



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

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

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

January 11th, 2012

Introduction

This is the Annual Report on the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program Act. The enabling legislation (http://www.floridatac.org/pdf/Florida_Statutes_for_TA_Center.pdf) requires submission of an Annual Report to the Governor and Legislature by the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program Technical Assistance Center at the University of South Florida. The Annual Report is to include:

- (a) A detailed description of the progress made by each grantee in meeting the goals described in the application;
- (b) A description of the effect the grant-funded initiatives have had on meeting the needs of adults and juveniles who have a mental illness, substance abuse disorder, or co-occurring mental health and substance abuse disorders, thereby reducing the number of forensic commitments to state mental health treatment facilities;
- (c) A summary of the effect of the grant program on the growth and expenditures of the jail, juvenile detention center, and prison;
- (d) A summary of the initiative's effect on the availability and accessibility of effective community based mental health and substance abuse treatment services for adults and juveniles who have a mental illness, substance abuse disorder, or co-occurring mental health and substance abuse disorders. The summary must describe how the expanded community diversion alternatives have reduced incarceration and commitments to state mental health treatment facilities; and
- (e) A summary of how the local matching funds provided by the county or consortium of counties leveraged additional funding to further the goals of the grant program.

The Florida Legislature enacted Florida's Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant Act in 2007. This legislation laid the groundwork for community leaders to plan, create, and expand innovative services to shift care of offenders with mental illnesses and/or co-occurring substance use disorders from the most expensive, deep end treatment settings to community-based programs. The grants have enabled counties to supplement community mental health and substance abuse services that are often stretched too thin to address the complex needs of these individuals.

The Reinvestment Grant Act initially created two types of grants — planning and implementation — to help communities develop and/or expand treatment alternatives to jails, prisons and state forensic hospitals. The first grants were awarded to 23 counties in 2007. Planning grant funding ended in June 2008 and the funding for the 2007 implementation grantees expired in June 2010. In November 2010, legislative appropriations permitted the award of new grants, resulting in 9 new implementation grants and 5 expansion grants. All the expansion grantees had received implementation grants in 2007. Grants were awarded competitively and funds were matched by the counties, thereby maximizing available resources.

By statute, these grants may be used to fund initiatives including, but not limited to, mental health courts; diversion programs; alternative prosecution and sentencing programs; crisis

intervention teams; treatment accountability services; specialized training for criminal justice, juvenile justice, and treatment services professionals; housing, transitional housing and employment services; and re-entry services focused on mental health and substance abuse services and supports. Some of the counties receiving implementation grants have used the funding to expand existing programs. Others have used the funds to create new programs from the menu in the authorizing legislation.

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

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

Current Grantee Progress: Expansion and Implementation Grants

This Report provides a brief summary of progress for each of the 14 current county grantees. The report is divided into two main sections. The first section discusses the five counties awarded an **expansion** grant and the second section includes the remaining nine counties, which received **implementation** grants. The report describes grantee efforts since grants were awarded in November 2011. The information contained in the Report is limited by two factors. First,

funding did not become available to a number of counties until late in the fiscal year. This resulted in a late start date for activities funded by the grant, which limits the amount of information available on outcomes. Second, the information contained in this Report is all self-reported by the counties. In the past, the Technical Assistance Center was able to conduct independent analyses of certain outcomes, for example, the impact of funded projects on arrest rates of individuals enrolled in the projects. However, because of reductions in the budget of the Technical Assistance Center, it was contractually prohibited from performing any activities other than writing and submitting this Annual Report. If TA Center activities are reported, they are in response to specific county initiatives.

Summary of Findings

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

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

A detailed description of each grantee's progress in meeting its goals is contained in the county summaries below. The vast majority of counties report success in meeting the goals described in their individual applications, in total or in part. Some counties report that because funding became available relatively late in the year, that they have not yet made significant progress in meeting their goals. However, all report at least some success, and it appears that most counties have mechanisms in place (for example, a planning council) that monitors progress on an on-going basis to assure that grant funded projects stay focused on goals described in the application.

(b) A description of the effect the grant-funded initiatives have had on meeting the needs of adults and juveniles who have a mental illness, substance abuse disorder, or co-occurring mental health and substance abuse disorders, thereby reducing the number of forensic commitments to state mental health treatment facilities

Grantee counties generally have not had reduction in forensic commitments to state mental health treatment facilities as a goal in their application. Therefore, there is little specific information available from the counties regarding the impact of grant funded initiatives on reducing the number of forensic commitments. However, many counties report good success in reducing the number of arrests among individuals served by grant funded projects. Therefore, it is reasonable to conclude that these counties have reduced the number of individuals who potentially could be referred for competency evaluations and, ultimately, commitment to a state facility for competency restoration.

