

**(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 Mental Health Treatment Facilities. Details are found in the county specific reports. To date, the following counties have enrolled a total of 4,345 participants in their programs:

- Alachua = 189
- Collier = 146
- Duval = 345
- Flagler = 570
- Hillsborough = 1,842
- Lake = 68
- Lee = 1,089
- Orange = 51
- Seminole = 45

It should be noted that the larger numbers of people diverted in Hillsborough and Lee counties are associated with Central Receiving Facility (Triage) programs rather than discrete case management type caseloads/models in Alachua and Lake Counties. There has been a significant increase in the number of Crisis Intervention Team (CIT) trained law enforcement officers and other personnel (i.e. dispatchers). Since the start of this grant cycle, 1,726 individuals have been trained in CIT to divert adults and juveniles from incarceration. See Appendix A

**(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 primarily support provider services, such as screening, triage, case management, law enforcement CIT participation, building occupancy and other operational costs. Appendix B summarizes the local match commitment and expenditure analysis to date for each county.

See Appendix C for historical background of the CJMHSR Reinvestment Grant.

## County Progress Summaries (2015)

### Frequently Used Terms and Websites:

Crisis Intervention Teams (CIT) – <http://cit.memphis.edu/aboutus.html>

Mental Health First Aid (MHFA) – <http://www.mentalhealthfirstaid.org/cs/>

**Adult Programs:** Seven counties have expanded and sustained services targeting adults with mental illness and/or substance use disorders involved with the criminal justice system. All of these counties have addressed jail diversion with crisis intervention team trained law enforcement officers, screening or triage for appropriate admissions into their case management programs and linkage to outpatient treatment or supportive housing.

### Alachua County

**Program Features:** CIT, MHFA, Trauma-Informed Care, Forensic Specialist, Centrally Coordinated Criminal Justice Diversion Program (CC-CJDP) – Discrete caseloads established after screening and program eligibility determination

Alachua County has had two prior CJMHSAs Reinvestment grants. With the current grant, the County has created a Centrally Coordinated Criminal Justice Diversion Program (CC-CJDP), targeting young adults with high risk factors. The program serves persons 18-25 years old, who have aged out of foster care, and were involved with the criminal justice system. Alachua County has established referral, intake and service delivery protocols for client engagement. In order to increase access to treatment and prevention services, the program is coordinated with the Gainesville Community Intervention One Stop Center, known as the GRACE Marketplace, a hub for services dedicated to homeless and at risk target populations in Alachua County. Grant-funded program are staffed by Meridian Behavioral Healthcare, Inc. and co-located at GRACE Marketplace Monday through Friday to provide screening, assessment and referral services. The intent of this outreach is to refer the participant to less restrictive formal and informal services and supports before a person's actions indicate the need for arrest, re-arrest, mental health inpatient crisis stabilization, substance abuse detoxification or residential treatment. The program offers recovery-oriented services enhanced by ongoing staff training, case reviews, and client engagement.

Another objective is to provide specific outreach activities to train and acquaint community partners on how to effectively deal with persons involved in the criminal justice system with mental health and substance use disorders. The CJMHSAG Program Director has spearheaded community outreach activities including Mental Health First Aid training to law enforcement, presenting information on "How Being Trauma-Informed Improves Criminal Justice System Responses", providing CIT training, and providing Forensic Specialist Training.

Alachua County promotes coordination among community providers through Memorandums of Understanding (MOU) with community partner agencies, particularly those offering transportation and housing. The CJMHSAG Planning Council has been charged with developing the formal transportation agreement for the pre-booking stage of the criminal justice process. Alachua County's goal is to increase public safety by reducing the number of arrests for the target population through the pre-booking stage of the criminal justice process via 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 techniques and trauma-informed responses. Alachua County has provided CIT training to 133 officers and dispatchers, exceeding the grant target and MHFA training to 138 individuals to date. The program also provides training to and collaborates with probation and pretrial release officers with treatment resources focused on helping to prevent violations in probation, thus lowering re-arrest rates among the target population.

The Alachua County program has screened 672 individuals since program inception, exceeding annual targets in the grant agreement and representing 96% of the three-year program target. The program has admitted 189 individuals, approximately 61% of referrals received. More than 85% of program participants received case management and treatment services in the community and less than 15% remained incarcerated. All participants are screened either by the Benefit Coordinator or by other CJMHSAG staff for eligibility for public benefits, such as SSI/SSDI, Medicaid, Medicare, and Food Stamps. Of those participants eligible for, but not receiving, benefits at admission 77% were linked to services within six months of admission. 77% of discharged participants were linked with stable housing and remained in stable housing one year post admission to the program.

The Program collects data on community and in-jail competency restoration and has provided competency restoration services to an average of 29 participants per month directly diverting them from the State Forensic Mental Health Treatment Facility. To date, 53% of the forensic participants were determined to be incompetent to proceed to court under Chapter 916, F.S. Of those 56% committed to a State Forensic Mental Health Treatment Facility, 33% were conditionally released as incompetent to proceed and 11% were incarcerated as incompetent to proceed to court. All Chapter 916, F.S., clients received case management. The Forensic Diversion Team program diverted 100% of total eligible grant participants from State Forensic Mental Health Treatment Facility admission.

