



FY2017-18  
Annual Report  
on the  
Criminal Justice, Mental Health,  
and Substance Abuse  
Reinvestment Grant Program

July 1, 2017 – June 30, 2018

Submitted by:

The Criminal Justice, Mental Health, and  
Substance Abuse Technical Assistance Center

Department of Mental Health Law and Policy  
Louis de la Parte Florida Mental Health Institute  
College of Behavioral & Community Sciences  
University of South Florida

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## EXECUTIVE SUMMARY

The Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center (herein referred to as CJMHTSA TAC), as required in Section 394.659, F.S., is pleased to present our FY2017-18 Annual Report to the Governor, the President of the Senate, and the Speaker of the House of Representatives. The CJMHTSA TAC is housed in the Florida Mental Health Institute (FMHI) at the University of South Florida (USF). FMHI is also part of USF's College of Behavioral and Community Sciences and encompasses the college's Department of Mental Health Law and Policy. Section 394.659, F.S., mandates the CJMHTSA TAC to provide technical assistance to reinvestment grantees and the Department of Children and Families. Additionally, the CJMHTSA TAC is required to submit an annual report. The report includes the following elements as specified by Florida Statute:

### Annual Legislative Report

- Detailed description of the progress made by each grantee in meeting goals described in their application.
- Description of the effect the grant's initiatives have had on meeting the needs of adults and juveniles who have a mental illness, substance use disorder, or co-occurring disorder, thereby reducing the number of forensic commitments to state mental health treatment facilities.
- Summary of the effect of the grant on the growth and expenditures of the jail, juvenile detention center and prison.
- Summary of the initiative's effect on the availability and accessibility of effective community-based mental health and substance abuse services for adults and juvenile who have a mental illness, substance abuse disorder, or co-occurring disorder. The summary shall describe how the expanded community diversion alternatives have reduced incarceration and commitments to state mental health treatment facilities.
- 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.

In addition, the CJMHTSA TAC contract with the Department of Children and Families requires the following details:

- Common Program features and models across grantee counties.
- Results of satisfaction surveys completed by grantees receiving formal technical assistance site visits during prior fiscal year.
- Recommendations and suggested strategies for furthering the development of the CJMHTSA TAC and grant program.
- Summary of all CJMHTSA TAC provided during the prior fiscal year.

This report covers Fiscal Year 2017-18 including activities provided by eight planning grantees and 19 implementation/expansion grantees. Each grant operates on a project-specific grant period, defines its specific target population, and provides a scope of service unique to the county's strategic planning

initiative. The information presented is self-reported and extracted from grantee applications, grantee contracts, and grantee quarterly progress reports. Information for each grantee is organized and presented in the same manner and order. An overview of each grantee's program is provided along with narratives to address contractually and legislatively required report elements.

The primary goal of the planning grants is to develop a community-wide strategic plan for the target population, implementation/expansion grants have a myriad of objectives that they are working toward. The main goal of the implementation/expansion grants is to divert adults/juveniles who have a history of criminal/juvenile justice involvement and mental health and/or substance use issues away from the criminal/juvenile justice system and state mental health treatment facilities into community-based treatment. Implementation/expansion grant objectives vary somewhat; however, generally, they include implementing diversion initiatives, collaborating with key stakeholders, and increasing access to coordinated care, person-centered treatment, and recovery support services. Several of the implementation/expansion grants are extensions and/or enhancements of prior CJMHTA grants. These include: Duval County/City of Jacksonville, Collier County, Lee County, LifeStream Behavioral Center (Lake County), Martin County, Meridian Behavioral Healthcare (Alachua and Bradford Counties), Orange County, and Seminole County.

- Eight planning grants reported achieving their proposed goals and objectives. Objectives included a completing a community needs assessment, executing agreements with partners, developing a Workforce Development Plan, and a Strategic Plan.
- Thirteen implementation/expansion grant programs have completed between one and two years of operation and have made considerable progress toward achieving their goals (RFA06H16GS1).
- Six implementation/expansion grants have been operational for one year and are on target to achieve their goals (RFA03H17GN2).

Implementation/expansion grantees are required to collect and report data addressing a set of performance measures (grantees set their targets).

- Of the 19 implementation/expansion grantees, nine attained their target for each performance measure where data was available and reported. This group includes Hillsborough County (LHZ49), Hillsborough County (LHZ69), Lee County, Martin County, Meridian Behavioral Healthcare (Alachua/Bradford Counties), Polk County, Seminole County, SEFBHN (Indian River County), and SEFBHN (Okeechobee County).
- Six implementation/expansion grantees attained all but one performance measure target (for measures where data was available and reported). This group includes Centerstone of Florida (Sarasota County), Collier County, Kids Hope Alliance (Duval County/City of Jacksonville), Miami-Dade, Pinellas County, Stewart Marchman Act Behavioral Healthcare (Putnam County).
- Four implementation/expansion grantees did not attain targets on more than one performance measure (for measures where data was available and reported). This group includes Guidance/Care Center (Monroe County), LifeStream Behavioral Center (Lake County), Operation PAR (Pinellas County), and Orange County.

Additional details regarding the grant-funded programs and progress toward their objectives and performance measures are provided in the grantee profiles in this report.

## GRANTEE OVERVIEW

- **2017-18 Planning Grantees**
  - BayCare Behavioral Health (Pasco County)
  - Broward Behavioral Health Coalition (Broward County)
  - Hanley Center Foundation (Hendry County)
  - Hanley Center Foundation (Putnam County)
  - LSF Health Systems (Hernando County)
  - SMA Behavioral Healthcare (Flagler County)
  - SMA Behavioral Healthcare (St. Johns County)
- **2017-2020 Implementation/Expansion Grantees**
  - Centerstone of Florida (Sarasota County)
  - Collier County BOCC
  - Guidance/Care Center (Monroe County)
  - Hillsborough County BOCC (LHZ49)
  - Kids Hope Alliance (Duval County/City of Jacksonville)
  - Lee County BOCC
  - LifeStream Behavioral Center (Lake County)
  - Martin County BOCC
  - Meridian Behavioral Healthcare (Alachua and Bradford Counties)
  - Miami-Dade County
  - Orange County BOCC
  - Pinellas County BOCC
  - Polk County BOCC
  - Southeast Florida Behavioral Health Network (Indian River County)
- **2017-18 Planning Grantees**
  - LSF Health Systems (Hernando County)
- **2017-2020 Implementation/Expansion Grantees**
  - Hillsborough County BOCC (LHZ69)
  - Operation PAR (Pinellas County)
  - Seminole County BOCC
  - Southeast Florida Behavioral Health Network (Okeechobee County)
  - Stewart Marchman Act Behavioral Healthcare (Putnam County)

**TARGET POPULATIONS SERVED**

Grantee * Denotes planning grants	Target Population
Broward Behavioral Health Coalition *	12-21 year olds
Kids Hope Alliance (Duval County/City of Jacksonville)	13-15 year olds
Hanley Center Foundation (Hendry County) * Hanley Center Foundation (Putnam County) *	12-18 year olds
Orange County BOCC	Under the age of 16
SMA Behavioral Healthcare (Flagler County) *	Under the age of 18
LSF Health Systems (Hernando County) *	Juveniles
Seminole County BOCC Martin County BOCC Guidance/Care Center	Adults and Juveniles
BayCare Behavioral Health (Pasco County) *	Female adults
Centerstone of Florida (Sarasota County) Collier County BOCC Hillsborough County BOCC (LHZ49) Hillsborough County BOCC (LHZ69) Lee County BOCC LifeStream Behavioral Center (Lake County) LSF Health Systems (Hernando County) Meridian Behavioral Health (Alachua/Bradford Counties) Miami-Dade County Operation PAR Pinellas County BOCC Polk County BOCC SMA Behavioral Healthcare (St. Johns County) * Southeast Florida Behavioral Health Network (Indian River County) Southeast Florida Behavioral Health Network (Okeechobee County) SMA Behavioral Healthcare (Putnam County)	Adults 18 and over



### PROGRESS MADE BY EACH GRANTEE IN MEETING THE GOALS DESCRIBED IN THEIR APPLICATION

Grantee applications, contracts, and quarterly reports are the sources from which information and data presented in this report originate. All grantees report success in achieving their goals or making progress toward their goals.

### EFFECT THE GRANT-FUNDED INITIATIVES HAVE HAD ON MEETING THE NEEDS OF ADULTS AND JUVENILES WHO HAVE A MENTAL ILLNESS, SUBSTANCE USE DISORDER, OR CO-OCCURRING MENTAL HEALTH AND SUBSTANCE USE DISORDER, THEREBY REDUCING THE NUMBER OF FORENSIC COMMITMENTS TO STATE MENTAL HEALTH TREATMENT FACILITIES.

Four implementation/expansion grantees reported diverting 100 percent of individuals who would have been eligible for admittance into a state mental health treatment facility.

- Guidance/Care Center (Monroe), Hillsborough County (LHZ49), Polk County, and SEFBHN (Okeechobee) reported diversions for all participants who would have been eligible for admittance into a state mental health treatment facility during the program year.

Four grantees reported varying levels of successful diversion.

- Martin County (99%), Meridian (Alachua/Bradford) (50%), and SEFBHN (Indian River) (50%), and Centerstone of Florida (Sarasota) (98%).

Four grantees reported no diversions because participants were not at risk for forensic commitment to a state mental health treatment facility.

- Hillsborough County (LHZ69), LifeStream (Lake), Operation PAR (Pinellas), and Pinellas County.

Four grantees reported no diversions because the measure is not applicable for the target population or not included as a grantee performance measure.

- Collier County, Kids Hope Alliance (Duval County/City of Jacksonville), Orange County, and Lee County

Not all grant-funded programs specifically target individuals who likely would be eligible for forensic commitment to a state mental health treatment facility pursuant to Chapter 916, F.S. Early intervention programs, some jail diversion programs, and those that serve juvenile populations do not necessarily serve persons who may be subject to forensic commitment. For example, Orange County and Kids Hope Alliance (Duval County/City of Jacksonville) serve a juvenile population (aged 13-15 years) and Lee County's program is a front-end, triage program and does not report on this measure. Collier County reports this measure as not applicable to their grant program.

### EFFECT OF THE GRANT PROGRAM ON THE GROWTH AND EXPENDITURES OF THE JAIL, JUVENILE DETENTION CENTER, AND PRISON.

The impact on the growth and expenditures of jails, detention centers, and prisons reported by the grantees is described as cost avoidance through a reduction in the number of individuals detained in county jails and increased access to services rather than in specific dollar amounts of documented savings. Overall, grantees report program participants received increased services in the communities rather than in jails and detention centers and, for those individuals detained in jails, the length of stay is shortened as a result of these grant-funded programs. Grantees' description of the positive impact their programs are having on the jail or detention population through a reduction in arrests, shorter jail stays, increased access to treatment, and increased diversion efforts are discussed in the grantees' program profiles.

### 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 DISORDER, INCLUDING THE IMPACT OF EXPANDED COMMUNITY DIVERSION ALTERNATIVES HAVE HAD ON REDUCING INCARCERATION AND COMMITMENTS TO STATE MENTAL HEALTH TREATMENT FACILITIES.

The nineteen active implementation/expansion grant programs have served 3,277 individuals since program inception (2017). More than three thousand individuals have increased access to triage services, screening and assessment, outpatient and inpatient treatment, transportation, housing, transition planning, and specialized court dockets.

The table below provides an overview of the number of individuals served and the number of individuals who participated in Crisis Intervention Team Training (CIT) in the grant-funded programs. Note that the number of individuals served varies by the model implemented and the scope of the grant-funded programs. Some program models provide intense services to a small number of individuals while other programs may provide screening and assessment services to a greater number of individuals. The grant-funded programs include a range of models, employ a variety of evidence-based and best practices, and serve the number of individuals best suited for their programs.

**Number Served – Program Lifetime**

<b>Implementation/Expansion Grantees</b>	<b>Number Served Program Lifetime</b>	<b>CIT Training Program Lifetime</b>	<b>MHFA Training Program Lifetime</b>
Centerstone of Florida (Sarasota County)	107	135	45
Collier County BOCC	126	109	-
Guidance/Care Center (Monroe County)	79	-	-
Hillsborough County BOCC (LHZ49)	50	-	-
Hillsborough County BOCC (LHZ69)	24	-	-
Kids Hope Alliance (Duval County/City of Jacksonville)	664	-	86
Lee County BOCC	986	131	-
LifeStream Behavioral Center (Lake County)	82	95	67
Martin County BOCC	87	79	-
Meridian Behavioral Healthcare (Alachua and Bradford Counties)	368	119	162
Miami-Dade County	154	-	-
Operation PAR (Pinellas County)	40	-	-
Orange County BOCC (# served=juveniles and their families)	53	90	-
Pinellas County BOCC	59	-	-
Polk County BOCC	59	-	3
Seminole County BOCC (# served=adults only; juveniles will be served in year two)	18	29	-
Stewart Marchman Act Behavioral Healthcare (Putnam County)	115	2	-
Southeast Florida Behavioral Health Network (Indian River County)	191	25	-
Southeast Florida Behavioral Health Network (Okeechobee County)	14	3	-
<b>Total Served</b>	<b>3,232</b>	<b>817</b>	<b>363</b>

### HOW THE LOCAL MATCHING FUNDS PROVIDED BY THE COUNTIES LEVERAGED ADDITIONAL FUNDING TO FURTHER THE GOALS OF THE GRANT PROGRAM.

The matching funds primarily support provider services, such as screening, triage, case management, law enforcement participation in CIT training, building occupancy and other operational costs. Additional details regarding utilization of matching funds are provided in the grantee profiles in this report.

### CJMHS A TAC ACTIVITIES

The report provides detailed information on the technical assistance activities of the CJMHS A TAC at the University of South Florida. During FY2017-18, the CJMHS A TAC provided individualized, on-site technical assistance as requested by applicants as well as grantees. For grantees, needs and priorities were identified through a CJMHS A TAC Technical Assistance Needs Assessment Survey administered to each grantee upon contract execution and again at the beginning of each subsequent fiscal year. Technical assistance was provided to grantees through on-site visits, webinars, conference calls, and electronic communications. The most frequently administered technical assistance was Sequential Intercept Mapping (strategic planning). Quarterly webinar topics included Best Practices in Co-occurring Disorders, Early Intervention in Psychosis, and Legal Issues in Information Sharing between Behavioral Health and Criminal Justice Systems.

## PLANNING GRANTS

This section of the report provides profiles of the eight one-year planning grants.

### BAYCARE BEHAVIORAL HEALTH (PASCO COUNTY)

BayCare's planning grant for Pasco County began February 1, 2017 and ended January 31, 2018.

#### *Target Population*

The target population was individuals aged 18 years or older with substance use disorders, with a focus on females, who were at risk of entering the criminal justice system.

#### *Goals/Objectives*

The overall objective of this planning grant was to develop a strategic plan through key stakeholder collaboration in Pasco County. The strategic plan should have identified methods to increase public safety, avert increased spending on criminal justice, and improve the accessibility and effectiveness of treatment services for persons who have a mental illness, substance abuse disorder, and/or co-occurring disorder who were in, or at risk of entering, the criminal justice system.

BayCare's goal was to develop a plan to divert individuals, particularly females, with high-risk factors associated with possible criminal behavior away from the criminal justice system and into community-based treatment. In addition to substance use and mental health disorders, risk factors also included homelessness, unstable living environments, unemployment, victims of abuse, trauma, end of sentence or jail reentry consumers, and prior criminal history.

#### *Overall Grant Award*

- Total amount awarded: \$50,000 (one year)

#### *Performance Measures*

Outcome data for the performance measures reflect progress through January 31, 2018 (end of contract).

- Measure: 100 percent completion of the **needs assessment** and **identification of the target population** within 90 days of contract execution.
  - April 30, 2017: needs assessment completed
  - The target population was narrowed from adults with an emphasis on females, to females with substance use and/or co-occurring disorders in or at risk of entering the criminal justice system.
- Measure: 100 percent of formal partnerships established, as evidenced **by legally binding agreements**, with a minimum of three agencies within 180 days of contract execution
  - By August 15, 2017, BayCare executed Memoranda of Understanding (MOUs) with Pasco County Transportation, Pasco County Sheriff's Office, the Public Defender of the Sixth Judicial Circuit, and Central Florida Behavioral Health Network (managing entity).

- Measure: 100 percent completion of the **Workforce Development Plan** within 270 days of contract execution
  - October 17, 2017: the Workforce Development Plan completed
- Measure: 100 percent completion of the Strategic Plan within 365 days of contract execution
  - January 31, 2018: the Strategic Plan completed

*Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison*

Not applicable as the grant is not supporting a program or direct services.

*Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Commitments to State Mental Health Treatment Facilities*

Not applicable as the grant is not supporting a program or direct services.

*Summary of How Local Matching Funds Leveraged Additional Funding to Further the Goals of the Reinvestment Grant Program*

As of January 31, 2018, BayCare expended/leveraged \$49,565 or approximately 99.1 percent of the one-year match commitment for their CJMHS A Reinvestment grant. Matching funds and in-kind services provided by the Public Defender's Office supported attendance at steering committee meetings and engagement in activities at the subcommittee level.

### **BROWARD BEHAVIORAL HEALTH COALITION (BROWARD COUNTY)**

Broward Behavioral Health Coalition's (BBHC) planning grant for Broward County began March 1, 2017 and ended February 28, 2018.

#### *Target Population*

- The target population *as identified in the contract* was youth and young adults aged 12-to-21 with a primary mental health, substance use, and/or co-occurring mental health and substance use disorder who were in, or at risk of entering, the criminal or juvenile justice systems.
- In the quarterly report, the grantee reported that they chose to focus on a more specific target population. The target population *as identified in the quarterly reports* was "youth and young adults who had been residentially committed and/or released back into the community from a residential treatment facility."

#### *Goals/Objectives*

The major objective of the grant was to submit a strategic plan through key stakeholder collaboration in Broward County. The plan should have identified ways to increase public safety, avert increased spending on criminal justice, and improve the accessibility and effectiveness of treatment services for persons who have a mental illness, substance use disorder, and/or co-occurring mental health and substance use disorder and who were in, or at risk of entering, the criminal or juvenile justice systems.

*Overall Grant Award*

- Total award amount: \$100,000 (one year)

*Performance Measure*

The outcomes listed below reflect progress through February 28, 2018 (Year 1, Quarter 4).

- Measure: 100 percent completion of the **Needs Assessment** and identification of the **target population** within 90 days of execution of the grant agreement.
  - May 11, 2017: Target population identified
  - May 31, 2017: Needs assessment completed
- Measure: 100 percent of **formal partnerships** established, as evidenced by legally binding agreements, with a minimum of three agencies within 180 days of execution of the final grant agreement.
  - June 30, 2016: Data sharing agreement was executed between BBHC, Children’s Services Council of Broward, ChildNet, United Way, SOS Children’s Village, JAFCP, 4Kids, FLITE to support the youth Transition to Independent Living System of Care Initiative
  - April 17, 2017: MOU between BBHC, DCF SAMH, and ChildNet established consumer outcome improving partnerships and communication and data sharing protocols between BBHC and subcontractors serving child welfare-involved families through their Family Engagement Program
  - In progress: Education and data sharing agreement between BBHC, DJJ, School Board of Broward County, Career Source Broward, ADP, ChildNet, and DCF
- Measure: 100 percent completion of determining the methodology for **data sharing** and report among partners within 270 days of contract execution.
  - September 2017: BYRC developed a consumer-centered data sharing model as a cooperative agreement with the Children’s Services Council (CSC). The data sharing model was a grant project awarded to CSC for technical assistance and training to develop an integrated data system for the Broward County System of Care.
- Measure: 100 percent completion of the **Strategic Plan** within 365 days of execution of the final grant agreement.
  - February 28, 2018: Strategic plan submitted to DCF SAMH

*The Effect of the CJMHS A Reinvestment Grant Program on Reducing Forensic Commitments through Meeting the Needs of Individuals*

Not applicable as the grantee is not supporting a program or direct services.

*Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison*

Not applicable as the grantee is not supporting a program or direct services.

*Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Commitments to State Mental Health Treatment Facilities*

Not applicable as the grantee is not supporting a program or direct services.

*Summary of How Local Matching Funds Leveraged Additional Funding to Further the Goals of the Reinvestment Grant Program*

As of February 28, 2018, BBHC has expended/leveraged \$55,217 or 54.6 percent of the one-year match commitment. Broward Behavioral Health Coalition utilized match funds to increase their workforce development activities and training initiatives.

**HANLEY CENTER FOUNDATION (HENDRY COUNTY)**

The Hanley Center Foundation's planning grant for Hendry County began February 1, 2017 and ended January 31, 2018.

*Target Population*

- The target population, *as identified in the contract*, was youth and young adults aged 12-to-21 who had a mental health, substance use, and/or co-occurring mental health and substance use disorder who were involved in, or at risk of entering, the criminal or juvenile justice systems.
- The target population, *as identified in quarterly reports*, was 12-to-18 year-olds with behavioral health problems who were involved with, or at risk of entering the juvenile justice or criminal justice systems.

*Goals/Objectives*

The major objective of the grant was to submit a strategic plan incorporating key stakeholder collaboration in Hendry County. The plan should have identified ways to increase public safety, avert increased spending on criminal justice, and improve the accessibility and effectiveness of treatment services for persons who have a mental illness, substance use disorder, and/or co-occurring mental health and substance use disorder and who are in, or at risk of entering, the criminal justice system.

*Overall Grant Award*

- Total award amount: \$100,000 (one year)

*Performance Measure*

The outcomes listed below reflect progress through January 31, 2018 (Year 1, Quarter 4).

- Measure: 100 percent completion of the **Needs Assessment** and identification of **the target population** within 90 days of execution of the grant agreement.
  - April 27, 2017: Needs assessment completed
  - April 27, 2017: Target population identified



- Measure: 100 percent of **formal partnerships** established, as evidenced by legally binding agreements, with a minimum of three agencies within 180 days of execution of the final grant agreement.
  - July 7, 2017: MOU executed with the Hendry County Sheriff's Office
  - July 18, 2017: MOU executed with the Department of Juvenile Justice
  - July 20, 2017: MOU executed with the Public Defender's Office of the Twentieth Judicial Circuit
- Measure: 100 percent completion of determining the methodology for **data sharing** and report among partners within 270 days of contract execution
  - The Sequential Intercept Mapping was conducted on October 20, 2017 and finalized on November 9, 2017. The communication plan was completed on October 20, 2017.
- Measure: 100 percent completion of the **Strategic Plan** within 365 days of execution of the final grant agreement.
  - January 18, 2018: Strategic plan finalized and approved by PSCC

*The Effect of the CJMHSAs Reinvestment Grant Program on Reducing Forensic Commitments through Meeting the Needs of Individuals*

Not applicable as the grantee is not supporting a program or direct services.

*Summary of the Effect of the CJMHSAs Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison*

Not applicable as the grantee is not supporting a program or direct services.

*Summary of the Effect of the CJMHSAs Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Commitments to State Mental Health Treatment Facilities*

Not applicable as the grantee is not supporting a program or direct services.