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

Several counties report that grant funded initiatives have reduced jail costs because of reduced arrest rates. These counties include Lee, Pinellas, Alachua, Miami-Dade, Orange, Flagler, and

Lake. In some cases, the reduction is very large. Pinellas, for example, reports that 20 clients enrolled in their intervention had generated 628 arrests prior to enrollment, with aggregate jail costs of \$754,809. Subsequently, those 20 clients had accumulated only \$3,286 in jail costs.

d) A summary of the initiative's effect on the availability and accessibility of effective community based mental health and substance abuse treatment services for adults and juveniles who have a mental illness, substance abuse disorder, or co-occurring mental health and substance abuse disorders. The summary must describe how the expanded community diversion alternatives have reduced incarceration and commitments to state mental health treatment facilities

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

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

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

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

Expansion Counties

Alachua County

As a 2007 implementation county and 2010 expansion grantee county, Alachua County created a forensic diversion team (FDT) with its grant funding. The FDT targeted adults with 2 or more jail stays, a history of mental illness, substance abuse, or co-occurring disorders, and a pending Alachua County criminal case. Between January and October 2010, the program accepted 82% of the 243 referrals it received. Program participants averaged 65% of their days in the community, and 35% in jail. Sixty-three percent of the individuals engaged in the program for 12 or more months had a reduction in the number of days in jail, 74% had a reduced number of charges, and 90% had charges that were lower or equivalent in severity to their initial charge at the time of admission to the program. The FDT provided screenings, change readiness, and clinical assessments to 199 clients that were accepted into the program between January and October 2010. At the end of September 2010, 77 clients were actively participating in the program, with 20 (26%) receiving case management and outreach services at the jail, and 57 (74%) receiving treatment and case management in the community. None of the participants were discharged to the state psychiatric hospital during the reporting period. Furthermore, Alachua County created a strong collaboration among county providers during the implementation grant; the CJMHSAG planning council met quarterly to oversee the program, to ensure collaboration between partners, and focus on continued project implementation, oversight and evaluation.

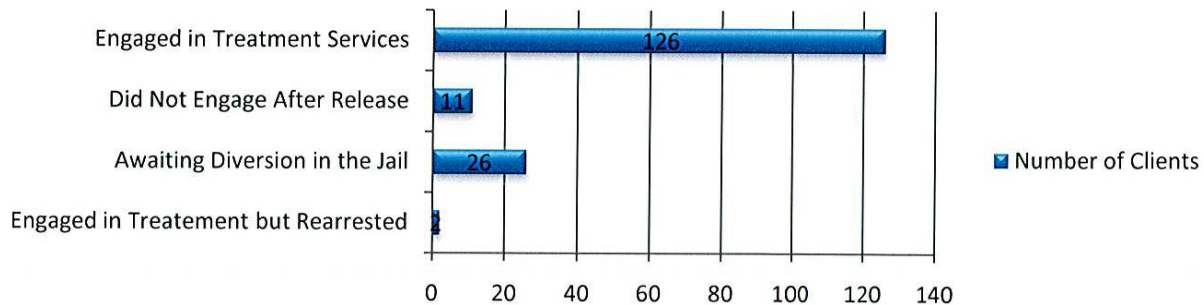
In an effort to provide enhanced services to individuals with mental illness and substance use disorders and improve public health and safety, Alachua County has expanded its FDT program to diversify its service array to include targeted case management services and evidence-based therapeutic practices (i.e. Trauma-Informed Care, Gender-specific treatment, etc). These enhancements sought to increase client access to case management, treatment, peer specialists, and wrap-around care. The county's grant goals/objectives include; 1) increase public safety, 2) improve assessment and treatment options, 3) avert spending on the jail and state hospitals, and 4) increase collaboration among stakeholders.

The FDT continues to receive a high rate of referrals for participation due to the demonstrated success of the program. Since the start of the expansion grant, the program has accepted, or has pending, approximately 67% (92 of 138) of referrals received in the second quarter of the grant cycle. This rate is consistent with the total number of accepted referrals (70%) in round 1 of the grant. Improved collaboration and cooperation with community stakeholders has resulted in enhanced efficiencies in making referrals to the program (i.e. fewer inappropriate referrals). The team also continues to monitor the number of duplicate referrals to assess and improve upon efforts to engage individuals in participating in the program.

By the end of September, 2011, a total of 165 clients were actively participating in the Expanded-FDT program. Approximately 83% of participants received both treatment and case management services in the community. Treatment services include intensive outpatient services 2-4 days a week through individual and group therapy. Female participants receive gender-specific treatment through women's only groups. Services also include trauma-focused psychotherapy for all participants (both male and female) assessed and identified as having

