



FY2018-19
Annual Report
on the
Criminal Justice, Mental Health,
and Substance Abuse
Reinvestment Grant Program

July 1, 2018 – June 30, 2019

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 CJMHSa TAC), as required in Section 394.659, F.S., is pleased to present our FY2018-19 Annual Report to the Governor, the President of the Senate, and the Speaker of the House of Representatives. The CJMHSa 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 CJMHSa TAC to provide technical assistance to reinvestment applicants, grantees and the Department of Children and Families. Additionally, the CJMHSa 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 use 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 CJMHSa 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 the prior fiscal year.
- Recommendations and suggested strategies for furthering the development of the CJMHSa TAC and grant program.
- Summary of all technical assistance provided by the CJMHSa TAC during the prior fiscal year.

This report covers Fiscal Year 2018-19 including activities provided by two planning grantees and 23 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 in this document 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. 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 CJMHSAs grants. These include: Collier County, Hillsborough County (LHZ49 and LHZ69), Kids Hope Alliance (Duval County/City of Jacksonville), Lee County, LifeStream Behavioral Center (Lake County), Martin County, Meridian Behavioral Healthcare (Alachua and Bradford Counties), Orange County, and Seminole County.

- Both 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.
- Nineteen implementation/expansion grant programs have completed between two and three years of operation and have made considerable progress toward achieving their goals.
- Four implementation/expansion grants have been operational for one year and are on target to achieve their goals.

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

- Of the 23 implementation/expansion grantees, five attained their targets for each performance measure where data was available and reported. This group includes Centerstone (Sarasota County), Hillsborough County (LHZ49), Hillsborough County (LHZ69), Lee County, and Stewart Marchman Act Behavioral Healthcare (Putnam County).
- One implementation/expansion grantee, Lutheran Services Florida Health System (Marion County), attained all but one performance measure target (for measures where data was available and reported).
- Fifteen implementation/expansion grantees are still working towards attaining their targets on performance measures (for measures where data was available and reported). This group includes, Collier County, Guidance Care Center (Monroe County), Kids Hope Alliance (Duval County/City of Jacksonville), LifeStream (Lake County), Martin County, Miami-Dade County, Operation PAR (Pinellas County), Orange County, Pinellas County, Polk County (LHZ55), Polk County (LHZ77), Seminole County, Southeast Florida Behavioral Health Network (Indian River County) and Southeast Florida Behavioral Health Network (Okeechobee County).

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

GRANTEE OVERVIEW- ACTIVE GRANTS DURING THIS REPORTING PERIOD

- **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 (LHZ55)
 - 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)
- **2018-2021 Planning Grantees**
 - Meridian Behavioral Healthcare (Levy County)
- **2018-2021 Implementation/Expansion Grantees**
 - Broward Behavioral Health Coalition (Broward County)
 - LSF Health Systems (Marion County)
 - Polk County BOCC (LHZ77)
 - Stewart Marchman Act Behavioral Healthcare (Flagler County)

TARGET POPULATIONS SERVED

Grantee * Denotes planning grants	Target Population
SMA Behavioral Healthcare (Flagler County)	5-17 year olds
Broward Behavioral Health Coalition (Broward County)	12-21 year olds
Orange County BOCC	Under the age of 16
Kids Hope Alliance (Duval County/City of Jacksonville)	Under the age of 18
Lutheran Services Florida Health Systems (Hernando County) *	Under the age of 18
Seminole County BOCC Martin County BOCC Guidance/Care Center (Monroe County)	Adults and juveniles
Centerstone of Florida (Sarasota County) Collier County BOCC Hillsborough County BOCC (LHZ49) Hillsborough County BOCC (LHZ69) Lee County BOCC LifeStream Behavioral Center (Lake County) Lutheran Services Florida Health Systems (Marion County) Meridian Behavioral Health (Alachua/Bradford Counties) Meridian Behavioral Health (Levy County) * Miami-Dade County Operation PAR (Pinellas County) Pinellas County BOCC Polk County BOCC (LHZ55) Polk County BOCC (LHZ77) 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.

Five 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), Miami-Dade County, Polk County (LHZ55), and Seminole County reported diversions for all participants who would have been eligible for admittance into a state mental health treatment facility during the program year.

Five grantees reported varying levels of successful diversion.

- Centerstone (Sarasota) (97%), Martin County (82.29%), Meridian (Alachua/Bradford) (58.59%), and SEFBHN (Indian River) (50%), SEFBHN (Okeechobee) (80%).

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

- Hillsborough County (LHZ69), LifeStream (Lake), Operation PAR (Pinellas), Pinellas County, and Stewart Marchman Act Behavioral Healthcare (Putnam).

Eight grantees reported no diversions because it was either too early to report, the measure is not applicable for the target population (e.g. youth) or not included as a grantee performance measure.

- Broward Behavioral Health Coalition, Collier County, Kids Hope Alliance (Duval County/City of Jacksonville), Lee County, Lutheran Services Florida (Marion County), Orange County, Polk County (LHZ77) and Stewart Marchman Act Behavioral Healthcare (Flagler).

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 serves 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. Most jails, detention centers and prisons are on a fixed annual budget. 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 23 active implementation/expansion grant programs have served 7,715 individuals since program inception (2017). More than eight 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) or Mental Health First Aid (MHFA) training in the grant-funded programs where the expansion of CIT/MHFA is a stated goal. 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

Implementation/Expansion Grantees	Number Served Program Lifetime	CIT Training Program Lifetime	MHFA Training Program Lifetime
Broward Behavioral Health Coalition (Broward County)	-	-	-
Centerstone of Florida (Sarasota County)	237	301	81
Collier County BOCC	206	207	-
Guidance/Care Center (Monroe County)	151	-	-
Hillsborough County BOCC (LHZ49)	105	-	-
Hillsborough County BOCC (LHZ69)	69	-	-
Kids Hope Alliance (Duval County/City of Jacksonville)	2,211	-	308
Lee County BOCC	1,870	234	-
LifeStream Behavioral Center (Lake County)	156	95	103
Lutheran Services Florida Health Systems (Marion County)	145	-	-
Martin County BOCC	130	79	-
Meridian Behavioral Healthcare (Alachua and Bradford Counties)	447	236	227
Miami-Dade County	407	-	-
Operation PAR (Pinellas County)	346	-	-
Orange County BOCC (# served=juveniles and their families)	110	343	-
Pinellas County BOCC	138	-	-
Polk County BOCC (LHZ55)	113	-	7
Polk County BOCC (LHZ77)	10	-	1
Seminole County BOCC (# served=adults and juveniles)	107	151	-
Southeast Florida Behavioral Health Network (Indian River County)	194	25	-
Southeast Florida Behavioral Health Network (Okeechobee County)	43	33	-
Stewart Marchman Act Behavioral Healthcare (Flagler County)	117	-	-
Stewart Marchman Act Behavioral Healthcare (Putnam County)	403	39	-
Total Served	7,715	1,743	727

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.

CJMHSa TAC ACTIVITIES

As required, the report provides detailed information on the technical assistance activities of the CJMHSa TAC at the University of South Florida. During FY2018-19, the CJMHSa TAC provided individualized, on-site technical assistance as requested by applicants as well as grantees. For grantees, needs and priorities were identified through a CJMHSa 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 area was Permanent Supportive Housing. Quarterly webinar topics included the Children's System of Care (CSOC), Recovery Oriented Systems of Care (ROSC), and Problem Solving Courts.

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PLANNING GRANTS

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

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

LSF Health Systems' juvenile planning grant for Hernando County began November 9, 2017 and ended on October 31, 2018.

Target Population

The target population included juveniles, aged 17 years and younger, with a mental illness, substance use, and/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 was to develop a strategic plan through key stakeholder collaboration in the service area. The strategic plan 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 use 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 (over one year)

Performance Measures

Outcome data for the performance measures reflects progress through December 31, 2018 (Year 1, Quarter 4).

- 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 24, 2018: Four Memorandums of Understanding (MOUs) in place with two pending
 - April 27, 2018: Two additional MOUs in place
- Measure: 100 percent completion of determining the methodology for **data sharing** and reporting among partners within 270 days of grant execution
 - July 20, 2018: strategic plan included recommendations for data collection, data sharing, data reporting and workforce development.
- Measure: 100 percent completion of a **strategic plan** within 365 days of contract execution
 - October 20, 2018: Final strategic plan completed and approved.

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 for the planning grants as they do not support 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 for the planning grants as they do not support direct services.

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

As of December 31, 2018 (no-cost extension), LSF Health Systems expended/leveraged \$101,024.90 or approximately 99.9 percent of the one-year match commitment for their CJMHS A Reinvestment grant.

MERIDIAN BEHAVIORAL HEALTHCARE (LEVY COUNTY)

Meridian Behavioral Healthcare's planning grant for Levy County began July 1, 2018 and ended on June 30, 2019.

Target Population

The target population was adults with co-occurring mental health and/or substance use disorders; with a special focus on individuals with serious mental illness and chronic behavioral health problems that place them at risk of incarceration and/or recidivism—high service utilizers of the jail.

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 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 use disorder, and/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 (over one year)

Performance Measures

Outcome data for the performance measures reflects progress through June 30, 2019 (Year 1, Quarter 4).

- Measure: 100 percent completion of the **Needs Assessment and identification of the target population** within 90 days of contract execution.
 - September 21, 2018: Target population was identified
 - December 21, 2018: Needs assessment was completed
- 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
 - February 4, 2019 – February 18, 2019: four MOUs in place

- Measure: 100 percent completion of determining the methodology for **data sharing** and reporting among partners within 270 days of grant execution
 - May 30, 2019: Completed by committee vote
 - June 29, 2019: Policy and procedures were revised and completed
- Measure: 100 percent completion of three **Mental Health First Aid** trainings each held within the first, second, and third quarter of the grant program
 - September 7, 2018 Quarter one training completed
 - December 6, 2018: Quarter two training completed
 - March 15, 2019: Quarter three training completed
- Measure: 100 percent completion of one **Trauma-Informed Response** training within 180 days of contract execution
 - June 3 – 6, 2019: Trauma-Informed Response training was included on the CIT training agenda, but the grantee reported that they did not meet the criteria for the four-hour certification. Overall, there were three attempts to have the training, but there were not enough participants signed up to conduct a training.
- Measure: 100 percent completion of three **outreach presentations** each held within the first, second, and third quarter of the grant program
 - September 26 & September 28, 2018: Two trainings were completed during quarter one
 - October-December, 2018: Quarter two training was completed (exact date not provided)
 - March 31, 2019: Quarter three training was completed
- Measure: 100 percent completion of a **strategic plan** within 365 days of contract execution
 - June 18, 2019: Final strategic plan was presented to Levy County BOCC
 - June 30, 2019: Final strategic plan completed and approved

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 for the planning grants as they do not support 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 for the planning grants as they do not support direct services.

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

As of June 30, 2019, Meridian Behavioral Healthcare expended/leveraged \$50,900 or approximately 50.9 percent of the one-year match commitment for their CJMHS A Reinvestment grant. Levy County is a fiscally constrained county and therefore only required to match 50 percent of their grant amount. Meridian met their match requirement for this report period.

IMPLEMENTATION/EXPANSION GRANTS

This section of the report provides profiles of the 23 implementation/expansion grant programs.

BROWARD BEHAVIORAL HEALTH COALITION (BROWARD COUNTY)

Broward Behavioral Health Coalition's grant program, the Broward Youth Reentry Program (BYRP), began May 6, 2019.

Target Population

The target population for the BYRP are youth and young adults between age 12-to-21 who have a mental health, substance use, and/or co-occurring mental health and substance use disorder and are at risk of entering or reentering the juvenile or criminal justice systems.

Program Design/Model

The BYRP is a four phase program: (1) in-reach, (2) transition to independence, (3) treatment and support, and (4) aftercare and support. Youth are admitted to the BYRP at the time of adjudication to a Department of Juvenile Justice (DJJ) residential program.