### **Collier County**

**Program Features:** CIT, Centralized Assessment Center (screening process from jail), Forensic Intensive Reintegration Support Team (FIRST) – Discrete caseload after assessment

Collier County's grant focuses on continuing the implementation of jail and community-based 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, the CJMHSAG Planning Council, Collier County Sheriff's Office (CCSO), the David Lawrence Center Centralized Assessment Center (DLC CAC), the Collier County Hunger and Homeless Coalition, and the National Alliance on Mental Illness of Collier County (NAMI).

The FIRST program has focused on collaborative efforts with local entities to ensure access to information/records of clients for continuity in assessment and treatment of participants. The target population for FIRST includes justice-involved adults with co-occurring disorders and has screened 4,575 individuals, already exceeding the three-year program target at 127%. The program exceeded the service target numbers for year one of the grant and is continuing this success into the second year. FIRST services have been delivered to a total of 146 clients since the begin date of the grant or 54% of the three-year program target. Further, 121 law

enforcement officers were trained in CIT or 67% of the program's three-year service target. There have been no FIRST clients admitted to the State Forensic 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 accessibility to SAMH services. All inmates are screened for potential inclusion in the program, which assists with discharge and re-entry planning from jail. Though only a fraction of inmates qualify for services, the majority have been assisted with discharge planning and community resource referrals. Each FIRST participant is provided increased access to psychiatric care, intensive case management, peer supports, employment, housing and other financial benefits.

Examination of performance measures shows a 93% reduction in arrests among program participants one year post program admission, exceeding the program's 50% target rate. Further, 100 % of program participants have received increased access to comprehensive community based behavioral health services one year post program admission, meeting the program's target rate. All 100% of participants not residing in stable housing at admission are now living in stable housing one year after admission, exceeding the program's 80% target rate. Finally, 100% of the program's participants eligible for, but not receiving, Social Security or other benefits at admission were linked to benefits within six months of admission, exceeding the program's target goal of 80%.

### **Flagler County**

**Program Features:** CIT, MHFA, Crisis Triage and Treatment Unit (CTTU) – Assertive community treatment, case management and linkages to outpatient services

CJMNSA Reinvestment Grant funds were utilized by Flagler County 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. Licensed by the Florida Agency for Healthcare Administration (AHCA) and staffed 16 hours daily by credentialed staff, this unit 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 an appropriate Baker Act receiving facility in Volusia County. The CTTU also transports individuals that are under a Baker Act to Florida Hospital Flagler and 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 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 3) Assertive community treatment to follow each person to ensure that participants receive on-going behavioral health treatment.

Since the inception of the program on May 1, 2014, through the end of September 2015, the CTTU has diverted 136 clients from Baker Act admissions; 78 from Marchman Act admissions, and 82 from arrests. In total, the program has served 570 persons, representing 73% of the three-year program target. Most of these individuals have been linked to 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. Overall, Flagler County has met or exceeded most target numbers. There has been a 78% reduction in arrests among program participants one year post program admission, exceeding the program's 75% target rate. In fact, 92% of program



participants report they have received increased access to comprehensive community based behavioral health services one year post program admission, exceeding the program's 90% target rate. Further, 88% of participants not residing in stable housing at admission are now living in stable housing one year after admission, exceeding the program's 80% target rate. All 100% of participants eligible, but not receiving, Social Security or other benefits at admission were linked to services within six months of admission, meeting the program's target rate. With a target rate of 80% over the lifetime of the program, the County is on track for achieving the target given 57% of targeted number of CIT and MHFA training participants complete the training. Finally, as of September 30, 2015, only two CTTU clients have had a forensic commitment to the State Forensic Mental Health Treatment Facility.

Another main initiative of the County is to provide ongoing Crisis Intervention Training (CIT) the Flagler County Sheriff Office and other county law enforcement agencies and Mental Health First Aid (MHFA) training to citizens. As of September 30, 2015, there have been a total of 209 CIT trained participants or 70% of the three-year target and 176 MHFA trained participants or 59% of the three-year target.

### **Hillsborough County**

**Program Features:** CIT, Pre-Arrest Intercept Program (PIP) Central Diversion Model – Triage and linkage to case management and other services (i.e. transitional supportive housing, etc.)

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

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 served 1,842 persons in screening, assessment, and diversion services, exceeding annual targets in the grant agreement and meeting 82% of the three-year program lifetime target. All persons served have been referred to appropriate services as identified during their initial assessments. As of September 30, 2015, 604 participants have been enrolled in the full diversion program. Exceeding the program's target rate of 35%. There was an 84% reduction in arrests among program participants one year post program admission which exceeds the annual target. Upon one year post program admission, 49% of program participants reported increased access to comprehensive community based behavioral health services, making progress towards the program's 75% target rate. Forty two percent of participants not residing in stable housing at admission are now living in stable housing, making progress toward the program's target rate. Further, 88% of participants eligible, but not receiving, Social Security or other benefits at admission were linked to services within six months of admission. All adult participants were offered an SSI/SSDI Outreach, Access, and Recovery (SOAR) preliminary assessment, exceeding the program's target rates.