*Summary of How Local Matching Funds Leveraged Additional Funding to Further the Goals of the Reinvestment Grant Program*

As of January 31, 2018, Hanley Center Foundation has expended/leveraged \$100,100 or 200.2 percent of the one-year match commitment. Hanley Center's match funds for their Hendry County planning grant provided personnel support to document and track activities. Planning Council members' time and participation as well as facility operating expenses were other sources of match.

**HANLEY CENTER FOUNDATION (PUTNAM COUNTY)**

Hanley Center Foundation's planning grant for Putnam County began February 1, 2017 and ended January 31, 2018.

### *Target Population*

The target population, as stated in the application, was individuals aged 12 through 21 years with substance use, mental health, and/or co-occurring disorders who were at risk of involvement in or already involved in the juvenile or criminal justice systems. Putnam County Public Safety Coordinating Council and the Hanley Center Foundation narrowed the target population to youth aged 12-to-18 who were engaged with, or at risk of entering the juvenile or criminal justice systems and who had behavioral health concerns.

### *Goals/Objectives*

The overall objective of this planning grant was to develop a strategic plan through key stakeholder collaboration in the service area. The strategic plan should have identified methods to increase public safety, avert increased spending on criminal justice, and improve the accessibility and effectiveness of treatment services for persons who have a mental illness, substance abuse disorder, and/or co-occurring disorder who are in, or at risk of entering, the criminal justice system.

### *Overall Grant Award*

- Total amount awarded: \$100,000 (one year)

### *Performance Measures*

Outcome data for the performance measures reflect progress through January 31, 2018 (end of contract).

- Measure: 100 percent completion of the **needs assessment and identification of the target population** within 90 days of contract execution.
  - April 20, 2017: Needs Assessment completed
  - March 8, 2017: The target population narrowed slightly from individuals aged 12-to-21 to youth aged 12-to-18 with behavioral health issues who were in or at risk of entering the juvenile or criminal justice systems.
- Measure: 100 percent of formal partnerships established, as evidenced by **legally binding agreements**, with a minimum of three agencies within 180 days of contract execution
  - By July 21, 2017, the Hanley Center Foundation executed Memoranda of Understanding (MOUs) with six entities (The Children’s Home Society, Community Partnership for Children, Welaka Police Department, Putnam County Sheriff’s Office, Seventh Judicial Circuit Office of the Public Defender, and Seventh Judicial Circuit Office of the State Attorney).
- Measure: 100 percent completion of determining the methodology for **data sharing and reporting** among partners within 270 days of grant execution (per section E-1.3 of the contract)
  - The grantee reported that the Sequential Intercept Mapping and communication plan was conducted on September 22, 2017.
- Measure: 100 percent completion of the **strategic plan** within 365 days of contract execution
  - January 4, 2018: Strategic Plan approved

*Summary of the Effect of the CJMHSA Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison*

Not applicable as the grant is not supporting a program or direct services.

*Summary of the Effect of the CJMHSA Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Commitments to State Mental Health Treatment Facilities*

Not applicable as the grant is not supporting a program or direct services.

*Summary of How Local Matching Funds Leveraged Additional Funding to Further the Goals of the Reinvestment Grant Program*

As of January 31, 2018, the Hanley Center Foundation expended/leveraged \$100,000 or 200 percent of the one-year match commitment for their Putnam County CJMHSA Reinvestment grant. Hanley Center's match funds were utilized for personnel who provided support and documented grant activities. Planning Council members' time and participation as well as facility operating expenses were other sources of match.

**LUTHERAN SERVICES FLORIDA (LSF) HEALTH SYSTEMS (HERNANDO COUNTY)**

LSF Health Systems' planning grant for Hernando County began February 2, 2017 and ended January 31, 2018.

*Target Population*

The target population included adults (18 years and older) with mental health, substance use, and/or co-occurring disorders who were in or at risk of entering the criminal justice system.

*Goals/Objectives*

The overall objective of this planning grant was to develop a strategic plan through key stakeholder collaboration in the service area. The strategic plan should have identified methods to increase public safety, avert increased spending on criminal justice, and improve the accessibility and effectiveness of treatment services for persons who have a mental illness, substance abuse disorder, and/or co-occurring disorder who are in, or at risk of entering, the criminal justice system.

*Overall Grant Award*

- Total amount awarded: \$58,312 (one year)

*Performance Measures*

Outcome data for the performance measures reflect progress through January 31, 2018 (end of contract).

- Measure: 100 percent completion of the **needs assessment and identification of the target population** within 90 days of contract execution.

- April 28, 2017: Needs Assessment completed
- April 28, 2017: Target population identified and confirmed
- Measure: 100 percent of formal partnerships established, as evidenced by **legally binding agreements**, with a minimum of three agencies within 180 days of contract execution
  - By July 31, 2017, LSF Health Systems executed Memoranda of Understanding (MOUs) with four entities: Mid-Florida Homeless Coalition, Springbrook Hospital, BayCare Behavioral Health, and LifeStream Behavioral Center. An MOU with the Hernando County Sheriff's Office is in the process of being executed.
- Measure: 100 percent completion of determining the methodology for **data sharing and reporting** among partners within 270 days of grant execution (per E-1.3 of the contract).
  - Per the grantee's final quarterly report, E-1.3 relates to the development of a workforce development plan and, for this performance measure, the grantee reports that the workforce development plan was part of their strategic plan document.
- Measure: 100 percent completion of the **strategic plan** within 365 days of contract execution
  - January 9, 2018: Strategic Plan completed and approved by the Public Safety Coordinating Council

*Summary of the Effect of the CJMHSAC Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison*

Not applicable as the grant is not supporting a program or direct services.

*Summary of the Effect of the CJMHSAC Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Commitments to State Mental Health Treatment Facilities*

Not applicable as the grant is not supporting a program or direct services.

*Summary of How Local Matching Funds Leveraged Additional Funding to Further the Goals of the Reinvestment Grant Program*

As of January 31, 2018, LSF Health Systems expended/leveraged \$51,738 or 88.7 percent of the one-year match commitment for their CJMHSAC Reinvestment grant.

**LUTHERAN SERVICES FLORIDA (LSF) HEALTH SYSTEMS (HERNANDO COUNTY)**

LSF Health Systems' juvenile planning grant for Hernando County began November 9, 2017.

*Target Population*

The target population includes juveniles, aged 17 years and younger, with a mental health illness, substance use, or co-occurring disorder who are in or at risk of entering the juvenile justice system.

*Goals/Objectives*

The overall objective of this planning grant is to develop a strategic plan through key stakeholder collaboration in the service area. The strategic plan should identify methods to increase public safety,

avert increased spending on criminal justice, and improve the accessibility and effectiveness of treatment services for persons who have a mental illness, substance abuse disorder, or co-occurring disorder who are in, or at risk of entering, the juvenile or criminal justice systems.

*Overall Grant Award*

- Total amount awarded: \$100,000 (one year)

*Performance Measures*

Outcome data for the performance measures reflect progress through April 30, 2018 (Year 1, Quarter 2).

- Measure: 100 percent completion of the **Needs Assessment and identification of the target population** within 90 days of contract execution.
  - January 31, 2018: Needs assessment was completed
  - January 31, 2018: Target population was identified and confirmed
- Measure: 100 percent of formal partnerships established, as evidenced by legally binding **agreements**, with a minimum of three agencies within 180 days of contract execution
  - April 27, 2018: three MOUs were in place and two were in progress
- Measure: 100 percent completion of determining the methodology for **data sharing** and reporting among partners within 270 days of grant execution
  - In progress
- Measure: 100 percent completion of a **strategic plan** within 365 days of contract execution
  - In progress.

*Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison*

Not applicable as the grant is not supporting a program or direct services.

*Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Commitments to State Mental Health Treatment Facilities*

Not applicable as the grant is not supporting a program or direct services.

*Summary of How Local Matching Funds Leveraged Additional Funding to Further the Goals of the Reinvestment Grant Program*

As of April 30, 2018, LSF Health Systems expended/leveraged \$48271.53 or approximately 48.3 percent of the one-year match commitment for their CJMHS A Reinvestment grant.

**STEWART MARCHMAN ACT (SMA) BEHAVIORAL HEALTHCARE (FLAGLER COUNTY)**

SMA Behavioral Healthcare’s planning grant for Flagler County began February 15, 2017 and ended January 31, 2018.

### *Target Population*

The target population included youth, 18 years and younger, with mental health, substance use, and/or co-occurring disorders who were in or at risk of entering the juvenile or criminal justice systems.

### *Goals/Objectives*

The overall objective of this planning grant was to develop a strategic plan through key stakeholder collaboration in the service area. The strategic plan should have identified methods to increase public safety, avert increased spending on criminal justice, and improve the accessibility and effectiveness of treatment services for persons who have a mental illness, substance abuse disorder, or co-occurring disorder who are in, or at risk of entering, the juvenile or criminal justice systems.

### *Overall Grant Award*

- Total amount awarded: \$71,023 (one year)

### *Performance Measures*

Outcome data for the performance measures reflect progress through January 31, 2018 (end of contract).

- Measure: 100 percent completion of the **needs assessment and identification of the target population** within 90 days of contract execution.
  - April 12, 2017: Needs Assessment completed
  - April 2, 2017: Target population was identified at the planning committee meeting (note, the target population was refined after the Sequential Intercept Mapping that was conducted on May 1, 2017)
- Measure: 100 percent of formal partnerships established, as evidenced by **legally binding agreements**, with a minimum of three agencies within 180 days of contract execution
  - SMA Behavioral Healthcare executed Memoranda of Understanding (MOUs) with six entities: Flagler Schools, Flagler Cares, Halifax Health, The House Next Door, and Flagler County, and Flagler County Public Safety Coordinating Council.
- Measure: 100 percent completion of determining the methodology for **data sharing and reporting** among partners within 270 days of grant execution
  - July 31, 2017: Data sharing methodology completed
  - October 2, 2017: Methodology presented to and approved by the planning committee
- Measure: 100 percent completion of the **strategic plan** within 365 days of contract execution
  - November 8, 2017: Strategic Plan completed and approved by the Public Safety Coordinating Council

### *Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison*

Not applicable as the grant is not supporting a program or direct services.

*Summary of the Effect of the CJMHSA Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Commitments to State Mental Health Treatment Facilities*

Not applicable as the grant is not supporting a program or direct services.

*Summary of How Local Matching Funds Leveraged Additional Funding to Further the Goals of the Reinvestment Grant Program*

As of January 31, 2018, SMA Behavioral Healthcare expended/leveraged \$67,895 or 80.5 percent of the one-year match commitment for their CJMHSA Reinvestment grant. Matching funds facilitated the assessment and planning process for the grantee and led to active engagement of community leaders and staff from Flagler Schools, Flagler Cares, Halifax Health, The House Next Door, and Flagler County.

**STEWART MARCHMAN ACT (SMA) BEHAVIORAL HEALTHCARE (ST. JOHNS COUNTY)**

SMA Behavioral Healthcare's planning grant for St. Johns County began February 17, 2017 and ended January 31, 2018.

*Target Population*

The target population included adults residing in St. Johns County who had a severe mental illness and/or addictive disease and who were involved in or at risk of involvement in the criminal justice system.

*Goals/Objectives*

The overall objective of this planning grant was to develop a strategic plan through key stakeholder collaboration in the service area. The strategic plan should have identified methods to increase public safety, avert increased spending on criminal justice, and improve the accessibility and effectiveness of treatment services for persons who have a mental illness, substance abuse disorder, and/or co-occurring disorder who are in, or at risk of entering, the criminal justice system.

*Overall Grant Award*

- Total amount awarded: \$50,204 (one year)

*Performance Measures*

Outcome data for the performance measures reflect progress through January 31, 2018 (end of contract).

- Measure: 100 percent completion of the **needs assessment and identification of the target population** within 90 days of contract execution.
  - April 1, 2017: Needs Assessment completed
  - April 1, 2017: Target population identified (refined after the Sequential Intercept Mapping conducted August 2017)

- Measure: 100 percent of formal partnerships established, as evidenced **by legally binding agreements**, with a minimum of three agencies within 180 days of contract execution
  - August 24, 2017: SMA Behavioral Healthcare executed Memoranda of Understanding (MOUs) with EPIC Behavioral Healthcare, St. Johns Public Safety Coordinating Council, and the Health Planning Council of Northeast Florida
- Measure: 100 percent completion of determining the methodology for **data sharing and reporting** among partners within 270 days of grant execution (per section E-1.3 of the contract)
  - Per the grantee’s final quarterly report, E-1.3 relates to the development of a workforce development plan and, for this performance measure, the grantee reports that the Sequential Intercept Mapping and strategic plan address workforce development.
- Measure: 100 percent completion of the **strategic plan** within 365 days of contract execution
  - December 8, 2017: Strategic Plan finalized and approved by the Public Safety Coordinating Council

*Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison*

Not applicable as the grant is not supporting a program or direct services.

*Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Commitments to State Mental Health Treatment Facilities*

Not applicable as the grant is not supporting a program or direct services.

*Summary of How Local Matching Funds Leveraged Additional Funding to Further the Goals of the Reinvestment Grant Program*

As of January 31, 2018, SMA Behavioral Healthcare expended/leveraged \$50,206 or 99.9 percent of the one-year match commitment for their CJMHS A Reinvestment grant. SMA Behavioral Healthcare, EPIC Behavioral Healthcare, Flagler Hospital St. Augustine, Health Planning Council of Northeast Florida, NAMI Volusia/Flagler/ St. Johns, St. Augustine Police Department, St. Johns County Sheriff’s Office, St. Johns County Board of County Commissioners, and the Public Safety Coordinating Council provided matching funds (in-kind and/or cash) for this planning grant.



## IMPLEMENTATION/EXPANSION GRANTS

This section of the report provides profiles of the 19 implementation/expansion grant programs.

### CENTERSTONE OF FLORIDA (SARASOTA COUNTY)

Centerstone’s grant program for Sarasota County, the Sarasota County Reinvestment Project (SRP), began February 1, 2017.

#### *Target Population*

The target population for the CTC is adults with mental health and/or co-occurring mental health and substance use disorders who are in or at risk of entering the criminal justice system.

#### *Program Design/Model*

The SRP is a diversion program providing substance use and mental health treatment to individuals at risk of entering the system and to those already in the criminal justice system. The SRP’s primary focus is the county’s Comprehensive Treatment Court (CTC). The CTC operates in close partnership with Centerstone’s SRP. This program is primarily a linkages program—making referrals and linking clients with such community-based services as outpatient treatment, housing, and other services.

The public defender/private attorney and the state attorney conduct in-jail screening. Within 72 hours, the Public Defender’s Office conducts assessments to identify immediate service needs. For potential participants, prosecutors make a determination that the individual’s underlying mental illness was the primary factor in the commission of the alleged crime and obtaining mental health treatment is the most appropriate goal for this individual. The Court Mental Health Liaison engages in intensive case management to begin transition planning for treatment provided by Centerstone (inpatient and/or outpatient) and linkages to housing and psychosocial supports. Case managers maintain communication with the Court Mental Health Liaison. CTC participants are referred for treatment at community-based programs.

#### *Goals/Objectives*

The primary goal of the program is to divert adults who have a history of criminal justice involvement and mental health issues away from the criminal justice system (and potentially, state mental health hospitals) and into community-based treatment services.

Objectives:

1. Implement services and diversion initiatives
2. Create and encourage collaboration among key stakeholders
3. Shift identification, care, and treatment of the target population from the criminal justice system into the behavioral healthcare system
4. Utilize evidence-based tools, programs, and models to identify and provide comprehensive treatment and support services

5. Develop a sound infrastructure and enhanced capacity to sustain effective services for the target population

*Evidence-based, Best, and Promising Practices and Tools Utilized*

- Assertive Community Treatment (ACT) team approach
- Crisis Intervention Teams (CIT)
- Risk-Need-Responsivity Level of Care Service Case Management Inventory (LS-CMI) (CTC personnel are trained and certified)
- Motivational Interviewing
- SOAR (benefits enrollment assistance) (all CTC personnel are SOAR certified)
- Mental Health First Aid (MHFA)
- Tailored Individual Treatment Plans (ITP)
- Integrated Treatment for Co-occurring Disorders (ITC)
- Personal Health Questionnaire (PHQ-9)
- Correctional Mental Health Screen for Women (CMHS-W)
- Cognitive Behavioral Therapy (CBT)

*Number Served through June 30, 2018 (Year 2, Quarter 2)*

SRP/CTC	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
<b>Number Served</b>	74	33	-	107
<b>Number Served Target</b>	79	79	79	237
<b>MHFA Training</b>	21	24	-	45
<b>MHFA Training Target</b>	15	2	2	19
<b>CIT Training (no target)</b>	85	50	-	135

*Overall Grant Award*

- Total amount awarded: \$1,200,000 (three years)

*Performance Measures*

Outcome data for the performance measures reflect progress up through June 30, 2018 (Year 2, Quarter 2).

- Measure: Attain 25 percent reduction in number of **arrests** among participants while enrolled in the program compared to one-year period prior to program admission
  - 91.53 percent reduction in the number of arrests

- Measure: Attain 25 percent reduction in number of **arrests** among participants within the one-year period following program discharge compared to the one-year period prior to program admission
  - 74.46 percent reduction in the number of arrests
- Measure: 90 percent of participants who did not reside in **stable housing** at the time of admission will reside in stable housing within 90 days of program admission
  - 100 percent of participants resided in stable housing
- Measure: 100 percent of participants who did not reside in **stable housing** at the time of admission will reside in stable housing one year post-discharge
  - 90 percent of participants resided in stable housing
- Measure: 100 percent of participants who are **not employed** and who express a desire to work at program admission are employed full or part-time within 180 days of program admission
  - 100 percent of participants employed within 180 days
- Measure: 100 percent of participants who are **not employed** and who express a desire to work at program admission are employed full or part-time one year following program discharge
  - 66.67 percent of participants employed
- Measure: 100 percent of participants who were eligible for but not receiving **Social Security or other benefits** at admission will be assisted in applying for benefits within 180 days of admission
  - 100 percent were assisted
- Measure: 80 percent of participants will be diverted from a **state mental health treatment facility**
  - 98 percent of participants were diverted
- Measure: 60 percent of participants will have reduced **mental health symptomology** within 180 days of admission based on pre- and post-assessment test results
  - 59 percent of participants had reduced symptomology

*Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison*

Centerstone estimates that the grant-funded program saved the county \$610,000 in reduced arrests (booking, court hearings) during its first full program year. This cost savings does not take into consideration jail costs (if housed in jail while waiting trial or as a sentence).

*Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Forensic Commitments to State Mental Health Treatment Facilities*

The CTC reached capacity (n=25) almost as soon as it became operational (within thirty days). The grantee reported that participants had a mental illness diagnosis, many were homeless, and most were unable to meet their basic needs. The CTC and Centerstone immediately began providing appropriate treatment services and linkages to community-based resources.

Centerstone reported that, thus far, 52 participants were at risk for commitment to a state hospital. Fifty-one participants (of 52) were diverted from a state hospital commitment. These diversions should lead to additional cost savings to the county and state.

*Summary of How Local Matching Funds Leveraged Additional Funding to Further the Goals of the Reinvestment Grant Program*

As of April 30, 2017, Centerstone expended/leveraged \$412,397.08 or approximately 31 percent of the three-year match commitment for their CJMHS A Reinvestment grant. The majority of Centerstone's matching funds supplement rent for participants' short-term housing as well as covering such incidentals as medical services, medication, clothing, food, and bus passes. Supplementing rent for participants is critical because it helps them maintain their housing while they are receiving treatment and enables them to be stable while participating in their treatment program.

**COLLIER COUNTY BOCC**

Collier County's grant program began July 1, 2017. Collier County's program is an expansion of their 2014-2017 CJMHS A Reinvestment Grant program encompassing the David Lawrence Center (DLC) Centralized Assessment Center (CAC) and the Collier County Forensic Intensive Reintegration Support Team (FIRST).

*Target Population*

The target population includes adults with a serious mental illness and/or co-occurring mental health and substance use disorder who are in, or at risk of entering, the criminal justice system.

*Program Design/Model*

The Centralized Assessment Center (CAC) operated by (and located at) the DLC, provides clinical assessments for potential FIRST clients or on a walk-in basis for existing FIRST clients, at no cost to the individual. The CAC staff work closely with the FIRST Team to assure appropriate referral and linkages for clients.

The Collier County FIRST Team provides intensive case management services to individuals with mental health, substance use and/or co-occurring mental health and substance use disorders discharged from the Collier County Jail. Screening for the FIRST Team is conducted by Collier County Sheriff's Office Pretrial Supervision program during initial detention. Intensive case management services for FIRST clients begin immediately upon reentry into the community and case management services are provided for approximately a year. If a client is still in need of services after one year, the FIRST Team provides linkages to programs including case management, supported employment, and permanent supportive housing. The FIRST Team is comprised of in-jail screeners, a case manager, therapist, peer support specialist, and a living skills coach.

*Goals/Objectives*

The primary goal of this grant program is to increase public safety, avert increased spending on criminal justice systems, and improve the accessibility and effectiveness of treatment services for adults with mental health and/or co-occurring mental health and substance use disorders who are in, or at risk of entering the criminal justice system; and reduce crime, recidivism, and use of forensic institutions.

Collier County's three grant objectives include:

1. Expand CJMHS A services and diversion initiatives

2. Create and encourage collaboration among key stakeholders
3. Improve quality of life among program participants

*Evidence-based, Best and Promising Practices and Tools Utilized*

- Crisis Intervention Teams (CIT)
- SSI/SSDI, Outreach, Assist, and Recovery (SOAR)
- Forensic Intensive Case Management (FICM) model
- Peer support specialists
- Supported Employment
- Permanent Supportive Housing
- Mental Health Screening Form III (MHSF III)
- PLC-5 Trauma Assessment(PLC-5)
- Texas Christian University Drug Screen IV Substance Abuse Assessment (TCUDS V)

*Number Served through June 30, 2018 (Year 1, Quarter 4)*

FIRST	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
<b>Number Served</b>	126	-	-	126
<b>Number Served Target</b>	100	100	100	300
<b>CIT Training</b>	109	-	-	109
<b>CIT Training Target</b>	80	80	80	240

*Overall Grant Award*

- Total award amount: \$1,042,506 (three years)

*Performance Measures*

The outcomes listed below reflect progress through June 30, 2018 (Year 1, Quarter 4).