Phase 1 (in-reach) begins in the juvenile detention center and participants engage with youth peers and initiate services including Wellness Recovery Action Planning (WRAP). Family peers will engage with the youth's family at this time as well. Participants begin phase 2 (transition to independence) 60 days before release from residential commitment programs. During phase 2, youth are assigned a Transition to Independence (TIP) Coach and a Wraparound case manager. The TIP and/or Wraparound case manager coordinates with DJJ and community providers to ensure an effective transition and establish the youth's reentry plan. The TIP Coach begins the Future Planning Process and the Wraparound case manager begins the Plan of Care with the assistance of the youth and family peers. In phase 3 (treatment and support), the youth reenters the community. The Wraparound Plan of Care is formalized and the TIP Coach and Wraparound case manager continue to provide services to the youth and their family as well as connecting youth with additional services and supports. Broward Behavioral Health Coalition also provides Moral Reconciliation Therapy (MRT) to youth and their families. After completion of MRT, youth are admitted to phase 4. Aftercare and support services are provided to youth for three months by the TIP Coach, Wraparound case manager, and youth and family peers. After three months, the TIP Coach and Wraparound case manager will provide linkages to the youth and family's provider of choice.

Goals/Objectives

The primary goal of the program is to create a recovery-oriented, consumer-focused approach to behavioral health services and supports that eliminates re-involvement in the juvenile/criminal justice system by youth and young adults with behavioral health needs.

Broward Behavioral Health Coalition's three main objectives:

1. Effectively divert and treat youth and young adults with mental health, substance use, and/or co-occurring disorders who are in or at risk of entering the justice systems

2. Provide an information system to track youth and young adults during their involvement with the BYRC, and for at least one year after program discharge
3. Create and encourage collaboration among key stakeholders

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

- Wraparound Practice Model (Wraparound)
- Youth and Family Peer Specialists
- Wellness Recovery Action Planning (WRAP)
- Future Planning Process
- Multi-systematic Family Therapy
- Strategic Family Therapy
- Moral Reconciliation Therapy
- Transition to Independence (TIP)
- Beat the Odds
- Integrated Group Counseling and Group Drumming
- Individual Placement and Support
- Trauma Incident Reduction
- Family CPR
- Medication Assisted Treatment (MAT)
- Supported Employment
- Supportive Housing
- Supported Education

Number Served through July 31, 2019 (Year 1, Quarter 1):*

* This program is in Quarter 1. Youth have not yet enrolled in the program as of FY18-19.

BYRP	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served (enrolled)	0*	-	-	0
Number Served Target	40	60	50	150

Overall Grant Award

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

Performance Measures

Outcome data for the performance measures reflect progress through July 31, 2019 (Year 1, Quarter 1).

- Measure: 30 percent reduction in number of **arrests** among program participants while enrolled in the program compared to one-year period prior to program admission
 - The grantee is collecting data; however, it is too early to report on this measure.

- Measure: 35 percent reduction in number of **arrests** among program 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: 55 percent of program participants who did not reside in **stable housing** at admission to phase 3 will reside in stable housing within 90 days after admission to phase 3
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 65 percent of program participants in program year 1 and program year 2 who did not reside in **stable housing** at the time of admission will reside in stable housing one year following program discharge
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 65 percent of program participants in program year 3 who did not reside in **stable housing** at the time of admission will reside in stable housing by program end date
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 50 percent of program participants who are **not employed** at program admission are employed full or part-time within 180 days of program admission
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 50 percent of program participants who are **not employed** at program admission are employed full or part-time within one year following program admission
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 85 percent of program participants who were assisted in obtaining **Social Security or other benefits** for which they may have been eligible but were not receiving at program admission
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 85 percent of youth and families will be assigned and engaged in Peer/Life Coach services within nine months of admission
 - The grantee is collecting data; however, it is too early to report on this measure.

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

No fiscal impact determined at this time. During FY18-19, BYRP was only active for two months.

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 fiscal impact determined at this time. During FY18-19, BYRP was only active for two months.

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

As of July 31, 2019, Broward Behavioral Health Coalition expended/leveraged \$20,000 or approximately 5 percent of the three-year match commitment for their CJMHSa Reinvestment grant.

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 Comprehensive Treatment Court (CTC) are 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, or making referrals and linking clients with community-based services such as outpatient treatment, housing, and other services. Services are provided 24/7 and are supported by an on-call phone service that is answered 24 hours/day.

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. Clients receive comprehensive, coordinated care, which addresses mental health and/or substance abuse issues through case management, therapy, psychiatric, and nursing services. The CTC team consist of a psychiatrist, director, supervisor, therapist, case manager/educator, Licensed Practical Nurse/case manager, and data specialist. Student interns provide added support and additional group counseling for the program participants. 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 facilities) and into community-based treatment services.

Objectives:

1. Implement treatment 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 (MI)
- SSI/SSDI, Outreach, Assist, and Recovery (SOAR) (all CTC personnel are SOAR certified)
- Mental Health First Aid (MHFA)
- Housing First model
- Functional Assessment Rating Scale (FARS)
- 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 April 30, 2019 (Year 3, Quarter 1)

SRP/CTC	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	74	84	20	178
Number Served Target	79	79	79	237
MHFA Training	21	45	15	81
MHFA Training Target	15	2	2	19
CIT Training (no target)	85	139	77	301

Overall Grant Award

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

Performance Measures

Outcome data for the performance measures reflect progress up through April 30, 2019 (Year 3, Quarter 1).

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

- Measure: Attain 25 percent reduction in 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
 - 70 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
 - 99 percent of participants resided in stable housing
- Measure: 50 percent of participants who did not reside in **stable housing** at the time of admission will reside in stable housing one year following program discharge
 - 60 percent of participants resided in stable housing
- Measure: 80 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
 - 94 percent of participants employed within 180 days
- Measure: 50 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
 - 64 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
 - 99 percent were assisted
- Measure: 80 percent of participants will be diverted from a **state mental health treatment facility**
 - 97 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
 - 81 percent of participants had reduced mental health 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 \$1,276,000 in reduced arrests (booking, court hearings). 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) within thirty days of operation. The grantee reported that the majority of participants had a mental health diagnosis, many were homeless, and most were unable to meet their basic needs. The vast majority of program participants were not receiving services for their mental health and substance use issues prior to admission. The CTC and Centerstone immediately began providing treatment services and linkages to community-based resources.

Centerstone reported that, thus far, 96 participants were at risk for commitment to a state hospital. Ninety-three participants (of 96) 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, 2019, Centerstone expended/leveraged \$793,255.66 or approximately 60 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 one 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
- Motivational Interviewing
- Seeking Safety
- Peer Specialists
- Supported Employment
- Permanent Supportive Housing
- Mental Health Screening Form III (MHSF III)
- Ohio Risk Assessment System Reentry Tool (ORAS-RT)
- PLC-5 Trauma Assessment (PLC-5)
- Texas Christian University Drug Screen IV Substance Abuse Assessment (TCUDS V)

Number Served through June 30, 2019 (Year 2, Quarter 4)

FIRST	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	126	80	-	206
Number Served Target	100	100	100	300
CIT Training	109	98	-	207
CIT Training Target	80	80	80	240

Overall Grant Award

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

Performance Measures

The outcomes listed below reflect progress through June 30, 2019 (Year 2, Quarter 4).

- Measure: 50 percent reduction in the total number of **arrests or re-arrests** among participants while enrolled in the program compared to the one-year period prior to program admission
 - 83 percent reduction
- Measure: 50 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
 - 66 percent reduction

- Measure: 40 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
 - 61 percent in stable housing
- Measure: 10 percent of participants not residing in a **stable housing** environment at program admission will report living in stable housing one year following program discharge
 - 0 percent in stable housing (3 participants discharged, with 2/3 lost to follow up and the remaining participant not reporting stable housing)
- Measure: 40 percent of participants **not employed** at program admission who are employed full or part-time within 180 days of program admission.
 - 42 percent employed
- Measure: 10 percent of participants **not employed** at program admission who are employed full or part-time within one year of program discharge
 - 11 percent employed
- Measure: 60 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
 - 79 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**
 - 100 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

The goal of the FIRST Team is to ultimately reduce recidivism through discharge planning to decrease jail expenditures. Each quarter, staff report a steady increase in the number of individuals screened for potential mental health and substance use issues/concerns. Funds allow more individuals to be screened for eligibility, therefore diverting persons from jail.

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

Availability and accessibility of effective community-based services have increased due to the number of staff available to focus and serve the target population. Without the grant funding, Collier County would not be able to help incarcerated individuals with mental illnesses and substance use disorders to successfully reintegrate into the community. Trained staff continue to establish new partnerships that assist inmates with co-occurring disorders upon their release from jail. The program continues to contribute to reducing recidivism, and related criminal justice costs to the county. Incidental funding and sliding fees allow clients to receive the support and guidance they need by providing temporary

assistance with food, clothing, and transportation. In addition, these funds link clients to medical services and prescriptions as well, making it possible for early intervention and treatment.

Since the target population consists of non-violent felons who have a mental health and/or co-occurring substance use diagnosis, the population of inmates suffering from serious mental health problems continues to be high in the county. Collier County Sheriff's Office is addressing the population with severe mental illness through the expansion of the David Lawrence Center. This expansion enables DLC to function as the largest mental health and substance use disorder treatment center in the county, thus alleviating the jail population and providing much needed services from trained professionals.

Since the inception of the grant, there have not been any clients that were screened for program eligibility that met the criteria for enrollment into a state mental health treatment center. There have not been any 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, 2019, Collier County has expended/leveraged \$700,412.65 or approximately 66.6 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, and grant management tasks. Matching funds increase client services and the capacity of clients served by the grant program.

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 and/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 with 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 WRAP monthly. The client also

participates in a weekly one-hour individual therapy session 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, 2019 (Year 3, Quarter 2)

MIND	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	41	74	36	151
Number Served Target	50	65	65	180

Overall Grant Award

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

Performance Measures

The outcomes listed below reflect progress through June 30, 2019 (Year 3, 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
 - 75.47 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
 - 77.17 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
 - 81.44 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
 - 81.82 percent in stable housing
- 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.
 - 98.63 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 one year following program discharge
 - 85.71 percent employed
- 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
 - 98.23 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
 - 76.03 percent had reduced mental health symptoms
- Measure: 70 percent of participants will **maintain mental health improvements** at three, six, and 12 months post-discharge
 - 78.38 percent maintained improvements
- Measure: 75 percent of participants will be **substance free** at discharge
 - 78.26 percent were substance free
- Measure: 70 percent of participants will **remain substance free** at three, six, and 12 months post-discharge
 - 82.43percent remained substance free
- Measure: 80 percent of participants will have **improved physical health** at discharge
 - 47.06 percent improved physical health
- Measure: 70 percent of participants will **maintain improved physical health** at three, six, and 12 months post-discharge
 - 0 percent maintained improved health

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

Between April 1, 2019 and June 30, 2019 there were 18 inmates arrested in Monroe County who were determined to have a serious mental illness. These inmates with a mental health diagnosis spent a total of 636 days in jail collectively, at a cost of \$99.00 per day, per inmate. The total cost to the county for housing these inmates with a mental health diagnosis in the Monroe County Detention Center was \$62,964.00.

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

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 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, 2019 GCC has expended/leveraged \$1,230,101.55 or approximately 114.6 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 co-occurring capable screening tools (listed below). 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 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.

Assistance with issues that contribute to non-compliance 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
- SSI/SSDI, Outreach, Assist, and Recovery (SOAR)
- Comprehensive, Continuous, Integrated Systems of Care (CCISC)

Number Served through April 30, 2019 (Year 3, Quarter 1):

MHC-EODI	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	44	44	17	105
Number Served Target	30	30	30	90

Overall Grant Award

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

Performance Measures

Outcome data for the performance measures reflect progress up through April 30, 2019 (Year 3, Quarter 1).

- Measure: Attain 50 percent reduction in number of **arrests or re-arrests** among participants while enrolled in the program compared to one-year period prior to program admission
 - 96 percent reduction
- Measure: Attain 25 percent reduction in 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
 - 88 percent reduction
- 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 following program discharge
 - 96 percent reside in stable housing
- Measure: 10 percent of participants who are not **employed** at admission will be employed full or part-time within 180 days of program admission
 - 68 percent employed
- Measure: 7 percent of participants who are not **employed** at program admission are employed full or part-time within one year following program discharge
 - 56 percent employed
- 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
 - 96 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
 - 81 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 MHC EODI has diverted 105 clients over the life of the grant from further penetration into the criminal justice system. Based on an average daily cost for being house in the jail of \$125.87, this results in cost avoidance of approximately \$356,841 for the county (assuming an average jail stay of 27 days).

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

MHC-EODI increased access to individualized evidence-based behavioral health treatment and support services. Moreover, this program potentially prevented, through diversion, the admittance of 55 individuals into state mental health treatment facilities.

