

# Annual Report

## 2022-2023

### Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program

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July 1, 2022 – June 30, 2023

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

DCF Contract #LH816

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UNIVERSITY of  
**SOUTH FLORIDA**

**College of Behavioral & Community Sciences**

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

# Acknowledgements

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The work of the Criminal Justice, Mental Health and Substance Abuse Technical Assistance Center (CJMHSA TAC) would not be possible without the support of the Florida Department of Children and Families (DCF), the multitude of grantee communities working to transform their systems, and the network of expert USF faculty and consultants that assist the CJMHSA TAC with training and facilitation. Over the last fiscal year, the CJMHSA TAC has utilized the expertise of ten subject matter experts in the fields of behavioral health, criminal and juvenile justice, and child welfare to bring technical assistance services to communities throughout Florida and would like to acknowledge their individual contributions to Florida's reinvestment grant program goals.

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# Executive Summary

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The Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center (herein referred to as CJMHSA TAC), as required in Section 394.659, Florida Statutes (F.S.), is pleased to present the State Fiscal Year (SFY) 2022-2023 Annual Legislative Report (herein referred to as 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 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 Florida Department of Children and Families (DCF). This Annual Report includes the following elements as specified by Section 394.659, F.S:

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## Annual Report

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- ▶ Detailed description of the progress made by each grantee in meeting goals described in their application.
- ▶ Description of the effect of the grant's initiatives 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 use 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.

The CJMHSA TAC contract with DCF 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 SFY 2022-2023 including activities provided by one planning grantee and 33 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. Where possible when grantee reports contain additional detail, program testimonials and success stories are highlighted in graphics throughout this document.

In some instances, grantee reports crossover between fiscal years, with a blend of data containing both SFY 2022-2023 and SFY 2023-2024 information. In these cases, this report includes data available from these grantees on any program reporting that took place during SFY 2022-2023. **Table 1** presents grantee profiles that report beyond SFY 2022-2023 due to differences in quarterly reporting dates. Where this occurs, it is noted with an asterisk (\*) in the individual grantee profile.

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**Table 1.**

*Grantee Profile Reporting*

| <b>Grantee</b>  | <b>Data currently reported through</b> |
|---|--|
| Central Florida Cares Health System (Brevard County) (LH835)<br>Gadsden County Sheriff's Office (LHZ96)<br>Hanley Foundation (Dixie County) (LH841)<br>Hanley Foundation (Glades and Hendry Counties) (LH840)<br>Hillsborough County Board of County Commissioners (BOCC (LH842)<br>Miami-Dade County (LH826)<br>Seminole County BOCC (LH828)<br>We Are All We Need (Leon County) (LH836) | July 31, 2023                          |
| BayCare Behavioral Health (Pasco County) (LH831)<br>Central Florida Cares Health System (Osceola County) (LH830)<br>Pinellas County (LH834)<br>Polk County BOCC (LH833)<br>SEFBHN (Okeechobee County) (LH825)   | August 31, 2023                        |

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## Grantee Overview- Active Grant Agreements During This Reporting Period

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- ▶ 2019-2022 Implementation/Expansion Grantees
  - EPIC Behavioral Healthcare (St. Johns County) (LHZ83)
  - Managed Access for Child Health (Duval County) (LHZ82)
- ▶ 2020-2023 Implementation/Expansion Grantees
  - Apalachee Center (Leon County) (LHZ87)
  - Centerstone of Florida (Sarasota County) (LHZ84)
  - Gadsden County Sheriff's Office (LHZ96)
  - Hillsborough County BOCC (LHZ98)
  - Lee County BOCC (LHZ97)
  - LifeStream Behavioral Center (Lake County) (LHZ95)
  - Lutheran Services Florida Health Systems (Hernando County) (LHZ86)
  - Martin County BOCC (LHZ89)
  - Meridian Behavioral Healthcare (Alachua and Bradford Counties) (LHZ85)
  - Pinellas County BOCC (LHZ91)
  - Southeast Florida Behavioral Health Network (Indian River County) (LHZ90)
- ▶ 2021-2024 Implementation/Expansion Grantees
  - Centerstone of Florida (Manatee County) (LH819)
  - Collier County (LH823)
  - Flagler County (LH820)
  - Kids Hope Alliance (Duval County) (LH824)
  - Miami-Dade County (LH826)
  - Meridian Behavioral Health (Levy County) (LH822)
  - Orange County BOCC (LH818)
  - Seminole County BOCC (LH828)
  - SMA Healthcare (Putnam County) (LHZ99)
  - Southeast Florida Behavioral Health Network (Okeechobee County) (LH825)
- ▶ 2022-2023 Planning Grantee
  - Hanley Foundation (Palm Beach County) (LH832)
- ▶ 2022-2025 Implementation/Expansion Grantees
  - BayCare Behavioral Health (Pasco County) (LH831)



- Broward Behavioral Health Coalition (LH821)
- Central Florida Cares Health System (Brevard County) (LH835)
- Central Florida Cares Health System (Osceola County) (LH830)
- Hanley Foundation (Dixie County) (LH841)
- Hanley Foundation (Hendry and Glades Counties) (LH840)
- Hillsborough County BOCC (LH842)
- Pinellas County (LH834)
- Polk County BOCC (LH833)
- We Are All We Need (Leon County) (LH836)

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## Target Populations Served

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**Table 2** identifies each grantee, the target populations, and summarizes information across grantees indicating that these projects collectively proposed to serve the following number of individuals in each target population over the lifetime of the grant program.

**Table 2.**  
*Grantee Target Populations*

| Grantee<br><br>* Denotes planning grants                     | Target Population   | Target Number of Individuals to be Served over Program Lifetime | Total Target Number of Individuals to be Served Across Grantees |
|--|---------------------|---|---|
| Hillsborough County BOCC (LH842)                             | 12-20 years of age  | 195   | 195   |
| Broward Behavioral Health Coalition (Broward County) (LH821) | 12-21 years of age  | 150   | 150   |
| Pinellas County (LHZ91)                                      | 14-21 years of age  | 150   | 150   |
| We Are All We Need (Leon County) (LH836)                     | Under the age of 17 | 750   | 750   |

| <b>Grantee</b><br>* Denotes planning grants                                | <b>Target Population</b>            | <b>Target Number of Individuals to be Served over Program Lifetime</b>                       | <b>Total Target Number of Individuals to be Served Across Grantees</b> |
|--|-------------------------------------|--|--|
| Kids Hope Alliance (Duval County/City of Jacksonville) (LH824)             | Under the age of 18                 | 1,200  | 2,155  |
| Lutheran Services Florida Health Systems (Hernando County) (LH826)         | Under the age of 18                 | 150  |  |
| Managed Access for Child Health (Duval County/City of Jacksonville) (LH82) | Under the age of 18                 | 805  |  |
| Hanley Foundation (Palm Beach County) (LH832)*                             | 16 -24 years of age                 | N/A - Planning   | -  |
| Flagler County (LH820)   | Youth and young adults up to age 25 | 150  | 150  |
| Seminole County BOCC (LH828)   | Adults and juveniles ages 6-17      | 55 adults<br>75 juveniles  | 680 adults<br>385 juveniles  |
| Hanley Foundation (Dixie County) (LH841)                                   | Adults and juveniles                | 30 adult and 25 juvenile MHC clients;<br>25 juvenile Teen court clients                      |  |
| Hanley Foundation (Hendry and Glades Counties) (LH840)                     | Adults and juveniles                | 20 adult and 20 juvenile MHC clients;<br>25 adult and 25 juvenile MH services center clients |  |

| <b>Grantee</b><br>* Denotes planning grants                             | <b>Target Population</b> | <b>Target Number of Individuals to be Served over Program Lifetime</b> | <b>Total Target Number of Individuals to be Served Across Grantees</b> |
|---|--------------------------|--|--|
| SMA Healthcare (Putnam County) (LHZ99)                                  | Adults and juveniles     | 400 adults<br>165 juveniles  |  |
| Southeast Florida Behavioral Health Network (Okeechobee County) (LH825) | Adults and juveniles     | 150 adults<br>50 juveniles   |  |
| Apalachee Center (Leon County) (LHZ87)                                  | Adults 18 and over       | 240 FIRST clients and 50 day services clients                          |  |
| BayCare Behavioral Health (Pasco County) (LH831)                        | Adults 18 and over       | 270  |  |
| Centerstone of Florida (Manatee County) (LH819)                         | Adults 18 and over       | 150  |  |
| Centerstone of Florida (Sarasota County) (LHZ84)                        | Adults 18 and over       | 237  |  |
| Central Florida Cares Health System (Osceola County) (LH830)            | Adults 18 and over       | 165  | 6,470  |
| Collier County (LH823)  | Adults 18 and over       | 300  |  |
| EPIC Behavioral Healthcare (St. Johns County) (LHZ83)                   | Adults 18 and over       | 165  |  |
| Gadsden County Sheriff's Office (LHZ96)                                 | Adults 18 and over       | 150  |  |
| Hillsborough County BOCC (LHZ98)  | Adults 18 and over       | 90   |  |
| Lee County BOCC (LHZ97)   | Adults 18 and over       | 1,200  |  |
| LifeStream Behavioral Center (Lake County) (LHZ95)                      | Adults 18 and over       | 228  |  |

| <b>Grantee</b><br>* Denotes planning grants                               | <b>Target Population</b>    | <b>Target Number of Individuals to be Served over Program Lifetime</b> | <b>Total Target Number of Individuals to be Served Across Grantees</b> |
|---|-----------------------------|--|--|
| Martin County BOCC (LHZ89)  | Adults 18 and over          | 300  |  |
| Meridian Behavioral Health (Alachua/Bradford Counties) (LHZ85)            | Adults 18 and over          | 990  |  |
| Meridian Behavioral Health (Levy County) (LHZ22)                          | Adults 18 and over          | 270  |  |
| Miami-Dade County (LHZ26)   | Adults 18 and over          | 150  |  |
| Orange County BOCC (LHZ18)  | Adults 18 and over          | 1,080  |  |
| Pinellas County BOCC (LHZ34)  | Adults 18 and over          | 105  |  |
| Polk County BOCC (LHZ33)  | Adults 18 and over          | 210  |  |
| Southeast Florida Behavioral Health Network (Indian River County) (LHZ90) | Adults 18 and over          | 120  |  |
| Central Florida Cares Health System (Brevard County) (LHZ35)              | Adults over 24 years of age | 990  | 990  |
| <b>TOTAL</b>  |                             |  | <b>12,070</b>  |