- Measure: 50 percent reduction in the total number of **arrests or rearrests** among participants while enrolled in the program compared to the one-year period prior to program admission
  - 84 percent reduction
- Measure: 50 percent reduction in the total number of **arrests or rearrests** among participants within the one-year period following program discharge compared to the one-year period prior to program admission
  - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 60 percent of participants not residing in a **stable housing** environment at program admission will report living in a stable housing environment within 90 days of program admission

- 80 percent in stable housing
- Measure: 60 percent of participants not residing in a **stable housing** environment at program admission will report living in stable housing one year following program discharge
  - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 60 percent of participants **not employed** at program admission who are employed full or part-time within 180 days of program admission.
  - 37 percent employed
- Measure: 60 percent of participants **not employed** at program admission who are employed full or part-time within one year of program discharge
  - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 80 percent of participants assisted in applying or be linked to for **Social Security or other benefits** for which they may have been eligible but were not receiving at program admission
  - 82 percent received assistance
- Measure: 50 percent of participants will be diverted from a **state mental health treatment facility**
  - Not applicable to this grant program
- Measure: 90 percent of participants who complete assessment will exhibit improvement in a **Quality of Life Self-Assessment**
  - 93 percent exhibited improvement

*Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison*

Collier County reported a steady increase in the number of individuals screened for potential mental health and substance use disorders during the initial year of the grant. Although only a fraction of individuals screened meet the criteria for the grant program, many receive discharge planning and referrals to community resources. The goal of the FIRST Team is to ultimately reduce recidivism through discharge planning to decrease jail expenditures.

*Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Forensic Commitments to State Mental Health Treatment Facilities*

The availability and accessibility of services increased as a result of the number of available staff who focus solely on the target population. Through the grant program, Collier County provided reentry services for individuals with mental health, substance use, and/or co-occurring disorders. The program continues to strive to reduce recidivism and related criminal justice costs to the county. Incidental funds provide temporary assistance with food, clothing, and transportation needs for these individuals.

There have been no forensic commitments to state mental health treatment facilities for clients in the Collier County grant program.

*Summary of How Local Matching Funds Leveraged Additional Funding to Further the Goals of the Reinvestment Grant Program*

As of June 30 2018, Collier County has expended/leveraged \$337,135.58 or approximately 32 percent of the three-year match commitment. The match funds for this grant program provided by Collier County, Collier County Sheriff's Office, the David Lawrence Center, and NAMI assist to fund key grant personnel such as case managers, a peer support specialist, therapists, reintegration specialists, accounting, clerical support, grant management. Matching funds increase client services and the capacity of clients served by the grant program.

**KIDS HOPE ALLIANCE (DUVAL COUNTY/CITY OF JACKSONVILLE)**

The Kids Hope Alliance (Duval County/City of Jacksonville) was awarded an implementation/expansion CJMHS A Reinvestment Grant to begin in 2017; however, due to the extension of their 2014-17 grant, the grant agreement for the new 2017-20 grant was not executed during FY2016-17. The Central Coordination Project (CCP) is an expansion of Duval's 2014-17 grant program and began November 1, 2017. Because this grant was executed several months later than the other grants in this section, the progress reported reflects two quarters (compared to other grant programs described here which reflect six or more quarters).

*Target Population*

The target population for the CCP includes Duval County youth, 13-to-15 years of age, referred by the Department of Juvenile Justice who:

- have an indication for mental health and/or substance use (indicated on the Positive Achievement Change Tool (PACT) assessment);
- have a moderate or high risk of becoming homeless when departing the Juvenile Assessment Center (JAC);
- are at risk for re-entering the juvenile system; and
- are eligible for a diversion program.

These youth would have already been assessed and/or served by the JAC and/or the Jacksonville Youth Detention Center prior to their referral to the CCP.

*Program Design/Model*

The Centralized Coordination Project (CCP) was implemented and operational as of November 1, 2014. The program design is focused on evidence-based assessments, referrals for services, and follow-up to ensure services are received. It operates within the framework of the county's System of Care service delivery model. CCP personnel strive to mitigate and manage factors to reduce the likelihood of youth unnecessarily and prematurely becoming involved in the juvenile justice system. The initial 21 days between a juvenile's contact with law enforcement and before the initial meeting with the State Attorney's Office is a critical intercept for positive intervention and, possibly, diversion.

Youth brought to the Juvenile Assessment Center (JAC) or the detention facility are screened by juvenile probation officers using the PACT assessment and youth with a "hit" for mental health, substance abuse,

trauma, or suicide are referred to the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Program (located and available at the detention facility 24/7 for further assessment).

Three Bachelor's level care coordinators/assessors with Jewish Family and Community Services, housed at the JAC, conduct assessments on youth using the GAIN-I (Global Appraisal of Individual Needs), which is a comprehensive bio-psychosocial assessment designed to support clinical diagnosis, placement, treatment planning, performance monitoring, program and economic analysis. A licensed mental health clinician validates the assessments and makes referral for treatment. Steps to Recovery are provided by several community-based and alcohol treatment providers, which include Gateway Community Services, Family Foundation, Daniel, the Runaway Youth Crisis Center, Jewish Family and Community Services, and Operation New Hope. When warranted, care coordinators provide mental health treatment almost immediately rather than referring the youth and parents to a community provider and waiting on an appointment. Care coordinators alert the State Attorney's Office to treatment recommendations that should be included in the youth's diversion plan.

During the initial 21 days after law enforcement contact, the assessment counselor serves as the care coordinator to connect youth with case managers funded through the System of Care program or Motivational Enhancement Therapy/Cognitive Behavioral Therapy (MET/CBT-5) for youth needing substance abuse services. CCP youth can be referred to and access the High Intensity Wrap Around program for mental health services that is part of the county's System of Care program.

### *Goals/Objectives*

The primary goal of Duval County's CCP is to continue to identify and refer youth with a mental health or substance use problem who can benefit from diversion and services in an effort to prevent continued involvement in the juvenile justice system. The objectives contributing the completion of this goal include:

- Implement mental health and substance use services and diversion initiatives as detailed in the application,
- Create and encourage collaboration among key stakeholders, identified in the application, and
- Collect Mental Health First Aid training data regarding all new law enforcement hires in Duval County.

### *Evidence-based, Best, and Promising Practices and Tools Utilized*

- Motivational Interviewing (MI)
- Global Appraisal of Individual Needs (GAIN-I) (assessment tool used by Jewish Family and Community Services for juveniles in the JAC) (all program personnel are trained in the use of the GAIN assessment)
- SSI/SSDI Outreach, Access, and Recovery (SOAR)
- Mental Health First Aid (MHFA) training
- High Intensity Wrap Around (part of System of Care)
- Positive Achievement Change Tool (PACT) assessment
- Motivational Enhancement Therapy (MET)
- Cognitive Behavioral Therapy (CBT)



*Number Served through April 30, 2018 (Year 1, Quarter 2)*

CPP	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served (screened/assessed)	664	--	--	664
Number Served Target	900	900	900	2,700
MHFA Training (LEOs trained)	86	--	--	86
MHFA Training Target	80	80	80	240

*Overall Award Amount*

- Total amount awarded: \$1,200,000 (three years)

*Performance Measures*

Progress toward meeting the grantees' performance measures as of Year 1, Quarter 2 (April 30, 2018):

- Measure: 80 percent reduction in the total number of **re-arrests** among program participants while enrolled in the program compared to the one-year period prior to admission.
  - 89 percent reduction
- Measure: 75 percent reduction in the total number of **re-arrests** among program participants within the one-year period following program discharge compared to the one-year period prior to admission.
  - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 50 percent of eligible participants (17 and 18 year olds) **not employed** at the time of admission will be employed full- or part-time within 180 days of admission.
  - No participants were eligible for employment.
- Measure: 75 percent of eligible participants (17 and 18 year olds) **not employed** at the time of admission will be employed full- or part-time one year following discharge.
  - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 60 percent of participants who were eligible for, but not receiving **benefits** at the time of admission will be assisted in applying for benefits within 180 days of admission.
  - 36 percent
- Measure: 90 percent of participants will be **diverted** from a state mental health treatment facility.
  - N/A The grantee reports this measure as not applicable.
- Measure: 80 percent of the annual targeted number of **MHFA training** participants will complete the training.
  - 108 percent completed MHFA training

*Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison*

Grantee did not address this issue in their quarterly reports.

*Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Forensic Commitments to State Mental Health Treatment Facilities*

Juveniles who access the program through the JAC are provided linkages to evidence-based and best practices related to behavioral health treatments. The program provides early identification, through screening and assessment, of juveniles with mental health issues.

Grantee reported that forensic commitments was not applicable. The target population of Duval County's CJMHS A grant-funded program is juveniles.

*Summary of How Local Matching Funds Leveraged Additional Funding to Further the Goals of the Reinvestment Grant Program*

As of April 30, 2018, Duval County expended/leveraged \$207,014.44 or approximately 16.4 percent of their three-year match commitment. Duval County utilizes matching funds to help support security at the JAC, salary costs of the program coordinator, and partial contractual costs.

**GUIDANCE/CARE CENTER, INC. (MONROE COUNTY)**

Guidance/Care Center's (GCC) grant program for Monroe County, Motivated Interventions for Needs and Deflection (MIND), began January 13, 2017 and began serving individuals April 1, 2017.

*Target Population*

The target population is adults, 18 years of age or older and juveniles, under the age of 18, who have a mental illness, substance use, and/or co-occurring mental health and substance use disorder and who are in, or at risk of entering the criminal justice system.

*Program Design/Model*

The MIND program is an intensive six-month outpatient program with the primary purpose of diverting individuals with a mental health or co-occurring mental health and substance use disorder from the criminal justice system. Potential clients are identified during community encounters by law enforcement, at initial detention, or at first appearance. Pretrial Services, the Public Defender's Office, Veterans Justice Outreach specialists, judges, and court staff coordinate with the GCC clinical personnel to provide screening, assessment, initial engagement, and linkages for the target population. Upon admission to the MIND program, clients are linked to community or home-based best practices mental health services provided by GCC. All clients receive a comprehensive psychiatric evaluation from a licensed psychiatrist. Based on the findings of the psychiatric evaluation, clients receive mental health

services, psychotropic medications as needed, and linkages for additional psychiatric services when appropriate. The client and the therapist develop, as a collaborative effort, an individualized Wellness and Recovery Action Plan (WRAP). The client and therapist review the Wellness and Recovery Action Plan monthly. The client also participates in a weekly individual therapy session (one hour in duration) and three, one-hour case management sessions for six months or longer until services are complete. Incentives in the form of restricted use gift cards are awarded for client milestones.

*Goals/Objectives*

The primary goal of this grant program is to divert adults and juveniles with a history of criminal justice involvement who are at risk of reentering the criminal justice system or a state mental health treatment facility and divert them into community services and treatment.

GCC’s three grant objectives include:

1. Implement services and diversion initiatives
2. Create and encourage collaboration among key stakeholders
3. Incorporate and acculturate the Comprehensive, Continuous, Integrated System of Care (CCISC) and recovery models of best practices across diversion, treatment, and supportive service provider approaches

*Evidence-based, Best, and Promising Practices and Tools Utilized*

- Crisis Intervention Teams (CIT)
- Motivational Interviewing (MI)
- Moral Reconciliation Therapy (MRT)
- Seeking Safety
- Comprehensive, Continuous, Integrated System of Care (CCISC)
- Individual Placement & Support (IPS)
- Justice Steps (JSTEPS)
- Correctional Assessment and Intervention System (CAIS)
- Modified Mini Screen (MMS)
- Post-traumatic Stress Disorder Checklist for DSM 5 (PCL-5)
- Wellness and Recovery Action Plan (WRAP)

*Number Served through June 30, 2018 (Year 2, Quarter 2)*

MIND	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	40	39	-	79
Number Served Target	50	65	65	180

*Overall Grant Award*

- Total award amount: \$1,073,044 (three years)

### *Performance Measures*

The outcomes listed below reflect progress through June 30, 2018 (Year 2, Quarter 2).

- Measure: 20 percent reduction in the total number of **arrests** among participants while enrolled in the program compared to the one-year period prior to program admission
  - 75 percent reduction
- Measure: 30 percent reduction in the total number of **arrests** among participants within the one-year period following program discharge compared to the one-year period prior to program admission
  - 84 percent reduction
- Measure: 80 percent of participants not residing in a **stable housing** environment at program admission will report living in a stable housing environment within 90 days of program admission
  - 86.05 percent in stable housing
- Measure: 80 percent of participants not residing in **stable housing** at program admission will report living in stable housing one year following program discharge
  - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 80 percent of participants **not employed** and who express a desire to work at program admission are employed full or part-time within 180 days of program admission.
  - 75 percent employed
- Measure: 70 percent of participants **not employed** and who express a desire to work at program admission are employed full or part-time within one year of program discharge
  - The grantee is collecting data; however it is too early to report on this measure.
- Measure: 70 percent of participants assisted in applying for **Social Security or other benefits** for which they may have been eligible but were not receiving at program admission
  - 97 percent assisted in applying for benefits
- Measure: 90 percent of participants will be diverted from a **state mental health treatment facility**
  - 100 percent diverted
- Measure: 80 percent of participants will have **reduced mental health symptoms** at discharge
  - 22 percent had reduced mental health symptoms
- Measure: 70 percent of participants will **maintain improvements** at three, six, and 12 months post-discharge
  - The grantee did not report on this measure.
- Measure: 75 percent of participants will be **substance free** at discharge
  - 90 percent were substance free
- Measure: 70 percent of participants will **remain substance free** at three, six, and 12 months post-discharge
  - The grantee did not report on this measure.
- Measure: 80 percent of participants will have **improved physical health** at discharge
  - The grantee did not report on this measure
- Measure: 70 percent of participants will **maintain improved health** at three, six, and 12 months post-discharge
  - The grantee did not report on this measure.

*Summary of the Effect of the CJMHSAs Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison*

GCC reported reductions in arrests/rearrests since April 2017 (when program began serving individuals) which should yield some cost savings or cost avoidance associated with law enforcement (arrests) and the jail (bookings and jail days).

*Summary of the Effect of the CJMHSAs Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Forensic Commitments to State Mental Health Treatment Facilities*

The grant program is increasing the availability and access to mental health, specialized therapy, and case management services for this population.

According to GCC, 100 percent of the two MIND clients at risk of being committed have been diverted from the state hospital. There were no forensic commitments to state mental health treatment facilities.

*Summary of How Local Matching Funds Leveraged Additional Funding to Further the Goals of the Reinvestment Grant Program*

As of June 30 2018, GCC has expended/leveraged \$1,319,545.20 or approximately 80.77 percent of the three-year match commitment. Match funds support integrated care and medical services to divert clients from higher levels of care.

## HILLSBOROUGH COUNTY BOCC (LHZ49)

Hillsborough County's grant program, the Mental Health Court-Enhanced Offender Diversion Initiative (MHC-EODI), began February 1, 2017.

### *Target Population*

Tier One (first priority target population) is comprised of adults charged with a non-violent third degree felony and who are approved for Mental Health Pretrial Intervention (MHPTI) by the State Attorney's Office.

Tier Two (second priority target population) is comprised of adults who have been suspected of committing a misdemeanor, for whom lower levels of service have been deemed inappropriate.

### *Program Design/Model*

The MHC-EODI adds MHPTI into Hillsborough County's continuum of diversion treatment options. This program provides recovery-oriented services and intensive case management for individuals who have a serious mental illness or substance use disorder or both, are considered "difficult to treat", and who have a history of offending.

### Referral and Screening:

To be eligible for enrollment in this program, both Tier One and Tier Two individuals must be screened using the Comprehensive Continuous Integrated System of Care (CCISC) Model. Screening results must place individuals in either *Quadrant II* (a more serious mental health disorder and a less severe substance disorder) or *Quadrant IV* (a severe mental health disorder and a severe substance disorder) to be considered for this program.

The Mental Health Court Liaison is employed by Gracepoint Behavioral Health and embedded with court administration. The Mental Health Court Liaison coordinates court processes, provides linkages to the Agency for Community Treatment Services (ACTS) Intensive Case Management, and ensures comprehensive, intensive case management and care coordination are provided.

Non-compliance issues are an area of emphasis in this program to increase the likelihood that these individuals will not return to the criminal justice system. Through the affiliation with ACTS, this program addresses participants’ psychosocial rehabilitation for inclusion, affiliation, recreation, employment assistance, educational skills, and drop-in capability.

*Goals/Objectives*

The primary goal of the program is to provide recovery-oriented services and intensive case management for “difficult-to-treat” individuals who have a serious mental illness or substance use disorder or both, coupled with a history of offending.

Objectives:

1. Implement services and diversion initiatives.
2. Create and encourage collaboration among key stakeholders.
3. Ensure stakeholder participation in the online Hillsborough County Needs Assessment implemented in collaboration with the University of South Florida’s Department of Mental Health Law and Policy and the Crisis Center of Tampa Bay.

*Evidence-based, Best, and Promising Practices and Tools Utilized*

- Risk-Need-Responsivity (RNR)
- Level of Service / Case Management Inventory Risk Assessment Tool (LS/CMI)
- Texas Christian University Drug Screen
- PTSD Checklist for DSM-5 (PCL-5)
- Peer specialists
- SOAR

**Number Served through April 30, 2018 (Year 2, Quarter 1):**

MHC-EODI	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
<b>Number Served</b>	44	6	-	50
<b>Number Served Target</b>	30	30	30	90

### *Overall Grant Award*

- Total amount awarded: \$1,200,000 (three years)

### *Performance Measures*

Outcome data for the performance measures reflect progress up through April 30, 2018 (Year 2, Quarter 1).

- Measure: Attain 50 percent reduction in number of **arrests/rearrests** among participants while enrolled in the program compared to one-year period prior to program admission
  - 94 percent reduction
- Measure: Attain 25 percent reduction in number of **arrests/rearrests** among participants within the one-year period following program discharge compared to the one-year period prior to program admission
  - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 50 percent of participants who did not reside in **stable housing** at the time of admission will reside in stable housing within 90 days of program admission
  - 100 percent reside in stable housing
- Measure: 25 percent of participants who did not reside in **stable housing** at the time of admission will reside in stable housing one year post-discharge
  - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 10 percent of participants who are not **employed** at admission will be employed full or part-time within 180 days of program admission
  - 55 percent employed
- Measure: 7 percent of participants who are not **employed** at program admission are employed full or part-time within one year post-discharge
  - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 75 percent of participants assisted in applying for **Social Security or other benefits** for which they may have been eligible but were not receiving at admission
  - 97 percent of participants assisted
- Measure: 50 percent of participants will be diverted from a **state mental health treatment facility**
  - 100 percent diverted
- Measure: 70 percent of participants will **successfully complete** the MHPTI and leave the program
  - 71 percent successfully completed

### *Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison*

To date, the program has diverted 50 individuals from deeper involvement in the criminal justice system. Based on an average daily cost for being housed in the jail of \$125.87, diverting 50 individuals has the potential to save the county approximately \$170,000 (based on an average jail stay of 27 days).

More than diversions from state mental health facilities, the breadth of treatment services provided to individuals through the grant-funded Mental Health Court docket has had a positive effect on the courts

(increased services and case management), the jail (fewer bookings of individuals with intensive treatment needs), and the community (increased infrastructure to serve the target population).

*Summary of the Effect of the CJMHSa Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Forensic Commitments to State Mental Health Treatment Facilities*

MHC-EODI increased access to individualized and evidence-based behavioral health treatment and support services. Moreover, this program potentially prevented, through diversion, the admittance of 50 individuals into state mental health treatment facilities.

This court-based, pretrial diversion program provides increased infrastructure to support and increased access to community-based treatment services. The increased access to community treatment services increases the likelihood that individuals will be successful in their treatment and decreases the likelihood that these individuals will recidivate. Moreover, it provides an opportunity for program participants to be Nolle Prosequi—no criminal prosecution for the offense which brought them to the program. In turn, this increases their likelihood of securing meaningful employment and housing to sustain their recovery-oriented behavior.

*Summary of How Local Matching Funds Leveraged Additional Funding to Further the Goals of the Reinvestment Grant Program*

As of April 30, 2018, Hillsborough County expended/leveraged \$284,493.69 or approximately 24 percent of the three-year match commitment for their CJMHSa Reinvestment grant. Hillsborough County's matching funds enable the county to expand treatment services from community-based providers.

### HILLSBOROUGH COUNTY BOCC (LHZ69)

Hillsborough County's grant program, the Drug-Enhanced Service Initiative (DC-ESI), began October 4, 2017.

#### *Target Population*

##### Tier One/First Priority

- Expands current Drug Pretrial Intervention (DPTI) program to serve individuals who have a co-occurring disorder, are charged with a non-violent third-degree felony, and who have been approved for DPTI.

##### Tier Two/Second Priority

- Individuals in quadrants III and IV of SAMHSA's Four Quadrant Framework for Co-occurring Disorders who are defendants in the county's Adult Drug Court for whom lower levels of service are deemed inappropriate.

#### *Program Design/Model*

Hillsborough County's second, current CJMHSa Reinvestment grant, the DC-ESI (awarded in late 2017), expands the county's existing DPTI by adding 30 additional clients to the existing DPTI (up to 90 over



three years) and adding approximately 100 days in length of service for participants. The grant-funded program increases level II beds and intensive outpatient services. The DC-ESI utilizes the Comprehensive, Continuous, Integrated System of Care (CCISC) as the overall model for this program.

Hillsborough County's main partners for this program include the Administrative Office of the Courts, the Agency for Community Treatment Services (ACTS) (provides residential substance abuse and mental health services), Drug Abuse Comprehensive Coordinating Office (DACCO) (provides intensive outpatient services), and Tampa Crossroads (residential, outpatient, and intensive outpatient services). Other services include assisting participant in applying for social security and other benefits using SOAR-trained provider personnel and the use of peer navigators.

Participants are identified by the Public Defender's Office and screened for legal eligibility by the State Attorney's Office. If eligible, the Drug Court Specialist conducts a full biopsychosocial assessment. Through the use of the \*211 system, operated by The Crisis Center, a database of known programs and services related to acute care and the community receiving system plan will be developed.

Continuous Quality Improvement (CQI) Coalition meetings provide an opportunity for reviewing data, trends, and critical components of the program. For example, based on data, the Coalition encouraged the continued focus on increasing outpatient appointment attendance for high-need, high-utilizers who have been discharged from acute care units. To accomplish this, care coordination teams utilize elements of the ACT model along with Housing First and Motivational Interviewing.

### *Goals/Objectives*

The primary goal of the program is to provide residential and stepdown treatment for difficult to treat individuals who have co-occurring disorders, coupled with a history of offending.

Objectives:

1. Implement specified services and diversion initiatives
2. Create and encourage collaboration among key stakeholders
3. Develop a countywide service catalog

### *Evidence-based, Best, and Promising Practices and Tools Utilized*

- Motivation Interviewing
- Housing First
- American Society of Addiction Medicine (ASAM) Criteria (2013)
- National Council for Behavioral Health/MTM Services Daily Living Activities 20 (DLA-20)
- SAMHSA-HRSA and SAMHSA TIP 57 recommended PTSD Checklist-Civilian (PCL-C)
- Global Appraisal of Individual Needs Q3 (GAIN Q3)
- Accelerated Resolution Therapy (ART)
- Medication-Assisted Treatment
- SSI/SSDI, Outreach, Assist, and Recovery (SOAR)
- Comprehensive Continuous Integrated System of Care (CCISC)

**Number Served through June 30, 2018 (Year 1, Quarter 3):**

DC-ESI	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
<b>Number Served</b>	24	-	-	24
<b>Number Serviced Target</b>	30	30	30	90

*Overall Grant Award*

- Total amount awarded: \$1,200,000 (three years)

*Performance Measures*

Outcome data for the performance measures reflect progress up through June 30, 2018 (Year 1, Quarter 3).