The pretrial diversion program provides increased infrastructure to support an 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 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, 2019, Hillsborough County expended/leveraged \$1,071,728.75 or approximately 88.5 percent of the three-year match commitment for their CJMHS A 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 SAMHS A'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 residential treatment 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 use disorder and mental health services), Drug Abuse Comprehensive Coordinating Office (DACCO) (provides intensive outpatient services), Tampa Crossroads (residential, outpatient, and intensive outpatient services) and Phoenix Programs of Florida, Inc (residential services). Other services include assisting participants in applying for social security and other benefits using SOAR-trained provider personnel, the use of peer navigators, and the provision of incidental funds for client specific needs.

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 is being developed.

Continuous Quality Improvement (CQI) Coalition meetings provide an opportunity for reviewing data, trends, and critical components of the program and troubleshooting issues that arise in real-time.

Goals/Objectives

The primary goal of the program is to provide residential treatment and stepdown 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

- Motivational Interviewing
- Housing First approach
- 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, 2019 (Year 2, Quarter 3):

DC-ESI	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	30	39	-	69
Number Serviced Target	30	30	30	90

Overall Grant Award

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

Performance Measures

Outcome data for the performance measures reflect progress up through June 30, 2019 (Year 2, Quarter 3).

- Measure: 80 percent reduction in the total number of **arrests or re-arrests** among participants while enrolled in the program compared to one-year period prior to program admission
 - 94 percent reduction
- Measure: 75 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: 75 percent of participants who did not reside in **stable housing** at the time of admission will report living in stable housing within 90 days of program admission
 - 89 percent in stable housing
- Measure: 60 percent of participants who did not reside in **stable housing** at the time of admission will report living in stable housing one year following program discharge
 - The grantee is collecting data; however, to date no participants have been discharges for one year that were not residing in stable housing upon admission.
- Measure: 60 percent of participants who are **not employed** at admission will be employed full- or part-time within 180 days of program admission
 - 68 percent employed
- Measure: 55 percent of participants who are **not employed** at program admission are employed full- or part-time within one year following program discharge
 - 100 percent employed
- 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
 - 92 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
 - 91 percent experienced a decrease in symptoms

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

As of June 2019, the grantee estimates that the increased and enhanced services provided to participants have potentially saved the county just over \$33,984.90 in avoided jail costs for a single quarter. Over the lifetime of the grant, the cost avoidance estimates are approximately \$203,936.61. This is estimated using 27 days (with an average jail day cost of \$125.87) as the average jail stay for program clients.

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

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. The program provides participants with increased access to individualized, evidence-based treatment services. The success of the program has provided a platform for the Hillsborough County to pursue funding to expand community-based services in additional points of intercept where individuals with behavioral health needs can be diverted to care rather than incarcerated. 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.).

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

As of June 30, 2019, Hillsborough County expended/leveraged \$584,663.88 or approximately 46 percent of the three-year match commitment for their CJMHSAs 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.

KIDS HOPE ALLIANCE (DUVAL COUNTY/CITY OF JACKSONVILLE)

The Central Coordination Project (CCP) is an expansion of Duval’s 2014-17 grant program and began November 1, 2017.

Target Population

The target population for the CCP includes Duval County youth under age 18, 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 JAC or the detention facility are screened by juvenile probation officers using the PACT assessment and youth with a “hit” for mental health, substance use, 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. A licensed mental health clinician validates the assessments and makes referrals for treatment. Steps to Recovery services are provided by several community-based and alcohol treatment providers, which include Gateway Community Services, Family Foundation, Daniel Kids, the Runaway Youth Crisis Center, Jewish Family and Community Services, and Operation New Hope. When needed, 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 use 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 and/or substance use disorder 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.
- 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 Wraparound
- Positive Achievement Change Tool (PACT) assessment
- Motivational Enhancement Therapy (MET)
- Cognitive Behavioral Therapy (CBT)

Number Served through April 30, 2019 (Year 2, Quarter 2)

CPP	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served (screened/assessed)	1,407	804	--	2,211
Number Served Target	900	900	900	2,700
MHFA Training (LEOs trained)	227	81	--	308
MHFA Training Target	80	80	80	240

Overall Award Amount

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

Performance Measures

Progress toward meeting the grantees' performance measures as of Year 2, Quarter 2 (April 30, 2019):

- 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.
 - 69 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.
 - 78 percent reduction
- 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.
 - 7 percent employed (2/30 eligible participants employed)
- 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.
 - 5 percent employed. (This represents 1 individual reporting employment. The majority of participants were lost to follow up, with others not reporting employment and 1 being deceased.)
- 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.
 - 100 percent assisted
- Measure: 90 percent of participants will be **diverted** from a state mental health treatment facility.
 - Not applicable to this grant program as the target population is youth under age 18.
- Measure: 80 percent of the annual targeted number of **MHFA training** participants will complete the training.
 - 101 percent completed MHFA training (Kids Hope Alliance exceeded their annual target number of 80 individuals trained; 81 individuals have been trained thus far in year 2.)

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

Through early screening, assessment and identification of youth with mental health and/or substance use disorders, youth are able to receive treatment to mitigate the impact of their issues on delinquency. Over the course of the grant, the program has resulted in a 78 percent reduction in arrests. The majority of youth treated have remained out of the juvenile justice system.

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 for juveniles with mental health issues and links the juvenile and their families to the appropriate services.

Juveniles with co-occurring disorders have access to community partners that provide substance use disorder treatment. These services are enhanced with wraparound supports, including physical health services through a pediatric wellness center and educational advocacy services.

The grantee reported that data related to 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, 2019, Duval County expended/leveraged \$611,347.80 or approximately 48.5 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.

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 was established in 2008.

Target Population

The target population for the Bob Janes Triage Center are 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 disorders. 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. A Governing Board meets regularly to track data, identify trends, discuss areas of concern and opportunities for improvement, and identifying funding opportunities for sustainability and expansion of programs.

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
- Peer Specialists
- Permanent Supportive Housing

Number Served through June 30, 2019 (Year 3, Quarter 1):

Bob Janes Triage Center	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	740	790	340	1,870
Number Served Target	500	500	500	1,500
CIT Training	77	157	0	234
CIT Training Target	100	100	100	300

Overall Grant Award

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

Performance Measures

The outcomes listed below reflect progress through June 30, 2019 (Year 2, Quarter 1).

- Measure: 25 percent reduction in the total number of **arrests or re-arrests** among program participants while enrolled in the program compared to the one-year period prior to program admission.
 - 63.93 percent reduction
- Measure: 20 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 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
 - 36.33 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
 - 28.61 percent in stable housing
- Measure: 10 percent of program 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
 - 12.58 percent received assistance
- Measure: 60 percent of enrolled program participants will have **increased access** to community comprehensive recovery-based mental health and/or substance use treatment services while participating in the program
 - 80.75 percent received increased access to services

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

There is no determination of the fiscal impact on expenditures for the FY18-19 reporting period. However, the Lee County Sheriff's Office provided the following statistics to describe jail population trends at a winter 2019 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 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

Given the high-risk factors of all clients served by the Triage Center, all Triage Center clients are at risk of involvement with the criminal justice system if no diversion strategy is utilized. According to Lee County, 80 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, only 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, 2019, Lee County has expended/leveraged \$917,945.69 or approximately 60.7 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 CJMHTA Reinvestment Grant program, the Forensic Community Services Team (FCST).

Target Population

The target population for the FCST is adult residents (ages 18 and over) of Lake County who:

- Have a mental health, substance use, and/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 FCST supervisor.

Program Design/Model

LifeStream, in conjunction with Lake County, operates the FCST. The FCST, a modified Assertive Community Treatment (ACT) 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 weekly or bi-weekly with a peer recovery specialist based on need. FCST aftercare is available for up to six months post successful discharge from FCST. Aftercare services provide monthly individual therapy and medication management as needed.

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
- SSI/SSDI, Outreach, Assist, and Recovery (SOAR)
- Peer Specialists

Number Served through June 30, 2019 (Year 3, Quarter 1):

FCST	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	73	63	20	156
Number Served Target	70	70	70	210
CIT Training (no CIT target)	63	32	-	95
MHFA Training (no MHFA target)	49	35	19	103

Overall Grant Award

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

Performance Measures

The outcomes listed below reflect progress through June 30, 2019 (Year 3, Quarter 1).

- Measure: 70 percent reduction in the total number of **arrests or re-arrests** among program participants while enrolled in the program compared to the one-year period prior to program admission.
 - 95.71 percent reduction

- Measure: 70 percent reduction in the total number of **arrests or re-arrests** among program participants within the one-year period following program discharge compared to the one-year period prior to program admission.
 - 63.58 percent reduction
- Measure: 60 percent of program 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.
 - 42.86 percent in stable housing
- Measure: 80 percent of program participants not residing in a **stable housing** environment at program admission will report living in a stable housing environment one year following program discharge.
 - 70 percent in stable housing
- Measure: 30 percent of program participants **not employed** at program admission who are employed full or part-time within 180 days of program admission.
 - 23.94 percent employed
- Measure: 40 percent of program participants **not employed** at program admission who are employed full or part-time one year following program discharge.
 - 51.61 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.
 - 86.96 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).
 - 2 percent reduction. The grantee reported that data for this measure was not tracked appropriately.

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 fiscal 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 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, 2019, LifeStream has expended/leveraged \$721,104.47 or approximately 60 percent of the three-year match commitment

LUTHERAN SERVICES FLORIDA HEALTH SYSTEMS (MARION COUNTY)

Marion County's three-year grant program, the Marion County Mental Health Court, began August 13, 2018 and is an expansion of the existing Marion County Mental Health Court established in 2009.

Target Population

The target population for the MHC includes adults over the age of 18 who are non-violent defendants from the Marion County jail and who have been diagnosed with a mental illness and/or co-occurring disorder.

Program Design/Model

The Marion County Mental Health Court (MHMHC) is a voluntary program for individuals charged with a non-violent offense who have a mental health and/or co-occurring substance use disorder. The MCMHC currently has 3 case managers capable of serving up to 120 individuals at any one time. The expansion of the MHC includes efforts to improve care coordination, enhance treatment and support service capacity for MHMHC participants, and access to peer specialists to encourage participation and engagement.

The Marion County Jail screens every inmate who enters the jail with a complete medical and mental health screening. Immediate crisis intervention may occur based on the result of this screening and immediate referral or precautionary measures are taken at that time. All intake screenings are made available to the mental health professionals working in the jail who then do a comprehensive psychosocial assessment, which includes a mental status exam. This assessment establishes a diagnosis and identifies needed treatment as available. Inmates may at this point be referred to the psychiatrist for medications and/or mental health court. Those who are admitted to the MCMHC program are administered drug screens to identify those with substance use issues quickly and get them into appropriate treatment. When a defendant is referred to The Centers, the primary provider for MCMHC participants, they receive a bio-psychosocial assessment, AC-OK Screen for Co-Occurring Disorders, and a Functional Adult Rating Scale. An individualized treatment plan is then developed in collaboration with the individual and his treatment provider. The average length of participation in the program is 6 to 12 months.

Goals/Objectives

The primary goal of the MCMHC is to divert non-violent adults with a mental health and/or co-occurring substance use disorder from the Marion County jail to appropriate community-based treatment and support services.

Marion County’s three major grant objectives include:

1. Increase referrals to the Mental Health Court Program through increased education and awareness of law enforcement personnel.
2. Increase access to behavioral health services for Mental Health County participants.
3. Establish a Pre-Booking diversion program.

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

- AC-OK Screen for Co-Occurring Disorders
- Center for Alternative Sentencing and Employment Services (CASES) Transitional Case Management
- SSI/SSDI, Outreach, Assist, and Recovery (SOAR)
- Permanent Supportive Housing
- Peer Specialists
- Functional Assessment Rating Scale (FARS)

Number Served through June 30, 2019 (Year 1, Quarter 4):

MHC	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	145	-	-	145
Number Served Target	150	-	-	450
Law Enforcement Training	23	-	-	20
Law Enforcement Training Target	20	-	-	60

Overall Grant Award

- Total award amount: \$1,198,362 (over three years)

Performance Measures

The outcomes listed below reflect progress through June 30, 2019 (Year 1, Quarter 4).