Data is currently being collected using the Unity Data System to measure outcomes. The USF-FMHI evaluator continues to work with the Agency for Community Treatment Services

(ACTS), Tampa Hillsborough Housing Initiative (THHI), and Hillsborough County Sheriff's Office Administrators to maximize data collection via 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, accessing incidental funds, and locating emergency and affordable housing options.

Since the program was funded, the Sheriff's Office Training Department, Patrol District III deputies, and Jail Diversion Partners continue to exceed the grant's CIT training goals. Specifically, since the beginning of the program, there have been 605 CIT training participants or 101% of the three-year program target. All law enforcement officers receive the full 40-hour Memphis CIT Model course initially, followed by an abbreviated "Refresher Course".

### **Lake County**

**Program Features:** CIT, Forensic Community Services Team (FCST) – Jail screening and Forensic intensive case management model

Lake County used 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 program is to continue to provide interventions at key "intercept" points in the criminal justice system through cross-system collaborative efforts for the targeted population; namely 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.

One hundred and sixty four (164) individuals were screened by the FCST jail screener since the start of the grant period; and 68 persons participants met criteria and were admitted into program, representing 45% of the three-year program's target. Those that did not meet the criteria for this particular program were referred to another program. The current 24 individuals participating in FCST received screening, orientation, assessments, strength-based case management, motivational interviewing, cognitive behavioral therapy, and medication management. The FCST interventions provide improved access to mental health and substance abuse services for justice involved individuals in need of such services. The current target for program admission is 13 per quarter; which FCST met and exceeded. Data is being collected by FCST to include referrals, demographics, recidivism rates, and quality of life factors. Since the beginning the FCST program, 76% of program participants have not reoffended, exceeding the program's 70% target rate. Persons meeting the one year post admission criteria had 29 arrests in the one year prior to FCST program involvement and 7 arrests within one year post admission, which is 24% and meets the target of equal or below 30%. All program participants have received increased access to comprehensive community based behavioral health services, secured stable housing, and been linked to social

security/benefits within 6 months, meeting or exceeding program target rates.

Additionally, 64 law enforcement officers and related staff were CIT trained since the start of the grant, exceeding the target goal at 164%.

### **Lee County**

**Program Features:** Bob Janes Triage Center/Low Demand Shelter – Case management and linkage to services (i.e. housing, employment, etc.)

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 Triage shelter was designed as an alternative to incarceration for individuals at risk of being charged with a minor ordinance violation or non-violent offense associated with homelessness, substance use disorders, and/or a mental illness. Originally, the shelter accommodated 22 clients. However, since 2008 the Center has been relocated to a larger facility, which can now accommodate 58 persons 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's target number of 1,500 individuals to be served during the three year grant, 1,089 unduplicated individuals were served since the beginning of the 2014 contract, exceeding year one goals and on target to surpass year two's goal. Exceeding all performance measure target rates, there was a 31% reduction in arrests among program participants one year post program admission. Further, 81% of program participants reported they have received increased access to comprehensive community based behavioral health services. Thirty-one percent of participants not residing in stable housing at admission are now living in stable housing one year after admission, and 15% of participants eligible, but not receiving, Social Security or other benefits at admission were linked to services within six months of admission.

CIT training for law enforcement and corrections personnel has been embraced in Lee County since 2006. Over 700 law enforcement and other providers have participated in CIT in Lee County since the program's inception. With the use of CIT, officers are able to divert individuals with mental health and/or substance abuse treatment needs in Lee County to more appropriate services. In the County's most recent review period, over 82% of law enforcement reported spending less than 10 minutes at the Triage Center, allowing them to return to patrol quicker and increasing public safety.

### **Seminole County**

**Program Features:** CIT, MHFA, Community Resource Center – Case management model (target population 18-25 years old)

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 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 18-25 years old. 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 (CCP) Memorandum of Understanding (MOU) was established with participating law enforcement agencies and with Sanford Outreach Rescue Mission. An MOU was established on August 25, 2015 with Children's Home Society of Florida's Healthy Families of Seminole to enhance referrals between the two agencies. A collaborative relationship has been built with the judiciary, law enforcement, families and consumers of substance abuse and/or mental health services. All program participants are screened using a DLA 20 (Daily Living Activities – Functional Assessment Measurement Tool) and the Ohio Risk Assessment System (ORAS) per the Forensic Intervention Services Admission Criteria policy/procedure. As of September 30, 2015, 45 persons have been served, representing 56% of the three-year program target.