- Measure: 80 percent reduction in the total number of **arrests**/rearrests among participants while enrolled in the program compared to one-year period prior to program admission
  - 100 percent reduction
- Measure: 75 percent reduction in the total number of **arrests**/rearrests among participants within the one-year period following program discharge compared to the one-year period prior to program admission
  - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 75 percent of participants who did not reside in **stable housing** at the time of admission will report residing in stable housing within 90 days of program admission
  - 100 percent in stable housing
- Measure: 60 percent of participants who did not reside in **stable housing** at the time of admission will report residing in stable housing one year post-discharge
  - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 60 percent of participants who are **not employed** at admission will be employed full- or part-time within 180 days of program admission
  - 100 percent employed
- Measure: 55 percent of participants who are **not employed** at program admission are employed full- or part-time within one year post-discharge
  - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 85 percent of participants assisted in applying for **Social Security** or other benefits for which they may have been eligible but were not receiving at admission
  - 100 percent assisted
- Measure: 100 percent of participants will be **diverted** from a state mental health treatment Facility
  - N/A No program participants were eligible for admittance in a state mental health treatment facility.

- Measure: 75 percent of enrolled participants will experience a **decrease** in psychiatric symptoms and substance use within six months of admission
  - 100 percent experienced a decrease in symptoms

*Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison*

As of June 2018, the county estimates that the increased and enhanced services provided to participants have potentially saved the county just over \$47,000 in avoided jail costs.

*Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Commitments to State Mental Health Treatment Facilities*

To date, the participants in the grant-funded program have not been eligible for commitment to a state mental health treatment facility (Ch. 916, F.S.). The expanded services and specialized drug court docket provided through this grant has successfully diverted participants from further involvement in the criminal justice system or to be housed in the county jail. Successfully completing the requirements of the program offers participants the opportunity to be Nolle Prosequi (no criminal record for that offense). The program provides participants with increased access to individualized, evidence-based treatment services.

*Summary of How Local Matching Funds Leveraged Additional Funding to Further the Goals of the Reinvestment Grant Program*

As of June 30, 2018, Hillsborough County expended/leveraged \$55,204 or approximately 5 percent of the three-year match commitment for their CJMHS A Reinvestment grant. Hillsborough County's matching funds are used to provided participants enrolled in the DC-ESI with residential and outpatient services, psychiatric evaluations, and medication management services.

## LEE COUNTY BOCC

Lee County's grant program, the Bob Janes Triage Center/Low Demand Shelter, began April 1, 2017. Lee County's 2017-20 grant is an expansion of their 2014-17 CJMHS A Reinvestment Grant. The Bob Janes Triage/Low Demand Shelter is not a new program (established 2008) and has received previous CJMHS A Reinvestment grants.

### *Target Population*

The target population for the Bob Janes Triage Center is adult residents of Lee County who exhibit symptoms of substance use, mental health, and/or co-occurring disorders; are at risk of arrest for low-level minor offenses; and are inappropriately utilizing hospital emergency rooms.

### *Program Design/Model*

The Bob Janes Triage Center/Low Demand Shelter, operated by The Salvation Army in conjunction with SalusCare, Lee Memorial Health System, and Lee County Department of Human Services, offers an

alternative to arrest and incarceration when law enforcement officers encounter individuals with a substance use, mental health, and/or co-occurring disorder. Individuals can stay at the shelter for up to 30 days. Upon intake into the shelter, a SalusCare mental health clinician performs a bio-psychosocial assessment to identify behavioral health problems, social history, and treatment options. The Triage Center personnel work with clients to assess their needs, establish goals, provide support services and life skills, and find the most appropriate treatment or housing option. All individuals admitted into the Triage Center have access to nursing and case management services.

*Goals/Objectives*

The primary goal of this grant program is to provide a less costly alternative to incarceration or the inappropriate utilization of emergency rooms by individuals who are homeless and experiencing behavioral health problems and more efficiently utilize existing resources. Additionally the Bob Janes Triage Center allows individuals to seek help immediately when they are motivated to do so by providing a safe place to stay while accessing services.

Lee County’s three major grant objectives include:

1. Implement services and diversion initiatives.
2. Encourage and emphasize collaboration among key stakeholders.
3. Train law enforcement and corrections personnel in identifying and effectively responding to individuals who have a mental illness and/or substance use disorder.

*Evidence-based, Best, and Promising Practices and Tools Utilized*

- Crisis Intervention Teams (CIT)
- Housing First approach
- Coordinated Entry

*Number Served through June 30, 2018 (Year 2, Quarter 1):*

<b>Bob Janes Triage Center</b>	<b>Program Year 1</b>	<b>Program Year 2</b>	<b>Program Year 3</b>	<b>Program Lifetime</b>
<b>Number Served</b>	819	246	-	1065
<b>Number Served Target</b>	500	500	500	1,500
<b>CIT Training</b>	77	54	-	131
<b>CIT Training Target</b>	100	100	100	300

*Overall Grant Award*

- Total award: \$825,000 (three years)

### *Performance Measures*

The outcomes listed below reflect progress through June 30, 2018 (Year 2, Quarter 1).

- Measure: 25 percent reduction in the total number of **arrests or rearrests** among participants while enrolled in the program compared to the one-year period prior to program admission.
  - 41 percent reduction
- Measure: 20 percent reduction in the total number of **arrests or rearrests** among participants within the one-year period following program discharge compared to the one-year period prior to program admission for those individuals who received case management services while residing at the Triage Center and were discharged into a participating Lee County Continuum of Care (CoC) program or other participating supportive housing program
  - 69 percent reduction
- Measure: 25 percent of participants not residing in **stable housing** at admission that received case management services while residing at the Triage Center and discharged into a participating Lee County Continuum of Care (CoC) program or other participating Homeless Management Information System (HMIS) supportive housing program will report living in stable housing one year following program discharge
  - 28 percent in stable housing
- Measure: 10 percent of participants will be assisted in applying or be linked to **Social Security or other benefits** for which they may have been eligible but were not receiving at program admission
  - 13 percent received assistance
- Measure: 60 percent of enrolled participants will have **increased access** to community comprehensive recovery-based mental health and/or substance use treatment services while participating in the program
  - 69 percent received increased access to services

### *Summary of the Effect of the CJMHSAs Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison*

The Lee County Sheriff's Office provided the following statistics to describe jail population trends at the quarterly PSCC meeting:

- Jail admissions decreased by 37 percent between 2008 (when the Triage Center opened) and 2017, despite an increase in Lee County's population.
- Since the Triage Center opened, the percentage of individuals in jail due to a misdemeanor charge has decreased by 10 percent.

### *Summary of the Effect of the CJMHSAs Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Forensic Commitments to State Mental Health Treatment Facilities*

According to Lee County, 69 percent of enrolled program participants received increased access to community, comprehensive, recovery-based mental health and/or substance use treatment services while participating in the program.

Historically, one percent of Bob Janes Triage Center clients were possibly eligible for admittance in a state mental health treatment facility. Therefore, the program does not anticipate having a significant impact on such diversions.

*Summary of How Local Matching Funds Leveraged Additional Funding to Further the Goals of the Reinvestment Grant Program*

As of June 30, 2018, Lee County has expended/leveraged \$474,872 or approximately 31 percent of the three-year match commitment.

**LIFESTREAM BEHAVIORAL CENTER (LAKE COUNTY)**

LifeStream Behavioral Center's (LifeStream) grant program for Lake County began April 1, 2017. It is an expansion of Lake County's 2014-17 CJMHS A Reinvestment Grant program, the Forensic Community Services Team (FCST).

*Target Population*

The target population for the FCST is adult residents of Lake County who:

- have a mental health, substance use, or co-occurring mental health and substance use disorder;
- are charged with misdemeanor and/or non-violent felony offenses; and
- have a history or presentation of moderate-to-high criminogenic risks and needs.

Violent offenders with a mental health, substance use, and/or co-occurring disorder are eligible to participate on a case-by-case basis at the discretion of the FSCT supervisor.

*Program Design/Model*

LifeStream, in conjunction with Lake County, operates the FCST. The FCST, a modified Assertive Community Treatment team, delivers a system of recovery-oriented screening, assessment, triage, intensive treatment services, and rehabilitation. Individuals can be referred to the voluntary program if they have pending criminal charges and the state attorney agrees to alternative sentencing or individuals may be referred to the program if they are at risk for further criminal justice involvement upon reentry into the community. Minimum requirements for enrollment include:

- a score of moderate-to-high with regard to mental health needs on the Global Appraisal of Individual Needs (GAIN-SS), Posttraumatic Stress Disorder Checklist for DSM (PLC-5), and Life Events Checklist for DSM-5 (LEC-5),
- a score of moderate-to-high criminogenic factors based on the Ohio Risk Assessment System (ORAS), and/or
- a score of moderate-to-high substance use based on the Texas Christian University (TCU) Drug Screen.

Program participants receive weekly individual therapy and case management services and are required to attend one weekly group session. Participants meet bi-weekly with a peer recovery specialist.

*Goals/Objectives*

The primary goal of the FCST is to increase access to treatment and to support the target population through the provision of evidence-based, trauma-informed services that address and reduce criminogenic risks and needs.

LifeStream’s three major grant objectives include:

1. Implement services and diversion initiatives.
2. Create and encourage collaboration among key stakeholders.
3. Establish program sustainability.

*Evidence-based, Best, and Promising Practices and Tools Utilized*

- Assertive Community Treatment (ACT)
- Motivational Interviewing (MI)
- Cognitive Behavioral Therapy (CBT)
- Crisis Intervention Teams(CIT)
- Mental Health First Aid (MHFA)
- Risk-Need-Responsivity framework (RNR)
- Forensic Community Services Team (FCST)
- Interactive Journaling
- Eye Movement Desensitization and Reprocessing (EMDR)
- Ohio Risk Assessment System (ORAS)
- Texas Christian University (TCU) Drug Screen
- Global Appraisal of Individual Needs (GAINS SS)
- Posttraumatic Stress Disorder Checklist for DSM 5 (PCL-5)
- Life Events Checklist for DSM 5 (LEC-5)
- Trauma-Informed Therapy

*Number Served through June 30, 2018 (Year 2, Quarter 1):*

<b>FCST</b>	<b>Program Year 1</b>	<b>Program Year 2</b>	<b>Program Year 3</b>	<b>Program Lifetime</b>
<b>Number Served</b>	73	9	-	82
<b>Number Served Target</b>	70	70	70	210
<b>CIT Training</b> (no CIT target)	63	32	-	95
<b>MHFA Training</b> (no MHFA target)	49	18	-	67

*Overall Grant Award*

- Total award amount: \$1.2 million (three years)

### *Performance Measures*

The outcomes listed below reflect progress through June 30, 2018 (Year 2, Quarter 1).

- Measure: 70 percent reduction in the total number of **arrests or rearrests** among participants while enrolled in the program compared to the one-year period prior to program admission.
  - 96 percent reduction
- Measure: 70 percent reduction in the total number of **arrests or rearrests** among participants within the one-year period following program discharge compared to the one-year period prior to program admission.
  - 91 percent reduction
- Measure: 60 percent of participants not residing in a **stable housing** environment at program admission will report living in a stable housing environment within 90 days of program admission.
  - 50 percent in stable housing
- Measure: 80 percent of participants not residing in a **stable housing** environment at program admission will report living in a stable housing environment one year following program discharge.
  - 50 percent in stable housing
- Measure: 30 percent of participants **not employed** at program admission who are employed full or part-time within 180 days of program admission.
  - 28 percent employed
- Measure: 40 percent of participants **not employed** at program admission who are employed full or part-time one year following program discharge.
  - 75 percent employed
- Measure: 80 percent of participants will be assisted in applying or be linked to **Social Security or other benefits** for which they may have been eligible but were not receiving at program admission.
  - 100 percent were assisted in applying for benefits
- Measure: 10 percent of participants will be **diverted** from a state mental health treatment facility.
  - There were no participants diverted from a state mental health treatment facility. None of the program participants were identified as “at risk” for state mental health treatment facilities.
- Measure: 50 percent reduction in the total number of **PTSD symptoms** of pre vs. post intervention, as assessed by the PCL-5, for participants receiving intensive evidence-based trauma treatment (EMDR).
  - EMDR was utilized with one participant to date. Additional data was not available for this measure.

### *Summary of the Effect of the CJMHTA Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison*

Individuals can be referred to the voluntary program if they have pending criminal charges and the state attorney agrees to alternative sentencing; or individuals may be referred to the program if they are at risk for further criminal justice involvement upon reentry into the community.



*Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Forensic Commitments to State Mental Health Treatment Facilities*

The FCST interventions provide improved access and effectiveness of mental health and substance use services for justice-involved individuals requiring such services. None of the program participants were identified as “at risk” for state mental health treatment facilities.

*Summary of How Local Matching Funds Leveraged Additional Funding to Further the Goals of the Reinvestment Grant Program*

As of June 30, 2018, LifeStream has expended/leveraged \$652,677 or approximately 54 percent of the three-year match commitment

### MARTIN COUNTY BOCC

Martin County’s grant program, the Martin County Mental Health Court (MHC), began June 8, 2017 (expansion of the Mental Health Court established in 2007).

*Target Population*

The target population for the MHC includes juveniles and adults who have a mental health, substance use, and/or co-occurring disorder; who are in, or at risk of entering the juvenile and/or criminal justice systems; and referred to the MHC.

*Program Design/Model*

The CJMHS A Reinvestment grant enabled Martin County to expand and improve the existing Mental Health Court (MHC) established in 2007. The MHC is a voluntary program for individuals charged with misdemeanor or felony offense who have a mental health disorder. The expansion of the MHC includes improved case management capacity and access to community-based treatment.

Individuals may be referred to the MHC post-booking and, upon referral, receive an initial psychosocial assessment and drug test to determine the most appropriate placement. Once accepted in the MHC, Martin County Health and Human Services (HHS) case managers assess individuals’ needs and make recommendations to the court. HHS case managers meet regularly with participants to provide court liaison services, administer drug tests, and to link clients with New Horizons case managers. Case managers assist participants in establishing/reestablishing client-centered mental health treatment services. While participating in the MHC, individuals are released on their own recognizance (ROR) and must agree to a minimum of six months in the program. MHC supervision includes attending court hearings and monitoring by case managers and probation officers. Upon successful completion of the program, participants graduate and may be eligible to have their charges dismissed.

*Goals/Objectives*

The primary goal of the Martin County Mental Health Court is to divert juveniles and adults with a history of criminal justice involvement who are at risk of recidivism and link them to community services and treatment.

Martin County’s four major grant objectives include:

1. Implement services and diversion initiatives.
2. Create and encourage collaboration among the key stakeholders.
3. Increase diversion and treatment of individuals who have a mental health, substance use, or co-occurring disorder who are at in, or at risk of entering the criminal justice system.
4. Increase connections to housing, employment, and educational resources.

*Evidence-based, Best, and Promising Practices and Tools Utilized*

- Crisis Intervention Teams (CIT)
- Brief Jail Mental Health Screen (BJMHS)
- SSI/SSDI, Outreach, Assist, and Recovery (SOAR)

*Number Served through May 31, 2018 (Year 1, Quarter 4):*

MHC	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	87	-	-	87
Number Served Target	100	100	100	300
CIT Training	79	-	-	79
CIT Training Target	15	15	14	44

*Overall Grant Award*

- Total award amount: \$1.2 million (three years)

*Performance Measures*

The outcomes listed below reflect progress through May 31, 2018 (Year 1, Quarter 4).

- Measure: 20 percent reduction in the total number of **arrests** among participants while enrolled in the program compared to the one-year period prior to program admission.
  - 97 percent reduction
- Measure: 10 percent reduction in the total number of **arrests** among participants within the one-year period following program discharge compared to the one-year period prior to program admission.
  - 100 percent reduction

- Measure: 75 percent of participants not residing in a **stable housing** environment at program admission will report living in a stable housing environment within 90 days of program admission.
  - 91 percent in stable housing
- Measure: 75 percent of participants not residing in **stable housing** at program admission will report living in a stable housing environment one year following program discharge.
  - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 20 percent of participants **not employed** and who express a desire to work at program admission are employed full or part-time within 180 days of program admission.
  - 63 percent employed
- Measure: 20 percent of participants **not employed** and who express a desire to work at program admission are employed full or part-time one year following program discharge.
  - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 100 percent of participants will be assisted in applying for **Social Security or other benefits** for which they may have been eligible but were not receiving at program admission.
  - 100 percent received assistance
- Measure: 20 percent of participants will be **diverted** from a state mental health treatment facility.
  - 99 percent diverted
- Measure: 60 percent of participants shall **successfully complete** the program.
  - 65 percent successfully completed the program

*Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison*

There has been no impact determined at this time.

*Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Commitments to State Mental Health Treatment Facilities*

Martin County continues to review the effect that the grant-funded program has on the needs of MHC clients, however the initial observation is that the MHC has been expanded to serve a larger number of individuals and clients appear to remain stable for a longer durations.

*Summary of How Local Matching Funds Leveraged Additional Funding to Further the Goals of the Reinvestment Grant Program*

As of May 31, 2018, Martin County has expended/leveraged \$303,820.77 or approximately 25 percent of the three-year match commitment.

## MERIDIAN BEHAVIORAL HEALTHCARE, INC. (ALACHUA AND BRADFORD COUNTIES)

Meridian Behavioral Healthcare's (Meridian) grant program began April 5, 2017.

### *Target Population*

The target population for the Forensic Diversion Program is adults who have a mental illness, substance use disorder, and/or co-occurring mental health and substance use disorder and who are in, or at risk of entering the criminal justice system.

### *Program Design/Model*

The Meridian Forensic Diversion Program (FDP) is a coordinated care, team-based approach, with the goal of helping high-need, high-risk individuals navigate complex service systems as they transition from jail to the community. The program provides ongoing, direct recovery-oriented services to program participants. Recovery techniques include setting recovery goals, identifying strengths, linking to formal supports, developing treatment plans, and discharge and aftercare transition planning.

### *Goals/Objectives*

The primary goal of the grant program is to divert adults with a history of criminal justice involvement who are at risk of recidivism or commitment to a state hospital system by referring them to community-based services and treatment.

Meridian's three major grant objectives include:

1. Implement services and diversion initiatives
2. Create and encourage collaboration among the key stakeholders
3. Increase access to coordinated care, person-centered treatment, and recovery support services

### *Evidence-based, Best, and Promising Practices and Tools Utilized*

- Crisis Intervention Teams (CIT)
- Mental Health First Aid (MHFA)
- Risk Need Responsivity (RNR) Model
- Assess, Plan, Identify, Coordinate (APIC) Model
- GAINS Reentry Checklist
- Wellness Recovery Action Plan (WRAP)
- SSI/SSDI, Outreach, Assist, and Recovery (SOAR)
- Seeking Safety
- Moral Reconciliation Therapy
- Cognitive Behavioral Therapy
- Criminal Justice Targeted Research and Application of Knowledge (CJ-TRAK)

*Number Served through June 30, 2018 (Year 2, Quarter 1)*

Forensic Diversion Program	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	322	46	-	368
Number Served Target	330	330	330	990
CIT and MHFA Training (no target)	186	95	-	281

*Overall Grant Award*

- Total award amount: \$1.5 million (three years)

*Performance Measures*

The outcomes listed below reflect progress through June 30, 2018 (Year 2, Quarter 1).

- Measure: 65 percent reduction in the total number of **arrests** among participants while enrolled in the program compared to the one-year period prior to program admission.
  - 91.81 percent reduction
- Measure: 60 percent reduction in the total number of **arrests** among participants within the one-year period following program discharge compared to the one-year period prior to program admission.
  - 86.4 percent reduction
- Measure: 65 percent of participants not residing in a **stable housing** environment at program admission will report living in a stable housing environment within 90 days of program admission.
  - 82.26 percent in stable housing
- Measure: 65 percent of participants not residing in **stable housing** at program admission will report living in a stable housing environment one year following program discharge.
  - 83 percent in stable housing
- Measure: 50 percent of participants not **employed** and who express a desire to work at program admission are employed full or part-time within 180 days of program admission.
  - 71.43 percent employed
- Measure: 50 percent of participants not **employed** and who express a desire to work at program admission are employed full or part-time one year following program discharge.
  - 50 percent employed
- Measure: 65 percent of participants will be assisted in applying for **Social Security or other benefits** for which they may have been eligible but were not receiving at program admission.
  - 100 percent received assistance
- Measure: 45 percent of participants will be **diverted** from a state mental health treatment facility.
  - 50 percent diverted

- Measure: 50 percent of participants will report having received **increased access** to comprehensive community-based services one year past admission to the program.
  - 86 percent received increased access
- Measure: 20 percent increase in the number of officers receiving **CIT or MHFA training** annually.
  - 65 percent increase in CIT and MHFA-trained officers
- Measure: 60 percent decrease in the number of **jail bed days** for participants one year past admission to the program.
  - The grantee has not reported on this measure.

*Summary of the Effect of the CJMHTA Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison*

The FDP offers a quick screening process, defense notification, and court advocacy leading to the release of participants. The participants receive services the same day they are released, and the forensic specialist may transport the individual to services.

*Summary of the Effect of the CJMHTA Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Forensic Commitments to State Mental Health Treatment Facilities*

Meridian is working with George Mason University (GMU) (in Virginia) to set up the CJMHTA grant program in the Criminal Justice Targeted Research and Application of Knowledge (CJ-TRAK) system. The CJ-TRAK is a Risk-Needs-Responsivity (RNR) simulation tool designed to assist criminal justice personnel and treatment providers in determining the most effective program for reducing recidivism and improving outcomes among their clients. Meridian has identified their target population to be within the medium-to-high risk group.

During Year 2 Quarter 1 of the grant program, 10 participants were diverted from the state hospital who were incompetent to proceed (ITP) or not guilty by reason of insanity (NGI). Other participants who are ITP and NGI receive intensive case management, which has been made possible with the CJMHTA grant funding. Jail competency restoration is also available for participants who are diverted from the state hospital and instead receive a short competency restoration period and are then likely to be sent to prison once they gain competency. Additionally, jail competency maintenance services are provided to ITP participants who are returning from the state hospital to maintain competency through the deposition of their legal case to prevent a readmission to the state hospital. Meridian has experienced an increase in Chapter 916, F.S. individuals. These participants experienced shorter stays at the state hospital.

*Summary of How Local Matching Funds Leveraged Additional Funding to Further the Goals of the Reinvestment Grant Program*

As of June 30, 2018, Meridian has expended/leveraged \$603,770.74 or approximately 36.56 percent of the three-year match commitment. In Alachua County, the match funds support a benefit coordinator position in the jail. In Bradford County, the match funds are utilized to expand capacity through an increase in the identification and referral of individuals from the jail.

## MIAMI-DADE COUNTY

Miami-Dade County's grant program, the Jail In-Reach Team, began March 7, 2017.

### *Target Population*

The target population for the Jail In-Reach Team is adults who have a mental health, substance use, and/or co-occurring mental health and substance use disorder; a history of repeated involvement in the criminal justice, acute care treatment, or homeless systems; and are in jail. Individuals must be at a moderate-to-high risk of recidivism and eligible to participate in the Criminal Mental Health Project (CMHP) diversion program.