- Measure: 50 percent reduction in the total number of **arrests or re-arrests** among program participants while enrolled in the program compared to the one-year period prior to program admission.
 - 39.13 percent reduction
- Measure: 65 percent reduction in the total number of **arrests or re-arrests** among program 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.
 - 85.71 percent reduction

- Measure: 60 percent of program participants in program Year 1 and program Year 2, 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: 50 percent of program 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.
 - 50 percent employed
- Measure: 50 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: 75 percent of program participants assisted in obtaining Social Security or other benefits for which they may have been eligible but were not receiving at program admission.
 - 82.14 percent received assistance
- Measure: 10 percent of participants will be **diverted** from a State Mental Health Treatment Facility.
 - The grantee is collecting data; however, there was no data to report on this measure for this reporting period.

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 fiscal impact determined at this time. As the program progresses, cost savings are expected to be achieved through reductions in the number of days that participants spend in jail.

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

Marion County continues to review the effect that the grant-funded program has on the needs of MCMHC clients. No determinable impact has been assessed at this time. However, MCMHC's mission is to divert select non-violent defendants who have a mental health disorder from the Marion County Jail and from active criminal prosecution to community-based treatment and support services in order to best protect public safety, reduce recidivism, and help individuals build successful and productive lives.

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

As of June 30, 2019, Marion County has expended/leveraged \$295,863.26 or approximately 22.4 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. The grant is an 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 enables 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, and/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, 2019 (Year 2, Quarter 4):

MHC	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	92	38	-	130
Number Served Target	100	100	100	300
CIT Training	79	0	-	79
CIT Training Target	15	15	14	44

Overall Grant Award

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

Performance Measures

The outcomes listed below reflect progress through May 31, 2019 (Year 2, Quarter 4).

- Measure: 20 percent reduction in the total number of **arrests or re-arrests** among participants while enrolled in the program compared to the one-year period prior to program admission.
 - 92.42 percent reduction
- Measure: 10 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.
 - 97.97 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.
 - 93.55 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.
 - 100 percent in stable housing
- 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.
 - 42.86 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.
 - 42.86 percent employed
- 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.
 - 89.29 percent diverted
- Measure: 60 percent of participants shall **successfully complete** the program.
 - 75 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 fiscal 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, 2019, Martin County has expended/leveraged \$225,197.24 or approximately 18.76 percent of the three-year match commitment.

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

Meridian Behavioral Healthcare's (Alachua and Bradford Counties) grant program began April 5, 2017. It is an expansion of the Alachua County Criminal Justice and Substance Abuse Reinvestment Grant Program (CJMHSAG) which was awarded an implementation grant in 2007.

Target Population

The target population for the Forensic Diversion Program are adults from Bradford and Alachua County 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. Subpopulations with identified service gaps will be prioritized, to include:

- Individuals with chronic mental illness who have misdemeanor charges and one of more of the following: 1) have been deemed incompetent to proceed; 2) do not meet criteria for mental health court; and/or 3) have high recidivism rates;
- Individuals with chronic mental illness who have been deemed incompetent to proceed, but have regained their competency and are released to the community; and/or,
- Individuals who have been identified as "high utilizers" of the jail and acute care services.

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
- Peer Specialists
- Moral Reconation Therapy
- Cognitive Behavioral Therapy
- Criminal Justice Targeted Research and Application of Knowledge (CJ-TRAK)

Number Served through June 30, 2019 (Year 3, Quarter 1)

Forensic Diversion Program	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	264	150	33	447
Number Served Target	330	330	330	990
CIT Training	69	102	65	236
CIT Training Target	120	120	120	360
MHFA Training	117	102	24	227

Overall Grant Award

- Total award amount: \$1,500,000 (over three years)

Performance Measures

The outcomes listed below reflect progress through June 30, 2019 (Year 3, Quarter 1).

- Measure: 65 percent reduction in the number of **arrests or re-arrests** among participants while enrolled in the program compared to the one-year period prior to program enrollment
 - 71.15 percent reduction
- Measure: 60 percent reduction of arrests among discharged participants who are arrested within one-year post-discharge (12 months or less).
 - 91.36 percent reduction
- Measure: 65 percent of program 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.
 - 70.33 percent in stable housing
- Measure: 65 percent of participants not **residing in a stable housing environment** at Program admission who reside in a stable housing environment within 90 days of Program admission.
 - 74.53 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.
 - 62.14 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.
 - 70.91 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.
 - 58.59 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.
 - 69.12 percent received increased access
- Measure: 20 percent increase in the number of officers receiving **CIT or MHFA training** annually.
 - 70.69 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.
 - 49.42 percent decrease in jail days

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 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.

Although a fiscal impact is unable to be identified at this time, Meridian reports increased preventative referrals due to the CIT, MHFA, and Co-Responder Teams. This suggests that a significant number of

individuals receiving early intervention and crisis stabilization services are being diverted from continued involvement in the criminal justice system.

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

During Year 3 Quarter 1 of the grant program, 6 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 CJMHS A 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. A majority of participants in community therapy groups funded by the grant are Chapter 916, F.S. individuals.

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

As of June 30, 2019, Meridian has expended/leveraged \$1,068,861.90 or approximately 64.72 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 Specialists

Number Served through May 31, 2019 (Year 3, Quarter 1)

Jail In-Reach Team	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	107	218	83	408
Number Served Target	125	125	125	375

Overall Grant Award

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

Performance Measure

The outcomes listed below reflect progress through May 31, 2019 (Year 3, 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.
 - 63 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.
 - 92 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.
 - 37 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**.
 - 2 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.
 - 2 participants 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 CJMHS A 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 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 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, 2019, Miami-Dade County has expended/leveraged \$260,691 or approximately 27.72 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 15, 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 and/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 and/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 treatment at Operation PAR.

Partners for the Recovery Team include the Pinellas County Sheriff's Office (PCSO), 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 and/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), GAIN Q3, and GAIN-I Core
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Medication Assisted Treatment
- Cognitive Behavioral Therapy

Number Served through April 30, 2019 (Year 2, Quarter 2):

Pinellas County Behavioral Health Treatment Pilot	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Enrolled in Treatment	216	130	-	346
Number Enrolled Target	44	59	59	162

Overall Grant Award

- Total amount awarded: \$614,250 (over 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 re-arrests** among participants while enrolled in the program compared to the one-year period prior to program admission
 - 46.26 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
 - 29.32 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
 - 23.13 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 has not reported 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 has not reported 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**
 - 71.06 percent screened

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 is no fiscal 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

The grantee reported that the program has not identified any noticeable change in the number of Marchman detainees over the course of the grant, but coordination and communication between providers has been enhanced. This has led to improved services for program clients:

- Both Pinellas County Jail and Operation PAR Detoxification (detox) worked to modify existing processes that facilitated efficiency in identifying potential clients. Standard operating procedures were developed for screening of Marchman detainees prior to their release from jail.
- To enhance treatment access, Operation PAR Detox adapted its procedures to maintain open daily appointments for admission to detox. The Detox Department streamlined the nursing assessment for admission to enhance engagement and expanded its role as a multi-service hub to funnel clients into case management services. These case management services then acted as a springboard to place clients in other needed treatments such as outpatient treatment, Medication Assisted Treatment and residential substance use treatment.
- PEMHS CSU worked to increase its communication with Operation PAR Detox to identify individuals committed under a Baker Act Order who may qualify for admission into the program and be recommended for intensive substance use treatment.

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

As of April 30, 2019, Operation PAR expended/leveraged \$307,125 or approximately 50 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 8, 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 under the age of 16 (arrested as well as those not in the juvenile justice system) and their families. 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 and their families. 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 high-fidelity 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 uses a family team approach and 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 under the age of 16.
- 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)
- Motivational Interviewing
- System of Care values
- High-Fidelity Wraparound (intensive, individualized care planning and management)

Number Served through June 30, 2019 (Year 3, Quarter 1)

WAO	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served (youth & their families)	53	42	15	110
Number Served Target	48	48	48	144
CIT-Y Training	90	208	45	343
CIT-Y Training Target	70	70	70	210

Overall Grant Award

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

Performance Measures

Outcome data for the performance measures reflect progress through June 30, 2019 (Year 3, Quarter 1).

- Measure: 50 percent reduction in the number of **arrests/re-arrests** of participants while enrolled in the program compared with the one-year period prior to program enrollment
 - 25 percent reduction
- Measure: 85 percent reduction in the number of **arrests/re-arrests** of participants within the one-year period following program discharge compared to the one-year period prior to admission
 - 38.9 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
 - 100 percent living in stable housing

- 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
 - Not applicable. To date, all youth who achieved three Family Team meetings were insured at program admission.
- Measure: 100 percent of participants needing substance use treatment based on the CRAFFT are **referred for treatment**
 - 87 percent referred for treatment

Summary of the Effect of the CJMHSAs 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 estimates cost avoidance for two categories of juveniles:

Category 1: 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.

- Thirty-four youth fall into this category and based on an estimated one arrest diverted per youth, WAO may result in an approximately \$170,000 in avoided costs.

Category 2: Youth who have at least one arrest prior to referral and enrollment in WAO.

- Ten youth fall into this category and based on 28 prior arrests (for sixteen youth) and a target reduction of 23.8 arrests (85 percent), results in approximately \$119,000 in avoided costs.

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

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. WAO is contributing to lower rates of youth arrests. There was an average of 36 percent of eligible youths issued a civil citation or other alternatives to arrest in the most recent three-month period of complete data available (Feb-April 2019). This rate is lower than prior quarters.

In addition, one of the grantee outcomes is to reduce the number of arrests of WAO eligible youth, thereby directly impacting the number of individuals detained. As of June 2019, there is a 50 percent decrease in the number of youths who are arrested during the enrollment period compared with to the number prior to enrollment.

The grantee reported no impact on reducing forensic commitments because the target population of Orange County's CJMHSAs grant-funded program is juveniles under the age of 16 who have not committed serious offenses.

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

As of June 30, 2019, Orange County had expended/leveraged \$586,890.05 or 48.9 percent of their matching funds. Orange County is using the matching funds to support wraparound services for youth, 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 are adults with substance use disorder and/or co-occurring mental health conditions who have been 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. Partners include WestCare Gulfcoast of Florida, 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.

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 forms of temporary living; 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 allow 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)
- Peer Specialists
- Comprehensive case management (housing counseling, benefits, linkages, etc.)
- Service Prioritization Decision Assistance Tool (SPDAT)

Number Served through April 30, 2019 (Year 3, Quarter 1):

PCRP	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	50	69	19	138
Number Served Target	100	100	100	300

Overall Grant Award

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

Performance Measures

Outcome data for the performance measures reflect progress through April 30, 2019 (Year 3, Quarter 1).

- Measure: 75 percent reduction in number of **arrests** among participants while enrolled in the program compared to the one-year period prior to program admission
 - 97 percent reduction

- Measure: 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
 - 61 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
 - 65 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
 - 40 percent reside in stable housing
- 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
 - 18 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
 - 41 percent employed
- 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
 - 86 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
 - 98 percent decreased risk domains

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 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 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

The program has increased the availability of community-based substance use and mental health treatment services for the target population. The grantee reports that individuals enrolled in the program are not being detained and individuals discharged from the program are not being re-arrested.

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

As of April 30, 2019, Pinellas County expended/leveraged \$854,565.32 or approximately 71.2 percent of the three-year match commitment for their CJMHS A 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 (LHZ55)

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; or adults with a history of repeated Baker or Marchman Acts.

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 central point of contact to determine eligibility. The PC-FICM program manager and case managers comprise the FICM team. 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)
- Mental Health First Aid
- Contingency Management
- Wellness Recovery Action Plan (WRAP)
- SSI/SSDI, Outreach, Assist, and Recovery (SOAR)

Number Served through April 30, 2019 (Year 3 Quarter 1):

PC-FICM	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served (screened)	101	112	21	234
Number Served (enrolled)	48	51	14	113
Number Served Target	50	50	50	150

Overall Grant Award

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

Performance Measures

Outcome data for the performance measures reflect progress through April 30, 2019 (Year 3, Quarter 1).