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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 persons who have a history of criminal or juvenile justice involvement and mental health and/or substance use issues away from the criminal or juvenile justice systems 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. Many of the implementation/expansion grants are extensions or enhancements of prior CJMHSA grants. These include: Broward Behavioral Health Coalition (LH821), Centerstone (Sarasota County; LH824), Flagler County BOCC (LH820; expansion of SMA Healthcare grant program), Hillsborough County (LH824), Kids Hope Alliance (Duval County/City of Jacksonville; LH824), Lee County BOCC (LH824), LifeStream Behavioral Center (Lake County; LH824), Martin County (LH824), Meridian Behavioral Healthcare (Alachua and Bradford Counties; LH824), Miami-Dade County (LH824), Polk County (LH824), Seminole County (LH824), SMA Healthcare (Putnam County; LH824), and Southeast Florida Behavioral Health Network (Indian River County; LH824 and Okeechobee County; LH825).

- ▶ There was only one active planning grantee during this reporting period, and it ended on 2/28/2023. The grantee reported achieving all performance measures that included completing a community needs assessment, identifying the target population, establishing data sharing agreements and partnerships, conducting a local SIM workshop, delivering Youth Mental Health First Aid trainings, and completing a strategic plan.
- ▶ Eleven implementation/expansion grant programs completed their three-year grant programs in SFY 2022-2023. All these grantees reported achieving most of their performance measures, and four grantees reported achieving all of theirs. These grantees must explore sustainability options, examine opportunities to integrate reinvestment grant programs into their existing infrastructure, and proactively seek out and apply for additional funding opportunities as they become available. Continued efforts should ensure that workflows, partnerships, data sharing agreements, and service arrays established during the grant program can maintain improved outcomes among the target population of individuals with mental health, substance use, and/or co-occurring disorders who are involved in the justice system.
- ▶ Twelve implementation/expansion grant programs have completed between two and three years of operation or have a no cost extension. All these grantees have made considerable progress toward achieving their goals, and six of them met or exceeded all their performance measures.

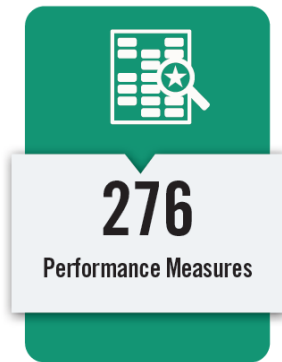
- Ten implementation/expansion grants have been operational for one year or less and are on target to achieve their goals. Though most of these grantees indicated that it was too early to report on project measure performance for indicators that examine outcomes following program completion, all grantees reported meeting at least half of their performance measures. Two grantees reported meeting all applicable performance measures.

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## Progress Made By Each Grantee In Meeting The Goals Described In Their Application

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Grantee applications, contracts, and quarterly reports are the sources from which information and data presented in this report originate. Nearly all grantees report success in achieving or exceeding at least some of their goals and performance measures, and they are making good progress when these are not formally met. The exceptions to this are a couple of grantees who reported that it was too early to provide performance measure data.



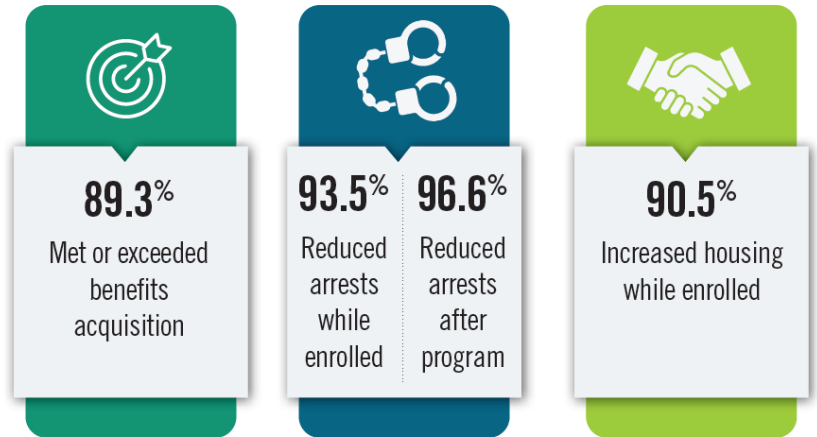
Implementation/expansion grantees are required to collect and report data addressing a set of performance measures. Importantly, grantees propose their own targets. Different grantees have different performance measures that they are supposed to report on a quarterly basis. The average number of performance measures per grantee is

eight, ranging from as few as five to as many as twelve. Overall, grantees collectively reported on a total 276 performance measures, and they achieved 83.9% of them. Though grantee performance was very good overall, performance varied widely across grantees; some grantees reported meeting 100% of their performance measures, while the lowest performing grantee reported achieving 44% of them.

### Performance Measures Per Grantee



Several types of performance measures are common across grantees. For instance, most grantees report on reductions in participant arrests during and after program involvement, increases in housing status at the beginning and following program involvement, increased employment during and following program participation, and acquisition of benefits early on during program involvement. **Table 3** lists the seven most common types of performance measures, it maps them onto the list of grantees to indicate who reports on them, and it specifies each grantee’s status with regard to achieving them (i.e., Met, Not Met, Too Early to Report, or Not Applicable). The bottom of the table summarizes rates of achievement across grantees for each of these performance measures. Grantees reported that they are having the most success meeting or exceeding performance measures related to reduced arrests after (96.6%) and during (93.5%) program participation, housing during program involvement (90.5%), and benefits acquisition (89.3%).



The areas in which grantees reported the most difficulty were increased employment during (66.7%) and following (66.7%) program involvement as well as housing after program completion (66.7%).

Housing is a common and longstanding challenge for programs serving the reinvestment grant target populations, underscoring the need for increased transitional and permanent housing options for individuals confronted with the combination of behavioral health and criminal justice histories. Further exacerbating progress towards housing goals is the increasingly competitive housing market. The field of affordable housing has seen devastating impacts on inventory availability; landlords and owners of properties that had been used as affordable housing are selling inventory to benefit from rising home values, construction projects for affordable housing units have been delayed due to supply issues, and home inventory is down while demand is high. In addition, rental prices are increasing at record rates which limit options for previously affordable rental units. Despite this being a nationwide issue, this is particularly true for Florida, which hosted eight of the 10 markets in year-over-year rent increases in early 2022<sup>1</sup>. Grantees will need to

<sup>1</sup> Waller, Weeks, and Johnson Rental Index. (2022). Florida Atlantic University, College of Business. Retrieved from <https://business.fau.edu/executive-education/overvalued-rental-markets/>

increasingly focus on innovative solutions to these challenges and aim to build connections with key stakeholders in the housing market, such as builders, realtors, and local Community Finance Development Authority representatives to ensure all parties are engaged in mitigating housing barriers for the target population.

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.

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**Table 3.**

*Grantee Performance Measure Status*

| Implementation/Expansion on Grantee                          | The Seven Most Common Performance Measures (PMs)<br>(✓ Indicates That Measure Was Met; X Indicates That Measure Was Not Met;<br>Blank Cell Indicates That This is Not a PM for This Grantee) |                                    |                   |                                    |                 |                    |                   | Overall Performance |                           |
|--|--|------------------------------------|-------------------|------------------------------------|-----------------|--------------------|-------------------|---------------------|---------------------------|
|  | ↓ Arrests in Pgm   | ↓ Arrests after Pgm                | ↑ Housing in Pgm  | ↑ Housing after Pgm                | ↑ Employ in Pgm | ↑ Employ after Pgm | ↑ Benefits        | Total # PMs         | % of PMs Met <sup>1</sup> |
|  | Apalachee Center (Leon County) (LHZ87)   | ✓                                  | ✓                 | ✓                                  | ✓               | ✓                  | ✓                 | ✓                   | 9                         |
| BayCare (Pasco County) (LH831)                               | ✓  | Too Early / Too Early <sup>2</sup> | ✓                 | Too Early / Too Early <sup>2</sup> | -               | Too Early          | Too Early         | 10                  | 100.0%                    |
| Broward Behavioral Health Coalition (Broward County) (LH821) | ✓  | Too Early                          | N/A None Eligible | ✓                                  | ✓               | -                  | N/A None Eligible | 8                   | 80.0%                     |
| Centerstone of Florida (Manatee County) (LH819)              | ✓  | ✓                                  | ✓                 | ✓                                  | ✓               | ✓                  | ✓                 | 9                   | 100.0%                    |
| Centerstone of Florida (Sarasota County) (LHZ84)             | ✓  | ✓                                  | ✓                 | ✓                                  | ✓               | ✓                  | ✓                 | 9                   | 100.0%                    |