### *Program Design/Model*

Miami-Dade County is expanding the existing CMHP by implementing a specialized Jail In-Reach Team to work collectively, with input from program participants, to screen, assess, and develop an individualized transition plan for community reentry. The Jail In-Reach Team provides an initial health assessment at booking and refers individuals who are clinically eligible to the CMHP for diversion. Evidence-based assessment tools (listed below under evidence-based practices) help the team determine the appropriate level of treatment. The team utilizes the Assess, Plan, Identify, and Coordinate (APIC) model to develop a transition plan for reentry. The CMHP provides linkages to an array of services to participants for up to one year post-program admission.

### *Goals/Objectives*

The primary goal of the grant program is to divert adults with a history of criminal justice involvement who are at risk of recidivism or commitment to a state hospital system by referring them to community-based services and treatment.

Miami-Dade's three major grant objectives include:

1. Implement services and diversion initiatives
2. Create and encourage collaboration among the key stakeholders
3. Provide effective transition planning that will enhance public safety by increasing the possibility that individuals will participate in supervision and complete treatment requirements that will promote recovery and successful community reintegration

### *Evidence-based, Best, and Promising Practices and Tools Utilized*

- Assess, Plan, Identify, and Coordinate (APIC) Model
- Texas Christian University Drug Screen (TCUD-V)
- Ohio Risk Assessment- Community Supervision Tool (ORAS-CST)
- Peer Support Specialist

*Number Served through May 31, 2018 (Year 2, Quarter 1)*

Jail In-Reach Team	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	107	47	-	154
Number Served Target	125	125	125	375

*Overall Grant Award*

- Total award amount: \$1.2 million (three years)

*Performance Measure*

The outcomes listed below reflect progress through May 31, 2018 (Year 2, Quarter 1).

- Measure: 50 percent reduction in the total number of **arrests** among participants while enrolled in the program compared to the one-year period prior to program admission.
  - 96 percent reduction
- Measure: 50 percent reduction in the total number of **arrests** among participants within the one-year period following program discharge compared to the one-year period prior to program admission.
  - 83 percent reduction
- Measure: 50 percent of participants not residing in a **stable housing** environment at program admission will report living in a stable housing environment within 90 days of program admission.
  - 87 percent in stable housing
- Measure: 50 percent of participants not residing in **stable housing** at program admission will report living in a stable housing environment one year following program discharge.
  - 100 percent in stable housing
- Measure: 100 percent of participants will be assisted in applying for **Social Security or other benefits** for which they may have been eligible but were not receiving at program admission.
  - 100 percent received assistance
- Measure: 15 percent of participants will be **diverted** from a state mental health treatment facility.
  - 100 percent diverted
- Measure: 15 percent of participants served by the program will be **veterans**.
  - 4 percent were veterans
- Measure: The number of program participants unable to receive **benefits** at program admission due to **immigration problems** will decrease by at least six during the program.
  - One participant received benefits
- Measure: 100 percent of program participants will receive an individualized **transition plan**, matched to identified risks and needs and the appropriate level of service.
  - 100 percent received an individualized transition plan



*Summary of the Effect of the CJMHTA Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison*

Procedures have been developed to ensure collaboration among the Miami-Dade Corrections and Rehabilitation Department (MDCRD), Correctional Health Services (CHS), and South Florida Behavioral Health Network (SFBHN). Together, the MDCRF, CHS, and SFBHN address the need to identify and expedite jail diversion for eligible individuals. These procedures help reduce expenditures by reducing jail bed days, forensic commitments, and recidivism.

*Summary of the Effect of the CJMHTA Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Forensic Commitments to State Mental Health Treatment Facilities*

As a means to identify which services are appropriate, program participants are assessed using evidence-based screening tools. These tools (see list in prior section) assist in creating individualized transition plans for each participant. As a component of a participant's discharge plan, grant program personnel assist in coordinating services and housing.

*Summary of How Local Matching Funds Leveraged Additional Funding to Further the Goals of the Reinvestment Grant Program*

As of May 31, 2018, Miami-Dade County has expended/leveraged \$127,358.85 or approximately 10.4 percent of the three-year match commitment.

## OPERATION PAR (PINELLAS COUNTY)

Operation PAR's grant program, the Pinellas County Behavioral Health Treatment Pilot, began November 1, 2017.

### *Target Population*

The Pinellas County Behavioral Health Treatment Pilot was designed to serve adults brought to the Pinellas County Jail and placed in protective custody pursuant to the Marchman Act under s. 397.677, F.S., as well as individuals released from a Baker Act Receiving Facility who have a co-occurring mental health and substance use disorder and are assessed as at risk of involvement in the criminal justice system.

Three criteria determine the eligibility of an individual to receive services in this program:

- placed in protective custody pursuant to a Marchman Act order,
- referred to the program subsequent to being released from a Baker Act Receiving Facility, and
- identified as needing substance use or co-occurring treatment and at risk of involvement in the criminal justice system as determined by a screening utilizing an evidence-based screening instrument.

*Program Design/Model*

Operation PAR’s pilot program assists individuals with substance use disorders or co-occurring mental health and substance use disorders. Potential program participants are identified through a pre-admission screening administered by Personal Enrichment through Mental Health Services (PEMHS). Following the pre-admission screening, if the individual is eligible for referral and agrees to participate in the program, PEMHS and Operation PAR arranges for the individual to begin substance use treatment at Operation PAR.

Partners for the Recovery Team include the Pinellas County Sheriff’s Office (PCSO), Personal Enrichment Through Mental Health Services (PEMHS), and Central Florida Behavioral Health Network (CFBHN). PEMHS will administer the pre-admission screening in the Pinellas County Jail, using the GAIN Short Screener (GAIN-SS).

Operation PAR provides program participants with voluntary detoxification services, case management, navigation services, residential substance use treatment, and outpatient substance use treatment. A case manager and recovery support specialist assist participants in making the transition from detoxification including addressing such basic needs as housing, employment, benefits, and education. PEMHS provides program participants with co-occurring mental health outpatient treatment.

*Goals/Objectives*

The primary goal is to provide recovery-oriented services for individuals who have substance use or co-occurring disorders and are at risk of entering the criminal justice system.

Operation PAR’s three major grant objectives include:

1. Implement substance use or co-occurring disorder treatment services and diversion initiatives
2. Create and encourage collaboration among key stakeholders
3. Enhance the services available to program participants

*Evidence-based, Best, and Promising Practices and Tools Utilized*

- Motivational Interviewing (MI)
- Mental Health Empowerment Team approach
- GAIN Short Screener (GAIN-SS)

**Number Served through April 30, 2018 (Year 1, Quarter 2):**

PCRP	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	40	-	-	40
Number Served Target	44	59	59	163

*Overall Grant Award*

- Total amount awarded: \$614,250 (three years)

### *Performance Measures*

Outcome data for the performance measures reflect progress through April 30, 2018 (Year 1, Quarter 2)

- Measure: 40 percent reduction in the total number of **arrests** or rearrests among participants while enrolled in the program compared to the one-year period prior to program admission
  - 61 percent reduction
- Measure: 30 percent reduction in the total number of **arrests** or re-arrests among participants within the one-year period following program discharge compared to the one-year period prior to program admission
  - 89 percent reduction
- Measure: 30 percent of participants not residing in a **stable housing** environment at program admission will report living in a stable housing environment within 90 days of program admission
  - 29 percent in stable housing
- Measure: 25 percent of participants not residing in **stable housing** at program admission will report living in stable housing one year following program discharge
  - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 25 percent of participants **not employed** at program admission will be employed full or part time within 180 days of program admission
  - The grantee has not reported on this measure.
- Measure: 20 percent of participants **not employed** at program admission who are employed full or part time one year following program discharge
  - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 50 percent of participants assisted in applying for **Social Security or other benefits** for which they may have been eligible but were not receiving at program admission
  - This measure is not applicable at this time because all of the participants were already receiving benefits at program admission.
- Measure: 5 percent of participants will be **diverted** from a state mental health treatment facility
  - Not applicable because none of the participants were eligible for the state hospital.
- Measure: 35 percent of all potential participants will be **screened**
  - 32.64 percent screened

### *Summary of the Effect of the CJMHSa Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison*

No impact determined at this time.

### *Summary of the Effect of the CJMHSa Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Commitments to State Mental Health Treatment Facilities*

No impact determined at this time.

*Summary of How Local Matching Funds Leveraged Additional Funding to Further the Goals of the Reinvestment Grant Program*

As of April 30, 2018, Operation PAR expended/leveraged \$51,187.50 or approximately 8.33 percent of the three-year match commitment for their CJMHS A Reinvestment grant.

**ORANGE COUNTY BOCC**

Orange County’s grant-funded program, Wrap-Around Orange (WAO), began April 1, 2017. Orange County’s 2017-20 grant program is an expansion and enhancement of their 2014-17 WAO CJMHS A Reinvestment Grant.

*Target Population*

The target population includes youth with mental health, substance use, or co-occurring disorders who present low risk to public safety but who are at-risk for deeper involvement into the juvenile justice system in the absence of positive, effective intervention. This project serves youth aged 13-to-15 years old (arrested as well as those not in the juvenile justice system). The target population includes:

- youth arrested and brought to the Orange County Juvenile Assessment Center (JAC),
- youth admitted to the Juvenile Addictions Receiving Facility (JARF),
- youth issued a civil citation by law enforcement, and
- youth enrolled in Teen Court, on probation with the Department of Juvenile Justice (DJJ), and/or other diversion programs.

*Program Design/Model*

WAO is a Centralized Coordination Project for youth under the age of 16 who are in or at risk of entering the juvenile justice system. For this population, WAO shifts the target population’s care and treatment to the behavioral healthcare systems rather than the juvenile justice system. WAO utilizes wraparound services based on the System of Care core values. Each wraparound team serves an average caseload of 10-to-12 youth for an average length of stay of 12-to-16 months.

WAO provides care coordination and case management to youth and their families through the WAO team, local hospitals, community-based treatment providers, the Central Florida Cares Health Network, Community Based Care of Central Florida, and the Homeless Services Network of Central. The family-driven component relies on the Family Partner for Wraparound—a “peer support worker” who ensures the family has a voice in the decision-making process. The youth is also part of the Family Team.

*Goals/Objectives*

Orange County’s goals and objectives include:

Goals:

- Provide WAO Central Coordination Project services to youth 13 through 15 years of age
- Establish System of Care core values of community-based, family-driven, youth-guided, and culturally and linguistically competent services as the foundation of all services provided

- Reduce the factors which contribute to youth arrests

Objectives:

- Implement CJMHS A services and diversion initiatives
- Encourage and emphasize collaboration among key stakeholders
- Increase youth and family functioning across multiple life domains based on the individual needs of the youth and their family

*Evidence-based, Best, and Promising Practices and Tools Utilized*

- Child and Adolescent Needs and Strengths – Comprehensive tool (CANS-C) (completed at intake, at three months, six months, twelve months, and at discharge/transition)
- Car, Relax, Alone, Forget, Friends, Trouble (CRAFT) (screening tool)
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Crisis Intervention Teams-Youth (CIT-Y) Training
- SSI/SSDI Outreach, Access, and Recovery model (SOAR)
- Motivation Interviewing
- Wraparound (intensive, individualized care planning and management)

*Number Served through June 30, 2018 (Year 2, Quarter 1)*

WAO	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served (youth & their families)	53	15	-	68
Number Served Target	48	48	48	144
CIT-Y Training	90	54	-	90
CIT-Y Training Target	70	70	70	210

*Overall Grant Award*

- Total award amount: \$1,200,000 (three years)

*Performance Measures*

Outcome data for the performance measures reflect progress through June 30, 2018 (Year 2, Quarter 1).

- Measure: 50 percent reduction in the number of **arrests/rearrests** of participants while enrolled in the program compared with the one-year period prior to program enrollment
  - 16.6 percent reduction (one juvenile accounted for one-third of arrests which resulted in a lower percentage reduction)
- Measure: 85 percent reduction in the number of **arrests/rearrests** of participants within the one-year period following program discharge compared to the one-year period prior to admission

- 66.7 percent reduction
- Measure: 50 percent of program participants not residing in **stable housing** at admission will report living in stable housing within 90 days of program admission
  - 67 percent living in stable housing
- Measure: 90 percent of program participants not residing in **stable housing** at admission will report living in stable housing one year following discharge
  - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 90 percent of participants assisted in applying for **Social Security or other benefits** for which they may have been eligible but were not receiving at admission
  - To date, all youth who achieved three Family Team meetings were insured at program admission.
- Measure: 100 percent of participants needing substance abuse treatment based on the CRAFFT are **referred for treatment**
  - 100 percent referred for treatment

*Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison*

Based on a cost of \$5,000 per juvenile arrested, Orange County estimated cost savings for two categories of juveniles:

Category: Youth with no involvement with the juvenile justice system or DJJ but are referred to WAO because the juvenile is believed to be at risk.

- Fourteen (14) youth fall into this category and based on an estimated one arrest diverted per youth, WAO may result in \$70,000 in cost savings (or cost avoidance).

Category: Youth who have at least one arrest prior to referral and enrollment in WAO.

- Ten youth fall into this category and based on 18 prior arrests (for ten youth) and a target reduction of 15.3 arrests (85%), results in an approximate cost savings of \$76,500 (or cost avoidance).

*Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Forensic Commitments to State Mental Health Treatment Facilities*

As an evidence-based practice, wraparound care coordination allows Orange County to increase the accessibility of community-based services. Wraparound services for youth were not available in Orange County until the implementation of WAO; therefore, WAO introduced an effective approach to address the behavioral health needs of youth and their families. Services include counseling, medication management, tutoring, education, and other such services.

The target population of Orange County's CJMHS A grant-funded program is juveniles between the ages of 13 and 15 years who have not committed serious offenses (e.g., felonies). Juveniles who commit felonies are not eligible for WAO enrollment. Therefore, the grantee reported no impact on reducing forensic commitments.

*Summary of How Local Matching Funds Leveraged Additional Funding to Further the Goals of the Reinvestment Grant Program*

As of June 30, 2018, Orange County had expended/leveraged \$365,448 or 31 percent of their matching funds. Orange County is using the matching funds to support mobile crisis services and security at the Juvenile Assessment Center.

**PINELLAS COUNTY BOCC**

Pinellas County's grant program, the Pinellas County Recovery Project (PCRP), began February 1, 2017.

*Target Population*

The target population for the PCRP is adults with substance use or co-occurring mental health and substance use disorders charged with a crime. Pinellas County is targeting high-system-utilizers.

*Program Design/Model*

The PCRP is an extension of an existing Pinellas County jail diversion program that has been in operation since 2004 by the Sixth Judicial Circuit's Office of the Public Defender. Pinellas County was one of three counties examined under Governor Rick Scott's Executive Order 15-175 which documented comprehensive care coordination as a critical service component for high utilizers (this project's target population). Partners include WestCare Gulfcoast of Florida, A Turning Point, Mustard Seed Inn, and the Sixth Judicial Circuit's Office of the Public Defender.

An array of trauma-informed services is provided to participants for a period of up to 90 days. Phase I services are provided as needed for up to 30 days post-admission and Phase II services are provided for up to 60 days upon Phase I completion.

The judiciary conducts initial screening and appropriate individuals are referred to the Public Defender's Office for jail diversion. Law enforcement may also screen individuals and refer them directly to WestCare's A Turning Point (emergency inebriate receiving facility); or they may be referred by family members, or other agencies. WestCare is using a bio-psychosocial assessment developed by the clinical team at the agency for determining diagnostic appropriateness for admission to the CJMHS A Program and including assessments completed by referral agencies in the client file, when that agency refers clients to the Program and the assessment was completed within seven calendar days of enrollment.

WestCare administers a comprehensive, strengths-based, and integrated assessment for co-occurring disorders and a health assessment. WestCare utilizes the Risk-Need-Responsivity Model as a framework. Individuals may reside at A Turning Point for up to 30 days (voluntarily).

Phase I services include individualized health and wellness planning; individual and group counseling; case management; coordinated access to primary medical care; relapse prevention services; education, psychoeducation, and support groups; and discharge and reentry planning.

Phase II services include guided assistance into transitional housing at WestCare, Mustard Seed Inn, Veteran's Community Living program, or other form of temporary; housing counseling; outpatient relapse prevention and recovery support services; and follow-up services and coordination by recovery

peer advocates or forensic diversion and recovery specialists. Follow-up services allows program staff to maintain contact with participants for at least one year post-discharge.

Services are provided 24 hours per day, seven days per week while participants are in transitional housing. Recovery support outpatient services are available five days per week between 12:00 p.m. and 8:00 p.m.

Participants receive a medical screening and service prioritization decision assistance tool (SPDAT) assessment to determine community assistance priority. Participants receive assistance with securing identification cards, seeking county health insurance, and transportation.

*Goals/Objectives*

The primary goal of the program is to divert high-risk individuals from arrest, prosecution, or incarceration and into treatment and recovery support services.

Objectives include:

1. Implement services and diversion initiatives
2. Create and encourage collaboration among key stakeholders
3. Plan, develop, and adjust as needed a sustainability plan

*Evidence-based, Best, and Promising Practices and Tools Utilized*

- Motivational Interviewing (MI)
- Motivational Enhancement Therapy (MET)
- Cognitive Behavioral Therapy (CBT)
- Seeking Safety (SS) (trauma)
- Peer-based recovery support
- Comprehensive case management (housing counseling, benefits, linkages, etc.)
- Service Prioritization Decision Assistance Tool (SPDAT)

**Number Served through April 30, 2018 (Year 2, Quarter 1):**

PCRP	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	50	9	-	59
Number Served Target	100	100	100	300

*Overall Grant Award*

- Total amount awarded: \$1,200,000 (three years)

*Performance Measures*

Outcome data for the performance measures reflect progress through April 30, 2018 (Year 2, Quarter 1).



- Measure: Attain 75 percent reduction in number of **arrests** among participants while enrolled in the program compared to the one-year period prior to program admission
  - 98 percent reduction
- Measure: Attain 65 percent reduction in number of **arrests** among participants within the one-year period following program discharge compared to the one-year period prior to program admission
  - 77 percent reduction
- Measure: 75 percent of participants who did not reside in **stable housing** at the time of admission will reside in stable housing within 90 days of program admission
  - 95 percent reside in stable housing
- Measure: 70 percent of participants who did not reside in **stable housing** at the time of admission will reside in stable housing one year post-discharge
  - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 75 percent of participants who are **not employed** and who express a desire to work at program admission are employed full or part-time within 180 days of program admission
  - 31 percent employed
- Measure: 70 percent of participants who are **not employed** and who express a desire to work at program admission are employed full or part-time one year following program discharge
  - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 75 percent of participants who were eligible for but not receiving **Social Security or other benefits** at admission will be assisted in applying for benefits within 180 days of admission
  - 77 percent assisted
- Measure: 10 percent of participants will be diverted from a **state mental health treatment facility**
  - No participants were eligible for possible admission into a state mental health treatment facility, therefore none were diverted.
- Measure: 90 percent of participants will decrease one or more **risk domain(s)** at discharge
  - 92 percent decreased risk domains

*Summary of the Effect of the CJMHTA Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison*

The grantee reports that the program is decreasing recidivism for individuals participating in the program. A reduction in recidivism means fewer arrests and a likely positive fiscal impact associated with fewer arrests (law enforcement manpower), fewer individuals being processed (booking, screening, assessments), and fewer individuals awaiting trial in jail or being sentenced to jail.

*Summary of the Effect of the CJMHTA Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Commitments to State Mental Health Treatment Facilities*

The program has increased the availability of community-based substance use and mental health treatment services for the target population.

*Summary of How Local Matching Funds Leveraged Additional Funding to Further the Goals of the Reinvestment Grant Program*

As of April 30, 2018, Pinellas County expended/leveraged \$333,277.90 or approximately 27.77 percent of the three-year match commitment for their CJMHSAs Reinvestment grant. Matching funds and in-kind services have allowed the program to expand while maintaining program personnel who are familiar with the structure of the program and the population served.

**POLK COUNTY BOCC**

Polk County's grant program, the Polk County Forensic Intensive Case Management Project (PC-FICM), began February 1, 2017.

*Target Population*

The target population for PC-FICM is adults with substance use, mental health, and/or co-occurring disorders who are in or at risk of entering the criminal justice system.

*Program Design/Model*

The initial PC-FICM eligibility screening is conducted using a customized tool which screens for basic eligibility requirements and risk factors (homelessness, criminal justice involvement, mental illness, substance use, and veteran status). Referrals may be generated from community partners as well as the jail. The PC-FICM program manager serves as the centralized point of contact to determine eligibility. The PC-FICM program manager and case managers comprise the FICM team. There are two case managers from Tri-County Human Services (TCHS) and two case managers from Peace River Center (PRC). The FICM team reviews the screening results and confirms the assignment of a case manager. Participants must agree to participate and sign an agreement. Caseloads are limited to 15 per case manager. Polk County's Indigent Health Care Division houses the PC-FICM program manager and assists with care coordination. Case managers develop individualized case plans for participants.

Polk County is working with the Polk County Housing and Neighborhood Development Division and a private housing developer to generate plans to meet the housing need. Diverting individuals from the system, collaborating with community partners to increase access to community-based treatment services (wrap-around services), and promoting stable and safe housing for participants are the core tenets of the grant program. Additionally, Polk County is exploring the implementation of the evidence-based APIC model (Assess, Plan, Identify, Coordinate) for transition planning with Peace River (treatment provider) and the jail.

*Goals/Objectives*

The primary goal of the program is to divert individuals with a history of criminal justice involvement who are at risk of recidivism into either the criminal justice system or a state mental health treatment hospital and divert them into community-based treatment services.

Polk County's three main objectives:

1. Implement services and diversion initiatives

2. Create and encourage collaboration among key stakeholders
3. Develop a housing initiative in support of the grant’s target population

*Evidence-based, Best, and Promising Practices and Tools Utilized*

- Forensic Intensive Case Management (FICM)
- Motivational Interviewing (MI)
- Cognitive Behavioral Therapy (CBT)
- Assess, Plan, Identify, Coordinate (APIC)
- Wellness Recovery Action Plan (WRAP)
- SSI/SSDI, Outreach, Assist, and Recovery (SOAR)

**Number Served through April 30, 2018 (Year 2 Quarter 1):**

PC-FICM	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
<b>Number Served (screened)</b>	101	33	-	134
<b>Number Served (enrolled)</b>	48	11	-	59
<b>Number Served Target</b>	50	50	50	150

*Overall Grant Award*

- Total amount awarded: \$1,200,000 (three years)

*Performance Measures*

Outcome data for the performance measures reflect progress through April 30, 2018 (Year 2, Quarter 1).