- Measure: 20 percent reduction in number of **arrests or re-arrests** among program participants while enrolled in the program compared to one-year period prior to program admission
 - 73.48 percent reduction
- Measure: 15 percent reduction in number of **arrests or re-arrests** among program participants within the one-year period following program discharge compared to the one-year period prior to program admission
 - 77.23 percent reduction
- Measure: 25 percent of program participants who did not reside in **stable housing** at the time of admission will reside in stable housing within 90 days of program admission
 - 62.8 percent in stable housing
- Measure: 75 percent of program participants who did not reside in **stable housing** at the time of admission will reside in stable housing within 180 days of program admission
 - 75.6 percent in stable housing
- Measure: 70 percent of program participants who did not reside in **stable housing** at the time of admission will reside in stable housing one year following program discharge
 - 57.14 percent in stable housing

- Measure: 25 percent of program 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
 - 78.1 percent employed
- Measure: 30 percent of program 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
 - 28.6 percent employed
- Measure: 95 percent of program 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 program admission
 - 90.67 percent received assistance
- Measure: 10 percent of participants will be diverted from a **state mental health treatment facility**
 - 100 percent diverted
- 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 experiencing other quality of life improvements. During the March 2019 Public Safety Coordinating Council meeting, it was reported that the jail census is down significantly. The grantee notes that anecdotal evidence points to the FICM program impacting arrests rates, which is reflected in the lower jail census.

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 provides participants with resources for 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. Currently, 48 FICM clients have been approved for the indigent healthcare plan which ensures access to primary care, urgent care, specialty care, and hospital visits for the population beyond the grant terms.

No data was reported on the impact on reduced commitments to state mental health treatment facilities. The grantee is working on a report that will contain this data in subsequent reporting periods.

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

As of April 30, 2019, Polk County expended/leveraged \$728,230.55 or approximately 60.7 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.

POLK COUNTY BOCC (LHZ77)

Polk County's grant program, Roots (housing component) of Helping Healthcare: Access, Navigation, Delivery, and Support (Helping HANDS) began September 1, 2018.

Target Population

The target population for Roots are adults with mental health, substance use, and/or co-occurring disorders transitioning from jail to the community and individuals with a serious mental illness or co-occurring disorder who have cycled through the jail, two or more times in a given year.

Program Design/Model

The Roots Project supports the housing and sustainability components of the Polk County Helping HANDS jail transition program. Roots serves Helping HANDS clients who do not reside in stable housing or those who are at risk of homelessness. The Roots Housing and/or Benefits Specialists assist the program participants through locating and securing housing, securing benefits to promote housing sustainability and providing housing vouchers for up to six months.

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. Engage in training opportunities that support diversion activities.

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

- Mental Health First Aid
- Recovery Oriented System of Care (ROSC)
- Wellness Recovery Action Plan (WRAP)
- Peer Specialists
- SSI/SSDI, Outreach, Assist, and Recovery (SOAR)
- Functional Assessment Rating Scale (FARS)

Number Served through May 31, 2019 (Year 1 Quarter 3):

Roots	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served (enrolled)	10	-	-	10
Number Served Target	23	30	30	83

Overall Grant Award

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

Performance Measures

Outcome data for the performance measures reflect progress through May 31, 2019 (Year 1, Quarter 3).

- Measure: 50 percent reduction in number of **arrests** among program participants while enrolled in the program compared to one-year period prior to program admission
 - 100 percent reduction
- Measure: 20 percent reduction in number of **arrests** among program participants within the one-year period following program discharge compared to the one-year period prior to program admission
 - 50 percent reduction (The grantee reported a 50 percent reduction, but it is too early to report on this measure.)
- Measure: 25 percent of program participants who did not reside in **stable housing** at the time of admission will reside in stable housing within 90 days of program admission
 - 75 percent in stable housing
- Measure: 25 percent of program participants who did not reside in **stable housing** at the time of admission will reside in stable housing one year following program discharge
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 24 percent of program participants who are **not employed** and who express a desire and who are able to work at program admission are employed full or part-time within 180 days of program admission
 - 100 percent employed (The grantee reported 100 percent employed, but it is too early to report on this measure.)
- Measure: 24 percent of program participants who are **not employed** and who express a desire and who are able 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: 90 percent of program participants who 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: 50 percent of participants will be engaged in **behavioral health treatment** while enrolled in the program
 - 100 percent were engaged in treatment

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

There is no fiscal impact determined at this time.

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

No data was reported on the impact on reduced commitments to state mental health treatment facilities. The grantee is working on a robust report that will contain this data in subsequent reporting periods.

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

As of May 31, 2019, Polk County expended/leveraged \$834.53 or approximately 6 percent of the three-year match commitment for their CJMHTA Reinvestment grant. To promote sustainability of the grant program, Polk County pursued and was awarded Supportive Housing project funding from the Florida Housing Finance Corporation.

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 (boys and girls) between the ages of 6 through 17 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)/Detoxification Unit 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.

In year two, the grant program began serving juveniles. Referrals for juvenile services are received through Seminole County Sheriff's Office (SCSO) School Resources Officers, Child Protective Services, and SCSO programs such as: Prosecution Alternatives for Youth, Youth Intervention Services, Evolution Diversion Program and Eugene Gregory. Following the referral, program staff conduct eligibility screenings using the Florida Network of Youth and Family Services NetMIS screening form and a Conduct/Oppositional Problem Checklist. Eligible youth and their parents participate in the 13-week Stop Now And Plan (SNAP) grant program. SNAP is an evidence-based cognitive behavioral model that provides a framework to teach youth struggling with behavioral issues how to effectively regulate their emotions, practice self-control, and utilize problem solving skills in structured, curriculum-based group therapy settings. Services include life skills training, Motivational Interviewing, counseling services and decision-making classes for the youth and their parents.

Goals/Objectives

The primary goal of the program is to provide mental health and substance use disorder recovery services to adults and juveniles in Seminole County to prevent interaction or further engagement 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, and/or co-occurring disorders.
4. Train law enforcement (CIT).
5. Provide SNAP program diversion services and treatment for juveniles with mental health, substance use, and/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)
- Stop Now And Plan (SNAP)
- Conduct/Oppositional Problem Checklist

Number Served through June 30, 2019 (Year 2 Quarter 3):

Seminole Co. Grant Program	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served (adults)	24	24	-	48
Number Served Target (adults)	30	35	35	100
Number Served (juveniles) <i>(serving juveniles in Program Years 2 and 3)</i>	-	59	-	59
Number Served Target (juveniles)	-	25	25	50
Detox bed days	82	124	-	206
Target (county-based medical detox bed days)	100	100	100	300
CIT Training	29	122	-	151
CIT Training Target	25	25	25	75

Overall Grant Award

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

Performance Measures

Outcome data for the performance measures reflect progress through June 30, 2019 (Year 2 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
 - 84.8 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
 - The grantee did not report a reduction in arrests for this measure; grantee reported 33 percent increase in arrests.
- 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
 - The grantee is collecting data; however, it is too early to report on this measure.
- 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
 - 27.5 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 not receiving eligibility-based **Social Security benefits** upon program admission will receive a SOAR assessment within 30 days of program enrollment
 - 88.9 percent of participants assessed
- Measure: 25 percent of participants will be **diverted** from a state mental health treatment facility
 - 100 percent diverted
- 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
 - 81.9 percent provided medical detox
- Measure: 75 percent of juvenile program participants' families will receive **follow-up** by staff at 30 and 60 days post-discharge to ensure **aftercare services** are in place
 - 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

No fiscal 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

Regarding the expansion of services, Seminole County 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 use disorder, 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 management. Individuals are assessed through the access center, which provides the path to all services, except the CSU. All programs are working closely with law enforcement partners to ensure a strong continuum of care with the goal of reducing incarcerations. Preliminary data shows that the grant resources have assisted 48 individuals in accessing services that they would not otherwise receive. The grant has also provided 206 days of detox beds for individuals, which diverts them from the jail system.

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

As of June 30, 2019, Seminole County expended/leveraged \$677,930.42 or approximately 56.49 percent of the three-year match commitment for their CJMHS A 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 (IRC-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 CJMHS A grant program is an expansion of the Indian River County Mental Health Court (IRC-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, Legacy Behavioral Health Center, 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
- Peer Specialists
- High Fidelity Wraparound

Number Served through April 30, 2019 (Year 3, Quarter 1)

IRC-MHC	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	118	64	12	194
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: \$1,200,000 (over three years)

Performance Measure

The outcomes listed below reflect progress through April 30, 2019. (Year 3, 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.
 - 92.2 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.
 - 90.7 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.
 - 89.32 percent diverted

Summary of the Effect of the CJMHSa 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 IRC-MHC.

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

Clients are connecting with community-based services more efficiently than they were previously. The IRC-MHC team works to resolve any delays in access to services that arise, including ensuring that there are no delays in required appointments or medications. 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.

In the early period of the grant, clients were receiving jail sanctions as punishment for testing positive on drug tests, and occasionally spending longer periods in the jail while waiting for placement through the IRC-MHC program. In Year 3, the team has become much less punitive with sanctions, and has been expanding sanctions to including community service, AA group attendance, and other treatment as a viable alternative to jail.

Since the inception of the current grant program, eight participants were committed to a state mental health treatment facility. One of the 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 ADP Counseling Services.

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

As of April 30, 2019, Southeast Florida Behavioral Health Network has expended/leveraged \$952,033.34 or approximately 76.06 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 for Okeechobee County, began November 20, 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, and/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, 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)
- High-Fidelity Wraparound
- Mobile Crisis Teams
- Peer Specialists
- Forensic Needs Assessment
- Mindfulness-based Stress Reduction (MBSR)

Number Served through April 30, 2019 (Year 2, Quarter 2):

OSC	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	26	40	-	66
Number Served Target	30	40	40	110
CIT Training	33	0	-	33
CIT Training Target	15	15	15	45

Overall Grant Award

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

Performance Measures

Outcome data for the performance measures reflect progress through April 30, 2019 (Year 2, 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
 - 85.71 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
 - 81.82 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 stable housing one year following program discharge
 - The grantee did not 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 180 days of program admission
 - 22.22 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 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
 - 94.44 percent received assistance
- Measure: 15 percent of participants will be **diverted** from a state mental health treatment facility
 - 80 percent diverted
- Measure: 50 percent of participants will be **diverted** from the criminal justice system and graduate from the program
 - 46.67 percent diverted

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

A cost avoidance estimate was completed using averages on OSC clients stays in jail and an average cost per day. Assuming the rate of \$125/per day to be housed in jail, it is estimated that approximately \$371,750 in costs have been avoided as a result of the OSC program.

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 OSC team works to ensure that clients can obtain behavioral health appointments and medications in a timely manner. There has been one client committed to the state mental health treatment hospital. Other clients in the program who may have been considered for commitment previously have maintained stability in the community through supportive services provided to them through the OSC.

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

As of April 30, 2019, Southeast Florida Behavioral Health Network expended/leveraged \$296,568.05 or approximately 50 percent of the three-year match commitment for their CJMHS A Reinvestment grant.

STEWART MARCHMAN ACT BEHAVIORAL HEALTHCARE (FLAGLER COUNTY)

Stewart Marchman Act Behavioral Healthcare's (SMA Behavioral Healthcare) grant program, the Flagler County Youth Diversion Project, began August 1, 2018.

Target Population

The target population for the Flagler County Youth Diversion Project is school-aged youth between age 5-to-17 who reside in Flagler County and have early indicators of mental health, substance use, and/or co-occurring mental health and substance use disorders, who are at risk of involvement or involved in the juvenile justice system.

Program Design/Model

The Flagler County Youth Diversion Project is a System of Care (SOC) initiative, in partnership with Flagler County Schools, Flagler County behavioral health agencies, Flagler County community stakeholders and law enforcement. The program accomplishes early identification of mental health and substance use disorders through the mobilization of parents, school staff, and youth-serving agencies to divert youth from the school-to-prison pipeline. County-based screening, referral, service coordination, and follow-up is provided to school-aged youth at risk of involvement or involved in the juvenile justice system. Through the SOC framework, the grant-funded personnel can address each youth's needs related to behavioral health and other needs for services to increase school successes such as improved academic performance and attendance, and less disciplinary actions. The project emphasizes school-based services and utilizes the principles of the National Center for Mental Health and Juvenile Justice's School Responder Model by providing services in the least restrictive and natural environment, where fewer barriers exist for families with financial and transportation barriers. The Flagler County Youth Diversion Project Implementation Team is comprised of one fulltime adolescent outpatient counselor hired by SMA and housed at Flagler Schools; one fulltime clinical liaison hired by Halifax Health, one fulltime coordinator hired by Flagler Schools, and the Flagler Cares' Executive Director to oversee the SOC component and evaluation of the grant program.

Goals/Objectives

The primary goal of the program is to create a coordinated and comprehensive system of community-based mental health and substance use services for youth that have a mental illness, substance use disorder, and/or co-occurring mental health and substance use disorder, and who are most at risk of entering or involved in the juvenile justice system and who do not have access to Department of Juvenile Justice-funded behavioral health services.