| Implementation/Expansion on Grantee                          | The Seven Most Common Performance Measures (PMs)<br>(✓ Indicates That Measure Was Met; X Indicates That Measure Was Not Met;<br>Blank Cell Indicates That This is Not a PM for This Grantee) |                     |                  |                     |                 |                    |            | Overall Performance |                           |
|--|--|---------------------|------------------|---------------------|-----------------|--------------------|------------|---------------------|---------------------------|
|  | ↓ Arrests in Pgm   | ↓ Arrests after Pgm | ↑ Housing in Pgm | ↑ Housing after Pgm | ↑ Employ in Pgm | ↑ Employ after Pgm | ↑ Benefits | Total # PMs         | % of PMs Met <sup>1</sup> |
|  | Central Florida Cares Health System (Brevard County) (LH835)   | -                   | ✓                | -                   | -               | -                  | -          | -                   | 8                         |
| Central Florida Cares Health System (Osceola County) (LH830) | ✓  | ✓                   | ✓                | -                   | -               | -                  | ✓          | 8                   | 100.0%                    |
| Collier County (LH823)                                       | ✓  | ✓                   | -                | -                   | -               | -                  | ✓          | 6                   | 100.0%                    |
| EPIC Behavioral Healthcare (St. Johns County) (LHZ83)        | ✓  | ✓                   | ✓                | X                   | ✓               | ✓                  | X          | 10                  | 66.7%                     |
| Flagler County (LH820)                                       | ✓  | -                   | -                | -                   | -               | -                  | ✓          | 5                   | 100.0%                    |
| Gadsden County Sheriff's Office (LHZ96)                      | ✓  | ✓                   | ✓                | X                   | X               | X                  | ✓          | 9                   | 66.7%                     |
| Hanley Foundation (Dixie County) (LH841)                     | Too Early  | Too Early           | -                | -                   | -               | Too Early          | Too Early  | 7                   | Too Early                 |
| Hanley Foundation (Hendry and Glades Counties) (LH840)       | Too Early  | Too Early           | -                | -                   | -               | Too Early          | Too Early  | 7                   | Too Early                 |

| Implementation/Expansion on Grantee   | The Seven Most Common Performance Measures (PMs)<br>(✓ Indicates That Measure Was Met; X Indicates That Measure Was Not Met;<br>Blank Cell Indicates That This is Not a PM for This Grantee) |                     |                      |                     |                 |                    |                      | Overall Performance |                           |
|---|--|---------------------|----------------------|---------------------|-----------------|--------------------|----------------------|---------------------|---------------------------|
|   | ↓ Arrests in Pgm   | ↓ Arrests after Pgm | ↑ Housing in Pgm     | ↑ Housing after Pgm | ↑ Employ in Pgm | ↑ Employ after Pgm | ↑ Benefits           | Total # PMs         | % of PMs Met <sup>1</sup> |
|   | Hillsborough County BOCC (LHZ98)   | ✓                   | ✓                    | ✓                   | ✓               | ✓                  | -                    | ✓                   | 8                         |
| Hillsborough County BOCC (LH842)  | X  | ✓                   | -                    | -                   | -               | -                  | ✓                    | 7                   | 83.3%                     |
| Kids Hope Alliance (Duval County) (LH824)                                   | ✓  | ✓                   | ✓                    | -                   | ✓               | ✓                  | ✓                    | 8                   | 100.0%                    |
| Lee County BOCC (LHZ97)   | ✓  | X                   | -                    | ✓                   | -               | -                  | ✓                    | 5                   | 80.0%                     |
| LifeStream Behavioral Center (Lake County) (LHZ95)                          | ✓  | ✓                   | ✓                    | X                   | X               | X                  | ✓                    | 9                   | 62.5%                     |
| Lutheran Services Florida Health Systems (Hernando County) (LHZ86)          | ✓  | ✓                   | ✓                    | X / ✓ <sup>2</sup>  | -               | -                  | ✓                    | 8                   | 75.0%                     |
| Managed Access for Child Health (Duval County/City of Jacksonville) (LHZ82) | ✓  | ✓                   | N/A<br>None Eligible | -                   | ✓               | X                  | N/A<br>None Eligible | 8                   | 66.7%                     |

| Implementation/Expansion on Grantee                            | The Seven Most Common Performance Measures (PMs)<br>(✓ Indicates That Measure Was Met; X Indicates That Measure Was Not Met;<br>Blank Cell Indicates That This is Not a PM for This Grantee) |                     |                  |                     |                 |                    |            | Overall Performance |                           |
|--|--|---------------------|------------------|---------------------|-----------------|--------------------|------------|---------------------|---------------------------|
|  | ↓ Arrests in Pgm   | ↓ Arrests after Pgm | ↑ Housing in Pgm | ↑ Housing after Pgm | ↑ Employ in Pgm | ↑ Employ after Pgm | ↑ Benefits | Total # PMs         | % of PMs Met <sup>1</sup> |
|  | Martin County BOCC (LHZ89)   | ✓                   | ✓                | ✓                   | ✓               | ✓                  | ✓          | ✓                   | 9                         |
| Meridian Behavioral Health (Alachua/Bradford Counties) (LHZ85) | ✓  | ✓                   | ✓                | ✓                   | X               | ✓                  | ✓          | 10                  | 90.0%                     |
| Meridian Behavioral Health (Levy County) (LH822)               | ✓  | ✓                   | ✓                | ✓                   | -               | X / ✓ <sup>2</sup> | ✓          | 10                  | 77.8%                     |
| Miami-Dade County (LH826)                                      | ✓  | ✓                   | -                | -                   | -               | -                  | X          | 6                   | 83.3%                     |
| Orange County BOCC (LH818)                                     | ✓  | ✓                   | X                | X                   | X               | X                  | ✓          | 9                   | 44.4%                     |
| Pinellas County BOCC (LHZ91)                                   | X  | ✓                   | X                | ✓                   | X               | X                  | ✓          | 9                   | 55.6%                     |
| Pinellas County BOCC (LH834)                                   | ✓  | ✓                   | ✓                | -                   | ✓               | -                  | ✓          | 7                   | 85.7%                     |
| Polk County BOCC (LH833)                                       | ✓  | ✓                   | ✓                | X                   | ✓               | ✓                  | ✓          | 10                  | 90.0%                     |

| Implementation/Expansion on Grantee                                       | The Seven Most Common Performance Measures (PMs)<br>(✓ Indicates That Measure Was Met; X Indicates That Measure Was Not Met;<br>Blank Cell Indicates That This is Not a PM for This Grantee) |                     |                    |                      |                    |                    |            | Overall Performance |                           |
|---|--|---------------------|--------------------|----------------------|--------------------|--------------------|------------|---------------------|---------------------------|
|   | ↓ Arrests in Pgm   | ↓ Arrests after Pgm | ↑ Housing in Pgm   | ↑ Housing after Pgm  | ↑ Employ in Pgm    | ↑ Employ after Pgm | ↑ Benefits | Total # PMs         | % of PMs Met <sup>1</sup> |
|   | Seminole County BOCC (LH828)   | ✓ / ✓ <sup>2</sup>  | ✓ / ✓ <sup>2</sup> | N/A<br>None Eligible | Too Early          | X                  | Too Early  | ✓ / ✓ <sup>2</sup>  | 12                        |
| SMA Healthcare (Putnam County) (LHZ99)                                    | ✓  | ✓                   | ✓                  | ✓                    | ✓                  | ✓                  | ✓          | 9                   | 100.0%                    |
| Southeast Florida Behavioral Health Network (Indian River County) (LHZ90) | ✓  | ✓                   | ✓                  | ✓                    | X                  | ✓                  | ✓          | 10                  | 80.0%                     |
| Southeast Florida Behavioral Health Network (Okeechobee County) (LH825)   | ✓  | ✓                   | ✓                  | ✓                    | ✓ / ✓ <sup>2</sup> | ✓                  | ✓          | 12                  | 100.0%                    |
| We Are All We Need (Leon County) (LH836)                                  | ✓  | -                   | -                  | X                    | -                  | -                  | X          | 5                   | 50.0%                     |
| Number of Grantees with This Performance Measure                          | 32   | 31                  | 24                 | 22                   | 20                 | 21                 | 32         | -                   | -                         |

| Implementation/Expansion on Grantee   | The Seven Most Common Performance Measures (PMs)<br>(✓ Indicates That Measure Was Met; X Indicates That Measure Was Not Met;<br>Blank Cell Indicates That This is Not a PM for This Grantee) |                     |                  |                     |                 |                    |            | Overall Performance |                           |
|---|--|---------------------|------------------|---------------------|-----------------|--------------------|------------|---------------------|---------------------------|
|   | ↓ Arrests in Pgm   | ↓ Arrests after Pgm | ↑ Housing in Pgm | ↑ Housing after Pgm | ↑ Employ in Pgm | ↑ Employ after Pgm | ↑ Benefits | Total # PMs         | % of PMs Met <sup>1</sup> |
|   | Number of Performance Measures across Grantees   | 33                  | 34               | 24                  | 24              | 21                 | 22         | 33                  | -                         |
| Number of Performance Measures <u>Met</u>   | 29   | 28                  | 19               | 14                  | 14              | 12                 | 25         | -                   | -                         |
| Number of Performance Measures <u>Not Meet</u>  | 2  | 1                   | 2                | 7                   | 7               | 6                  | 3          | -                   | -                         |
| Number of Performance Measures <u>Not Reported</u><br>(Too Early, Not Applicable, Etc.) | 2  | 5                   | 3                | 3                   | 0               | 4                  | 5          | -                   | -                         |
| Percent of Relevant Performance Measures <u>Met</u> <sup>1</sup>                        | 93.5%  | 96.6%               | 90.5%            | 66.7%               | 66.7%           | 66.7%              | 89.3%      | 276                 | 83.3%                     |

1. The percent of performance measures (PMs) met was calculated as number met divided by the number that were applicable; PMs coded as Too Early or Not Applicable were not considered applicable, so they were not used in the denominator of this equation.
2. There were multiple performance measures within the same area for these grantees. Performance on each is depicted in the table.