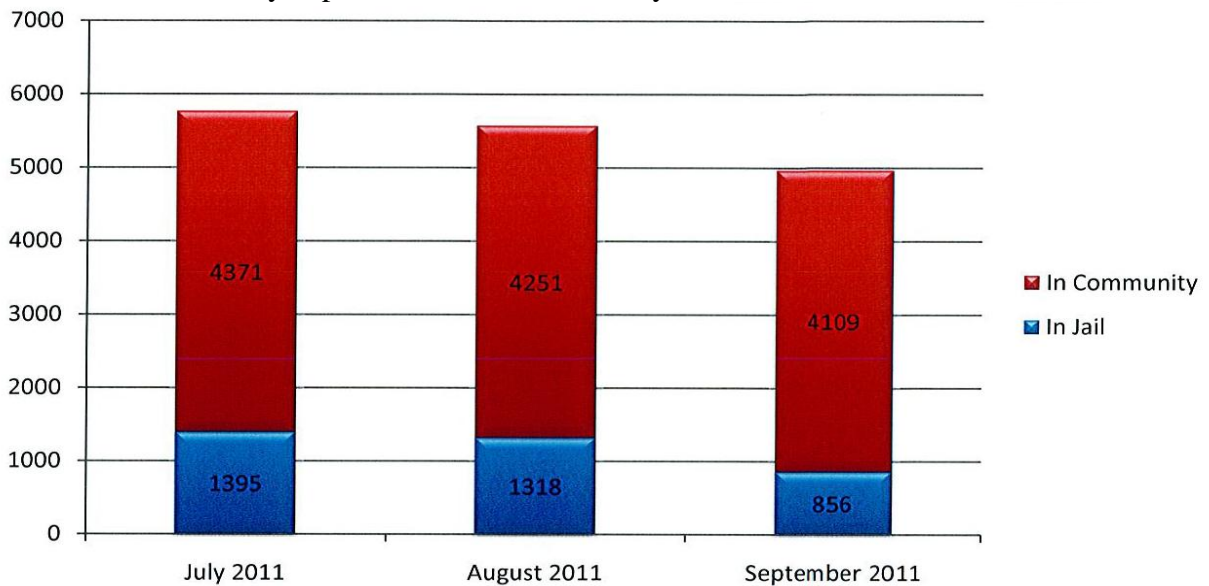
issues that pertain to trauma. The remaining participants received outreach/case management services in the jail, which emphasize the importance of continuing services following release. The engagement status of the 165 participants in the program is illustrated in Chart 1 below.

Chart 1. Engagement Status of Current Clients



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

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



Furthermore, the E-FDT program has maintained nearly 80% of participants successfully in the community since opening and has had a significant effect on the local jail, reporting a decrease in 34 days in jail per client. Finally, since the start of the expansion grant, there have been twenty seven participant discharges from the Forensic Diversion Program. Approximately 33% were deemed successful at discharge due to full completion of treatment objectives established by both the clients and their therapist. The remaining 67% were discharged prior to completing treatment objectives, with over 50% of those being voluntary participants who elected to end treatment early. The main reason for non-successful discharges was due to non-compliance.

Lee County

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

As of September 30th, 2011, the shelter had admitted 802 clients. Law enforcement officers brought 70% of clients to the Triage Center, with the remaining referrals from local hospitals, the Veterans Administration, and other DCF designated receiving facilities. About 19% of those individuals brought by law enforcement was directly diverted from an arrest or arrest(s) for low level offenses. The remainder was at high risk of arrest due to being homeless and on the street. According to a brief questionnaire completed by officers who bring a client to the Center, most officers spent less than five minutes to complete delivery of offenders to the facility, allowing them to return to patrol for more effective utilization of the officer's time. Upon admission, 49% of clients self-disclose a substance abuse and/or mental health condition and 21% of those persons gained access to treatment upon discharge. Specifically, persons accessing substance abuse services increased by 21% upon discharge through involvement with the Triage Center and persons accessing mental health services increased 15% upon discharge through involvement with the Triage Center. Forty eight percent were discharged from the program receiving at least one type of public benefit (Food Stamps; Medicaid; Medicare; SSI; SS; SSD), thus decreasing the use of state general revenue dollars for services.

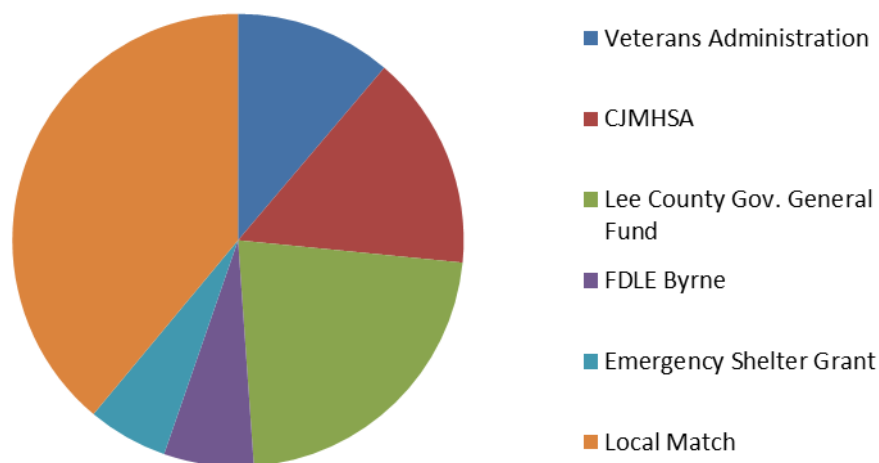
From 1/13/11 to 3/31/11, 184 unduplicated individuals (generating 221 referrals) were referred to the facility for assessment. Of those, 200 stayed overnight, 6 did not qualify, and 15 qualified but did not stay overnight. The average length of stay during this time was 16 days. Between 04/13/11 and 9/30/11, 398 unduplicated individuals (accounting for 529 referrals) were referred to the facility for an assessment. Of those shelter referrals, 474 stayed overnight, 10 did not qualify to stay, and 45 qualified but did not stay overnight. The average length of stay was 17 days. Each reporting period, nearly 24% were placed in housing via emergency shelter, transitional housing, supportive housing, permanent housing, or with family/friends and 13% entered inpatient substance use treatment.