SMA Behavioral Healthcare’s three main objectives:

1. Increase access for at-risk youth to receive effective mental health and substance use interventions at the earliest possible point to prevent or divert youth from involvement with the juvenile justice system.
2. Establish a comprehensive and coordinated youth behavioral health System of Care in Flagler County.
3. Provide mental health, substance use and other support services to help at-risk youth succeed in school.

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

- National Center for Mental Health and Juvenile Justice School Responder Model
- SAMHTA’s Comprehensive Children’s System of Care model
- Community Action Teams (CAT)
- Cognitive Behavioral Therapy
- Behavioral Health Assessment for Children (BASC-3)
- Car, Relax, Alone, Forget, Friends, Trouble (CRAFT) screener
- Global Appraisal of Individual Needs-Short Screen (GAIN-SS)
- Massachusetts Youth Screening Instrument (MAYSI)
- Positive Achievement Change Tool (PACT; residential, community, prevention)

Number Served through June 30, 2019 (Year 1 Quarter 4):

Youth Diversion Project	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served (enrolled)	117	-	-	117
Number Served Target	140	150	165	455

Overall Grant Award

- Total amount awarded: \$625,181 (over three years)

Performance Measures

Outcome data for the performance measures reflect progress through June 30, 2019 (Year 1, Quarter 4).

- Measure: 50 percent of participants will have **no arrests or re-arrests** while enrolled in the program
 - 78.63 percent had no arrests or re-arrests
- Measure: 85 percent of participants will have **no arrests or re-arrests** one year after program discharge
 - 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
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 85 percent of participants who did not reside in **stable housing** at the time of admission will reside in stable housing one year after program discharge
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 85 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: 85 percent of participants positively increased performance by 10 percent on two or more **school successes measures** (academic performance, attendance, disciplinary actions) compared to the previous school year prior to program admission
 - 77.78 percent increased performance

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 is no fiscal 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

From the August 1, 2018 through June 30, 2019, the Flagler County Diversion Project screened 1,531 youth; this demonstrates the need for services and the improved methods of early identification, screening, and referrals to service. The teamwork approach has improved the ability to connect Flagler County youth to necessary services thus far.

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

As of June 30, 2019, SMA Behavioral Healthcare expended/leveraged \$54,199.18 or approximately 49 percent of the three-year match commitment for their CJMHS A Reinvestment grant.

Each of the grant partners have committed match funds to support the infrastructure for identification, screening, referral and service system coordination. Match funds are being leveraged to support:

- SMA Behavioral Healthcare’s utilization of community-based outpatient substance use treatment services to provide services off school campuses,
- Flagler Cares staff resources to facilitate the implementation of the grant program and develop system-level strategies to support the System of Care,
- Flagler county staff facilitation of Public Safety Coordinating Council meetings,
- Flagler schools staff positions for early identification and referral of students with behavioral health concerns,
- Flagler County Sheriff’s Office staff and deputies to connect with students regularly as a means of early identification,
- United Way’s 211 database of available community resources and,
- Halifax Health use of staff for grant administration purposes.

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 Putnam County adult residents who are experiencing a mental health and/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
- SSI/SSDI, Outreach, Assist, and Recovery (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, 2019 (Year 2 Quarter 2):

CTTU	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	279	124	-	403
Number Served Target	175	175	175	675
CIT Training	20	19	-	39
CIT Training Target	20	30	30	80

Overall Grant Award

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

Performance Measures

Outcome data for the performance measures reflect progress up through June 30, 2019 (Year 2 Quarter 2).

- Measure: 90 percent of participants will have no **arrests** while enrolled in the program
 - 100 percent had no arrests
- Measure: 85 percent of participants will have no **arrests** one year after program discharge
 - 94 percent had no arrests
- 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
 - 94 percent resided in stable housing
- Measure: 25 percent of participants who are **not employed** at admission will be employed full or part-time within 180 days of program admission
 - 60 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
 - 83 percent employed
- 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
 - 89 percent were not referred again
- 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
 - 95 percent reported increased access

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

During year 2, quarter 2 of the grant program, the CTTU transported 35 individuals under a Baker Act Order at the request of law enforcement officers. Of the 35 transports, 11 individuals were transported to the CSU in lieu of being arrested. Each of the 11 individuals who were involuntarily committed under a Baker Act Order would have otherwise been arrested and transported to jail. Through admitting these individuals to the CSU rather than jail, the CTTU program facilitated cost avoidance in regard to cost of jail days for the 11 individuals.

Since the beginning of the grant program, recidivism among program participants who have accepted case management services has been greatly reduced. Through June 30, 2019, 334 participants have received services; 91 of those participants have opted to receive case management and 243 have declined services or were not able to be contacted. Of the 91 individuals enrolled in case management services, only nine (less than ten percent) have been arrested or rearrested. Of the 243 individuals not receiving case management services, 34 individuals have been arrested with a total of 44 arrests. Continued reduction of recidivism is anticipated as the CTTU continues to support law enforcement agencies and thus the program will have a positive impact on cost avoidance/expenditures of the jail and prison.

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

The CTTU continues to have an impact on ensuring Putnam County residents who enter a CSU receive continuity of care when they return to the community. CTTU case managers are available to assist individuals in connecting them with community resources and services to prevent a relapse that would result in re-admission to the CSU.

Moreover, the CTTU program has improved accessibility of community-based services through linkages to: SMA FACT Team, physician services, and outpatient substance use and mental health treatment, Azalea Health for Primary Care, Palatka Housing Authority, Lee Conlee House, Habitat for Humanity, Career Source, Palatka Christian Services Center, Division of Vocational Rehabilitation, Vickers Rental Services, local church groups, and local AA/NA groups.

In year 2 quarter 2, the CTTU has reduced forensic commitments to state mental health treatment facilities. Of the 334 program participants, none were admitted to a state mental health treatment facility.

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

As of June 30, 2019, SMA Behavioral Healthcare expended/leveraged \$43,651.98 or approximately 38 percent of the three-year match commitment for their CJMHSa 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 CJMHTA TECHNICAL ASSISTANCE CENTER

This section summarizes the CJMHTA TAC’s technical assistance during FY2018-19. 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 CJMHTA 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 CJMHS A Reinvestment Grantees (Implementation/Expansion grants)

Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
Broward Behavioral Health Coalition (Broward County)	Juvenile	3, 4, 5	<ul style="list-style-type: none"> • Wraparound Practice Model (Wraparound) • Youth and Family Peer Specialists • Wellness Recovery Action Planning (WRAP) • Future Planning Process • Multi-systematic Family Therapy • Strategic Family Therapy • Moral Reconciliation Therapy • Transition to Independence (TIP) • Beat the Odds • Integrated Group Counseling and Group Drumming • Individual Placement and Support • Trauma Incident Reduction • Family CPR • Medication Assisted Treatment (MAT) • Supported Employment • Supportive Housing • Supported Education 	<ul style="list-style-type: none"> • Reentry, transition planning, and aftercare • Youth and family peer specialists

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	0, 1, 2, 3	<ul style="list-style-type: none"> • Assertive Community Treatment (ACT) team approach • Crisis Intervention Teams (CIT) • Risk-Need-Responsivity Level of Care Service Case Management Inventory (LS-CMI) • Motivational Interviewing (MI) • SSI/SSD Outreach Advocacy and Recovery (SOAR) • Mental Health First Aid (MHFA) • Housing First model • Functional Assessment Rating Scale (FARS) • 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) 	<ul style="list-style-type: none"> • Diversion through the Comprehensive Treatment Court (Mental Health Court) • Linkages to community-based treatment providers

Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
Collier County BOCC	Adult	1, 4, 5	<ul style="list-style-type: none"> • Crisis Intervention Teams (CIT) • SSI/SSDI, Outreach, Assist, and Recovery (SOAR) • Forensic Intensive Case Management (FICM) • Motivational Interviewing • Seeking Safety • Peer Specialists • Supported Employment • Permanent Supportive Housing • Mental Health Screening Form III (MHSF III) • Ohio Risk Assessment System Reentry Tool (ORAS-RT) • PLC-5 Trauma Assessment (PLC-5) • Texas Christian University Drug Screen IV Substance Abuse Assessment (TCUDS V) 	<ul style="list-style-type: none"> • Diversion/Reentry • Centralized Assessment Center (CAC) operated by the Collier County Forensic Intensive Reintegration Support Team (FIRST)

Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
Guidance Care Center (Monroe County)	Both (Adult and Juvenile)	1, 2	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • Diversion • Intensive outpatient treatment

Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
Hillsborough County BOCC (LHZ49)	Adult	1, 2, 3	<ul style="list-style-type: none"> • 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 • SSI/SSDI, Outreach, Assist, and Recovery (SOAR) • Comprehensive, Continuous, Integrated Systems of Care (CCISC) 	<ul style="list-style-type: none"> • Diversion for SPMI offenders through the Mental Health Pretrial Intervention Program • Mental Health Court • Stable Housing (20 Tampa Housing Authority vouchers) • Linkages to community-based treatment providers
Hillsborough County BOCC (LHZ69)	Adult	1,2,3	<ul style="list-style-type: none"> • Motivational Interviewing • Housing First approach • 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) 	<ul style="list-style-type: none"> • Expansion of Drug Pre-trial Intervention with an expanded Adult Drug Court docket and service infrastructure

Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
Kids Hope Alliance (Duval County/City of Jacksonville)	Juvenile	0, 1, 2, 3	<ul style="list-style-type: none"> • 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) • High Intensity Wraparound • Positive Achievement Change Tool (PACT) assessment • Motivational Enhancement Therapy (MET) • Cognitive Behavioral Therapy (CBT) 	<ul style="list-style-type: none"> • Diversion • Centralized Coordination Project (CCP)
Lee County BOCC	Adult	1, 2, 3	<ul style="list-style-type: none"> • Crisis Intervention Teams (CIT) • Housing First approach • Coordinated Entry • Peer Specialists • Permanent Supportive Housing 	<ul style="list-style-type: none"> • Triage Center/Low demand shelter • Diversion • Reentry • Linkages from specialty courts to community-based treatment providers

Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
LifeStream Behavioral Center (Lake County)	Adult	0, 1, 2, 3, 4, 5	<ul style="list-style-type: none"> • 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 • SSI/SSDI, Outreach, Assist, and Recovery (SOAR) • Peer Specialists 	<ul style="list-style-type: none"> • Diversion • Reentry • Linkages to community-based treatment providers

Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
Lutheran Services Florida Health Systems (Marion County)	Adult	2, 3, 4	<ul style="list-style-type: none"> • AC-OK Screen for Co-Occurring Disorders • Center for Alternative Sentencing and Employment Services (CASES) Transitional Case Management • SSI/SSDI, Outreach, Assist, and Recovery (SOAR) • Permanent Supportive Housing • Peer Specialists • Functional Assessment Rating Scale (FARS) 	<ul style="list-style-type: none"> • Mental Health Court
Martin County BOCC	Both (Adult and Juvenile)	1, 2, 3	<ul style="list-style-type: none"> • Crisis Intervention Teams (CIT) • Brief Jail Mental Health Screen (BJMHS) • SSI/SSDI, Outreach, Assist, and Recovery (SOAR) 	<ul style="list-style-type: none"> • Case management for the Mental Health Court participants • Diversion • Linkages to community-based treatment providers

Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
Meridian Behavioral Health (Alachua & Bradford Counties)	Adult	0, 1, 2, 3, 4, 5	<ul style="list-style-type: none"> • 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 • Peer Specialists • Moral Reconciliation Therapy • Cognitive Behavioral Therapy • Criminal Justice Targeted Research and Application of Knowledge (CJ-TRAK) 	<ul style="list-style-type: none"> • Diversion • Reentry • Linkages to community-based treatment providers
Miami-Dade County	Adult	4, 5	<ul style="list-style-type: none"> • Assess, Plan, Identify, and Coordinate (APIC) Model • Texas Christian University Drug Screen (TCUD-V) • Ohio Risk Assessment- Community Supervision Tool (ORAS-CST) • Peer Specialists 	<ul style="list-style-type: none"> • Discharge planning and reentry

Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
Operation PAR (Pinellas County)	Adult	1, 2	<ul style="list-style-type: none"> • Motivational Interviewing (MI) • Mental Health Empowerment Team approach • GAIN Short Screener (GAIN-SS), GAIN Q3, and GAIN-I Core • Screening, Brief Intervention, and Referral to Treatment (SBIRT) • Medication Assisted Treatment • Cognitive Behavioral Therapy 	<ul style="list-style-type: none"> • Screening • Linkage program for individuals under a Marchman Act order • Detoxification services • Outpatient mental health treatment
Orange County BOCC	Juvenile	1, 2, 3, 4, 5	<ul style="list-style-type: none"> • 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 (SOAR) • Motivational Interviewing • System of Care values • High-Fidelity Wraparound 	<ul style="list-style-type: none"> • Diversion • Wraparound service intervention within a System of Care model of service delivery • Family-involvement

Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
Pinellas County BOCC	Adult	1, 2	<ul style="list-style-type: none"> • Motivational Interviewing (MI) • Motivational Enhancement Therapy (MET) • Cognitive Behavioral Therapy (CBT) • Seeking Safety (SS) • Peer Specialists • Comprehensive case management • Service Prioritization Decision Assistance Tool (SPDAT) 	<ul style="list-style-type: none"> • Diversion (high utilizers) • Linkages to community-based treatment providers
Polk County BOCC (LHZ55)	Adult	0, 1, 2, 3, 4, 5	<ul style="list-style-type: none"> • Forensic Intensive Case Management (FICM) • Motivational Interviewing (MI) • Cognitive Behavioral Therapy (CBT) • Assess, Plan, Identify, Coordinate (APIC) • Mental Health First Aid (MHFA) • Contingency Management • Wellness Recovery Action Plan (WRAP) • SSI/SSDI, Outreach, Assist, and Recovery (SOAR) 	<ul style="list-style-type: none"> • Case management • Linkages to community-based treatment providers • Post-booking • Reentry • Housing
Polk County BOCC (LHZ77)	Adult	0, 5	<ul style="list-style-type: none"> • Mental Health First Aid (MHFA) • Recovery Oriented System of Care (ROSC) • Wellness Recovery Action Plan (WRAP) • Peer Specialists • SSI/SSDI, Outreach, Assist, and Recovery (SOAR) • Functional Assessment Rating Scale (FARS) 	<ul style="list-style-type: none"> • Housing • Assistance with obtaining housing and securing benefits

Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
Seminole County BOCC	Both (Adult and Juvenile)	1, 2, 3, 4	<ul style="list-style-type: none"> • Drug Abuse Screening Tool (DAST) • Alcohol Use Disorder Identification Test (AUDIT) • Ohio Risk Assessment Screen (ORAS) • Child and Adolescent Needs and Strengths (CANS) • 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 Teams (CIT) • Stop Now And Plan (SNAP) • Conduct/Oppositional Problem Checklist 	<ul style="list-style-type: none"> • Diversion and reentry • Centralized Coordination Program with a Community Resource Center (CRC) • Stop Now And Plan (SNAP)-juvenile diversion
Southeast Florida Behavioral Health Network (Indian River County)	Adult	2,3,4	<ul style="list-style-type: none"> • 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 • Peer Specialists • High Fidelity Wraparound 	<ul style="list-style-type: none"> • Mental Health Court • Diversion from incarceration • Linkages to community-based treatment providers

Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
Southeast Florida Behavioral Health Network (Okeechobee County)	Adult	2,3,4	<ul style="list-style-type: none"> • 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) • High-Fidelity Wraparound • Mobile Crisis Teams • Peer Specialists • Forensic Needs Assessment • Mindfulness-based Stress Reduction (MBSR) • Forensic Needs Assessment • Mindfulness-based Stress Reduction (MBSR) 	<ul style="list-style-type: none"> • Mental Health Court • Drug Court expansion • Diversion from incarceration • Linkages to community-based treatment providers

Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
Stewart Marchman Act Behavioral Healthcare (Flagler County)	Juvenile	0,1,2,3	<ul style="list-style-type: none"> • National Center for Mental Health and Juvenile Justice School Responder Model • SAMHSA’s Children’s System of Care model • Community Action Teams (CAT) • Cognitive Behavioral Therapy • Behavioral Health Assessment for Children (BASC-3) • Car, Relax, Alone, Forget, Friends, Trouble (CRAFT) screener • Global Appraisal of Individual Needs-Short Screen (GAIN-SS) • Massachusetts Youth Screening Instrument (MAYSI) • Positive Achievement Change Tool (PACT) 	<ul style="list-style-type: none"> • Screening, assessment • Early identification/ intervention • Diversion • Linkages to community-based treatment providers
Stewart Marchman Act Behavioral Healthcare (Putnam County)	Adult	1,2	<ul style="list-style-type: none"> • Crisis Intervention Team (CIT) • Case managers trained in Targeted Case Management • SSI/SSDI, Outreach, Assist, and Recovery (SOAR) • Motivational Interviewing • myStrength (online support system) • Peer Specialists • Mental Health First Aid (MHFA) 	<ul style="list-style-type: none"> • County Crisis Triage and Treatment Unit (CTTU) • Transportation, screening, and continued care to individuals under a Baker Act or Marchman Act

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

Fifteen grantees (planning and implementation/expansion) received “formal” technical assistance in FY2018-19. CJMHS A TAC exceeded the satisfactory benchmark of 85%. The table below displays the satisfaction survey results for formal technical assistance conducted in FY2018-19.

Summary of Grantee Satisfaction Survey Results

Grantee	Date of Formal TA	Satisfaction Survey Results
Polk County BOCC (LHZ55)	July 19, 2018	100%
SMA Behavioral Healthcare (Putnam County)	August 7, 2018	99.5%
Martin County BOCC	August 30, 2018	100%
Meridian Behavioral Healthcare (Bradford County)	September 27, 2018	100%
Kids Hope Alliance/City of Jacksonville (Duval County)	December 4-5, 2018	100%
Operation PAR (Pinellas County)	December 6, 2018	100%
Orange County BOCC	December 17, 2018	100%
Hillsborough County BOCC (LHZ49)	January 10, 2019	98.4%
Guidance/Care Center (Monroe County)	January 19, 2019	98.4%
Meridian Behavioral Healthcare (Levy County)	January 24, 2019	100%
LifeStream Behavioral Center (Lake County)	January 31, 2019	100%
Hillsborough County BOCC (LHZ69)	February 7, 2019	98.6%
Lee County BOCC	February 11, 2019	100%
Pinellas County BOCC	April 9, 2019	100%
Centerstone of Florida (Sarasota County)	May 1, 2019	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.
- 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.
- Clearly identify county leadership including county/circuit courts, health and human services staff, substance use 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.
- Reestablish co-occurring capabilities across systems
- Encourage emphasis on formalized reentry strategies and coordination of care management

DCF/State-level Strategies

- 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.
- Ensure alignment of outcomes and performance measure expectations across programmatic reports and contracts
- 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.
- Review and update subject matter experts and areas of technical assistance available to grantees.
- Provide TA on cost avoidance and cost savings methods

SUMMARY OF TECHNICAL ASSISTANCE PROVIDED DURING PRIOR FY (7/1/18-6/30/19)

The CJMHSa TAC provides assistance in-person (site visits), via electronic mail, telephonically, and via quarterly webinars. As stated previously, CJMHSa TAC facilitated fifteen formal technical assistance events for fifteen of the twenty-five grantees during the FY2018-19. As required in LH289, the following pages summarize the assistance provided by CJMHSa TAC.

Activities and Accomplishments

Per LH289 section C-1.1.2.2, the CJMHSa TAC must conduct a technical assistance needs assessment survey at the beginning of each fiscal year. The CJMHSa TAC disseminated the *FY2018-19 Technical Assistance Needs Assessment Survey* to:

- RFA06H16GS1 Implementation/Expansion grantees: sent 7/26/2018
- RFA06H16GS1 Implementation/Expansion grantee: sent 7/26/18 and 8/16/2018 (based on date of contract execution)
- RFA03H17GN2 Planning and Implementation/Expansion grantees: sent 9/11/2018

The top three technical assistance priorities identified in the FY2018-19 needs assessment surveys were:

- Permanent Supportive Housing
- Overall grant development/approach
- Sequential Intercept Mapping (SIM)/SIM follow-up

CJMHSa TAC Quarterly Updates

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

Quarter 2 Webinar: December 10, 2018

December 10, 2018, Mary Armstrong, Ph.D., Professor in the Department of Child and Family Studies at the University of South Florida, Executive Director of the Louis de la Parte Florida Mental Health Institute and CJMHSa TAC subject matter expert, hosted the quarterly webinar titled, *“Systems of Care in Behavioral Health Care.”* The webinar reviewed the System of Care (SOC) framework, as well as the core values of SOC. Dr. Armstrong explained the positive impact that utilizing a SOC framework can have on high-risk youth and their families and provided examples of SOC developments in Florida and nationwide. Her presentation concluded with lessons learned while building SOC and future directions for implementation and practice.

Quarter 3 Webinar: March 26, 2019

March 26, 2019, Jim Winarski, MSW, Research Associate in the Department of Mental Health Law and Policy at the University of South Florida and CJMHSa TAC subject matter expert hosted the quarterly webinar. Mr. Winarski's presentation was titled, *"Realizing the Recovery Vision in Florida: Implications for Justice Involved Individuals."* The webinar focused on the Recovery Oriented System of Care (ROSC) and its system improvement activities in Florida. The webinar also featured two representatives from the DCF Substance Abuse and Mental Health Program Office, Wesley Evans and Lisa Hetrick. Mr. Evans and Ms. Hetrick discussed the DCF ROSC Initiative in Florida and their efforts to instill the ROSC Framework into daily practices of the behavioral health community providers.

Quarter 4 Webinar: June 28, 2019

June 28, 2019, Kathleen Moore, Ph.D., Research Associate Professor in the Department of Mental Health, Law, and Policy at the University of South Florida and the newly appointed Executive Director of the Louis de la Parte Florida Mental Health Institute hosted the webinar. Dr. Moore's presentation was titled, *"Overview of Problem-Solving Courts: Findings and Lessons Learned from Recent Needs Assessment."* Dr. Moore review the 10 key components of the Drug Court Model and reviewed the results of the Needs Assessment she conducted for the 13th Judicial Circuit Problem-Solving Courts. Julia Schilling of the 13th Judicial Circuit Court Administration Office joined Dr. Moore at the end of the webinar to discuss the progress they have made based on the recommendations from the Needs Assessment, in the two years since the results were presented to the courts.

On-Site and Off-Site "Formal" and "Informal" Grantee Technical Assistance

The table on the following page summarizes the formal and informal technical assistance (on-site and off-site) provided by CJMHSa TAC during FY2018-19 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.*

FY2018-19 CJMHS A TAC “Formal and Informal” Technical Assistance Overview

July 2018

Grantee/County	Topic Area(s) of TA	Type of TA (on-site, telephonic, email)
Martin County	TA planning	Email
Meridian Behavioral Healthcare (Alachua and Bradford Counties)	SIM workshop planning	Email
Polk County	APIC Model Training	On-site
Hillsborough County LHZ49	TA needs assessment follow-up	Email
SMA Behavioral Healthcare (Putnam County)	SIM planning	Email

August 2018

Grantee/County	Topic Area(s) of TA	Type of TA (on-site, telephonic, email)
SMA Behavioral Healthcare (Putnam County)	SIM	On-site
Lee County	TA needs assessment follow-up	Telephonic
Operation PAR (Pinellas County)	TA needs assessment-follow up	Email
Hillsborough County LHZ49	On-site TA planning	Telephonic
Martin County	Permanent Supportive Housing roundtable	On-site

September 2018

Grantee/County	Topic Area(s) of TA	Type of TA (on-site, telephonic, email)
Hillsborough County LHZ49	On-site TA planning	Email
Meridian Behavioral Healthcare (Alachua and Bradford Counties)	SIM workshop draft agenda	Email
Operation PAR (Pinellas County)	SBIRT TA planning	Email
Hillsborough County LHZ69	Drug Court/MAT panel planning	Email
Meridian Behavioral Healthcare (Alachua and Bradford Counties)	SIM workshop	On-site

October 2018

Grantee/County	Topic Area(s) of TA	Type of TA (on-site, telephonic, email)
Orange County	TA needs assessment follow-up	Telephonic
Centerstone of Florida (Sarasota County)	Overall grant program review	Telephonic
Hillsborough County LHZ49 & LHZ69	TA needs assessment follow-up	Email
Kids Hope Alliance (City of Jacksonville)	SIM planning	Telephonic
Operation PAR (Pinellas County)	SBIRT TA planning	Email
Southeast Florida Behavioral Health Network (Okeechobee County)	TA needs assessment follow-up	Email