## Effect Grant-Funded Initiatives 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 To Reduce The Number Of Forensic Commitments To State Mental Health Treatment Facilities

**Table 4** provides information regarding grantee performance with regard to diversion of individuals from State mental health treatment facilities. As noted in the table, 12 implementation/expansion grantees reported diverting 100 percent of their grant-funded program participants who would have been eligible for admittance into a state mental health treatment facility. Seven grantees reported varying level of successful diversion, though this was slightly less than 100% and ranged from 89% to 99%. Fourteen grantees reported no diversions, though this was either because: 1) it is too early to report on this, 2) diversion is not a performance measure, 3) no participants were at risk or eligible for forensic commitment to a state mental health treatment facility, and/or 4) diversion is not applicable for the target population (e.g., youth).

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, some juvenile grants (e.g., Kids Hope Alliance Duval, Managed Access for Child Health Duval, SMA Healthcare Flagler) serve populations that are often not eligible for forensic commitment. Table 4 presents a summary of diversions from state mental health treatment facilities for programs that were serving clients eligible for state hospital admission.

**Table 4.**

*Grantee Progress on Diversions from State Mental Health Treatment Facilities*

| Implementation/Expansion Grantee                             | Diverted 100% | Some Diverted | N/A or Too Early to Report |
|--|---------------|---------------|----------------------------|
| Apalachee Center (Leon County) (LHZ87)                       |               | 97%           |                            |
| BayCare (Pasco County) (LH831)                               | X             |               |                            |
| Broward Behavioral Health Coalition (Broward County) (LH821) |               |               | X                          |

| Implementation/Expansion Grantee  | Diverted 100% | Some Diverted | N/A or Too Early to Report |
|---|---------------|---------------|----------------------------|
| Centerstone of Florida (Manatee County) (LH819)                             | X             |               |                            |
| Centerstone of Florida (Sarasota County) (LHZ84)                            |               | 91%           |                            |
| Central Florida Cares Health System (Brevard County) (LH835)                |               | 89%           |                            |
| Central Florida Cares Health System (Osceola County) (LH830)                | X             |               |                            |
| Collier County (LH823)  |               |               | X                          |
| EPIC Behavioral Healthcare (St. Johns County) (LHZ83)                       |               |               | X                          |
| Flagler County (LH820)  |               |               | X                          |
| Gadsden County Sheriff's Office (LHZ96)                                     |               | 91%           |                            |
| Hanley Foundation (Dixie County) (LH841)                                    |               |               | X                          |
| Hanley Foundation (Hendry and Glades Counties) (LH840)                      |               |               | X                          |
| Hillsborough County BOCC (LHZ98)  | X             |               |                            |
| Hillsborough County BOCC (LH842)  | X             |               |                            |
| Kids Hope Alliance (Duval County) (LH824)                                   |               |               | X                          |
| Lee County BOCC (LHZ97)   |               |               | X                          |
| LifeStream Behavioral Center (Lake County) (LHZ95)                          |               |               | X                          |
| Lutheran Services Florida Health Systems (Hernando County) (LHZ86)          |               |               | X                          |
| Managed Access for Child Health (Duval County/City of Jacksonville) (LHZ82) |               |               | X                          |
| Martin County BOCC (LHZ89)  | X             |               |                            |
| Meridian Behavioral Health (Alachua/Bradford Counties) (LHZ85)              |               | 96%           |                            |
| Meridian Behavioral Health (Levy County) (LH822)                            |               |               | X                          |
| Miami-Dade County (LH826)   | X             |               |                            |
| Orange County BOCC (LH818)  | X             |               |                            |
| Pinellas County BOCC (LHZ91)  | X             |               |                            |
| Pinellas County BOCC (LH834)  |               |               | X                          |
| Polk County BOCC (LH833)  | X             |               |                            |
| Seminole County BOCC (LH828)  | X             |               |                            |
| SMA Healthcare (Putnam County) (LHZ99)                                      | X             |               |                            |
| Southeast Florida Behavioral Health Network (Indian River County) (LHZ90)   |               | 98%           |                            |



| Implementation/Expansion Grantee  | Diverted 100% | Some Diverted | N/A or Too Early to Report |
|---|---------------|---------------|----------------------------|
| Southeast Florida Behavioral Health Network (Okeechobee County) (LH825) |               | 99%           |                            |
| We Are All We Need (Leon County) (LH836)                                |               |               | X                          |
| <b>Total # Grantees</b>   | <b>12</b>     | <b>7</b>      | <b>14</b>                  |

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### Effect Of The Grant Program On The Growth And Expenditures Of The Jail, Juvenile Detention Center, And Prison

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Each grant program applies a different approach to the assessment of its impact on the growth and expenditures of jails, juvenile detention centers, and prisons. While there is no standard equation applied to this measure, in general, many grantees assess progress towards this goal by estimating savings in terms of the costs of arrests or jail days that have been unused or shortened as a result of the grant programs. For example, SMA Healthcare’s grant (LHZ99) recorded that Putnam County’s Crisis Triage and Treatment Unit (CTTU) resulted in a cost-savings of \$21,984,894 associated with jail diversion. As of January 2023, the CTTU transported 585 adults and juveniles and adults under a Baker Act Order at the request of law enforcement officers. Each of the individuals who were involuntarily committed under a Baker Act Order would have otherwise been arrested and transported to jail or juvenile detention. Through admission of these individuals to the CSU rather than jail, the CTTU program facilitated cost avoidance related to cost of jail days, with an amount estimated to be approximately \$21,984,894 based on an average jail day cost of \$104.56/day.

Of the ten implementation/expansion grantees that have been able to conduct and report on these fiscal analyses, cost avoidance estimates range from \$10,092 to \$28,229,730 and vary depending on the grant’s target population and service areas (**Table 5**). Overall, the ten grantees who provided information in this format collectively reported a fiscal impact of \$54,916,329. Most grantees have consistently reported that program participants received increased services in the communities rather than in jails and detention centers; further, grantee reports have continued to emphasize another consistent theme in that for those individuals being detained in jails, the length of stay is shortened as a result of being diverted to these grant-funded programs.

**Table 5.**  
*Grantee Fiscal Impact Summary*

| Implementation/Expansion Grantee  | Fiscal Impact (Costs Avoided) | Additional Human Resource Savings       | Contributing Factors              |
|---|-------------------------------|---|-----------------------------------|
| Centerstone of Florida (Manatee County) (LH819)                           | \$50,286                      |   | Reduction in jail days            |
|   | \$225,432                     |   | Diversion from state hospital     |
| Centerstone of Florida (Sarasota County) (LHZ84)                          | \$216,000                     |   | Reduction in arrests              |
| LifeStream Behavioral Center (Lake County) (LHZ95)                        | \$38,000                      |   | Reduction in jail days            |
| Lutheran Services Florida Health Systems (Hernando County) (LHZ86)        | \$28,115,220                  |   | Reduction in juvenile detention   |
|   | \$114,510                     |   | Diversion from state hospital     |
| Pinellas County BOCC (LHZ91)  | \$126,837                     |   | Diversion from juvenile detention |
| Pinellas County BOCC (LH834)  | \$10,092                      |   | Reduction in jail days            |
| Polk County BOCC (LH833)  | \$204,558                     |   | Reduction in jail days            |
| SMA Healthcare (Putnam County) (LHZ99)                                    | \$21,984,894                  | 1,472.5 law enforcement personnel hours | Reduction in jail days            |
| Southeast Florida Behavioral Health Network (Indian River County) (LHZ90) | \$3,193,250                   |   | Reduction in jail days            |
| Southeast Florida Behavioral Health Network (Okeechobee County) (LH825)   | \$637,250                     |   | Reduction in jail days            |
| <b>Total Across Reporting Grantees</b>                                    | <b>\$54,916,329</b>           |   |                                   |

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## Grantee Impact Testimonials

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The following section represents testimony drawn from grant reports and grantee submissions on behalf of program participants that discusses the program impact on these expenditures. These successful diversions and interventions can substantially reduce the cost of criminal justice expenditures but are not always reflected as a 1:1 savings in jail, detention centers, and prison budgets.

In the realm of grant programs, it is paramount to recognize that measures of success also lie in the human impact of the programs being funded. These narratives extend beyond numbers and provide testimonials of resilience, second chances, and the unwavering commitment to rebuilding lives demonstrated by reinvestment grantee programs. Each one highlights the effect of community-based programs on individuals facing diverse challenges and the impact of the grant program on driving collaboration and problem-solving at the community level.

From mental health and substance use disorder recovery to educational empowerment and reintegration into society and families, the summaries below underscore the vital importance of assessing the human impact when evaluating the success of grant programs.

### Testimonials



#### Centerstone of Florida (LH819 Manatee County)

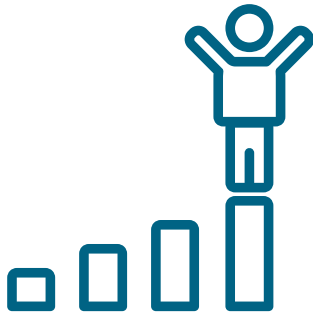
For a client of Centerstone's Comprehensive Treatment Court (CTC) program, legal troubles escalated, leading to arrest and a wake-up call. Judge Doyle recognized the need for intervention and recommended the CTC program. Though faced with the challenge of giving up alcohol, the realization that denial was hindering progress led to a commitment to CTC. The dedicated CTC team provided support, helping overcome substance use disorder, self-doubt, and regret. Beyond emotional healing, CTC addressed financial struggles, securing employment, aiding in educational re-enrollment, and facilitating the restoration of a driver's license. CTC became a source of strength, in the client's words "*they gave me a fight,*" turning life around and instilling a sense of purpose. The client expressed gratitude for the transformation, crediting CTC for changing their life for the better.