The County defines a "good exit" as an individual who has successfully completed the program, left for a housing opportunity or left for a mental health or substance abuse treatment facility.

The Florida Mental Health Institute (FMHI) at the University of South Florida conducted a study of the county’s data revealing that clients with a successful exit status from the program have fewer future encounters with law enforcement, subsequent arrests, and shorter incarceration periods ([Lee County Report](#)) FMHI continues to evaluate the impact of the program on recidivism. However, current data show that individuals with a “good exit” from the Center have experienced a 13% reduction to jail admission in the county, yielding an average savings of \$133 per diversion or \$68,667 a year. Although the county has found it difficult to quantify other cost savings, the shelter has saved just over \$274,664 since opening by diverting 1,249 individuals from 2,073 arrests that would have led to jail.

Without the additional \$250,000 CJMHSA grant, the County anticipates that the Triage Center will experience a budget deficit which could result in a reduction in the hours of client intake, the number of beds, and/or services that are offered which will have a negative impact on outcomes. Sustainability of the project is subject to the availability of funds provided through multiple partners at the local, State, and Federal levels. As of November 30, 2011 Lee County will have expended approximately 90% of the \$250,000 allocated in year 1 of the grant and it is projected that the remainder will be spent in December. The partners in this project already contribute a substantial amount of monetary and in-kind resources to the project and reportedly are unable to compensate for the loss of any funding. Lee County Government and its partners have been able to diversify and leverage the CJMHSA reinvestment grant through aggressively securing additional funding to operate the Triage Center, which costs 1.4 million annually (See Chart 3 below).

Chart 3. Funding Sources of the Triage Center



Miami-Dade

Previous implementation grant funding allowed Miami-Dade to continue expanding the Criminal Justice Mental Health Project, a court-based program designed to divert individuals with serious mental illnesses into treatment. The project has four components: the Felony Jail Diversion Program, the Misdemeanor Jail Diversion Program, Forensic Diversion and Crisis Intervention Team (CIT) training. Several goals were established and realized this calendar year. These include protecting public safety, diverting and treating people at risk of entering the criminal justice system and averting costs for the criminal justice system. Positive outcomes indicated that of the 106 participants actively enrolled in the program, 75%-80% were not re-arrested. Average

days in jail for FJDP participants were also significantly decreased. Also noteworthy is the Miami-Dade project's effort to assist clients in applying for entitlement benefits that will support their recovery and transition back to the community.

With the expansion grant, Miami-Dade created a specialized unit to expedite access to benefits and enlarged its target population to include individuals re-entering the community after completion of a jail sentence. This effort is based on the SOAR model, promoted by the [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#) as an essential part of diverting people with mental illnesses from the criminal justice system. This national project is designed to increase access to the disability income benefit programs administered by the [Social Security Administration \(SSA\)](#) for eligible adults who are homeless or at risk of homelessness and have a mental illness and/or a co-occurring substance use disorder. ([Click for more information on SOAR](#)). The county also worked with FMHI at USF to incorporate the Short-Term Assessment of Risk and Treatability instrument (the START), a risk assessment tool to assist diversion and re-entry planning, as well as train staff. Additionally, a program evaluation is being conducted to assess the efficiency of accessing benefits and effectiveness of jail diversion and re-entry planning. Because of delays in the funding process, the program was not implemented until late August, with referrals beginning in mid-September. To date, 30 individuals have been screened for eligibility for benefits, with 6 being ineligible. Of those 12 SSA applications that have been filed, 2 have been approved, none have been denied, and the rest are in process. This grant funded project has dramatically accelerated the process for applying for benefits. On average, it took 22 days to go from screening to application (determine eligibility and collect information and necessary documentation) and only 20 days from application to approval (the national average is 9-12 months).

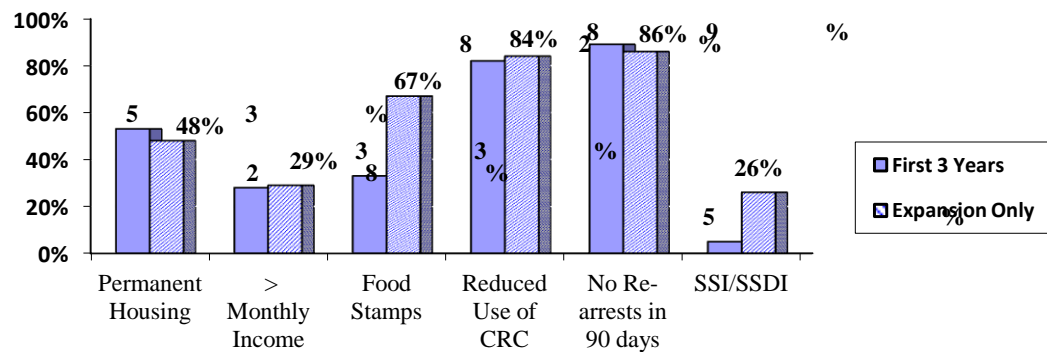
Although assessment is on-going and formal outcomes are not yet available, Miami-Dade has succeeded in collaboration with the Social Security Administration and the South Florida Behavioral Health Network to access medical records from contracted agencies and community providers, and developed a relationship with Federal Immigration Agencies. These collaborations are essential in determining how people do across systems, obtaining medical records, and undocumented immigration status. In addition, these collaborative relationships will enable the County, with assistance from FMHI to document outcomes related to service access, arrest rates, and jail days for individuals who benefit from the Reinvestment Grant program funding.