November 2018

Grantee/County	Topic Area(s) of TA	Type of TA (on-site, telephonic, email)
SMA Behavioral Healthcare (Putnam County)	Final Putnam County SIM Report	Email
Southeast Florida Behavioral Health Network (Okeechobee County)	TA planning	Telephonic
Pinellas County	TA needs assessment survey	Email
Orange County	Mobile Crisis TA planning	Telephonic
Meridian Behavioral Healthcare (Levy County)	SIM workshop planning	Email
Southeast Florida Behavioral Health Network (Okeechobee County)	TA planning	Email

December 2018

Grantee/County	Topic Area(s) of TA	Type of TA (on-site, telephonic, email)
Kids Hope Alliance (City of Jacksonville)	Juvenile SIM]	On-site
Guidance/Care Center (Monroe County)	TA planning	Telephonic
Operation PAR (Pinellas County)	SBIRT training	On-site
Gadsden County Sheriff's Office	Pre-award TA request	Email
LifeStream Behavioral Center (Lake County)	TA planning	Telephonic
Orange County	Mobile Crisis best practices	On-site

Grantee/County	Topic Area(s) of TA	Type of TA (on-site, telephonic, email)
Meridian Behavioral Healthcare (Levy County)	SIM workshop planning	Telephonic
Lee County	TA planning	Telephonic

January 2019

Grantee/County	Topic Area(s) of TA	Type of TA (on-site, telephonic, email)
Central Florida Cares Health System (Brevard County)	SIM letter of commitment	Email pre-award
Centerstone of Florida (Manatee County)	SIM letter of commitment	Email pre-award
Lee County	Supportive Housing TA planning	Email
Hillsborough County LH249	Reentry SIM	On-site
Guidance/Care Center (Monroe County)	Jail Reentry Workshop	On-site
Hillsborough County LH269	Drug Court and MAT Panel TA planning	Telephonic
Meridian Behavioral Healthcare (Levy County)	SIM workshop planning	Telephonic
Meridian Behavioral Healthcare (Levy County)	SIM workshop	On-site
LifeStream Behavioral Center (Lake County)	Mental Health Court Roundtable	On-site

February 2019

Grantee/County	Topic Area(s) of TA	Type of TA (on-site, telephonic, email)
Martin County	TA needs assessment follow-up	Email
Hillsborough County LHZ69	Drug Court and MAT Panel	On-site
Lee County	Permanent Supportive Housing Roundtable	On-site
Martin County	TA needs assessment follow-up	Telephonic
Centerstone of Florida (Sarasota County)	TA needs assessment follow-up	Email
Pinellas County	TA needs assessment follow-up	Email
Miami-Dade County	TA needs assessment follow-up	Email
Seminole County	TA needs assessment follow-up	Email
LSF Health Systems (Marion County)	TA needs assessment follow-up	Email
Polk County LHZ77	TA needs assessment follow-up	Email
Miami-Dade County	TA needs assessment follow-up	Telephonic
Pinellas County	TA needs assessment follow-up	Telephonic

March 2019

Grantee/County C-2.5.2.2.1.1	Topic Area(s) of TA C-2.5.2.2.1.5	Type of TA (on-site, telephonic, email)
Seminole County	TA needs assessment follow-up	Telephonic
Polk County LHZ77	TA needs assessment follow-up	Telephonic
LSF Health Systems (Marion County)	TA needs assessment follow-up	Telephonic
Pinellas County	TA planning	Email

Grantee/County C-2.5.2.2.1.1	Topic Area(s) of TA C-2.5.2.2.1.5	Type of TA (on-site, telephonic, email)
LSF Health Systems (Marion County)	SIM planning	Email
SMA Behavioral Healthcare (Flagler County)	TA needs assessment follow-up	Email

April 2019

Grantee/County C-2.5.2.2.1.1	Topic Area(s) of TA C-2.5.2.2.1.5	Type of TA (on-site, telephonic, email)
Pinellas County	Supported Employment Roundtable	On-site
Centerstone of Florida (Sarasota County)	TA needs follow-up	Email
Miami-Dade County	TA needs follow-up	Email
Seminole County	TA needs follow-up	Email
Martin County	TA needs follow-up	Email
Stewart Marchman Act Behavioral Healthcare (Flagler County)	TA needs follow-up	Email
Miami-Dade County	Strategic planning TA planning	Email

May 2019

Grantee/County	Topic Area(s) of TA	Type of TA (on-site, telephonic, email)
Centerstone of Florida (Sarasota County)	Strategic planning	On-site

Grantee/County	Topic Area(s) of TA	Type of TA (on-site, telephonic, email)
Meridian Behavioral Healthcare (Levy County)	Needs assessment inquiry	Telephonic
Miami-Dade County	TA planning follow-up	Email
Centerstone of Florida (Manatee County)	SIM planning	Email

June 2019

Grantee/County	Topic Area(s) of TA	Type of TA (on-site, telephonic, email)
Miami-Dade County	TA planning	Email
Centerstone of Florida (Manatee County)	SIM planning update	Email
Central Florida Cares Health System (Brevard County)	SIM planning	Email
Seminole County	TA planning	Email
Meridian Behavioral Healthcare (Levy County)	Data sharing inquiry	Telephonic

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 use disorder 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 reentry services focused on mental health and substance use 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 CJMHSAs 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 21 grantees included nine providers, three managing entities, and nine county governments.

On March 8, 2017, DCF-SAMH released RFA 03H17GN2 (CJMHSAs 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, two managing entities, and two county governments.

On November 9, 2017, DCF-SAMH released RFA 11H20GN1 to establish additional CJMHSAs 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.

On November 29, 2018, DCF SAMH released RFA 112818HSET1 and on March 15, 2019, DCF awarded 11 new grants: two planning and nine implementation/expansion grants. Grantees included seven providers, two managing entities, and two county governments. On July 18, 2019, DCF SAMH revised their agency decision and conditionally awarded eight additional grants: three planning grants and five implementation/expansion grants. Conditional grant funding was awarded to three providers, one managing entity, three county governments, and one sheriff's office.

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APPENDIX B: GRANTEES—HISTORICAL SNAPSHOT

Historical Snapshot of CJMHS A Reinvestment Grantees

The table below provides a historical snapshot of all CJMHS A Reinvestment Grantees to date, including those outside of this current reporting period (FY18-19). Not all of the grantees listed below are “county grantees”. New grantees may be county governments, managing entities, sheriff’s offices, or private, not-for-profit providers. Grantees are listed 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 as of the FY18-19 annual report period.

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
Alachua/ Bradford	LHZ48 (Meridian Behavioral Healthcare)	Implementation / Expansion	Adults	4/5/2017	3/31/2020
Brevard	LHZ81 (Central Florida Cares Health System)	Planning	Adults	7/10/2019	6/30/2020
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
	LHZ79 (Broward Behavioral Health Coalition)	Implementation / Expansion	Juveniles	5/6/2019	4/30/2022
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

County	Contract # Grantee, if not the county	Grant Type	Target Population	Begin Date	End Date
Collier	LHZ25	Implementation	Adults	2/24/2011	6/30/2014
	LHZ46	Implementation/ Expansion	Adults	7/1/2014	6/30/2017
	LHZ54	Implementation / Expansion	Adults	7/1/2017	6/30/2020
Duval	LHZ21	Planning	Adults	5/9/2008	5/8/2009
	LHZ31	Implementation	Adults	2/10/2011	2/9/2014
	LHZ43	Implementation/ Expansion	Juveniles (under 18 yrs)	5/1/2014	10/31/2017
	LHZ58 (Kids Hope Alliance)	Implementation / Expansion	Juveniles (Under 18 yrs)	11/1/2017	10/31/2020
	LHZ82 (MATCH)	Implementation/ Expansion	Juveniles	7/30/2019	6/30/2022
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
	LHZ78 (SMA Behavioral Healthcare)	Implementation /Expansion	Juveniles (5-17 yrs)	8/1/2018	7/31/2021
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
	LHZ71 (LSF Health Systems)	Planning	Juveniles	11/9/2017	10/31/2018

County	Contract # Grantee, if not the county	Grant Type	Target Population	Begin Date	End Date
Hillsborough	LHZ20	Implementation	Adults	5/5/2008	6/30/2011
	LHZ40	Implementation/ Expansion	Adults	4/1/2014	3/31/2017
	LHZ49	Implementation	Adults	2/1/2017	1/31/2020
	LHZ69	Implementation / Expansion	Adults	10/4/2017	9/30/2020
Indian River	LHZ57 (Southeast Florida Behavioral Health Network)	Implementation / Expansion	Adults	1/31/2017	12/31/2019
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
	LHZ56 (LifeStream Behavioral Center)	Expansion	Adults	4/1/2017	3/31/2020
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
	LHZ59	Expansion	Adults	4/1/2017	3/31/2020
Leon	LHZ19	Implementation	Adults	5/1/2008	6/30/2011
Levy	LHZ75 (Meridian Behavioral Healthcare)	Planning	Adults	7/1/2018	6/30/2019
Manatee	LHZ80 (Centerstone of Florida)	Planning	Adults	7/10/2019	6/30/2020
Marion	LHZ03	Planning	Adults	3/28/2008	3/27/2009
	LHZ32	Implementation	Adults	2/28/2011	2/27/2014
	LHZ76 (LSF Health Systems)	Implementation / Expansion	Adults	8/13/2018	7/31/2021

County	Contract # Grantee, if not the county	Grant Type	Target Population	Begin Date	End Date
Martin	LHZ05	Planning	Adults	3/28/2008	3/27/2009
	LHZ60	Implementation / Expansion	Adults & Juveniles	6/8/2017	5/31/2020
Miami-Dade	LHZ15	Implementation	Adults	4/15/2008	6/30/2011
	LHZ27	Expansion	Adults	1/31/2011	6/30/2014
	LHZ50	Implementation / Expansion	Adults	3/7/2017	2/28/2020
Monroe	LHZ12	Planning	Adults	4/10/2008	4/9/2009
	LHZ37	Implementation	Adults	4/22/2011	6/30/2014
	LHZ53 (Guidance/Care Center)	Implementation / Expansion	Adults & Juveniles	1/13/2017	12/31/2019
Nassau	LHZ07	Implementation	Adults	3/28/2008	3/27/2011
Okeechobee	LHZ70 (Southeast Florida Behavioral Health Network)	Implementation / Expansion	Adults	11/20/2017	10/31/2020
Orange	LHZ17	Implementation	Adults	4/16/2008	4/15/2011
	LHZ29	Expansion	Adults	2/10/2011	2/9/2014
	LHZ42	Implementation/Expansion	Juveniles	4/1/2014	3/31/2017
	LHZ51	Implementation / Expansion	Juveniles (<16 yrs)	4/1/2017	3/31/2020
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

County	Contract # Grantee, if not the county	Grant Type	Target Population	Begin Date	End Date
Pinellas	LHZ23	Implementation	Adults	6/30/2008	6/29/2011
	LHZ35	Expansion	Adults	2/22/2011	2/21/2014
	LHZ52	Implementation / Expansion	Adults	2/1/2017	1/31/2020
	LH319 (Operation PAR)	Implementation / Expansion	Adults	11/1/2017	10/31/2020
Polk	LHZ13	Implementation	Adults	4/10/2008	6/30/2011
	LHZ55	Implementation / Expansion	Adults	2/1/2017	1/31/2020
	LHZ77	Implementation / Expansion	Adult	9/1/2018	8/31/2021
Putnam	LHZ65 (Hanley Center Foundation)	Implementation/ Expansion	Adults & Juveniles (12-18 yrs)	2/1/2017	1/31/2018
	LH772 (SMA Behavioral Healthcare)	Implementation / Expansion	Adults	1/3/2018	12/31/2020
Sarasota	LHZ47 (Centerstone of Florida)	Implementation / Expansion	Adults	2/1/2017	1/31/2020
Seminole	LHZ41	Implementation	Adults	5/1/2014	4/30/2017
	LHZ71	Implementation / Expansion	Adults & Juveniles (6-17 yrs)	10/5/2017	09/30/2020
St. Johns	LHZ66 (SMA Behavioral Healthcare)	Planning	Adults	2/17/2017	1/31/2018
	LHZ83 (EPIC Behavioral Healthcare)	Implementation/ Expansion	Adults	7/10/2019	6/30/2022
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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