### Central Florida Cares Health System (LH835 Brevard County)

The Melbourne Response Team received a Certificate of Commendation from the Melbourne Police Department (MPD) Chief, recognizing its outstanding contributions. The MPD highlighted the significant reduction in workload for patrol officers and the Community Services Division, showcasing the Melbourne Response Team's effectiveness in managing a high call volume.

This accolade has attracted interest from other municipal Police Departments, inspiring the establishment of community-based Melbourne Response Team's in north and south Brevard County. The Melbourne Response Team's success is a testament to community engagement and collaboration, demonstrating its positive impact on public safety and community well-being.



### Collier County (LH823)

Several success stories highlight the positive impact of the Medication Assisted Treatment (MAT) jail program in Collier County. One client, after reconnecting with the program, expressed significant improvement while actively seeking employment. Another client, now a receptionist at a local A/C company, reported her commitment to sobriety during a follow-up visit. A third client, sober for over a year, resides in a Cape Coral

sober house, actively participating in meetings and successfully navigating the reentry program. Additionally, a MAT participant, who revealed being a victim of human trafficking, received crucial support. Coordinated efforts led to her enrollment in an out-of-state treatment facility, where she successfully graduated, pursued education, and now assists others with similar experiences. These stories collectively underscore the transformative power of the MAT jail program in rebuilding lives and fostering lasting recovery.

### Flagler County Board of County Commissioners (BOCC) (LH820)



In September 2022, 7-year-old "Student X" faced academic and behavioral challenges, exhibiting physical aggression. After transferring to an Autism Spectrum Disorders (ASD) cluster, these behaviors persisted for 8-10 weeks but gradually decreased over the year. By September 2023, "Student X" no longer engaged in these behaviors, thanks to collaborative

community efforts. Essential support included mental health crisis assistance, targeted case management, support obtaining housing, transportation to medical appointments,

and coordination of various services by Flagler Schools Case Manager. A Positive Behavior Intervention Plan was crucial for her progress, allowing her to access learning in a natural school environment. Ongoing support from multiple agencies, including HBS/CHS, Flagler Cares, and Easter Seals, played a pivotal role in linking services both on campus and in the home/community, ensuring "Student X" thrived throughout the Multi-Tiered System of Supports process at school.



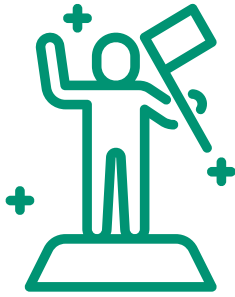
### **Hillsborough County Board of County Commissioners (BOCC) (LH842)**

The YES program has facilitated transformative journeys for three young individuals. "John," a 17-year-old, overcame a volatile family dynamic with YES's Tier 2 services, receiving therapy and linkage to a psychiatrist. He pursued a GED program, showing self-awareness in managing anger and taking steps towards independence, including job applications and aspirations for technical college. Another success story is "J," an 18-year-old expelled after an armed burglary charge. YES supported his goals, leading him to YouthBuild for a GED and job skills. "J" re-engaged in therapy, stayed crime-free, discovered new hobbies, and earned family pride. Another teen male with substantial school and legal issues, received YES's Tier 2 services. This enabled him to gain coping skills, and flourish in school, sports, and a positive peer group. The YES program has been instrumental in fostering positive transformations, empowering these young individuals for a brighter future.



### **Pinellas County Board of County Commissioners (BOCC) (LH834)**

The collaboration between WestCare and the Pinellas Ex-Offender Reentry Coalition (PERC) has proven highly effective in providing comprehensive care for clients. Weekly zoom meetings facilitate care coordination, referrals, and discussion of program successes and challenges. One notable success involves a client who demonstrated significant stabilization in mental and physical health. Through treatment, they addressed psychological symptoms, received referrals for specialized care, enrolled in the Pinellas County Health program, secured employment, and maintained sobriety. The client credited WestCare for playing a significant role in their recovery journey. This case exemplifies the program's adaptability and holistic approach, showcasing success through a "no-wrong-door" approach to MAT for substance use stabilization.



### Polk County BOCC (LH833)

In Polk County's Helping HANDS program, a client named Amy's journey is a testament to transformation and second chances. Despite a history of substance use and recidivism, Amy's life took a positive turn when she decided to engage with Helping HANDS. Initially skeptical about treatment due to past experiences, Amy's commitment deepened over time. This decision proved to be life-changing, as Helping HANDS intervened to divert her from a 38-month prison sentence. Instead, Amy underwent a mandatory rehabilitation program with 5 years of probation, with financial support from Helping HANDS and the HATCH program. Amy completed an 8.5-month rehab, celebrating 2 years and 3 months of sober living. With steady employment and promotions, she reclaimed lost time with her family. Grateful for the opportunity and support, Amy recognizes Helping HANDS and HATCH as instrumental in her journey to become a better person. Now, she sees possibilities for a brighter life.

Grantee reports continue to describe the positive impacts that their programs are having on the local jail and/or detention population through a reduction in arrests, shorter jail stays, and increases in access to treatment, housing, benefits, and diversion efforts. More details are later included in this report's grantee profile section.

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## **Effect On The Availability And Accessibility Of Effective Community-Based Mental Health And Substance Abuse Treatment Services, Including The Impact Of Expanded Community Diversion Alternatives On Reducing Incarceration And Commitments To State Mental Health Treatment Facilities**

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The grantees represented in this annual report have collectively served 12,069 individuals. In SFY22-23 alone, 4,567 individuals were served. Grant programs report that these individuals have increased access to triage services, screening and assessment, outpatient and inpatient treatment, transportation, housing, transition planning, and specialized court dockets. For example, one grantee (We Are All We Need; LH836) received funding to support its LIFE Center community space, which serves as a drop-in center for youth 17 and under to be during day and nighttime hours as an alternative to unsupervised time. Community and parent testimonials affirm the value of this service as one that provides opportunities for early interventions and “keeps youth off the streets.” Initiatives like this are critical for ensuring that juveniles remain in their community and thrive in settings where the likelihood of arrest or delinquent behavior is reduced.

Although the progress towards grantee performance measures included in this report reinforce the positive impacts of the reinvestment program on diversion and expenditures, the human impact tells the more meaningful story of the value of reinvestment programs. The impact of criminal justice involvement for individuals with substance use disorder and mental illness can be traumatic, further exacerbating symptoms that are often associated with trauma history. Oftentimes, communities and systems are not prepared to meet the complex needs these individuals have upon reentry and stigma is a pervasive barrier that impacts their ability to find stable housing, employment, and other key social determinants of health. Interrupting the cycle of incarceration for this population is challenging, yet grantee programs demonstrate the ability to do so with best practice and evidence-informed interventions every day. For each individual diverted from initial or further engagement in the criminal justice system, whole families, communities, and people are impacted positively, recovery becomes more likely, and both health and criminal justice sectors become less strained. Aside from individual impacts, the reinvestment program has tremendous impact on behavioral health and criminal justice systems at the local level. With support from the reinvestment grant, communities are equipped with better trained law enforcement and crisis systems personnel, expanded access to evidence-based treatment, and supports for individuals in recovery that enable them to meaningfully participate in the local workforce and economy.

A key component to many grant programs is not only service access for individuals, but also a skilled and well-trained law enforcement and behavioral health workforce capable of responding appropriately to individuals experiencing mental health and substance use challenges. Many grantees invest in Crisis Intervention Team Training (CIT) and Mental Health First Aid (MHFA) training initiatives to accomplish these goals. **Table 6** provides an overview of the number of individuals served and the number of individuals who participated in CIT, MHFA, or other law enforcement training in the grant-funded programs where the expansion of CIT/MHFA and other such trainings is a stated goal. Note that the number of individuals served varies by the model implemented and the scope of the grant-funded programs. Additionally, the duration of each grant program outlined in this report varies based on each grantees' contract effective date. 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 the programs.