Orange County

Orange County has used grant funding to expand its existing Central Receiving Center (CRC), a triage center for people with acute mental illness or substance use disorders referred by law enforcement or emergency room staff. The CRC provides assessment and linkage to treatment services as an alternative to arrest or involuntary civil commitment. The grant has funded creation of the ANCHOR program, which provides transitional housing and case management services. It includes a continuing care system that provides medical services, access to permanent housing, medication management, help in accessing entitlements, support groups, legal services and aftercare treatment. The program is housed in a 44-unit apartment complex. Clients reside in a double occupancy room within a therapeutic community. Since inception in October 2008, 283 individuals have been served. Analysis of client data thirty days after a successful discharge

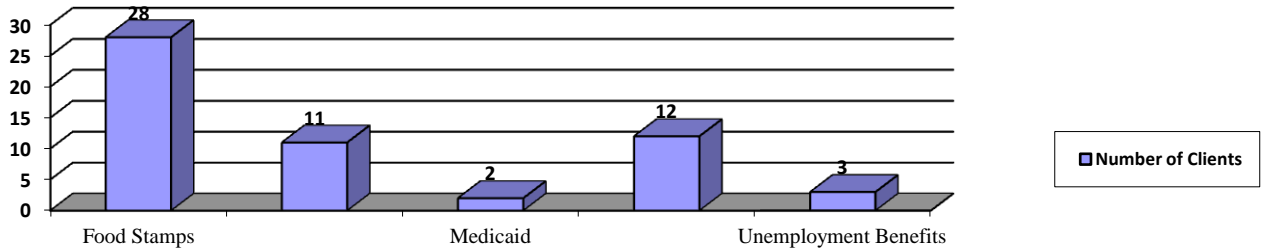
from the program found that 82% of graduates had reduced their use of the CRC and 89% had not been rearrested. Furthermore, 53% left for permanent housing, 28% left the program with greater monthly income than upon entry, 33% obtained food stamps, and 5% obtained SSI/SSDI. The county used its expansion grant funds to build upon the preexisting ANCHOR program. Goals of the program are successful transition into permanent housing and compliance with medical and psychiatric treatment, as well as a reduction in the number of hospitalizations, incarcerations and admissions to community mental health and detoxification services. The expansion grant has allowed ANCHOR to hire a full time substance abuse and mental health counselor, a self-sufficiency counselor (to increase client access to public entitlement benefits, including VA benefits and job readiness training, as well as life skills development services), and a vocational counselor. Since the expansion grant (which did not begin until April 15, 2011), 42 individuals have been served. The vast majority (84%) have had reduced use of the CRC, 67% obtained food stamps, and 86% were not re-arrested in 90 days. Chart 5 (below) illustrates a comparison of the outcomes from the first 3 years (during implementation) to the expansion outcomes.

Chart 5. First Year Client Outcomes (n=283) vs. Expansion Client Outcomes (n=42)



Reported outcomes indicate that 17 of the 38 clients receiving transitional housing services successfully transitioned to permanent housing (the goal was 75% of clients, giving the county a 45% achievement rate to date). Of those employable, the county's goal of having 75% of permanently housed clients employed or actively seeking employment/education was met; thirty two percent secured employment, 63% were seeking employment, and 5% were pursuing educational/vocational programs. Furthermore, all clients received HIV educational services, demonstrated improved functioning and a decrease in acuity level of substance abuse as measured by HUD's Self-Sufficiency Matrix, and were linked to entitlements and/or other government benefits through employment (see Chart 6).

Chart 6. Number of Successfully Discharged Clients Linked to Services by Type



Pinellas County

Through previous implementation grant funding, the program created by Pinellas County provides access to community based health and substance abuse treatment services while at the same time addressing the client's involvement in the criminal justice system. Since 2004, the County Public Defender, State Attorney, Pinellas County Sheriff, the courts and local service providers have collaborated to reduce the incidence and length of incarceration of individuals diagnosed with mental illness or co-occurring mental health and substance abuse disorders who are charged with crimes. An existing collaboration with Suncoast Center for Community Mental Health in St. Petersburg has been expanded, with Suncoast Center assigning a full-time clinician from their Focused Outreach Program to work at the County's jail diversion program office. Once the clients complete their court-ordered program, they can be placed into this longer-term program with Focused Outreach. Suncoast Center is also providing clients with preliminary psychological evaluations at no cost to the County. The program continues to provide jail-based counseling and treatment services to clients in the jail, at night and on weekends. Caseworkers have begun group therapy sessions as well as art and music therapy sessions. The strategic goal outlined in the County's grant application was to address a target population consisting of 20-30 wait list clients who were not being admitted into a program due to lack of funding. This goal was met and the wait list was eliminated with the resources offered by the expansion grant. Currently clients eligible for jail diversion are qualified prior to first appearance, and admission into a jail diversion program can commence immediately upon the judge's order.