A 40 hour CIT core training and refresher courses have been offered for all Seminole County law enforcement agencies. Since the beginning of the grant, there have been 103 CIT training participants or 137% of lifetime target. Additionally MHFA training has been offered, with 36 participants or 80% lifetime target.

A third party program evaluator has completed a report each quarter of the program. As of October 19<sup>th</sup>, 2015, when the most recent report was completed, 17% of program participants had been rearrested since beginning participation in the Reinvestment Grant program. This percentage was derived when the number of participants (5) who have been arrested within a year of engagement in the program is divided by the total number of total participants (28). None of the 8 participants added in the first quarter of year two have been arrested at this time. As reported by client surveys, 100% of those responding to quarterly program evaluation surveys demonstrate successful engagement with services identified in their individual assessments and treatment plans. All 100% of participants who identify as homeless or precariously housed at admission that have been discharged from the program with stable housing. All eligible program participants who did not receive eligibility-based Social Security Admissions benefits upon program admission have received SOAR assessments within 30 days of program enrollment. One participant was recommended for Social Security Administration benefits based upon the SOAR assessment and his benefits are still pending at this time.

**Juvenile Justice Programs:** The two juvenile justice program models in Orange and Duval counties were an expansion of their experience in implementing Federal SAMHSA Comprehensive Community Mental Health Services for Children and their Families “System of Care” grants targeting adolescents with serious emotional disorders (SED). Both counties expanded these CJMHSAs grants to serve youth with mental health and/or substance use disorders involved in the juvenile justice system.

## **Duval County**

**Program Features:** CIT, Centralized Coordination Program – Comprehensive screening and referral for outpatient treatment

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 were used to create a Centralized Coordination Program (CCP) that 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. The CCP was implemented and became fully operational as of November 1, 2014. As of October 31, 2015, 345 juveniles have been served or 38% of the three-year target. The County is currently working to increase the number of youth who are admitted into the diversion program through an MOU with the diversion program BAYS, Florida and the State Attorney's Office (SAO). Additionally, the County is continuing to work to identify the number of arrests for the target population through the development of a data sharing agreement and data collection processes with Department of Juvenile Justice (DJJ).

As of October 31, 2015, 100% of the youth assessed as needing treatment were referred for treatment, exceeding the 90% target rate. Specifically, 345 youth have been screened and 296 youth have been referred for services. Of the youth referred for treatment, 37% made at least one appointment with the treatment provider, not meeting the 60% target rate. Of participants eligible but not receiving Social Security or other benefits at admission, 100% were linked to services within six months of admission. Finally, 21% of participants were re-arrested within 6 months post admission.

As of October 31<sup>st</sup>, 2015, 187 personnel had been CIT trained or 45% of the three-year program target.

## **Orange County**

**Program Features:** CIT for youth, Centralized Coordination Program – Comprehensive assessment and discrete caseload with a wraparound service delivery model (target population 13-14 years old)

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 involved in the juvenile justice system. Through the provision of wraparound services, children/youth and families served have increased access to mental health and substance abuse prevention and treatment. Additionally, wraparound provides increased access to other natural supports, such as mentoring, housing and recreational activities. The program 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, 6 hours of training in use of the CANS, and 12 hours of training in Motivational Interviewing. Staff are provided with ongoing coaching of cases on a monthly basis and supervision of documentation weekly.

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. As of September 30, 2015, 51 juveniles have been served, representing 35% of the three-year program target. According to the CANS scores, involvement in Wraparound Orange have resulted in an estimated 33% reduction in treatment needs. Further, there was a 100% reduction in arrests among program participants one year post program admission and 100% of program participants reported they have received increased access to comprehensive community based behavioral health services one year post program admission. All 100% of participants not residing in stable housing at admission were living in stable housing one year after admission. All of participants eligible, but not receiving, Social Security or other benefits at admission were also linked to services within six months of admission.

CIT-Youth training was provided to 303 law enforcement officers and school resource officers or 35% of the three-year program target. A pre-test measure of use of civil citation was provided. Preliminary post-assessment data is being gathered. Over the course of the project, it is expected that the use of Civil Citation will increase.