**Table 6.**  
*Number Served – Program Lifetime*

| Implementation/Expansion Grantees<br><br>* Denotes planning grants | Number Served SFY 2022-2023 | Number Served Program Lifetime | CIT / LE Training Program Lifetime | MHFA Training Program Lifetime |
|--|-----------------------------|--------------------------------|------------------------------------|--------------------------------|
| Apalachee Center (Leon County) (LHZ87)                             | 134                         | 414                            | -                                  | -                              |
| BayCare (Pasco County) (LH831)                                     | 0                           | 206                            | -                                  | 103                            |
| Broward Behavioral Health Coalition (Broward County) (LH821)       | 40                          | 150                            | -                                  | -                              |
| Centerstone of Florida (Manatee County) (LH819)                    | 45                          | 93                             | -                                  | -                              |
| Centerstone of Florida (Sarasota County) (LHZ84)                   | 62                          | 201                            | 107                                | 30                             |
| Central Florida Cares Health System (Brevard County) (LH835)       | 59                          | 145                            | -                                  | -                              |
| Central Florida Cares Health System (Osceola County) (LH830)       | 22                          | 74                             | -                                  | -                              |
| Collier County (LH823)   | 71                          | 128                            | -                                  | -                              |



| <b>Implementation/Expansion Grantees</b><br><br>* Denotes planning grants   | <b>Number Served SFY 2022-2023</b> | <b>Number Served Program Lifetime</b> | <b>CIT / LE Training Program Lifetime</b> | <b>MHFA Training Program Lifetime</b> |
|---|------------------------------------|---------------------------------------|---|---------------------------------------|
| EPIC Behavioral Healthcare (St. Johns County) (LHZ83)                       | 85                                 | 174                                   | 87 <sup>1</sup>                           | -                                     |
| Flagler County (LH820)  | 55                                 | 173                                   | -   | -                                     |
| Gadsden County Sheriff's Office (LHZ96)                                     | 55                                 | 139                                   | 8 <sup>2</sup>                            | -                                     |
| Hanley Foundation (Dixie County) (LH841)                                    | 0                                  | 0                                     | -   | -                                     |
| Hanley Foundation (Hendry and Glades Counties) (LH840)                      | 0                                  | 0                                     | 64 <sup>3</sup>                           | -                                     |
| Hillsborough County BOCC (LHZ98)  | 16                                 | 71                                    | -   | -                                     |
| Hillsborough County BOCC (LH842)  | 31                                 | 31                                    | -   | -                                     |
| Kids Hope Alliance (Duval County) (LH824)                                   | 345                                | 895                                   | -   | -                                     |
| Lee County BOCC (LHZ97)   | 1513                               | 3435                                  | -   | -                                     |
| LifeStream Behavioral Center (Lake County) (LHZ95)                          | 35                                 | 188                                   | -   | -                                     |
| Lutheran Services Florida Health Systems (Hernando County) (LHZ86)          | 69                                 | 203                                   | - <sup>4</sup>                            | -                                     |
| Managed Access for Child Health (Duval County/City of Jacksonville) (LHZ82) | 711                                | 1368                                  | 344                                       | -                                     |
| Martin County BOCC (LHZ89)  | 144                                | 381                                   | -   | -                                     |
| Meridian Behavioral Health (Alachua/Bradford Counties) (LHZ85)              | 320                                | 988                                   | 142                                       | 219                                   |
| Meridian Behavioral Health (Levy County) (LH822)                            | 4                                  | 26                                    | -   | 1                                     |
| Miami-Dade County (LH826)   | 35                                 | 73                                    | -   | -                                     |
| Orange County BOCC (LH818)  | 151                                | 279                                   | 177                                       | -                                     |
| Pinellas County BOCC (LHZ91)  | 45                                 | 117                                   | -   | -                                     |
| Pinellas County BOCC (LH834)  | 6                                  | 19                                    | -   | -                                     |
| Polk County BOCC (LH833)  | 129                                | 300                                   | -   | -                                     |
| Seminole County BOCC (LH828)  | 44                                 | 91                                    | 302                                       | -                                     |
| SMA Healthcare (Putnam County) (LHZ99)                                      | 138                                | 796                                   | 7   | 11                                    |
| Southeast Florida Behavioral Health Network (Indian River County) (LHZ90)   | 87                                 | 326                                   | -   | -                                     |

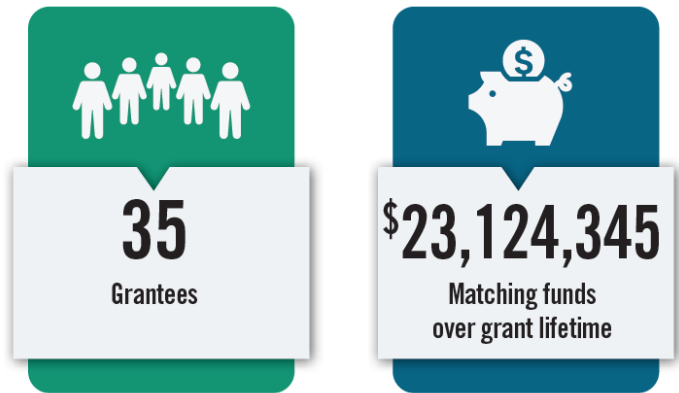
| <b>Implementation/Expansion Grantees</b><br><br>* Denotes planning grants | <b>Number Served SFY 2022-2023</b> | <b>Number Served Program Lifetime</b> | <b>CIT / LE Training Program Lifetime</b> | <b>MHFA Training Program Lifetime</b> |
|---|------------------------------------|---------------------------------------|---|---------------------------------------|
| Southeast Florida Behavioral Health Network (Okeechobee County) (LH825)   | 210                                | 281                                   | 12  | -                                     |
| We Are All We Need (Leon County) (LH836)                                  | 50                                 | 304                                   | -   | -                                     |
| <b>Total Served</b>   | <b>4,567</b>                       | <b>12,069</b>                         | <b>1,250</b>                              | <b>364</b>                            |

1. In addition to CIT, EPIC Behavioral Healthcare (LHZ83) conducts various law enforcement trainings related to Question Persuade Refer (QPR), suicide prevention, and on-going screening and assessment tools.
2. In addition to CIT, Gadsden County Sherriff's Office (LHZ96) provides access to HIV/STD services.
3. Hanley Foundation (Hendry and Glades Counties) (LH840) trains school workforce personnel such as teachers, school resource officers, and other school personnel.
4. Lutheran Services Florida Health Systems (Hernando County) (LHZ86) trains primary care professionals on integrated primary care and behavioral health that is not reflected in these numbers.

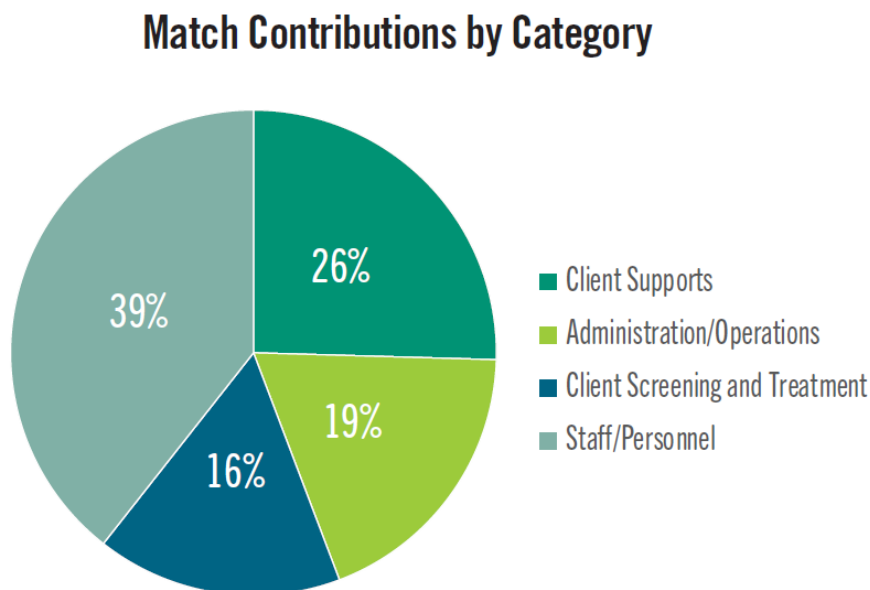
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## How Local Matching Funds Provided By Counties Leveraged Additional Funding To Further The Goals Of The Grant Program

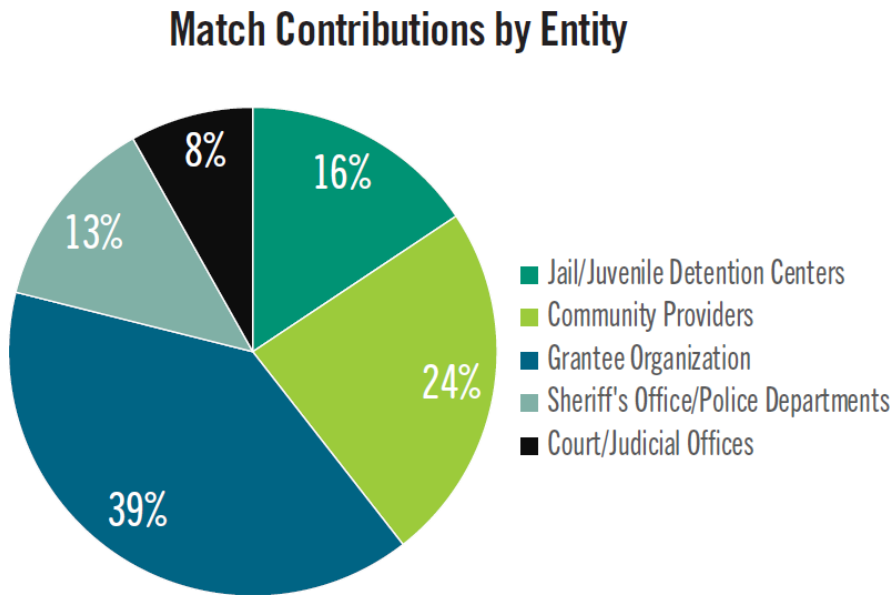
The local matching funds primarily support provider services, such as screening, triage, case management, law enforcement participation in CIT training, building occupancy and other operational costs such as staff salaries (**Figure 1**). In many cases, the grantee county, community providers, and other stakeholders provide matching funds for occupancy and other operations and administrative expenses (**Figure 2**). This commitment to operations resources reflects the community’s prioritization of the reinvestment grant program and is an excellent approach to embedding grant program staff and operations with other services that share similar goals. This approach increases the likelihood of sustaining core reinvestment operations beyond the grant period and maximizes opportunities for collaboration with other county-level initiatives and resources. Collectively, the 35 grantees included in this report reported leveraging and expending a total of \$23,124,345 in matching funds over the lifetime of their CJMHSA initiatives.