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

The first 20 clients from this pool had generated 628 arrests with 960 distinct charges prior to entry to the program, with 22 percent of charges being related to homeless status and 63% of charges directly related to alcohol. The program has proved to be cost effective, with analysis finding that these 20 clients accounted for pre-program jails costs of \$754,809. In contrast, at a program cost of \$35,000 for all 20 clients, post-program jail costs for these clients to date have only been \$3,286. Furthermore, the program reports that it has attained a number of other successful outcomes, including access to alcohol treatment, mental health stability, housing,

financial stability, community involvement, decreased emergency room health care, decreased paramedic/EMS involvement, decreased contact with law enforcement, decreased charges, decreased arrests and number of days incarcerated.

The primary challenge faced during the expansion grant was determining the appropriate medical facility for detoxification services and arranging transportation protocols for those facilities. These issues were resolved through siting detoxification at a private facility located near the Safe Harbor facility where many homeless requiring this service are housed, and the private facility provides not only medical detox but a complete array of mental health services and medications, since they have a psychiatrist on staff. In terms of additional capacity, the expansion grant program has highlighted the county's dire need for secure Marchman Act assessment and detoxification beds, as there are no Marchman receiving facilities in Pinellas.

Implementation Counties

Charlotte

In Charlotte County, like many counties in Florida, a lack of identification, diversion, treatment, and discharge planning for individuals with mental health and/or substance abuse problems, and limited community resources available at discharge, contribute to an overrepresentation of this population in the justice system and put them at higher risk for recidivism. The County used its planning grant to engage in a number of activities, including the use of sequential intercept mapping conducted by the TA Center staff to map the County's current criminal justice system to identify the intercept points that could divert the target population from the system. The two intercept points that were made a priority were in early identification and reentry. In order to identify and divert these individuals before involvement with the criminal justice system, the implementation grant is focused on providing 911 dispatchers with Crisis Intervention Team (CIT) training. Dispatchers trained in this model will be able to identify situations where CIT-trained officers should be involved, thus matching the appropriate officer with the situation. Funding will also be used to train additional officers in the CIT curriculum. For a description of the CIT program, which is a national evidence-based practice, see <http://www.memphispolice.org/crisis%20intervention.htm>. In January 2011, thirteen dispatchers/communications supervisors were trained in an abbreviated version of CIT. In addition, seventeen Charlotte County Sheriff Office (CCSO) officers were trained the full 40 hours. In July 2011, fourteen CCSO officers, two DOC probation officers, one pretrial services officer, and one officer from Edison State College were trained in full CIT. Over the next 3 years, the county has set a goal of training 50% of 911 operators (currently at 35%).

The implementation grant has also funded activities focused on the reentry phase of the criminal justice system, that is, when people leave jail or prison to return to the community. To date, 42 participants were accepted into a case management program supported by the grant. However, the County anticipates reaching its target numbers of 100-150 individuals being served annually. Of those served, 21 participated in housing with one of the grant housing partners. Furthermore, 11 participated in faith-based housing and 10 utilized the local homeless coalition. Although outcome measures on recidivism are not yet available, 86% of individuals utilizing the transitional case management program are connected to treatment services within seven days of discharge or acceptance into the program (goal 90%). Moreover, 92% of individuals have been

connected to housing within 1 day of discharge or acceptance into the program (goal 90%). The County also continues to improve collaboration efforts within the community.

Co-occurring mental health and substance use disorders continue to be a consistent problem among program participants. Some participants have struggled with the transition back to the community and have subsequently relapsed. Relapse while in local housing programs has created a need for special housing, as individuals have typically been discharged as a result. Accordingly, members of the Charlotte Behavioral Health Care (CBHC) clinical team, Charlotte County, and representatives from the housing partners have agreed to develop a shelter reimbursement rate that is higher and specifically designed for participants who have relapsed. Several other modifications were made while beginning implementation. The county has started tracking number of veterans since implementation and tracking linkages to VA services. As of December 5, 2011, 3 veterans have been served by this new initiative, 2 of whom were successfully connected to VA services. During early stages of implementation, eligibility criteria had to be modified to include individuals that have recently had contact with Charlotte County Jail including people that have made bond, served their time, been ROR, etc., rather than only accepting incarcerated individuals.

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

Collier

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

The FIRST program has focused on collaborative efforts with both national and local entities to ensure access to information/records of clients for continuity in assessment and treatment of clients. The target population for FIRST includes adults, age 18 and over, who have a severe mental illness and are charged with non-violent offenses. Participants may be pre-or post trial and either in jail at the time of admission, or at risk of incarceration. The program capacity is 45 at any given time, with an expected average length of stay of six to twelve months and projected number of 200 served over the three years of the grant. From March 2011 to September 30, 2011, the program has served 20 clients. Referrals come from a number of sources, and are

being coordinated through the DLC forensic program which also provides Mental Health Court, Drug Court and forensic case management. Also, the County has been able to leverage additional funds for this initiative by collaborating with the Collier Housing Authority to obtain housing vouchers through Collier County HUD grants. Finally, TA Center staff from FMHI, at the request of the county's planning council, has assisted with system mapping and creation and revision of a strategic plan.