## 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 CJMHSAs grant-related activities during the 2015 calendar year.

### Activities and Accomplishments

- Collier, Duval, and Seminole Counties were provided on-site technical assistance during the calendar year of 2014, which was reported in the previous 2014 annual legislative report. From January 2015 through June 2015, the remaining six counties for the FY14-15 needs assessment were provided on-site technical assistance. Specifically, the TA Center conducted a Sequential Intercept Mapping (SIM) in Hillsborough County, training on Supportive Housing in Alachua and Lake Counties, a training on Motivational Interviewing in Flagler and Orange counties and training on evaluation methods in Lee County.
- On July 20, 2015, all grantee counties were sent an electronic needs assessment for the new fiscal year (FY15-16). The TA Center has received needs assessments from all nine counties, conducted three in 2015 and initiated planning via telephone or email to the other six counties. The top three priorities identified via the needs assessments were: Sequential Intercept Mapping (SIM), Motivational Interviewing, and Supportive Housing.
- To date, Collier, Flagler, and Orange Counties, have received on-site technical assistance for FY15-16. Collier County received training on screening tools, Flagler County received training on grant development, and Orange County received training on Motivational Interviewing.
- During this calendar year, a total of four quarterly conference calls on a variety of topics were facilitated by the TA Center:
  - On March 10, 2015, Dr. Roger Peters, professor at USF-FMHI and nationally recognized expert, presented on “Evidence-based Screening Instruments for Mental and Substance Use Disorders in the Criminal Justice System.”
  - On June 2, 2015, national expert, Dr. Hank Steadman, Policy Research Associates and GAINS Center, presented on “Sequential Intercept Mapping (SIM).”
  - On September 29, 2015, Mr. Jim Winarski, faculty at USF-FMHI, presented on “Principles, Practices, and Implementation of Recovery-Oriented Care.”
  - On November 24, 2015, national expert, Dr. Fred Osher, Council of State Governments, presented on “Risk-Needs-Responsivity Model.”

All nine grantee counties were represented on each call.

- On May 21, 2015, the TA Center led and facilitated the CJMHSAs Reinvestment Grantee County Workshop at the Florida Partners in Crisis Annual Conference and Justice Summit. Introductions were made and a roundtable discussion on grant updates was facilitated. Each county was given the opportunity to give a brief overview of the grant target population, model, key partnerships, outcomes, evaluations, and reporting. A variety of other topics were discussed as a group including the collection of data on Crisis Intervention Team (CIT) training and call tracking, the implementations and challenges

of Central Receiving Facilities (CRCs), the impact and action planning of Sequential Intercept Mappings (SIM), sustainability of grant, and the availability and preference of future technical assistance.

- Throughout the year, the TA Center website ([www.floridatac.org](http://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)**

- Of the nine counties that received on-site technical assistance in calendar year 2015, the TA Center exceeded the satisfactory benchmark of 80% by achieving 100% satisfaction in Alachua, Collier, Flagler, Hillsborough, Lake, Lee, Orange<sup>2</sup> Counties and 96% satisfaction in Duval County.

### **Technical Assistance (Per contract)**

- On January 9, 2015, USF subject matter experts, Mr. Mark Engelhardt, Mr. John Pettila, Dr. Kathleen Moore, and TA Center Staff, Dr. Jessica Mitchell, conducted a Sequential Intercept Re-Mapping in Hillsborough County. During the event, the participants and facilitators drafted a map of the current system and developed a set of priorities and action plan. After the mapping event, TA Center staff worked together with key leaders to finalize the report and map of the system. A feature article on the mapping event was included in the 13<sup>th</sup> Judicial Circuit Newsletter.
- On February 27, 2015, the subject matter expert and TA Center Director, Mr. Mark Engelhardt, conducted an on-site technical assistance training on Supportive Housing in Alachua County. This training consisted of community leaders including county staff, Public Housing Authority Director, Homeless Coalition Director, Meridian Behavioral Healthcare and City of Gainesville housing staff. Mr. Engelhardt facilitated a “Community Conversation” on Supportive Housing.
- On March 10, 2015, all grantee counties joined the TA Center’s organized quarterly conference call on “Evidence-based Screening Instruments for Mental and Substance Use Disorders in the Criminal Justice System”. Dr. Roger Peters, USF-FMHI subject matter expert and nationally recognized expert on screening tools, conducted the call. The call consisted of an overview of the importance and availability of screening tools, as well as the appropriate selection of screening tools for specific populations and to identify different needs and risks. Additionally, counties were provided a Q&A session with the subject matter expert.
- On March 24, 2015, Mr. Engelhardt conducted an on-site technical assistance training on Supportive Housing in Lake County. Community leaders included county staff, the Lake County Coalition for the Homeless and Lifestream Behavioral Healthcare Forensic Team.
- On March 31, 2015, USF-FMHI subject matter expert, Mr. Jim Winarski, conducted an on-site technical assistance training on Motivational Interviewing in Flagler County.
- On May 21, 2015, the TA Center led and facilitated the CJMHSA Reinvestment Grantee County Workshop at the Florida Partners in Crisis Annual Conference and Justice Summit. Introductions were made and a roundtable discussion on grant updates was

---

<sup>2</sup> Two on-site TA visits were conducted in Orange County for calendar year 2015, covering two fiscal years: FY14-15 and FY15-16.



facilitated. Each county was given the opportunity to give a brief overview of the grant target population, model, key partnerships, outcomes, evaluations, and reporting. Seven of the nine counties were represented at this optional meeting. A variety of other topics were discussed as a group including the collection of data on Crisis Intervention Team (CIT) training and call tracking, the implementations and challenges of Central Receiving Facilities (CRFs), the impact and action planning of Sequential Intercept Mappings (SIM), the sustainability of grant efforts, and the availability and preference of future technical assistance. Key contacts for each grantee county were updated at the workshop, as well.