**Figure 1.**  
*Match Contribution by Category*



**Figure 2.**  
*Match Contribution by Entity*



Additional details regarding utilization of matching funds and specific community entities that contribute to the match requirement are provided in the grantee profiles of this report.

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## Impact Of External Factors On Reinvestment Grant Programs

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### Workforce

The shortage in the behavioral health workforce poses a formidable challenge to the capacity of treatment providers across the state and is a nationwide issue. As the demand for mental health and substance use disorder services continues to rise, the scarcity of qualified professionals in the behavioral health sector impedes the ability of treatment providers to meet the burgeoning needs of individuals seeking assistance. This shortage extends across various roles, including psychiatrists, psychologists, social workers, and counselors, limiting the breadth and depth of available expertise. The consequences of this workforce shortfall are far-reaching, impacting the timely delivery and quality of care. Long wait times for appointments, stretched resources, and a strain on existing staff amplify the challenges faced by treatment providers and are all cited as barriers to care by grantees that note workforce-related issues. Additionally, the shortage hinders the development and expansion of innovative programs and specialized services, limiting the overall capacity to address the diverse and complex mental health issues prevalent in our communities.

Reinvestment grant programs are facing even further strains among workforce shortages in the criminal justice realm impacting their programs (**Figure 3**). Across various jurisdictions, the demand for law enforcement professionals consistently outpaces the available workforce. This shortage encompasses roles ranging from police officers on the front lines to specialized units and support staff critical to effective law enforcement operations.

Shortages among law enforcement can impact response times, limiting the capacity to address emergencies promptly.

**Figure 3.**  
*Summary of Workforce Shortages*


| Centerstone of Florida<br>(Manatee County)<br>(LH819) | Epic Behavioral Healthcare<br>(St. Johns County)<br>(LH818)                                 | Orange County<br>BOCC<br>(LH818)  | Hanley Foundation<br>(Dixie County)<br>(LH841)   |
|---|---|---|--|
| 3 position vacancies                                  | Vacancies among peer and care coordinator roles<br><br>High turnover in PD role (3 overall) | Regarding the Q2 in 2023, the biggest challenge has been the provider, Aspire, keeping staff after they are onboarded and trained.<br><br>Multiple staff left the position during the aforementioned quarter and new staff had to be hired and trained. | Challenges establishing the mental health court due to staff turnover with stakeholder agencies and bureaucracy that has slowed the processes. |

Tangible impacts of this systemic challenge include increased vacancies in positions for grantee programs and for those community partners involved in the grant programs. In addition, when positions are filled, turnover is common and wage expectations are difficult for grant-funded programs to meet (**Figure 3**). Recent data suggests that Florida has approximately 510 mental health providers for every 1 individual<sup>2</sup>. In contrast, **Figure 4** outlines recommend provider: patient ratios for common services funded or referred to by reinvestment grant programs.

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<sup>2</sup> County Health Rankings. 2023. Mental Health Providers in Florida. Retrieved at <https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/clinical-care/access-to-care/mental-health-providers?year=2023&state=12&tab=1>

**Figure 4.**  
*Recommended Provider: Patient Ratios*



| Service Type                        | Recommended Provider: Patient ratio |
|-------------------------------------|-------------------------------------|
| Assertive Community Treatment (ACT) | 10:120                              |
| Assisted Outpatient Treatment (AOT) | 10:120                              |
| Partial Hospitalization             | 1 Team:75 patients                  |
| Intensive Outpatient Program        | 1:15                                |
| Long-term Acute Care Hospitals      | 1 Team:30 beds                      |
| Youth Intensive Outpatient Program  | 1:15                                |
| Youth Residential Treatment         | 1 Team: 39 patients                 |

Source: Substance Abuse and Mental Health Services Administration, 2022

As the workforce shortage continues to pose a pressing challenge, innovative approaches among grantees are emerging to address these challenges and enhance the capacity of providers. This includes:

- ▶ **Leveraging technology to expand access to care.** Telehealth platforms enable professionals to remotely connect with clients, breaking down geographical barriers and reaching underserved populations. This not only broadens the reach of behavioral health services but also provides flexibility for practitioners, making it an attractive solution in overcoming workforce shortages.
- ▶ **Interprofessional collaboration and task-shifting.** By redefining roles within the healthcare team and allowing professionals with varying levels of expertise to contribute to patient care, organizations can optimize available resources. This approach promotes a more efficient use of personnel, ensuring that each team member operates at the top of their licensure, ultimately increasing the overall capacity of the workforce.
- ▶ **Education and training initiatives.** Collaborations between academic institutions, healthcare providers, and industry partners can streamline the pathway for individuals pursuing careers in behavioral health. By offering targeted programs, mentorship opportunities, and financial incentives, these initiatives aim to attract and retain a skilled workforce, addressing shortages from both short and long-term perspectives.

- ▶ **Expanding community-based and peer support programs.** These positions play a pivotal role in augmenting the behavioral health workforce. Empowering individuals with lived experience to serve as peer counselors not only provides valuable support to those seeking help but also contributes to a more diverse and resilient workforce.

The CJMHSA TAC continues to explore opportunities to enhance consultation regarding workforce solutions and continues to monitor and promote best practices associated with pipeline development, recruitment, and retention.

## Natural Disasters

Florida's distinctive vulnerability to hurricane impacts extends to grant program operations, as evidenced in SFY 2022-2023. Multiple grantees reported disruptions and setbacks in programming directly attributable to the aftermath of Hurricane Ian. The challenges are particularly pronounced in Lee County, the hardest-hit region. Healthcare facilities, including hospitals and treatment providers, grapple with operational hurdles stemming from hurricane-induced damages. The strain on resources, coupled with an upsurge in the demand for medical attention post-disaster, tests the resilience of health organizations serving grant target populations.

In the aftermath, displaced populations and the trauma of Hurricane Ian's impact have generated an increased need for counseling, mental health support, and social assistance. However, the disruption of normal operations and the strain on available resources have impeded these organizations' effectiveness in meeting the heightened demands.



A noteworthy consequence was the closure of one of Seminole County's (LH828) core grant partners due to hurricane damage. Despite attempts to secure referrals for Assisted Outpatient Treatment (AOT) services through alternative means, the county was unsuccessful and left without a facility for crisis transport.

Addressing the hurricane's impact, the CJMHSA TAC updated Lee County's Sequential Intercept Mapping (LHZ97) report to reflect the evolving priorities and impact post-Hurricane Ian. The county experienced closures in core facilities due to building damage and redirected planned investments for storm recovery. Despite these challenges, the county responded swiftly to emerging community needs, deploying crisis teams to emergency shelters. These teams worked with individuals grappling with storm-related trauma and secondary trauma linked to family, housing, and FEMA navigation barriers. Notably, the emergency rescue workforce reported storm-response trauma, prompting

the county to shift focus towards addressing workforce burnout in this challenging post-hurricane landscape.

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## CJMHSa TAC Activities

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As required, the report provides detailed information on the technical assistance activities of the CJMHSa TAC at the University of South Florida. Additional details about CJMHSa TAC activities are available on [page 198](#) of this report. During SFY 2022-2023, the CJMHSa TAC provided individualized, technical assistance as requested by the DCF and reinvestment grant applicants and current 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, virtually by way of Zoom, webinars, conference calls, and electronic communications such as our learning collaborative platform, Participate, grantee newsletters, and social media pages. The most frequently administered technical assistance area was Sequential Intercept Mapping. Quarterly webinar topics included Understanding and Working with Children in Florida's Juvenile Justice System, Coordination of Crisis Response Models: CIT, Co-Response, and Integration with Community-based Crisis Services, and Addressing the Behavioral Health Workforce Shortage: A Discussion to Explore Strategies and Solutions.

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## GRANTEE PROFILES

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Below each grant program is summarized using individual grantee profiles. These profiles offer a detailed insight into the impactful work undertaken by each grantee in accordance with their specific grant programs. The information presented herein has been compiled from grantee reports, supplemented by collateral information extracted from TAC reports, surveys, and relevant DCF contract monitoring documents.

These grantee profiles serve as a snapshot of the initiatives, accomplishments, and challenges faced by each grantee organization. It is important to note that the absence of certain information within the profiles reflects instances where the data was not included in any of the reporting materials available.

The purpose of these profiles extends beyond documentation; they are intended to be tools for both the grantee organizations and the broader community served by



reinvestment grant funds. For grantees, these profiles offer an opportunity for quality improvement, allowing them to assess the effectiveness of their programs, identify areas for improvement, and celebrate successes. By encapsulating their efforts and outcomes, grantees can use these profiles to communicate their impact to stakeholders, collaborators, and potential funders.

Simultaneously, the community at large can utilize these profiles to gain a deeper understanding of the initiatives supported by each grant program. Community members, policymakers, and other stakeholders can explore the profiles to comprehend the specific challenges addressed by grantees, the strategies employed, and the outcomes achieved. This transparency fosters a sense of accountability, facilitates informed decision-making, and promotes collaboration within the community.

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# Planning Grant

This section of the report presents the profile of the one-year planning grant.

## Hanley Foundation (Palm Beach County) (LH832)

| START:        | END:              | AWARD:     | TIME FRAME: |
|---------------|-------------------|------------|-------------|
| March 1, 2022 | February 28, 2023 | \$1,00,000 | 1 year      |

### Target Population

The target population for this planning grant was transitional youth ages 16 through 24 with mental health disorders, substance abuse disorders, or co-occurring disorders residing in the North End community of Palm Beach County who are at risk of involvement or involved in the criminal or juvenile justice systems.