Duval

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

Duval County used its Criminal Justice, Mental Health, and Substance Abuse planning council to create collaborative stakeholder relationships across County criminal justice, social welfare, and treatment provider systems. Collaborative planning meetings have focused on ways to promote public safety by improving screening practices for individuals either at risk or already in the criminal justice system. A Mental Health Court handbook was created, as well as a referral process for county partners. Approximately 70 individuals have been screened for Mental Health Court. Those individuals who are evaluated are then linked to appropriate services, diverting them away from the system. Outcome data has not been assessed, as the program is still in its early stages, however, the County is optimistic that the Mental Health Court is meeting its goals.

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

Flagler

An estimated 22% of inmates in the Flagler County jail system have mental health issues and 44% have substance abuse and/or co-occurring disorders. The County has used its implementation grant funding to improve law enforcement linkage to crisis support, expand CIT training, and divert individuals at various points in the criminal justice process. Based on planning accomplished through its initial planning grant, the County initiated the Mental Health Jail Diversion (MHJD) project to decrease arrests, days in jail, emergency screening, and inpatient hospitalization, and ease the burden on the Flagler County court system. Prior to the implementation grant, the County conducted a pilot study with 15 high risk clients to examine

the effects of its proposed program. Since the program’s inception in November 2009, there has been a significant decrease in arrests, days in jail, emergency screenings and a decrease in inpatient hospitalizations due to intensive mental health jail diversion services, which include weekly medication drops, monthly pharmacological management with ARNP, transportation to scheduled appointments (medical care, mental health, and specialists), weekly nursing services, treatment planning, and individual counseling.

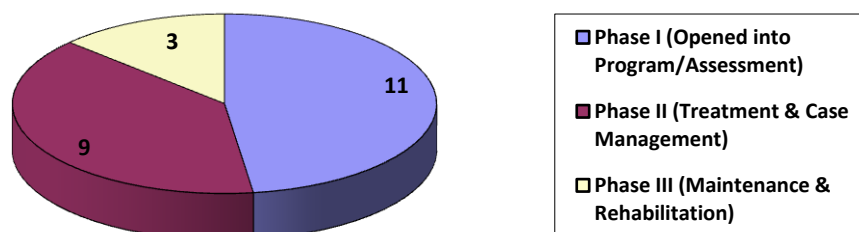
Barriers that have been encountered include a lack of transportation for the majority of clients. However, Stewart Marchman ACT Behavioral Healthcare (SMA) was able to allot a vehicle for the MHJD intensive case manager to use to transport clients to their appointments. Barriers that remain include a lack of community resources, (i.e. housing, medical care, residential substance abuse treatment facilities, and specialists) in Flagler County. Since there is only one intensive case manager for the population and a maximum caseload of 15, a waiting list has developed in recent months. In addition, some individuals in the program lack permanent housing and their transient status can make them difficult to locate at times. However, the County has the ability to identify such barriers and continues to work to overcome them.

Lake

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

A total of 73 individuals were referred and screened by Lake FCST, as of September 30th, 2011. Of these individuals, 34 were ineligible (39 eligible) and 31 were admitted into FCST. Five clients were involuntarily withdrawn due to non-completion of the program and three have successfully completed the FCST program. Despite a proposed cap of 20 participants, there are currently 23 active clients in the program. Below, chart 7 illustrates what program phase each client is in currently.

Chart 7. Number of Clients in Each Program Phase (n=23)



As one example of cost-savings achieved by the program, the County identified one participant diverted from what would have been a 180 day incarceration. The cost savings to the jail was at a minimum \$10,627.20 (180 days in jail plus the cost of medications.) This individual has a severe mental illness and was assessed and approved for disability (SSA) benefits, he receives co-occurring treatment services and is currently seeking supportive independent housing with support from his forensic case manager.

No additional funding beyond the grant match requirements has been leveraged. However, LifeStream, which consists of FCST and other existing county programs, has completed a grant application to the United States Bureau of Justice Assistance and is awaiting the outcome of its application.

Marion

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

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

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

The biggest challenge the county has reported in implementing its Mental Health Court program was the time it took to receive funding after signing the MOU. As a result, additional staff for the Court (a court assistant and a case manager) did not begin until June 20, 2011.

To date, 15 (40.5%) clients have graduated from the Marion County MHC program, with a 33.3% re-arrest rate. At this time, other measurable outcomes are not available, but the County is currently developing data collection methods for future reporting. The County also is currently working to establish a sustainability plan for the Court, working with WellFlorida, a private, non-profit health planning council, and TA Center staff. A key factor is the development of a database to measure program outcomes that can be shared with all of the stakeholders, the community, and local officials. The TA Center is working with the county to create and manage this database.

The County hopes to use information that will be available from the data base to mobilize public support and stakeholder support to create a system of care for individuals targeted through the grant so that they will receive the treatment and support they need, while improving public safety, and keeping them from cycling through the criminal justice system.

Monroe

Monroe County has used its implementation grant to increase the number of CIT officers, and as a result, there are now 43 law enforcement/corrections officers in the County who have graduated from the 40 hours CIT training. Furthermore, the Lower Keys Medical Center has agreed to provide one dedicated triage bed to receive referrals from the CIT officers, which will provide immediate care for individuals experiencing mental illness and/or substance abuse identified by CIT trained officers. Also, local transitional housing programs are now accepting referrals from the Marion County Sheriff's Office Jail Diversion Reentry Program. Finally, routine drug testing for reentry program clients is now approved through the local drug court program.