- Measure: Attain 20 percent reduction in number of **arrests** among participants while enrolled in the program compared to one-year period prior to program admission
  - 75 percent reduction
- Measure: Attain 15 percent reduction in number of **arrests** among participants within the one-year period following program discharge compared to the one-year period prior to program admission
  - 93 percent reduction
- Measure: 25 percent of participants who did not reside in **stable housing** at the time of admission will reside in stable housing within 90 days of program admission
  - 61 percent in stable housing
- Measure: 75 percent of participants who did not reside in **stable housing** at the time of admission will reside in stable housing within 180 days post-discharge
  - 79 percent in stable housing
- Measure: 70 percent of participants who did not reside in **stable housing** at the time of admission will reside in stable housing one year post-discharge
  - The grantee is collecting data; however, it is too early to report on this measure.

- Measure: 25 percent of participants who are **not employed** and who express a desire to work at program admission are employed full or part-time within 180 days of program admission
  - 47 percent employed
- Measure: 30 percent of participants who are **not employed** and who express a desire to work at program admission are employed full or part-time one year following program discharge
  - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 95 percent of participants who were eligible for but not receiving **Social Security or other benefits** at admission will be assisted in applying for benefits within 180 days of admission
  - 100 percent received assistance
- Measure: 10 percent of participants will be diverted from a **state mental health treatment facility**
  - 100 percent diverted (one participant)
- Measure: 95 percent of participants who do not have a means of **transportation** will receive program related transportation services while in the program
  - 100 percent with transportation services

*Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison*

No specific impact determined at this time. The program’s participants are receiving a variety of services previously unavailable to them and are achieving positive results. Participants are finding employment, receiving medical care and treatment, and other quality of life improvements.

*Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Commitments to State Mental Health Treatment Facilities*

FICM contingency funding has provided opportunities for participants to receive housing assistance, medications, medical and mental health services, transportation assistance, and assistance with food and identification cards. The program is working with the Polk County Indigent Health Care Program to streamline the application process that would enable FICM participants to receive healthcare under the plan. Nineteen (19) participants are approved for county-funded indigent healthcare.

There were no referrals from the Short-Term Residential Treatment Center; therefore, no participants were considered diversions from a state mental health facility.

*Summary of How Local Matching Funds Leveraged Additional Funding to Further the Goals of the Reinvestment Grant Program*

As of April 30, 2018, Polk County expended/leveraged \$326,002.45 or approximately 27.17 percent of the three-year match commitment for their CJMHS A Reinvestment grant. The county’s cash match provides funding to support the PC-FICM program manager.

## SEMINOLE COUNTY

Seminole County's grant program began October 5, 2017.

### *Target Population*

The program serves adults and juveniles:

- Adults who are at risk of criminal justice involvement, in need of detoxification services, or who exhibit other risk factors such as homeless or unstable living conditions, history of victimization, history of transitions (from jail or a forensic facility), or a history of criminal justice involvement.
- Juveniles between the ages of 7 through 19 who are in crisis or at risk of involvement in the juvenile justice system and who exhibit risk factors related to family, friends/peers, school, or community.

### *Program Design/Model*

This is a diversion and care coordination program, which includes the following components: detoxification, single point of access (SPA), care coordination, CIT training, and shelter services. A primary function of the program is to provide detoxification services (up to 198 bed-days for detoxification annually). The co-located Crisis Stabilization Unit (CSU)/Detox on site provides a safe environment for individuals in need of short-term psychiatric stabilization during a crisis and those in need of substance use withdrawal. The Police Mental Health Collaboration oversees the mental health and substance use services for juveniles.

### *Goals/Objectives*

The primary goal of the program is to provide mental health and substance abuse recovery services to adults and juveniles in Seminole County to prevent interaction with the criminal and juvenile justice systems.

Objectives:

1. Implement services and diversion initiatives;
2. Create and encourage collaboration among key stakeholders;
3. Provide treatment services for adults with mental health, substance use, or co-occurring disorders; and
4. Train law enforcement (CIT); and
5. Provide diversion services and treatment for juveniles with mental health, substance use, or co-occurring disorders.

### *Evidence-based, Best, and Promising Practices and Tools Utilized*

- Drug Abuse Screening Tool (DAST)
- Alcohol Use Disorder Identification Test (AUDIT)
- Ohio Risk Assessment Screen (ORAS)
- Child and Adolescent Needs and Strengths (CANS) assessment
- Positive Achievement Change Tool (PACT)
- Motivational Interviewing
- Cognitive Behavioral Therapy

- Co-occurring capable services
- Trauma-informed care with Eye Movement Desensitization and Reprocessing Therapy (EMDR)
- Crisis Intervention Team Training (CIT)

**Number Served through June 30, 2018 (Year 1 Quarter 3):**

Seminole Co. Grant Program	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served (adults)	18	-	-	18
Number Served Target (adults)	30	35	35	100
Number Served (juveniles) <i>(will begin serving juveniles in Program Year 2)</i>	-	-	-	-
Number Served Target (juveniles)	-	25	25	50
Detox bed days	46	-	-	46
Target (county-based medical detox bed days)	100	100	100	300
CIT Training	29	-	-	29
CIT Training Target	25	25	25	75

*Overall Grant Award*

- Total amount awarded: \$1,200,000 (three years)

*Performance Measures*

Outcome data for the performance measures reflect progress through June 30, 2018 (Year 1 Quarter 3).

- Measure: 80 percent reduction in **arrests** among adult participants while enrolled in the program compared to the one-year period prior to enrollment
  - 97 percent reduction
- Measure: 75 percent reduction in **arrests** among juvenile participants while enrolled in the program compared to the one-year period prior to enrollment
  - N/A Year 1 doesn't include tracking juveniles.
- Measure: 80 percent reduction in **arrests** among adult participants within the one-year period following discharge compared to the one-year period prior to admission
  - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 75 percent reduction in **arrests** among juvenile participants within the one-year period following discharge compared to the one-year period prior to admission
  - N/A Year 1 doesn't include tracking juveniles.
- Measure: 70 percent of adult participants who did not reside in **stable housing** at the time of admission will reside in stable housing within 90 days of program admission

- 80 percent resided in stable housing
- Measure: 50 percent of adult participants who did not reside in **stable housing** at the time of admission will reside in stable housing one year post-discharge
  - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 20 percent of adult participants who are **not employed** at admission will be employed full or part-time within 180 days of program admission
  - 20 percent employed
- Measure: 10 percent of eligible adult participants who are **not employed** at program admission are employed full or part-time within one year post-discharge
  - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 100 percent of participants will be assisted in applying for **Social Security** or other benefits for which they may have been eligible but were not receiving at admission
  - 100 percent of participants assisted
- Measure: 90 percent of participants will be **diverted** from a state mental health treatment facility
  - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 75 percent of participants who would have otherwise been taken to the Seminole County Jail in lieu of an addictions receiving facility will be provided a **medical detox** by Aspire
  - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 90 percent of participants will report that they have received **increased access** to comprehensive community-based behavioral health services in the one-year period post-program admission compared to the one-year period prior to admission
  - The grantee is collecting data; however, it is too early to report on this measure.

*Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison*

The program was designed with diversion as a primary goal and by using targeted evidence-based practices, it is expected that the program will have an impact on reducing the expenditures associated with housing individuals in jail and detention. It is too early for the grantee to report on this measure.

*Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Commitments to State Mental Health Treatment Facilities*

Data collection is underway; however, it is too early for the grantee to report on diversions from state mental health treatment facilities. Regarding the expansion of services, the grantee is providing appropriate services to all individuals in the program through agreements with Aspire Health Partners and the Community Resource Center. Entitlement services are available for qualifying individuals utilizing Aspire’s medical benefits team. Outpatient services for substance abuse, mental health, and co-occurring disorders are available. The co-located Crisis Stabilization Unit (CSU)/Detox is utilized for individuals in need of short-term psychiatric stabilization during a crisis and those in need of substance use withdrawal. Individuals are assessed through the access center, which provides the path to all services, except the CSU.

*Summary of How Local Matching Funds Leveraged Additional Funding to Further the Goals of the Reinvestment Grant Program*

As of June 30, 2018, Seminole County expended/leveraged \$232,998 or approximately 19 percent of the three-year match commitment for their CJMHSa Reinvestment grant. Seminole County is utilizing match funds to address homelessness among program participants (personnel and direct costs). Aspire is also providing some match.

**SOUTHEAST FLORIDA BEHAVIORAL HEALTH NETWORK (INDIAN RIVER COUNTY)**

Southeast Florida Behavioral Health Network's (SEFBHN) grant program began January 31, 2017 and expands Indian River County's existing Mental Health Court (MHC).

*Target Population*

The target population for the Mental Health Court includes:

- adults with serious mental illness (SMI), substance use disorder (SUD), and/or co-occurring disorder (COD) who demonstrate high utilization of acute care services, including crisis stabilization, inpatient, and inpatient detoxification services (high utilization is defined as adults with three or more acute care admissions within 180 days or adults with acute care admissions that last 16 days or longer),
- adults with a SMI awaiting placement in a state mental health treatment facility or awaiting discharge from the facility back into the community,
- persons with SMI, SUD, CODs who have a history of multiple arrests, involuntary placements, or violations of parole leading to institutionalization or incarceration,
- caretakers/parents with a SMI, SUD, or COD involved with the child welfare system,
- individuals identified by SEFBHN, network providers, or the department as potentially high risk due to concerns that warrant care coordination, and
- additional specifications for the target population are provided with regard to a defendant's charges and Chapter 916, F.S. status.

*Program Design/Model*

The CJMHSa grant program is an expansion of the Indian River County Mental Health Court (MHC). As an alternative to incarceration, the MHC links participants to long-term, community-based treatment services. The clients' behavioral health needs are addressed through mental health assessments, individualized treatment plans, and ongoing judicial monitoring. Individuals are referred to the program at booking, initial detention, first appearance hearings, or through attorney referrals. The program implements a Coordination of Care plan (education, training and activities supporting community integration) to improve transitions from jail to less restrictive community-based levels of care.

Services for the MHC are provided by the Mental Health Collaborative, McCabe Connections Center, Legacy Behavioral Health, the Mental Health Association of Indian River County, New Horizons of the Treasure Coast, Substance Abuse Council of Indian River County, and the Indian River County Sheriff's Office.



*Goals/Objectives*

The primary goal of the grant program is to divert adults with a history of criminal justice involvement who are at risk of recidivism or commitment to a state hospital system by referring them to community-based services and treatment.

SEFBHN’s three major grant objectives include:

1. Implement services and diversion initiatives
2. Create and encourage collaboration among the key stakeholders
3. Create a Coordination of Care model specific for the Mental Health Court

*Evidence-based, Best, and Promising Practices and Tools Utilized*

- SSI/SSDI, Outreach, Assist, and Recovery (SOAR)
- Wellness Recovery Action Plan (WRAP)
- Whole Health Action Management (WHAM)
- Cognitive Behavioral Therapy (CBT)
- Mindfulness-based Stress Reduction (MBSR)
- Dialectical Behavioral Therapy (DBT)
- Living in Balance (LIB)
- Forensic Needs Assessment

*Number Served through April 30, 2018 (Year 2, Quarter 1)*

IRC-MHC	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	170	21	-	191
Number Served Target	175	175	175	525
CIT Training	25	0	-	25
CIT Training Target	30	30	30	90

*Overall Grant Award*

- Total award amount: \$1.2 million (three years)

*Performance Measure*

The outcomes listed below reflect progress through April 30, 2018. (Year 2, Quarter 1)

- Measure: 40 percent reduction in the total number of **arrests** among participants while enrolled in the program compared to the one-year period prior to program admission.
  - 97 percent reduction
- Measure: 30 percent reduction in the total number of **arrests** among participants within the one-year period following program discharge compared to the one-year period prior to program admission.

- 99 percent reduction
- Measure: 67 percent of participants not residing in a **stable housing** environment at program admission will report living in a stable housing environment within 90 days of program admission.
  - 100 percent in stable housing
- Measure: 90 percent of participants not residing in **stable housing** at program admission will report living in a stable housing environment one year following program discharge.
  - 100 percent in stable housing
- Measure: 10 percent of participants **not employed** and who express a desire to work at program admission are employed full or part-time within 180 days of program admission.
  - 100 percent employed
- Measure: 24 percent of participants **not employed** and who express a desire to work at program admission are employed full or part-time one year following program discharge.
  - 100 percent employed
- Measure: 65 percent of participants will be assisted in applying **for Social Security or other benefits** for which they may have been eligible but were not receiving at program admission.
  - 100 percent received assistance
- Measure: 15 percent of participants will be **diverted** from a state mental health treatment facility.
  - 50 percent diverted
- Measure: 50 percent of participants will be **diverted** from the criminal justice system and graduate from the program.
  - 100 percent diverted

*Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison*

Since the inception of the Mental Health Court, there has been an increase in clients receiving jail sanctions as a consequence of having positive drug tests. Clients are also spending longer periods in jail while waiting for placement through the MHC.

*Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Forensic Commitments to State Mental Health Treatment Facilities*

Clients are connecting with community-based services more efficiently than they were previously. The MHC team works to resolve any delays in access to services that arise. Additionally, Legacy Behavioral Health hired a full-time therapist to ensure that there would be no delays in assessments or therapy for IRC-MHC participants.

Since the inception of the current grant program, four participants were committed to a state mental health treatment facility. One of the four clients has been transitioned to a less restrictive step-down facility. Those clients who may have been considered for commitment to the state hospital system have stayed in the program with the assistance of the FACT team and ADAP Counseling Services.

*Summary of How Local Matching Funds Leveraged Additional Funding to Further the Goals of the Reinvestment Grant Program*

As of April 30, 2018, Southeast Florida Behavioral Health Network has expended/leveraged \$501,500 or approximately 40.07 percent of the three-year match commitment.

**SOUTHEAST FLORIDA BEHAVIORAL HEALTH NETWORK (OKEECHOBEE COUNTY)**

Southeast Florida Behavioral Health Network's (SEFBHN) grant, to establish a Mental Health Court and expand the existing Drug Court, began November 1, 2017. The program is called Okeechobee Specialty Courts (OSC).

*Target Population*

The target population for OSC includes adults who have a mental illness, substance use disorder, or co-occurring mental health and substance use disorder, and who are in or at risk of entering the criminal justice system. Individuals may have factors associated with possible criminal behavior, including homelessness, unstable living conditions, history of victimization or abuse, and prior arrests, hospitalization, or incarceration.

*Program Design/Model*

SEFBHN's grant expands OSC by establishing a Mental Health Court and expanding the current Drug Court—with the aim of serving individuals who are without insurance. The OSC links participants to community-based services and supports. Referrals to the OSC may occur at pre-arrest, arrest, booking, first appearance hearings, and upon discharge from a treatment facility or jail. Referrals can be made by law enforcement officers, booking officers, jail medical staff, the Public Defender's Office, the State Attorney's Office, or by a family member of the individual.

The Drug Court serves first-time offenders who have been arrested for a qualifying drug offense. The Mental Health Court intercepts arrested individuals primarily at jail booking, initial detention, first appearance hearings, and through attorney referrals. If the individual successfully completes the Mental Health Court program, they are eligible for dismissal of charges.

In addition to the expansion of the Drug Court and the implementation of the Mental Health Court, the grant program provides Crisis Intervention Team (CIT) training to law enforcement officers in Okeechobee County.

The grant program is in partnership with the Okeechobee County Public Safety Coordinating Council, Okeechobee County Sheriff's Office (OCSO), Legacy Behavioral Health Center, New Horizons of the Treasure Coast, and Mental Health Association of Indian River County.

*Goals/Objectives*

The primary goal is to divert adults from deeper involvement in the criminal justice system or from involvement with the state mental health treatment facilities system and divert them into community-based treatment services and treatment.

Objectives include:

1. Modify the Coordination of Care model for OSC to address implementation of a mental health court and expansion of services
2. Create and encourage collaboration among key stakeholders
3. Plan, develop, and adjust as needed a sustainability plan

*Evidence-based, Best, and Promising Practices and Tools Utilized*

- Crisis Intervention Teams (CIT)
- Brief Jail Mental Health Screen (BJMHS)
- Cognitive Behavioral Therapy (CBT)
- Motivational Enhancement Therapy (MET)
- Motivational Interviewing (MI)
- Trauma-Focused Cognitive Behavioral Therapy (TF\_CBT)
- SSI/SSDI, Outreach, Assist, and Recovery (SOAR)
- Wellness Recovery Action Plan (WRAP)
- Whole Health Action Management (WHAM)
- Referral Decision Scale (RDS)
- Mobile Crisis Teams
- Certified Peer Specialists (CPS)
- Forensic Needs Assessment
- Mindfulness-based Stress Reduction (MBSR)

**Number Served through April 30, 2018 (Year 1, Quarter 2):**

OSC	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	14	-	-	14
Number Served Target	30	40	40	110
CIT Training	3	-	-	3
CIT Training Target	15	15	15	45

*Overall Grant Award*

- Total amount awarded: \$1,126,044 (three years)

*Performance Measures*

Outcome data for the performance measures reflect progress through April 30, 2018 (Year 1, Quarter 2)

- Measure: 40 percent reduction in the total number of **arrests** among participants while enrolled in the program compared to the one-year period prior to program admission
  - 95 percent reduction

- Measure: 30 percent reduction in the total number of **arrests** among participants within the one-year period following program discharge compared to the one-year period prior to program admission
  - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 67 percent of participants not residing in a **stable housing** environment at program admission will report living in a stable housing environment within 90 days of program admission
  - 100 percent in stable housing
- Measure: 90 percent of participants not residing in **stable housing** at program admission will report living in stable housing one year following program discharge
  - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 10 percent of program participants **not employed** and who express a desire to work at program admission are employed full or part-time within one year of program admission
  - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 24 percent of participants **not employed** and who express a desire to work at program admission are employed full or part time within one year following program discharge
  - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 65 percent of participants were assisted in applying **for Social Security or other benefits** for which they may have been eligible but were not receiving at program admission
  - 100 percent received assistance
- Measure: 15 percent of participants will be **diverted** from a state mental health treatment facility
  - 100 percent diverted
- Measure: 50 percent of participants will be **diverted** from the criminal justice system and graduate from the program
  - 50 percent diverted

*Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison*

Since the implementation of the MHC, there has been an increase in clients receiving jail sanctions as a consequence for positive drug tests. Clients are also spending longer periods in jail while waiting for placement through the MHC.

*Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Forensic Commitments to State Mental Health Treatment Facilities*

The MHC team works to ensure that clients can obtain behavioral health appointments and medications in a timely manner. There have been no commitments to state mental health treatment facilities for clients in the MHC.

*Summary of How Local Matching Funds Leveraged Additional Funding to Further the Goals of the Reinvestment Grant Program*

As of April 30, 2018, Southeast Florida Behavioral Health Network expended/leveraged \$98,856.05 or approximately 16.67 percent of the three-year match commitment for their CJMHS A Reinvestment grant.

**STEWART MARCHMAN ACT (SMA) BEHAVIORAL HEALTHCARE (PUTNAM COUNTY)**

SMA's Putnam County grant program, the Putnam County Crisis Triage and Treatment Unit (CTTU), began January 3, 2018.

*Target Population*

The CTTU serves adult Putnam County residents who are experiencing a mental health or substance use crisis.

*Program Design/Model*

The CTTU provides screening, transportation, and continued care to individuals who are committed to treatment under a Baker Act or Marchman Act order. There are three primary interventions provided by the CTTU:

1. Provides transportation, twelve hours per day, for individuals under a Baker Act or Marchman Act order (most transported out of county),
2. Once individuals are at the Baker Act receiving facility, SMA personnel conducts an assessment to the appropriate clinical disposition and provide all necessary transportation and linkage to continuing treatment services, and
3. Provide CIT training and MHFA training to law enforcement officers and community members.

*Goals/Objectives*

The primary goal of the program is to provide a more suitable and cost efficient alternative to providing services to individuals who are committed to treatment under Chapter 394, F.S. (Baker Act) or Chapter 396, F.S. (Marchman Act).

Objectives:

1. Establish a diversion program to increase public safety, avert increased spending on criminal justice, and improve the accessibility and effectiveness of treatment services;
2. Create and encourage collaboration among key stakeholders;
3. Provide CTTU services to reduce costs to Putnam County and manpower for law enforcement officers transporting individuals under a Baker Act or Marchman Act order; and
4. Provide CIT training to law enforcement officers.

*Evidence-based, Best, and Promising Practices and Tools Utilized*

- Crisis Intervention Team (CIT)
- Case managers trained in Targeted Case Management and SOAR

- Motivational Interviewing
- myStrength (online support system using cognitive behavioral therapy, motivational interviewing, dialectical behavioral therapy, and behavior activation techniques)
- Peer specialists
- Mental Health First Aid (MHFA)

**Number Served through June 30, 2018 (Year 1 Quarter 2):**

CTTU	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	115	-	-	115
Number Served Target	175	175	175	675
CIT Training	2	-	-	2
CIT Training Target	20	30	30	80

*Overall Grant Award*

- Total amount awarded: \$1,200,000 (three years)

*Performance Measures*

Outcome data for the performance measures reflect progress up through June 30, 2018 (Year 1 Quarter 2).

- Measure: 90 percent of participants will have no **arrests** while enrolled in the program
  - 96.9 percent had no arrests
- Measure: 85 percent of participants will have no **arrests** one year after program discharge
  - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 75 percent of participants who did not reside in **stable housing** at the time of admission will reside in stable housing within 90 days of program admission
  - 100 percent resided in stable housing
- Measure: 85 percent of participants who did not reside in **stable housing** at the time of admission will reside in stable housing one year post-discharge
  - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 25 percent of participants who are **not employed** at admission will be employed full or part-time within 180 days of program admission
  - 22.2 percent employed
- Measure: 50 percent of participants who are **not employed** at program admission are employed full or part-time within one year post-discharge
  - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 85 percent of participants will be assisted in applying for **Social Security** or other benefits for which they may have been eligible but were not receiving at admission

- 100 percent of participants assisted
- Measure: 90 percent of participants will be **diverted** from a state mental health treatment Facility
  - There have been no participants who would have been eligible to be admitted to a state mental health facility.
- Measure: 85 percent of participants referred to the CTTU under a **Baker Act order** will not be referred under a Baker Act order again within one year following program discharge
  - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 90 percent of participants will report that they have received **increased access** to comprehensive community-based behavioral health services in the one-year period post-program admission compared to the one-year period prior to admission
  - The grantee is collecting data; however, it is too early to report on this measure.

*Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison*

It is too early for the grantee to report on this measure. However, the grantee is aiming to reduce recidivism among program participants, which, in turn, would either lead to reductions in criminal justice expenditures or cost avoidance in such expenditures.

*Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Forensic Commitments to State Mental Health Treatment Facilities*

It is too early for the grantee to report on this measure. The program's goal is to prevent the need for forensic commitments by intervening and providing services. Individuals who enter a Crisis Stabilization Unit (CSU) receive continuity of care when they return to the community. CTTU case managers connect individuals with community-based treatment services to maintain stability and prevent a relapse.

*Summary of How Local Matching Funds Leveraged Additional Funding to Further the Goals of the Reinvestment Grant Program*

As of June 30, 2018, SMA Behavioral Healthcare expended/leveraged \$119,844 or approximately 19 percent of the three-year match commitment for their CJMHS A Reinvestment grant. SMA Behavioral Healthcare's matching funds enable the safe transport of individuals under a Baker Act or Marchman Act order with funds provided by the county and through the use of two caged vehicles (Putnam County Sheriff's Office). Match funds also support the oversight committee and enable law enforcement officers to attend CIT and MHFA training.