- On May 28, 2015, TA Center Director, Mr. Mark Engelhardt, and subject matter expert, Dr. Roger Boothroyd, conducted an on-site technical assistance on Evaluation Methods in Lee County. This training and consultation consisted of community leaders including county staff, Salvation Army, Lee County Homeless Coalition, and the Lee County Department of Human Services. During this on-site visit, a presentation on evaluation approaches and methods was given, along with a summary of the Lee County Triage Center's previous evaluation. Current performance measures were examined and the data needed for future evaluations was discussed before going on a tour of the Triage Center.
- On June 2, 2015, all nine counties were represented on the "Sequential Intercept Mapping (SIM)" conference call organized by the TA Center. Dr. Hank Steadman, nationally recognized expert on SIM conducted the call. The call consisted of an overview of the process of SIM, the utilization of the SIM model across the United States and in Florida, and the importance of action planning. After Dr. Steadman's explanation of SIM, Hillsborough County was showcased as county that has recently completed a SIM with the TA Center. A Hillsborough County representative provided a summary of the mapping process, including the pre and post activities that are critical to having a successful mapping. Additionally, counties were provided a Q&A session with the subject matter expert and the Hillsborough County representative. The upcoming distribution of the new fiscal year's needs assessment was also discussed.
- On June 9-10, 2015, USF-FMHI subject matter expert, Mr. Jim Winarski conducted an on-site technical assistance training on Motivational Interviewing in Orange County.
- On July 20, 2015, all grantee counties were electronically sent the needs assessment for the new fiscal year (FY15-16). The TA Center has received needs assessments from all nine counties and initiated planning via telephone or email to all of the counties.
- On September 29, 2015, the TA Center organized and facilitated a conference call for all grantee counties on the "Principles, Practices and Implementation of Recovery-Oriented Care" conference call. Mr. Jim Winarski, TA Center staff and expert on Recovery-Oriented Care conducted the call. As previously stated, the topic was organized into four main areas: 1) Understanding the Concept: Recovery from Serious Mental Illness; 2) Evidence in Support of Recovery-Oriented Services; 3) What's Different About Recovery-Oriented Services?; and 4) Implementing Mental Health Services that Support Recovery: SAPT Recovery Implementation Tool. Presentation materials were emailed to all county contacts prior to the call, including a copy of the self-assessment/planning tool. Additionally, counties were provided a Q&A session with the subject matter expert. Updates on CJMHSA Reinvestment Grant and TA Center activities, forthcoming training opportunities, the distribution of the new fiscal years needs assessment, and the next quarterly call topic were also discussed during the call.
- On November 12, 2015, USF-FMHI subject matter expert, Dr. Roger Peters, conducted an on-site technical assistance training on Screening Tools in Collier County.

- On November 16, 2015, USF-FMHI subject matter expert, Mr. Jim Winarski, conducted an on-site technical assistance training on Motivational Interviewing for adolescents in Orange County, which the county named their top priority again this new fiscal year.
- On November 24, 2015, the TA Center facilitated a quarterly conference call on Risk-Need-Responsivity Model, which was led by Dr. Fred Osher, a nationally known psychiatrist from the Council of State Governments and an approved DCF subject matter expert with the Council of State Governments. The presentation was followed by a discussion of grantee questions. Additionally, updates on the grant and upcoming legislative report were discussed.
- On December 9, 2015, Mr. Mark Engelhardt and USF-FMHI subject matter expert, Dr. Scott Young, facilitated an on-site technical assistance training on grant development in Flagler County.
- On December 14, 2015, Mr. Mark Engelhardt was invited to be the keynote luncheon speaker on the “Sequential Intercept Mapping Model” at the Florida Smart Justice Summit in Sarasota. The audience included a cross-systems representation from law enforcement, the judiciary, courts, Department of Corrections, Dept. of Juvenile Justice, County Government, people in recovery, SAMH providers, Managing Entities and legislators.

### **Recommended and Suggested Strategies**

The following recommendations and strategies by USF-FMHI are independent and offered in the context of quality improvement:

#### **County Level Strategies**

- With a variety of county level models, it would be helpful to share information across counties and with the rest of the state. In 2016, it is recommended that the counties identify which Evidenced-based Practices or best practices they are implementing and if they are using “fidelity scales” to measure practice outcomes. USF-FMHI would be willing to develop a survey instrument.
- In order to assist other counties in planning, USF-FMHI would request a self-report or impact statement from those counties that have conducted a formal Sequential Intercept Mapping process and action plan to share with other counties.
- As a means of developing a sustainability plan, it is recommended that counties conduct an analysis of the funding sources for their program participants, including, grant funded, in-kind, Medicaid, Medicare, federal SAMH block grant and general revenue (DCF SAMH) through managing entities, and other sources of local funding.