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

No statistical outcomes are available for program participants at this time but the County is working to develop means for tracking such outcomes.

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

Osceola

In response to heightened problems with community re-entry for mentally ill and substance abusing offenders, Osceola County proposed to use an implementation grant to enhance re-entry services, improve access to local resources, and expand mental health and substance abuse services for defendants with mental illnesses and substance abuse disorders. Addressing these issues led to the implementation of the Fellowship House Program. The program targets Osceola County residents, over the age of 18, with a history of mental illness, substance abuse, or co-occurring disorders that are homeless, charged with a misdemeanor or non-violent 2nd and 3rd degree felonies that pose no or low safety risks and are in need of mental health and/or substance abuse treatment.

Participants receive a psycho-social assessment, have a comprehensive treatment plan, and are assigned a case manager, a group therapist and a supportive housing specialist to help them with transitioning back into the community by linking them to resources in the community. . Medication and wellness education are also offered to assist clients in achieving maximum benefits from prescribed medications, and to assure that clients are compliant with mental health and medical treatment. All clients participate in AA/NA weekly meetings. The County reports that several clients have found permanent housing, but exact numbers are not yet available. However, it is known that thus far, no clients have been rearrested or admitted to a forensic institution.

Palm Beach

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

Palm Beach County has experienced some turnover in members of the planning council, hindering implementation progress. The County is still at the beginning stages of implementation and therefore has not had an impact on the jail population yet. The County anticipates reporting more outcomes in the next reporting period.

The Technical Assistance Center

The Criminal Justice, Mental Health and Substance Abuse Technical Assistance (TA) Center at the Florida Mental Health Institute (FMHI) has several statutory responsibilities. These include assisting counties in projecting and monitoring the effect of a grant-funded intervention on the criminal justice system and jail, and acting as a clearinghouse for disseminating information on best practices and other information relevant to criminal justice, juvenile justice, mental health and substance abuse. In 2011, TA Center funding from DCF was reduced significantly because of cuts in Reinvestment Grant funding and activities with counties are now funded exclusively through contracts with individual counties.

In 2008, the TA Center used JEHT Foundation funding to create a website (www.floridatac.com) that serves as a clearinghouse for information on best practices, and offers other resources for practitioners and policymakers in the criminal justice and treatment systems. The website also displays data profiles for each of Florida's counties. These data profiles integrate the county's arrested population (drawn from statewide Florida Department of Law Enforcement arrest data) with mental health and substance abuse services found in statewide Medicaid claims data, the statewide Integrated Data System maintained by the Florida Department of Children and Families, and a statewide Baker Act data system maintained by FMHI. As a result, counties have information about the number of individuals who have been arrested and who have used mental health and/or substance abuse services in the past, as reflected in state data bases for both adults and juveniles. In an attempt to further fulfill the counties' need for cross-agency data, the TA Center has secured five years of data on individuals who were served by programs funded by the Florida Department of Juvenile Justice. These data have been integrated with Medicaid, Baker Act and IDS data, similar to the analyses done with adult data. The website was redesigned to incorporate the Juvenile Justice data and the youth data pages are the newest addition to the website for calendar year 2010. Additionally, the Center partnered with the Justice Center at the Council of State Governments to add a search tool that gives visitors the ability to search both of our sites for materials, thus expanding access to resources.

The TA Center website also houses a web portal that allows for counties to remotely login and organize local data. This database has allowed several counties to transition from paper data collection to an electronic format, which allows for multiple partners to collaborate and streamline data collection of client information, as well as reports to stakeholders. The TA Center continues to provide technical assistance to those counties based on arrangements with individual counties. A database is currently under development for Marion County and should be operational by January 2012. Also in 2011, the TA Center conducted a modified Sequential Intercept Mapping in Charlotte County and Pinellas County for their juvenile justice systems. Finally, Center staff participated in the annual Criminal Justice Mental Health and Substance Abuse Grantee conference, now called Partners in Crisis Annual Conference, in Orlando on July 12th and 13th, 2011.

The TA Center continues to look for additional funding and has partnered with a number of counties in applications for funding to the United States Bureau of Justice for funding to create diversion programs in those counties.

Conclusion

In the absence of adequate intervention and treatment, a disproportionate number of individuals with mental illness and/or substance abuse are becoming involved in Florida's justice system. The fact that so many individuals cycle through local jails and courts creates a public health and safety issue for many counties as well as a significant drain on scarce resources. Community mental health and substance abuse services providers are unable to meet the treatment needs of this growing population with existing resources, and local corrections officials have become de facto treatment providers. When the Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant Program Act passed in 2007, lawmakers hoped the grant program it created would stimulate local innovation and state and county partnerships to develop systems of care to divert individuals with mental illnesses and substance use disorders from the criminal justice system. Those hopes have been realized in the three years of the grant program existence. The counties that received planning and implementation grants were able to develop strategies for more effective ways to address the growing number of people with mental illnesses and substance abuse disorders involved in the criminal justice system, as well as show that there are alternative treatment strategies that will improve public safety, help people with mental illnesses succeed in the community, and in the long run, save taxpayers money.