## THE CJMHSa TECHNICAL ASSISTANCE CENTER

This section summarizes the CJMHSa TAC's technical assistance during FY2017-18. Technical assistance activities include assisting grantees in projecting and monitoring the effect of grant-funded interventions on the criminal justice system, acting as a clearinghouse for disseminating information on best practices, facilitating Sequential Intercept Mappings, and other information relevant to the criminal justice system; the juvenile justice system; and mental health, substance use and/or co-occurring disorders.

### COMMON PROGRAM FEATURES AND MODELS ACROSS GRANTEES

The table below presents the common program/model features of the implementation/expansion grant programs. Also included in the table are the system intercepts where programs intervene; evidence-based, best, and promising practices and tools; and whether the target population includes adults, juveniles, or both.

Based on the implementation of the grant programs, several common program features have emerged among the grantees.

- Increased emphasis on reentry and the vast benefits realized through comprehensive transition planning using a team approach.
- The beneficial impact that the Sequential Intercept Mapping process can have on strategic planning at the community level.
- The increased emphasis placed on screening individuals in need of treatment that will lead to increased diversion rather than incarceration.
- The use of central receiving systems and triage systems to divert individuals from the criminal justice system.
- The implementation of Forensic Intensive Case Management and juvenile justice "wraparound" community-based programs.
- The expansion of mental health courts to increase access to community-based services and divert individuals from the criminal justice system.
- Recognition that the development and expansion of permanent supportive housing is essential to success of all reinvestment programs and recovery for individuals with mental health and substance use disorders involved in the criminal justice system.

Sequential Intercept Mapping (SIM) is an effective strategy for conducting strategic or systems planning especially when conducting systems planning involving criminal and juvenile justice populations with behavioral health needs. Conducting a SIM involves analyzing strengths and weaknesses in resources and processes transitioning through the "intercepts" of the criminal or juvenile justice system. The CJMHSa TAC conduct SIMs for grantees when requested as a priority technical assistance need. The "Common Program Features" table on the following pages includes the "intercepts" impacted by the various models employed by grantees. In chronological order, the intercepts 0 through 5 are Community Services (prevention), Law Enforcement and Emergency Services, Initial Detention and First Appearance, Jails and Courts, Reentry, and Community Corrections/Supervision/Services.

**Common Program Features for 2017-20 CJMHS A Reinvestment Grantees (implementation/expansion grants)**

2017-20 Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
Centerstone of Florida (Sarasota County)	Adult	1,2,3	<ul style="list-style-type: none"> <li>• Assertive Community Treatment (ACT)</li> <li>• Crisis Intervention Teams (CIT)</li> <li>• Risk-Need-Responsivity Level of Care Service Case Management Inventory (LS-CMI) (staff were not trained or certified to use this tool at the onset of the program)</li> <li>• Motivational Interviewing (MI)</li> <li>• SSI/SSD Outreach Advocacy and Recovery (SOAR)</li> <li>• Mental Health First Aid (MHFA)</li> <li>• Individual Treatment Plans (ITP)</li> <li>• Integrated Treatment for Co-occurring Disorders (ITC)</li> <li>• Personal Health Questionnaire (PHQ-9)</li> <li>• Correctional Mental Health Screen (CMHS)</li> <li>• Cognitive Behavioral Therapy (CBT)</li> </ul>	<ul style="list-style-type: none"> <li>• Diversion through the Comprehensive Treatment Court (Mental Health Court)</li> <li>• Linkages to community-based treatment providers</li> </ul>
Collier County BOCC	Adult	1,4,5	<ul style="list-style-type: none"> <li>• SSI/SSD Outreach Advocacy and Recovery (SOAR)</li> <li>• Crisis Intervention Teams (CIT)</li> <li>• Seeking Safety</li> <li>• Peer Specialists</li> <li>• Forensic Intensive Case Management (FICM)</li> <li>• Permanent Supportive Housing</li> <li>• Supported Employment</li> <li>• Texas Christian University Drug Screen (TCUDS V)</li> </ul>	<ul style="list-style-type: none"> <li>• Diversion/Reentry</li> <li>• Centralized Assessment Center (CAC) operated by the Collier County Forensic Intensive Reintegration Support Team (FIRST)</li> </ul>

2017-20 Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
			<ul style="list-style-type: none"> <li>• Posttraumatic Stress Disorder Checklist for DSM 5 (PCL-5)</li> <li>• Mental Health Screening Form-III (MHSF-III)</li> </ul>	
Kids Hope Alliance (Duval County/City of Jacksonville)	Juvenile	1,2,3	<ul style="list-style-type: none"> <li>• Motivational Enhancement Therapy/Cognitive Behavioral Therapy (5 sessions) (MET/CBT-5)</li> <li>• Motivational Interviewing (MI)</li> <li>• Global Appraisal of Individual Needs (GAIN-I) (assessment tool used by Jewish and Family Community Services)</li> <li>• SSI/SSDI Outreach, Access, and Recovery (SOAR)</li> <li>• Crisis Intervention Teams (CIT)</li> <li>• High Intensity Wrap Around (part of System of Care)</li> <li>• Positive Achievement Change Tool (PACT) (assessment)</li> </ul>	<ul style="list-style-type: none"> <li>• Diversion</li> <li>• Centralized Coordination Project (CCP)</li> </ul>
Guidance Care Center (Monroe County)	Both (Adult and Juvenile)	1, 2	<ul style="list-style-type: none"> <li>• Crisis Intervention Teams (CIT)</li> <li>• Motivational Interviewing (MI)</li> <li>• Moral Reconciliation Therapy (MRT)</li> <li>• Seeking Safety</li> <li>• Comprehensive, Continuous, Integrated System of Care (CCISC)</li> <li>• Individual Placement &amp; Support (IPS)</li> <li>• Justice Steps (JSTEPS)</li> </ul>	<ul style="list-style-type: none"> <li>• Diversion</li> <li>• Intensive outpatient treatment</li> </ul>

2017-20 Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
			<ul style="list-style-type: none"> <li>• Correctional Assessment and Intervention System (CAIS)</li> <li>• Modified Mini Screen (MMS)</li> <li>• Post-traumatic Stress Disorder Checklist for DSM 5 (PCL-5)</li> </ul>	
Hillsborough County BOCC (LHZ49)	Adult	1, 2, 3	<ul style="list-style-type: none"> <li>• Risk-Need-Responsivity (RNR)</li> <li>• Level of Service / Case Management Inventory Risk Assessment Tool (LS/CMI)</li> <li>• Texas Christian University Drug Screen</li> <li>• PTSD Checklist for DSM-5 (PCL-5)</li> <li>• Peer specialists</li> <li>• SSI/SSDI, Outreach, Assist, and Recovery (SOAR)</li> <li>• Comprehensive, Continuous, Integrated Systems of Care (CCISC)</li> </ul>	<ul style="list-style-type: none"> <li>• Diversion for SPMI offenders through the Mental Health Pretrial Intervention Program</li> <li>• Mental Health Court</li> <li>• Stable Housing (20 Tampa Housing Authority vouchers)</li> <li>• Linkages to community-based treatment providers</li> </ul>
Hillsborough County BOCC (LHZ69)	Adult	1,2,3	<ul style="list-style-type: none"> <li>• Motivation Interviewing (MI)</li> <li>• Housing First Approach and Model</li> <li>• American Society of Addiction Medicine (ASAM) Criteria (2013)</li> <li>• National Council for Behavioral Health/MTM Services Daily Living Activities 20 (DLA-20)</li> <li>• SAMHSA-HRSA and SAMHSA TIP 57 recommended PTSD Checklist-Civilian (PCL-C)</li> <li>• Global Appraisal of Individual Needs Q3 (GAIN Q3)</li> <li>• Accelerated Resolution Therapy (ART)</li> </ul>	<ul style="list-style-type: none"> <li>• Expansion of Drug Pre-trial Intervention with an expanded Adult Drug Court docket and service infrastructure</li> </ul>

2017-20 Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
			<ul style="list-style-type: none"> <li>• Medication-Assisted Treatment (MAT)</li> <li>• SSI/SSDI, Outreach, Assist, and Recovery (SOAR)</li> <li>• Comprehensive, Continuous, Integrated System of Care (CCISC)</li> </ul>	
Lee County BOCC	Adult	1, 2, 3	<ul style="list-style-type: none"> <li>• Crisis Intervention Teams (CIT)</li> <li>• Housing First Approach</li> <li>• Coordinated Entry</li> </ul>	<ul style="list-style-type: none"> <li>• Triage Center/Low demand shelter</li> <li>• Diversion</li> <li>• Reentry</li> <li>• Linkages from specialty courts to community-based treatment providers</li> </ul>
LifeStream Behavioral Center (Lake County)	Adult	1, 2, 3, 4, 5	<ul style="list-style-type: none"> <li>• Assertive Community Treatment (ACT)</li> <li>• Motivational Interviewing (MI)</li> <li>• Cognitive Behavioral Therapy (CBT)</li> <li>• Crisis Intervention Teams (CIT)</li> <li>• Risk-Need-Responsivity framework (RNR)</li> <li>• Forensic Community Services Team (FCST)</li> <li>• Interactive Journaling</li> <li>• Ohio Risk Assessment System (ORAS)</li> <li>• Texas Christian University (TCU) Drug Screen</li> <li>• Global Appraisal of Individual Needs (GAINS SS)</li> <li>• Posttraumatic Stress Disorder Checklist for DSM 5 (PCL-5)</li> <li>• Trauma-Informed Therapy</li> </ul>	<ul style="list-style-type: none"> <li>• Diversion</li> <li>• Reentry</li> <li>• Linkages to community-based treatment providers</li> </ul>

2017-20 Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
Martin County BOCC	Both (Adult and Juvenile)	1,2,3	<ul style="list-style-type: none"> <li>Brief Jail Mental Health Screen (BJMHS)</li> <li>Crisis Intervention Teams (CIT)</li> <li>SSI/SSDI, Outreach, Assist, and Recovery (SOAR)</li> </ul>	<ul style="list-style-type: none"> <li>Case management for the Mental Health Court participants</li> <li>Diversion</li> <li>Linkages to community-based treatment providers</li> </ul>
Meridian Behavioral Health (Alachua & Bradford Counties)	Adult	1, 2, 3, 4, 5	<ul style="list-style-type: none"> <li>Crisis Intervention Teams (CIT)</li> <li>Mental Health First Aid (MHFA)</li> <li>Risk Need Responsivity (RNR) Model</li> <li>Assess, Plan, Identify, Coordinate (APIC) Model</li> <li>GAINS Reentry Checklist</li> <li>Wellness Recovery Action Plan (WRAP)</li> <li>SSI/SSDI, Outreach, Assist, and Recovery (SOAR)</li> <li>Seeking Safety</li> <li>Moral Reconciliation Therapy (MRT)</li> <li>Cognitive Behavioral Therapy (CBT)</li> </ul>	<ul style="list-style-type: none"> <li>Diversion</li> <li>Reentry</li> <li>Linkages to community-based treatment providers</li> </ul>
Miami-Dade County	Adult	4, 5	<ul style="list-style-type: none"> <li>Assess, Plan, Identify, and Coordinate (APIC) Model</li> <li>Texas Christian University Drug Screen (TCUD-V)</li> <li>Mental Health Screen Form- III (MHSF-III)</li> <li>Ohio Risk Assessment- Community Supervision Tool (ORAS-CST)</li> </ul>	<ul style="list-style-type: none"> <li>Discharge planning and reentry</li> </ul>
Operation PAR (Pinellas County)	Adult	1,2	<ul style="list-style-type: none"> <li>GAIN-SS</li> <li>GAIN-Q3</li> </ul>	<ul style="list-style-type: none"> <li>Screening</li> </ul>

2017-20 Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
			<ul style="list-style-type: none"> <li>• Motivational Interviewing (MI)</li> <li>• Mental Health Empowerment Team Approach</li> </ul>	<ul style="list-style-type: none"> <li>• Linkage program for individuals under a Marchman Act order</li> <li>• Detoxification services</li> <li>• Outpatient mental health treatment</li> </ul>
Orange County BOCC	Juvenile	1,2,3,4,5	<ul style="list-style-type: none"> <li>• Car, Relax, Alone, Forget, Friends, Trouble (CRAFT) (screening tool)</li> <li>• Screening, Brief Intervention, and Referral to Treatment (SBIRT)</li> <li>• Crisis Intervention Teams-Youth (CIT-Y)</li> <li>• Child and Adolescent Needs and Strengths – Comprehensive tool (CANS-C)</li> <li>• SSI/SSDI Outreach, Access, and Recovery model (SOAR)</li> <li>• Motivation Interviewing (MI)</li> <li>• Wraparound (intensive, individualized care planning and management)</li> </ul>	<ul style="list-style-type: none"> <li>• Diversion</li> <li>• Wraparound service intervention within a System of Care model of service delivery</li> <li>• Family-involvement</li> </ul>
Pinellas County BOCC	Adult	1, 2	<ul style="list-style-type: none"> <li>• Motivational Interviewing (MI)</li> <li>• Cognitive Behavioral Therapy (CBT)</li> <li>• Seeking Safety (SS)</li> <li>• Peer-based recovery support</li> </ul>	<ul style="list-style-type: none"> <li>• Diversion (high utilizers)</li> <li>• Linkages to community-based treatment providers</li> </ul>

2017-20 Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
Polk County BOCC	Adult	1,2,3,4,5	<ul style="list-style-type: none"> <li>• Forensic Intensive Case Management (FICM)</li> <li>• Motivational Interviewing (MI)</li> <li>• Cognitive Behavioral Therapy (CBT)</li> <li>• Assess, Plan, Identify, Coordinate (APIC)</li> <li>• Wellness Recovery Action Plan (WRAP)</li> <li>• SSI/SSDI, Outreach, Assist, and Recovery (SOAR)</li> </ul>	<ul style="list-style-type: none"> <li>• Case management</li> <li>• Linkages to community-based treatment providers</li> <li>• Post-booking</li> <li>• Reentry</li> <li>• Housing</li> </ul>
Seminole County BOCC	Adult	1,2,3,4	<ul style="list-style-type: none"> <li>• Drug Abuse Screening Tool (DAST)</li> <li>• Alcohol Use Disorder Identification Test (AUDIT)</li> <li>• Ohio Risk Assessment Screen (ORAS)</li> <li>• Child and Adolescent Needs and Strengths (CANS) assessment</li> <li>• Positive Achievement Change Tool (PACT)</li> <li>• Motivational Interviewing</li> <li>• Cognitive Behavioral Therapy</li> <li>• Co-occurring capable services</li> <li>• Trauma-informed care with Eye Movement Desensitization and Reprocessing Therapy (EMDR)</li> <li>• Crisis Intervention Teams (CIT)</li> </ul>	<ul style="list-style-type: none"> <li>• Diversion and Reentry</li> <li>• Centralized Coordination Program with a Community Resource Center (CRC)</li> </ul>
Southeast Florida Behavioral Health Network (Indian River County)	Adult	2,3,4	<ul style="list-style-type: none"> <li>• SSI/SSDI, Outreach, Assist, and Recovery (SOAR)</li> <li>• Wellness Recovery Action Plan (WRAP)</li> <li>• Whole Health Action Management (WHAM)</li> <li>• Cognitive Behavioral Therapy (CBT)</li> <li>• Mindfulness-based Stress Reduction (MBSR)</li> <li>• Dialectical Behavioral Therapy (DBT)</li> </ul>	<ul style="list-style-type: none"> <li>• Mental Health Court</li> <li>• Diversion from incarceration</li> <li>• Linkages to community-based treatment providers</li> </ul>



2017-20 Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
			<ul style="list-style-type: none"> <li>• Living in Balance (LIB)</li> <li>• Forensic Needs Assessment</li> </ul>	
Southeast Florida Behavioral Health Network (Okeechobee County)	Adult	2,3,4	<ul style="list-style-type: none"> <li>• Crisis Intervention Teams (CIT)</li> <li>• Brief Jail Mental Health Screen (BJMHS)</li> <li>• Cognitive Behavioral Therapy (CBT)</li> <li>• Motivational Enhancement Therapy (MET)</li> <li>• Motivational Interviewing (MI)</li> <li>• Trauma-Focused Cognitive Behavioral Therapy (TF_CBT)</li> <li>• SSI/SSDI, Outreach, Assist, and Recovery (SOAR)</li> <li>• Wellness Recovery Action Plan (WRAP)</li> <li>• Whole Health Action Management (WHAM)</li> <li>• Referral Decision Scale (RDS)</li> <li>• Mobile Crisis Teams</li> <li>• Certified Peer Specialists (CPS)</li> <li>• Forensic Needs Assessment</li> <li>• Mindfulness-based Stress Reduction (MBSR)</li> </ul>	<ul style="list-style-type: none"> <li>• Mental Health Court</li> <li>• Drug Court expansion</li> <li>• Diversion from incarceration</li> <li>• Linkages to community-based treatment providers</li> </ul>
Stewart Marchman Act Behavioral Healthcare (Putnam County)	Adult	1,2	<ul style="list-style-type: none"> <li>• Crisis Intervention Teams (CIT)</li> <li>• Case managers trained in Targeted Case Management and SOAR</li> <li>• Motivational Interviewing (MI)</li> <li>• myStrength (online support system using cognitive behavioral therapy, motivational interviewing, dialectical behavioral therapy, and behavior activation techniques)</li> </ul>	<ul style="list-style-type: none"> <li>• County Crisis Triage and Treatment Unit (CTTU)</li> <li>• Transportation, screening, and continued care to individuals under a Baker Act or Marchman Act</li> </ul>

2017-20 Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
			<ul style="list-style-type: none"> <li>Peer specialists</li> </ul>	

## RESULTS OF SATISFACTION SURVEYS COMPLETED BY GRANTEES RECEIVING FORMAL TECHNICAL ASSISTANCE SITE VISITS

Twelve grantees (planning and implementation/expansion) received “formal” technical assistance in FY2017-18, with a total of fourteen formal technical assistance events (SEFBHN Indian River and Collier County each received two formal technical assistance events as presented in the table below). CJMHS A TAC exceeded the satisfactory benchmark of 85%. The table below displays the satisfaction survey results for formal technical assistance conducted in FY2017-18.

### Summary of Grantee Satisfaction Survey Results

Grantee	Date of Formal TA	Satisfaction Survey Results
Guidance/Care Center, Inc. (Monroe County)	July 20-21, 2017	100%
SMA Behavioral Healthcare (St. Johns County)	August 25, 2017	100%
Hanley Center Foundation (Hendry County)	August 30, 2017	98.5%
SMA Behavioral Healthcare (Flagler County)	November 3, 2017	100%
Southeast Florida Behavioral Health Network (Indian River County)	November 7, 2017	100%
Collier County BOCC	November 30, 2017	100%
Broward Behavioral Health Coalition (Broward County)	December 14, 2017	100%
Pinellas County BOCC	February 20, 2018	100%
Meridian Behavioral Healthcare (Alachua and Bradford Counties)	February 23, 2018	100%
Collier County BOCC	April 16, 2018	100%
Orange County BOCC	May 1, 2018	100%
Miami-Dade County	May 2, 2018	100%
LSF Health Systems (Hernando County)	May 18, 2018	100%
Southeast Florida Behavioral Health Network (Indian River County)	June 7-8, 2018	100%

## RECOMMENDATIONS AND SUGGESTED STRATEGIES FOR FURTHERING THE DEVELOPMENT OF THE CJMHS A TAC AND THE REINVESTMENT GRANT PROGRAM

The USF CJMHS A TAC offers the following recommendations for quality improvement in the existing CJMHS A Reinvestment Grant programs as well as for future grantees.

### *County-level/Program-level Strategies*

- Establish realistic targets for performance measures in grantee contracts.
- Negotiate with DCF SAMH to revise or remove a performance measure(s) stated as required in the RFA if it is not appropriate for the proposed grant program.
- Crosswalk the number and type of evidence-based and best practices proposed in the grant application and included in the executed grant agreement; identify the evidence-based tools to be used.
- Increase involvement by county Public Safety Coordinating Councils.
- Clearly identify county leadership including county/circuit courts, health and human services staff, substance abuse and mental health providers, advocates, and individuals responsible for implementing the strategic plan.
- Develop concrete sustainability plans.
- Follow up on Sequential Intercept Mapping action plan priorities.

### *DCF/State-level Strategies*

- During contract negotiations, provide clarification to grantees regarding performance measures and realistic targets for performance measures.
- Convene an annual grantee meeting—providing an opportunity for grantees to share information and experiences with each other as well as engage with DCF SAMH personnel.
- Engage with grantees to ensure that the evidence-based and best practices listed in applications and quarterly progress reports are, in fact, being utilized and implemented with fidelity.

### *CJMHS A Technical Assistance Center Strategies*

- Assist DCF SAMH in arranging an annual grantee meeting.
- Continue to work with DCF SAMH to improve quarterly progress reporting by grantees.
- Provide technical assistance to a single (or maybe two) grantees via an interactive webinar format (in addition to on-site and telephonically technical assistance).

## SUMMARY OF TECHNICAL ASSISTANCE PROVIDED DURING PRIOR FY (7/1/17-6/30/18)

The CJMHS A TAC provides assistance in-person (site visits), via electronic mail, telephonically, and via quarterly webinars. As stated previously, CJMHS A TAC facilitated fourteen formal technical assistance events for twelve of the twenty-seven grantees during the FY2017-18. As required in LH289, the following pages summarize the assistance provided by CJMHS A TAC.

### *Activities and Accomplishments*

Per LH289 section C-1.1.2.2, the CJMHS A TAC must conduct a technical assistance needs assessment survey at the beginning of each fiscal year. The CJMHS A TAC disseminated the *FY2017-18 Technical Assistance Needs Assessment Survey* to:

- RFA06H16GS1 Implementation/Expansion grantees: sent 9/18-19/2017
- RFA06H16GS1 Implementation/Expansion grantee: sent 1/23/2018
- RFA03H17GN2 Planning and Implementation/Expansion grantees: sent 1/23/2018

The top three technical assistance priorities identified in the FY2017-18 needs assessment surveys were:

- Use of evidence-based practices (EBPS)
- Jail diversion
- Overall grant development/approach

### *CJMHS A TAC Quarterly Updates*

Summaries of the three quarterly updates convened by the CJMHS A TAC are below. The quarterly updates are executed using a webinar medium. The webinars are recorded and are posted on our website, allowing grantees to revisit each webinar at their convenience.

#### **Quarter 2 Webinar: October 24, 2017**

October 24, 2018, Dr. Kenneth Minkoff, of ZiaPartners, Inc. and CJMHS A TAC subject matter expert, hosted the quarterly webinar titled, “Best Practices in Co-Occurring Disorders for Individuals involved in the Criminal Justice System.” The webinar reviewed screening guidelines for the identification of mental health and substance use disorders in the criminal justice system. Dr. Minkoff also provided an overview of specific screening tools that may be appropriate for the target population.