#### **DCF – State Level strategies:**

- In an effort to improve the ability of counties to demonstrate cost avoidance, cost offset and cost effectiveness, we recommend that DCF SAMH Office convene a meeting or teleconference on methods of calculating cost savings for the state.
- As a matter of promoting active CJMHSA Planning Councils or Public Safety Coordinating Councils who have chosen to oversee the Reinvestment Grants, it is recommended that DCF request an updated strategic plan for each county.
- To ensure that there is no duplication of CIT training, it is recommended that DCF communicate with the Florida Sheriff’s Association (FSA) regarding which counties FSA plans on funding for CIT training in 2016.

- In order to sustain the programs after the third year, it is recommended that DCF SAMH Office require an updated “sustainability plan” from each of the grantee counties.

### **USF-FMHI CJMHSA TA Center Strategies**

- The TA Center will conduct an inventory of specialty courts within the nine CJMHSA Reinvestment Grant Counties, summarize the models being implemented and analyze number of people the various courts are able to serve on an annual basis.
- The TA Center, within available funding, intends to update its website, review other states’ Centers of Excellence for CJMHSA websites, and request updated de-identified data for the website from state agencies.
- In 2016, The TA Center plans to identify additional content experts, approved by DCF SAMH Program Office, who can assist in the demand for Sequential Intercept Mapping and national experts who provide TA for the counties through the quarterly calls.
- In an effort to improve the TA Center, faculty will continue to share best practices in training, TA and evaluation with other national CJMHSA Centers of Excellence.

### **Conclusion/Summary**

It is evident that all nine (9) CJMHSA Reinvestment Grant Counties are fully operational with well-developed programs in place. The common features in all programs are:

- 1.) Crisis Intervention Team (CIT) training
- 2.) Jail Diversion through basic screening or comprehensive assessment for co-occurring mental health and/or substance use disorders and risk of recidivism
- 3.) Case management as a core service, both intensive or linkage models, and
- 4.) Referrals to other services with an emphasis on outpatient treatment and supportive housing.

Several unique program features are in development through:

- 1.) Mental Health First Aid Training with law enforcement and the general public in Flagler, Seminole and Alachua counties.
- 2.) Targeted services to juvenile justice using wraparound service delivery in Orange and Duval counties
- 3.) Use of nationally recognized screening tools and models, such as “Risk-Need-Responsivity” (RNR).

There has been significant discussion in 2015 about conducting or “re-mapping” a Sequential Intercept Mapping (SIM) process in the counties. SIM is a cross-systems strategic planning process and action plan developed among local criminal justice, mental health, substance abuse and now healthcare systems. Lee, Lake, and Duval counties have chosen SIM as their top Technical Assistance priority for 2016 to update their strategic plans for jail diversion and implement recovery-oriented services. USF CJMHSA TA Center, which is trained by the National GAINS Center in SIM, will facilitate the mappings and concrete action planning.

As an overall observation, it is evident that counties value the oversight of the local CJMHSA Planning Councils or Public Safety Coordinating Councils. There is consensus that jail diversion for people with mental health and substance use disorders is a “Smart Justice” strategy in local communities with active involvement of law enforcement and the courts in all of the CJMHSA Reinvestment Grants. It is evident through on-site technical assistance visits and quarterly TA

calls that SAMH providers are interested in developing and implementing evidenced-based practices and programs. Lastly, the CJMHSA Reinvestment Grants have been the catalyst to change to improve treatment for persons with mental illness and/or co-occurring substance abuse involved with criminal justice systems.

For comments or clarification, please contact Mark Engelhardt at [mengelhardt@usf.edu](mailto:mengelhardt@usf.edu) or call 813-974-0769 or Jessica Mitchell at [jmitche6@usf.edu](mailto:jmitche6@usf.edu) (USF CJMHSA Technical Assistance Center).

Sponsored by the Department of Children and Families (DCF), Office of Substance Abuse and Mental Health.

**Appendix A. County Service Reports Summary per Reports on Services through 9/30/15<sup>3</sup>**

County	Grant Number	Begin Date	Service Target Description	PROGRAM YEAR 1 Completed			PROGRAM YEAR 2 In progress			PROGRAM LIFETIME Three-Years		
				Year 1 Target	Year 1 Actual	Year 1 Percentage	Year 2 Target	Year 2 Actual	Year 2 Percentage	Lifetime Target	Lifetime Actual	Lifetime Percentage
Flagler	LHZ38	4/1/2014	Persons Served	180	363	202%	300	207	69%	780	570	73%
			CIT Training Participants	100	156	156%	100	53	53%	300	209	70%
			MHFA Training Participants	100	114	114%	100	62	62%	300	176	59%
Lake	LHZ39	4/16/2014	Persons Screened	N/A	98	N/A	N/A	66	N/A	N/A	164	N/A
			Persons Admitted	50	46	92%	50	22	44%	150	68	45%
			CIT Training Participants	13	52	400%	13	12	92%	39	64	164%
Hillsborough	LHZ40	4/30/2014	Persons Served	750	1087	145%	750	755	101%	2250	1842	82%
			CIT Training Participants	200	434	217%	200	171	86%	600	605	101%
Seminole	LHZ41	5/16/2014	Persons Served	20	20	100%	30	25	83%	80	45	56%
			CIT Training Participants	25	48	192%	25	55	220%	75	103	137%
			MHFA Training Participants	15	26	173%	15	10	67%	45	36	80%

<sup>3</sup> Data from Duval and Seminole Counties are from the start date through October 2015.

County	Grant Number	Begin Date	Service Target Description	PROGRAM YEAR 1 Completed			PROGRAM YEAR 2 In progress			PROGRAM LIFETIME Three-Years		
				Year 1 Target	Year 1 Actual	Year 1 Percentage	Year 2 Target	Year 2 Actual	Year 2 Percentage	Lifetime Target	Lifetime Actual	Lifetime Percentage
			Program Evaluation	4	4	100%	4	2	50%	12	6	50%
Orange	LHZ42	4/30/2014	Persons Served	48	31	65%	48	20	42%	144	51	35%
			CIT Training Participants	288	183	64%	288	120	42%	864	303	35%
Duval	LHZ43	5/1/2014	Persons Served	200	156	78%	300	189	63%	900	345	38%
			CIT Training Participants	140	76	54%	140	112	80%	420	188	45%
Lee	LHZ44	4/28/2014	Persons Served	500	699	140%	500	390	78%	1500	1089	73%
Alachua	LHZ45	5/29/2014	Persons Screened	233	408	175%	233	264	113%	700	672	96%
			Persons Admitted	93	117	126%	93	72	77%	280	189	68%
			CIT Training Participants	60	77	128%	60	56	93%	180	133	74%
			MHFA Training Participants	46	100	217%	47	38	81%	140	138	99%
Collier	LHZ46	7/1/2014	Persons Screened	1200	3602	300%	1200	973	81%	3600	4575	127%
			Persons Admitted	90	120	133%	90	26	29%	270	146	54%
			CIT Training Participants	60	103	172%	60	18	30%	180	121	67%

### 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	Grant Award Expenses Reported as of 9/30/15*	Match Funds Expenses Reported as of 9/30/15*
Alachua	LHZ45	05/29/14	03/31/17	\$ 1,200,000.00	\$ 1,258,530.01	\$ 505,471.39	\$ 427,311.97
Collier	LHZ46	07/01/14	06/30/17	\$ 853,316.71	\$ 859,733.15	\$ 211,103.96	\$ 297,598.88
Duval	LHZ43	05/01/14	03/31/17	\$ 1,200,000.00	\$ 1,200,000.00	\$ 198,491.64	\$ 387,384.70
Flagler	LHZ38	04/01/14	03/31/17	\$ 1,200,000.00	\$ 1,200,000.00	\$ 515,301.18	\$ 160,862.95
Hillsborough	LHZ40	04/30/14	03/31/17	\$ 1,184,902.00	\$ 1,200,000.00	\$ 431,852.51	\$ 701,565.30
Lake	LHZ39	04/16/14	03/31/17	\$ 1,200,000.00	\$ 1,200,000.00	\$ 489,897.28	\$ 528,713.01
Lee	LHZ44	04/28/14	03/31/17	\$ 747,457.88	\$ 1,611,820.57	\$ 427,489.00	\$ 536,505.90
Orange	LHZ42	04/30/14	03/31/17	\$ 1,193,880.00	\$ 1,695,802.00	\$ 303,267.35	\$ 767,886.14
Seminole	LHZ41	05/16/14	04/30/17	\$ 944,968.41	\$ 944,968.41	\$ 415,981.20	\$ 277,319.18
<b>GRANT TOTALS</b>				<b>\$ 9,724,525.00</b>	<b>\$ 11,170,854.14</b>	<b>\$ 3,498,855.51</b>	<b>\$ 4,085,148.03</b>
<b>Technical Assistance Center Contract</b>							
USF / FMHI TAC	LHZ45	12/13/13	06/30/16	\$ 600,000.00	N/A	\$ 282,952.00	N/A
<b>PROGRAM TOTALS</b>				<b>\$ 10,324,525.00</b>	<b>\$ 11,170,854.14</b>	<b>\$ 3,781,807.51</b>	<b>\$ 4,085,148.03</b>
<p><b>*Counties report grant expenses and match quarterly based upon actual disbursements. Typically, county accounting procedures create a lag in quarterly reporting. USF/FMHI TA center 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 9/30/15.</b></p>							

## **Appendix C. Grantee Historical 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 and jails 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 and improve their system of care.

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 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 cumulative progress of these 9 grantee counties through September 30, 2015 and TA Center grant activities for the 2015 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

<b>County Grantee</b>	<b>Grant Agreement #</b>	<b>Begin Date</b>	<b>End Date</b>
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	LHZ08	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	5/1/2014	4/30/2017
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

<b>County Grantee</b>	<b>Grant Agreement #</b>	<b>Begin Date</b>	<b>End Date</b>
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