#### **Quarter 3 Webinar: February 27, 2018**

February 27, 2018, Dr. Nev Jones, Assistant Professor in the Department of Mental Health Law and Policy at the University of South Florida and CJMHS A TAC subject matter expert hosted the quarterly webinar. Dr. Jones’ presentation was titled, “*Early Intervention in Psychosis: Introduction and Justice System Intersections.*” The webinar addressed Early Intervention in Psychosis (EIP), also referred to as “Coordinated Specialty Care” (CSC), an approach widely described as a paradigm shift to alter the clinical and functional trajectories of youth and young adults with early psychosis, a risk factor for involvement in the juvenile or criminal justice systems.

#### **Quarter 4 Webinar: June 12, 2018**

June 12, 2018, Mr. John Petrila, J.D., LL.M., hosted the quarterly webinar. Mr. Petrila is an attorney with 40 years of experience in mental health law and policy and currently serves as the Vice President of Adult Policy for the Meadows Mental Health Policy Institute. Mr. Petrila’s presentation, titled, “Legal Issues in Information Sharing between the Behavioral Health and Criminal Justice Systems,” provided an overview of federal and state laws including recent changes in Florida law in light of the Parkland High

School shooting, a framework to consider when sharing private health information, and examples of proper and improper data sharing.

*On-Site and Off-Site “Formal” and “Informal” Grantee Technical Assistance*

The following table summarizes the formal and informal technical assistance (on-site and off-site) provided by CJMHS A TAC during FY2017-18 organized chronologically (not alphabetically by grantee). The distinction between formal and informal technical assistance is the administration and collection of a satisfaction survey completed by participants of the technical assistance event. *Please note, formal technical assistance events are shaded grey.*

**FY2017-18 CJMHS A TAC “Formal and Informal” Technical Assistance Overview**

**July 2017**

Grantee/County	Topic Area(s) of TA	Type of TA (on-site, telephonic, email)
Stewart Marchman Act Behavioral Healthcare (St. Johns County)	SIM planning	Email
Polk County BOCC	Transition planning and the APIC model	Telephonic
Stewart Marchman Act Behavioral Healthcare (St. Johns County)	SIM planning	Telephonic
Guidance/Care Center (Monroe County)	Supportive housing workshop	On-site

**August 2017**

Grantee/County	Topic Area(s) of TA	Type of TA (on-site, telephonic, email)
Pinellas County BOCC	Needs assessment follow-up	Telephonic
Hanley Center Foundation (Hendry County)	SIM Workshop Planning	Telephonic
Stewart Marchman Act Behavioral Healthcare (St. Johns County)	SIM mapping	On-site
Hanley Center Foundation (Hendry County)	SIM Workshop	On-site

### September 2017

Grantee/County	Topic Area(s) of TA	Type of TA (on-site, telephonic, email)
Collier County BOCC	SIM inquiry; SIM request	Email
Stewart Marchman Act Behavioral Healthcare (Flagler County)	TA planning call	Email
Collier County BOCC	Planning for roundtable discussion for civil and criminal systems	Email
Collier County BOCC	Strategic planning request	Telephonic

### October 2017

Grantee/County	Topic Area(s) of TA	Type of TA (on-site, telephonic, email)
Centerstone of Florida (Sarasota County)	Central receiving systems	Email
Polk County	Final SIM Report sent to grantee	Email
BayCare Behavioral Health (Pasco County)	Creation of a Workforce Development Plan	Telephonic
Sarasota County	Observation of Comprehensive Treatment Court (CJMHS A grant-funded program)	On-site

### November 2017

Grantee/County	Topic Area(s) of TA	Type of TA (on-site, telephonic, email)
Polk County	HUD-VASH vouchers	Telephonic
SMA Behavioral Healthcare (Flagler County)	Implementation strategy for the Juvenile Strategic Plan	Telephonic
SMA Behavioral Healthcare (St. Johns County)	Final SIM Report sent to grantee	Email
Southeast Florida Behavioral Health Network (Indian River County)	Grant Implementation and Local Systems Development Workshop	On-site
Collier County	Strategic Planning Workshop	On-site

### December 2017

Grantee/County	Topic Area(s) of TA	Type of TA (on-site, telephonic, email)
Central Florida Cares Health System (Brevard County)	Potential planning grant timeline	Telephonic Pre-award
Central Florida Cares Health System (Brevard County)	Letter of commitment for SIM	Email Pre-award
LifeStream Behavioral Center (Lake County)	Data collection	Email
LSF Health Systems (Hernando County)	Strategic plan feedback	Email
Pinellas County BOCC	Planning on-site TA	Email
BayCare Behavioral Health (Pasco County)	Examples of cost-share	Email Pre-award
SMA Behavioral Healthcare (Flagler County)	Cost-per-day in a juvenile detention center	Email
Broward Behavioral Health Coalition (Broward County)	Juvenile SIM Follow-up	On-site



<b>Grantee/County</b>	<b>Topic Area(s) of TA</b>	<b>Type of TA (on-site, telephonic, email)</b>
Centerstone of Florida <b>(Manatee County)</b>	Planning grant for Manatee County	Telephonic Pre-award
Central Florida Cares Health System <b>(Brevard County)</b>	Grant application	Telephonic Pre-award
<b>Gadsden County</b>	Grant application review	Telephonic Pre-award
<b>Polk County</b>	Polk County grant program and SIM objectives	Telephonic

### January 2018

<b>Grantee/County</b>	<b>Topic Area(s) of TA</b>	<b>Type of TA (on-site, telephonic, email)</b>
Meridian Behavioral Health Care <b>(Levy County)</b>	Planning grant application, letter of support for SIM	Email Pre-award
<b>Polk County BOCC</b>	Programmatic and budgetary aspects of grant program	Telephonic Pre-award
Southeast Florida Behavioral Health Network <b>(Indian River County)</b>	SIM planning	Email
<b>Pinellas County BOCC</b>	Supportive Housing TA planning	Email
<b>Miami-Dade County</b>	TA needs assessment follow-up	Telephonic
<b>Miami-Dade County</b>	Trauma screening tools	Email
LSF Health Systems <b>(Hernando County)</b>	Research regarding specialty court participant fees	Telephonic
<b>Pinellas County BOCC</b>	Supportive Housing TA planning	Telephonic
LSF Health Systems <b>(Hernando County)</b>	TA needs assessment follow-up	Email
<b>Martin County BOCC</b>	TA needs assessment follow-up	Telephonic

## February 2018

Grantee/County	Topic Area(s) of TA	Type of TA (on-site, telephonic, email)
LSF Health Systems <b>(Hernando County)</b>	SIM planning	Email
<b>Orange County BOCC</b>	TA planning call	Telephonic
LifeStream Behavioral Center <b>(Lake County)</b>	TA needs assessment follow-up	Telephonic
<b>Pinellas County BOCC</b>	Supportive Housing Roundtable	On-site
Meridian Behavioral Healthcare <b>(Alachua and Bradford Counties)</b>	Process and Outcome Evaluation Approaches	On-site

## March 2018

Grantee/County	Topic Area(s) of TA	Type of TA (on-site, telephonic, email)
Southeast Florida Behavioral Health Network <b>(Indian River County)</b>	SIM planning	Telephonic and email
Southeast Florida Behavioral Health Network <b>(Indian River County)</b>	SIM planning materials	Email
<b>Kids Hope Alliance (Duval County/City of Jacksonville)</b>	TA needs assessment follow-up	Email
<b>Lee County BOCC</b>	TA needs assessment follow-up	Email
<b>Orange County BOCC</b>	TA planning	Telephonic
LSF Health Systems <b>(Hernando County)</b>	Juvenile SIM planning materials	Email
<b>Miami-Dade County</b>	TA planning call	Telephonic
<b>Hillsborough County BOCC</b>	Hillsborough Co. Jail process flow	On-site

### April 2018

Grantee/County	Topic Area(s) of TA	Type of TA (on-site, telephonic, email)
<b>Kids Hope Alliance (Duval County/City of Jacksonville)</b>	TA needs assessment follow-up	Telephonic
<b>Orange County BOCC</b>	TA planning	Email
<b>Southeast Florida Behavioral Health Network (Indian River County)</b>	SIM planning	Email
<b>SMA Behavioral Healthcare (Putnam County)</b>	SIM planning	Telephonic
<b>Lee County BOCC</b>	TA needs assessment follow-up	Email
<b>SMA Behavioral Healthcare (Putnam County)</b>	SIM planning	Email
<b>Collier County BOCC</b>	Strategic Planning	On-site
<b>LSF Health Systems (Hernando County)</b>	SIM participant list	Email
<b>Polk County BOCC</b>	TA planning – APIC training	Telephonic

### May 2018

Grantee/County	Topic Area(s) of TA	Type of TA (on-site, telephonic, email)
<b>Orange County BOCC</b>	Identification and implementation of evidence-based practices	On-site
<b>Miami-Dade County</b>	Programmatic pathways and design improvement	On-site
<b>Collier County BOCC</b>	Discuss how to establish a data collaborative	Telephonic
<b>SMA Behavioral Healthcare (Putnam County)</b>	SIM planning and participant list	Email
<b>Guidance/Care Center (Monroe County)</b>	TA needs assessment	Email
<b>LSF Health Systems (Hernando County) 2017b</b>	SIM planning	Email

<b>Grantee/County</b>	<b>Topic Area(s) of TA</b>	<b>Type of TA (on-site, telephonic, email)</b>
LSF Health Systems <b>(Hernando County)</b>	Juvenile SIM	On-site
<b>Polk County BOCC</b>	Trauma-Informed Care trainer	Email
<b>Polk County BOCC</b>	Medicaid policy for county jail inmates	Email

**June 2018**

<b>Grantee/County C-2.5.2.2.1.1</b>	<b>Topic Area(s) of TA C-2.5.2.2.1.5</b>	<b>Type of TA (on-site, telephonic, email)</b>
Southeast Florida Behavioral Health Network <b>(Indian River County)</b>	SIM participant list	Email
<b>Miami-Dade County</b>	SAMHSA Toolkit- Assertive Community Treatment	Email
Southeast Florida Behavioral Health Network <b>(Indian River County)</b>	SIM Mapping	On-site
Southeast Florida Behavioral Health Network <b>(Indian River County)</b>	Research and information regarding screening and assessment, reentry, diversion strategies, and Risk-Needs-Responsivity	Email
Southeast Florida Behavioral Health Network <b>(Indian River County)</b>	Thirteenth Judicial Circuit Problem-solving Courts Needs Assessment	Email
<b>Martin County</b>	On-site TA planning—supportive housing	Email
<b>Polk County</b>	On-site TA agenda for APIC training	Email
LSF Health Systems <b>(Hernando County)</b>	Hernando County Juvenile SIM report draft	Email
Pinellas County	Sustainability plans	Email
<b>Kids Hope Alliance (Duval County/City of Jacksonville)</b>	Juvenile SIM planning	Email
<b>Polk County BOCC</b>	Pre-crisis intervention	Email

## APPENDIX A: REINVESTMENT GRANT BACKGROUND

The Florida Legislature enacted Florida’s Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Act in 2007. This legislation laid the foundation for community leaders to plan, create, and expand innovative services to shift the care of individuals 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 expand community mental health and substance abuse services, establish local planning councils, and engage in strategic planning.

The Reinvestment Grant Act initially created two types of grants—planning and implementation—to assist communities in developing and/or expanding treatment alternatives to jails, prisons and state forensic hospitals (treatment facilities). The grantee applicant was restricted to local government entities (counties). The initial grants were awarded to 23 counties in 2007.

In November 2010, the Florida Legislature appropriated funding that allowed the Department of Children and Families Office of Substance Abuse and Mental Health (DCF-SAMH) to award new grants, resulting in nine new implementation grants and five expansion grants. Grants were awarded competitively and funds were matched by the counties, thereby maximizing available resources. The final execution of contracts between 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.

In March 2014, nine counties were awarded reinvestment grants and new grantee contracts were executed by June 2014.

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. Grantees may use funds to expand existing programs or to create new programs from the service menu in the authorizing legislation.

As reflected in Chapter 2016-241, Laws of Florida, the CJMHS A Reinvestment Grant Program statute was amended to expand eligible applicants to include not-for-profit providers and managing entities. In October 2016, DCF-SAMH awarded 21 new grants: seven planning grants and 14 implementation/expansion grants. All applicants who responded to the 2016 Request for Applications for the 2017-2020 Reinvestment Grant Program were awarded a grant. The twenty-one grantees included nine providers, three managing entities, and nine county governments.

On March 8, 2017, DCF-SAMH released RFA 03H17GN2 (CJMHS A Reinvestment grant program) and on June 27, 2017, DCF awarded six new grants: one planning grant and five implementation/expansion grants. Grantees include two providers, one managing entity, and two county governments.

On November 9, 2017, DCF-SAMH released RFA 11H20GN1 to establish additional CJMHS A Reinvestment grant programs and on March 6, 2018, DCF awarded five new grants: one planning grant and four implementation/expansion grants. Grantees include two providers, two managing entities, and one county government.

## APPENDIX B: GRANTEES—HISTORICAL SNAPSHOT

### Historical Snapshot of CJMHS A Reinvestment Grantees

Not all of the grantees listed below are “county grantees”, new grantees may be county governments, managing entities, or private, not-for-profit providers. The table below lists grants alphabetically by county in which the grant was/is implemented. If the grantee is not a county government entity, the grantee’s name is listed in parentheses under the county’s name. **Bold** text indicates active grants.

County	Contract # Grantee, if not the county	Grant Type	Target Population	Begin Date	End Date
Alachua	LHZ09	Implementation	Adults	3/28/2008	3/27/2011
	LHZ33	Expansion	Adults	3/17/2011	3/16/2014
	LHZ45	Implementation/ Expansion	Adults	4/1/2014	3/31/2017
<b>Alachua/ Bradford</b>	<b>LHZ48 (Meridian Behavioral Healthcare)</b>	<b>Implementation/ Expansion</b>	<b>Adults</b>	<b>4/5/2017</b>	<b>3/31/2020</b>
Broward	LHZ06	Implementation	Adults	5/14/2008	5/13/2011
	LHZ62 (Broward Behavioral Health Coalition)	Planning	Juveniles & Young Adults (12-21 yrs)	3/1/2017	2/28/2017
	LHZxx (Broward Behavioral Health Coalition)	Implementation/ Expansion	Juveniles	pending	pending
Charlotte	LHZ08	Planning	Adults	3/28/2008	3/27/2009
	LHZ26	Implementation	Adults	1/12/2011	5/11/2014
Citrus	LHZ02	Planning	Adults	3/28/2008	3/27/2009
<b>Collier</b>	LHZ25	Implementation	Adults	2/24/2011	6/30/2014
	LHZ46	Implementation/ Expansion	Adults	7/1/2014	6/30/2017
	<b>LHZ54</b>	<b>Implementation/ Expansion</b>	<b>Adults</b>	<b>7/1/2017</b>	<b>6/30/2020</b>
<b>Duval</b>	LHZ21	Planning	Adults	5/9/2008	5/8/2009
	LHZ31	Implementation	Adults	2/10/2011	2/9/2014

County	Contract # Grantee, if not the county	Grant Type	Target Population	Begin Date	End Date
	LHZ43	Implementation/ Expansion	Juveniles (under 18 yrs)	5/1/2014	10/31/2017
	<b>LHZ58</b>	<b>Implementation/ Expansion</b>	<b>Juveniles (13- 15 yrs)</b>	<b>11/1/2017</b>	<b>10/31/2020</b>
Flagler	LHZ18	Planning	Adults	4/24/2008	4/23/2009
	LHZ34	Implementation	Adults	2/4/2011	2/3/2014
	LHZ38	Implementation/ Expansion	Adults	4/1/2014	3/31/2017
	LHZ63 (SMA Behavioral Healthcare)	Planning	Juveniles	2/15/2017	1/31/2018
	<b>LHZ78 (SMA Behavioral)</b>	<b>Implementation/ Expansion</b>	<b>Juveniles (5-17 yrs)</b>	<b>8/1/2018</b>	<b>7/31/2021</b>
Hendry	LHZ64 (Hanley Center Foundation)	Planning	Adults & Juveniles	2/1/2017	1/31/2018
Hernando	LHZ61 (LSF Health Systems)	Planning	Adults	2/2/2017	1/31/2018
	<b>LH771 (LSF Health Systems)</b>	<b>Planning</b>	<b>Juveniles</b>	<b>11/9/2017</b>	<b>10/31/2018</b>
Hillsborough	LHZ20	Implementation	Adults	5/5/2008	6/30/2011
	LHZ40	Implementation/ Expansion	Adults	4/1/2014	3/31/2017
	<b>LHZ49</b>	<b>Implementation</b>	<b>Adults</b>	<b>2/1/2017</b>	<b>1/31/2020</b>
	<b>LHZ69</b>	<b>Implementation/ Expansion</b>	<b>Adults</b>	<b>10/4/2017</b>	<b>9/30/2020</b>
Indian River	<b>LHZ57 (Southeast Florida Behavioral Health Network)</b>	<b>Implementation/ Expansion</b>	<b>Adults</b>	<b>1/31/2017</b>	<b>1/31/2020</b>
Lake	LHZ16	Planning	Adults	4/16/2008	4/15/2009
	LHZ30	Implementation	Adults	2/22/2011	2/21/2014
	LHZ39	Expansion	Adults	4/16/2014	3/31/2017
	<b>LHZ56 (LifeStream Behavioral Center)</b>	<b>Expansion</b>	<b>Adults</b>	<b>4/1/2017</b>	<b>3/31/2020</b>

County	Contract # Grantee, if not the county	Grant Type	Target Population	Begin Date	End Date
Lee	LHZ10	Implementation	Adults	4/7/2008	4/6/2011
	LHZ28	Expansion	Adults	1/13/2011	1/12/2014
	LHZ44	Expansion	Adults	4/1/2014	3/31/2017
	<b>LHZ59</b>	<b>Expansion</b>	<b>Adults</b>	<b>4/1/2017</b>	<b>3/31/2020</b>
Leon	LHZ19	Implementation	Adults	5/1/2008	6/30/2011
Levy	<b>LHZ75 (Meridian Behavioral Healthcare)</b>	<b>Planning</b>	<b>Adults</b>	<b>7/1/2018</b>	<b>6/30/2019</b>
Marion	LHZ03	Planning	Adults	3/28/2008	3/27/2009
	LHZ32	Implementation	Adults	2/28/2011	2/27/2014
	<b>LHZ76 (LSF Health Systems)</b>	<b>Implementation/ Expansion</b>	<b>Adults</b>	<b>8/13/2018</b>	<b>7/31/2021</b>
Martin	LHZ05	Planning	Adults	3/28/2008	3/27/2009
	<b>LHZ60</b>	<b>Implementation/ Expansion</b>	<b>Adults &amp; Juveniles</b>	<b>6/8/2017</b>	<b>5/31/2020</b>
Miami-Dade	LHZ15	Implementation	Adults	4/15/2008	6/30/2011
	LHZ27	Expansion	Adults	1/31/2011	6/30/2014
	<b>LHZ50</b>	<b>Implementation/ Expansion</b>	<b>Adults</b>	<b>3/7/2017</b>	<b>2/28/2020</b>
Monroe	LHZ12	Planning	Adults	4/10/2008	4/9/2009
	LHZ37	Implementation	Adults	4/22/2011	6/30/2014
	<b>LHZ53 (Guidance/Care Center)</b>	<b>Implementation/ Expansion</b>	<b>Adults &amp; Juveniles</b>	<b>1/13/2017</b>	<b>12/31/2019</b>
Nassau	LHZ07	Implementation	Adults	3/28/2008	3/27/2011
Okeechobee	<b>LHZ70 (Southeast Florida Behavioral Health Network)</b>	<b>Implementation/ Expansion</b>	<b>Adults</b>	<b>11/1/2017</b>	<b>10/31/2020</b>
Orange	LHZ17	Implementation	Adults	4/16/2008	4/15/2011
	LHZ29	Expansion	Adults	2/10/2011	2/9/2014



County	Contract # Grantee, if not the county	Grant Type	Target Population	Begin Date	End Date
	LHZ42	Implementation/ Expansion	Juveniles	4/1/2014	3/31/2017
	<b>LHZ51</b>	<b>Implementation/ Expansion</b>	<b>Juveniles (&lt;16 yrs)</b>	<b>4/1/2017</b>	<b>3/31/2020</b>
Osceola	LHZ14	Planning	Adults	4/15/2008	4/14/2009
	LHZ24	Implementation	Adults	4/1/2011	3/31/2014
Palm Beach	LHZ22	Planning	Adults	5/20/2008	5/19/2009
	LHZ36	Implementation	Adults	3/29/2011	6/30/2014
Pasco	LHZ67 (BayCare Behavioral Health)	Planning	Adults (Females)	2/1/2017	1/31/2018
<b>Pinellas</b>	LHZ23	Implementation	Adults	6/30/2008	6/29/2011
	LHZ35	Expansion	Adults	2/22/2011	2/21/2014
	<b>LHZ52</b>	<b>Implementation/ Expansion</b>	<b>Adults</b>	<b>2/1/2017</b>	<b>1/31/2020</b>
	<b>LH319 (Operation PAR)</b>	<b>Implementation/ Expansion</b>	<b>Adults</b>	<b>11/1/2017</b>	<b>10/31/2020</b>
<b>Polk</b>	LHZ13	Implementation	Adults	4/10/2008	6/30/2011
	<b>LHZ55</b>	<b>Implementation/ Expansion</b>	<b>Adults</b>	<b>2/1/2017</b>	<b>1/31/2020</b>
	<b>LHZ77</b>	<b>Implementation/ Expansion</b>	<b>Adult</b>	<b>9/1/2018</b>	<b>8/31/2021</b>
<b>Putnam</b>	LHZ65 (Hanley Center Foundation)	Implementation/ Expansion	Adults & Juveniles (12-18)	2/1/2017	1/31/2018
	<b>LH772 (SMA Behavioral Healthcare)</b>	<b>Implementation/ Expansion</b>	<b>Adults</b>	<b>1/3/2018</b>	<b>12/31/2020</b>
<b>Sarasota</b>	<b>LHZ47 (Centerstone of Florida)</b>	<b>Implementation/ Expansion</b>	<b>Adults</b>	<b>2/1/2017</b>	<b>1/31/2020</b>
<b>Seminole</b>	LHZ41	Implementation	Adults	5/1/2014	4/30/2017
	<b>LHZ71</b>	<b>Implementation/ Expansion</b>	<b>Adults &amp; Juveniles</b>	<b>10/5/2017</b>	<b>09/30/2020</b>

<b>County</b>	<b>Contract # Grantee, if not the county</b>	<b>Grant Type</b>	<b>Target Population</b>	<b>Begin Date</b>	<b>End Date</b>
St. Johns	LHZ66 (SMA Behavioral Healthcare)	Planning	Adults	2/17/2017	1/31/2018
St. Lucie	LHZ11	Implementation	Adults	4/10/2008	6/30/2011
Sumter	LHZ01	Planning	Adults	3/28/2008	3/27/2009
Volusia	LHZ04	Planning	Adults	3/28/2008	3/27/2009

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