### Goals/Objectives

The objective of this planning grant was to develop and submit a strategic plan through key stakeholder collaboration in the service area. The strategic plan identifies priorities, opportunities, as well as resources for this community based on the transitional youth of ages 16 to 24, specifically high school dropouts, unemployed or underemployed persons. Hanley Foundation conducted a Sequential Intercept Mapping to develop the strategic plan for Palm Beach County.

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## Performance Measures

Outcome data for the performance measures reflects progress through February 28, 2023 (Year 1, Quarter 4).

| Measure   | Performance   |
|---|---|
| 100% completion of the <b>needs assessment and identification of the target population</b> within 90 days of contract execution.  | <ul style="list-style-type: none"> <li>July 31, 2022: Needs assessment completed.</li> <li>April 28, 2022: Target population identified as transitional youth and young adults ages 16-21 in North End neighborhoods of Palm Beach County.</li> </ul> |
| 100% completion of <b>determining the methodology of data sharing, collection, and reporting</b> among partners within 90 days of execution of grant.                     | <ul style="list-style-type: none"> <li>May 15, 2022: Partners agreed to sharing relevant data to support the planning grant.</li> </ul>   |
| 100% of <b>formal partnerships established</b> , as evidenced by legally binding agreements, with a minimum of three agencies within 120 days of contract execution.      | <ul style="list-style-type: none"> <li>August 29, 2022: Formal partnership agreements executed with the Public Defender's Office, school district, Rebel Recovery, Inner City Innovators, West Palm Beach Police, and SEDNET.</li> </ul>              |
| 100% completion of the SIM workshop   | <ul style="list-style-type: none"> <li>January 26-27, 2023: Completed SIM workshop with CJMHSA TAC.</li> </ul>  |
| 100% <b>identification of policy, legal, social, and other barriers</b> with appropriate measures to mitigate said barriers within 270 days of contract execution.        | <ul style="list-style-type: none"> <li>January 26-27, 2023: Completed SIM workshop with CJMHSA TAC.</li> </ul>  |
| 100% identification of <b>Youth Mental Health First Aid</b> training for 20 local behavioral health personnel in Palm Beach County within 365 days of contract execution. | <ul style="list-style-type: none"> <li>December 19, 2022: YMHFA Training was completed for 23 participants.</li> </ul>  |
| 100% completion of <b>strategic plan</b> within 365 days of contract execution.   | <ul style="list-style-type: none"> <li>February 22, 2023: Completed Strategic plan.</li> </ul>  |

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

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

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

Not applicable 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 February 28, 2023, Hanley Foundation expended/leveraged \$101,181.25 or approximately 100% of the one-year match commitment for their CJMHSA Reinvestment grant.

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# Implementation/Expansion Grants

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The following section summarizes each of the 33 implementation/expansion grant programs active in SFY 2022-2023. Those grant programs with an asterisk (\*) next to the start date indicate a late start due to the contract signatures subsequent to the intended start date. If a grantee had a no-cost extension, it is indicated after the grant end date.

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## Apalachee Center, Inc. (Leon County) (LHZ87)

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Apalachee Center's grant program for Leon County, the Forensic Intervention and Reentry Services Team (FIRST).

| <b>START:</b>  | <b>END:</b>   | <b>AWARD:</b> | <b>TIME FRAME:</b> |
|----------------|---------------|---------------|--------------------|
| July 23, 2020* | June 30, 2023 | \$1,092,000   | 3 years            |

### Target Population

The target population for the FIRST Team was adult residents of Leon County with a primary diagnosis of a serious mental illness who meet at least one of the criteria:

- ▶ On mental health pre-trial release
- ▶ On mental health probation
- ▶ On conditional release
- ▶ Incarcerated in Leon County Detention Facility; and has a pending felony or misdemeanor case and in need of competency restoration at risk for commitment to a forensic state hospital.

### Program Design/Model

The FIRST and Leon County criminal justice partners collaborated to identify individuals at Intercepts 3 and 4 (during court appearances and while incarcerated) who may transition from detention and receive community-based services. Once in the community, intense services addressed barriers to successful completion of supervision. Such barriers included rearrest, lack of stable housing, employment, and benefits. Enhanced coordination among criminal justice and community mental health addressed these barriers. The grant program supports a full-time court liaison, a full-time detention facility liaison, a forensic day services program, and the FIRST Team.

The liaisons were responsible for care coordination to address the barriers listed above as well as coordinate reentry to the community from the state hospital. They also connected individuals to community resources to increase diversion from the detention facility and state hospital system.

Secondly, a major component of the program was the creation of a dedicated forensic day services program, a partial day program with the capacity to serve 24 clients at any given time. The program targeted individuals involved in the criminal justice system who are at risk for supervision failure that need a safe, structured environment during the day to reduce potential for recidivism. Clinical staff at the day program conduct therapeutic evidence-based groups such as Seeking Safety, Thinking for A Change, and Decision Points. Services included life skills curriculum, and competency restoration services.

Finally, additional staff are engaged to assist the Apalachee Center Outpatient Forensic Team in the FIRST program. These additional staff included a full-time forensic targeted case manager supervisor, support coordinators, and office manager. Additional staff increased the capacity of the team to provide more services and support in the community to those with mental health problems involved in the justice system. The team focused on evidence-based screening and assessment, linked individuals to behavioral health and medical services, access to medications, improved access to competency restoration training, improved access, and linkage to existing services to divert individuals from the state hospital, access, and linkages to housing resources and residential programs, employment readiness groups, and benefits restoration or initiation.

### Goals/Objectives

The primary goals of the program were to improve access to behavioral health services for individuals in the criminal justice system with a mental illness; reduce the length of pre- and post-sentenced incarceration; and reduce recidivism among the target population.

Apalachee Center's three objectives included:

1. Expand liaison services with the court and detention facility and establish a new forensic day services program offering diversion opportunities for individuals with a mental illness at risk for supervision failure and re-arrest or commitment.
2. Collaborate with key stakeholders for an ongoing partnership through the life of the grant; and
3. Adapt an existing forensic outpatient program's service capacity to better address unique recovery-oriented needs of individuals with a mental illness in the Leon County criminal justice system.

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

- ▶ Trauma-informed Care
- ▶ Motivational Interviewing
- ▶ Decision Points
- ▶ Life Skills
- ▶ Seeking Safety
- ▶ Thinking for A Change
- ▶ Decision Points
- ▶ Dialectical Behavior Therapy (DBT)
- ▶ Anger Management
- ▶ Cognitive Behavioral Therapy (CBT)
- ▶ Assess, Plan, Identify, Coordinate (APIC) model
- ▶ Risk-Need-Responsivity (RNR) model
- ▶ SOAR (SSI/SSDI Outreach, Assist, and Recovery)
- ▶ Brief Jail Mental Health Screen (BJMHS)
- ▶ Crisis Intervention Teams (CIT)

## Number Served through June 30, 2023 (Year 3, Quarter 4)

| FIRST                               | Program Year 1 | Program Year 2 | Program Year 3 | Program Lifetime |
|-------------------------------------|----------------|----------------|----------------|------------------|
| FIRST Number Served                 | 106            | 139            | 114            | 359              |
| FIRST Number Served Target          | 80             | 80             | 80             | 240              |
| Forensic Day Services Number Served | 9              | 26             | 20             | 55               |
| Forensic Day Services Target        | 10             | 20             | 20             | 50               |

## Performance Measures

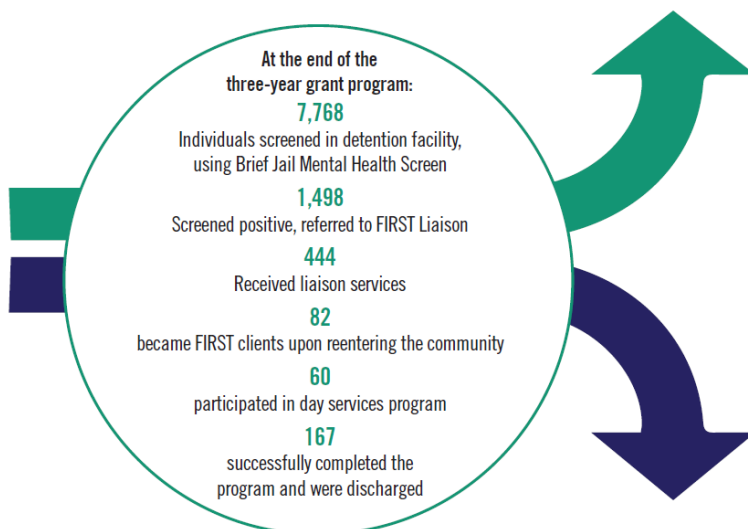
Outcome data for the performance measures reflect progress through June 30, 2023 (Year 3, Quarter 4).

| Measure  | Performance   |
|--|---|
| A maximum of 35% of participants are <b>arrested or rearrested</b> while receiving services.   | <ul style="list-style-type: none"> <li>▪ 31% arrested or rearrested.</li> </ul>               |
| A maximum of 35% of participants are <b>arrested or rearrested</b> within one year following their ending date for program services.   | <ul style="list-style-type: none"> <li>▪ 19% arrested or rearrested.</li> </ul>               |
| A minimum 60% of participants who did not reside in <b>stable housing</b> on their start date will reside in stable housing within 90 days of their start date.                | <ul style="list-style-type: none"> <li>▪ 83% resided in stable housing.</li> </ul>            |
| A minimum 35% of participants who did not reside in <b>stable housing</b> at the time of admission will reside in stable housing one year following their end date.            | <ul style="list-style-type: none"> <li>▪ 80% resided in stable housing.</li> </ul>            |
| A minimum 35% of participants who are not <b>employed</b> at their start date are employed full or part time within 180 days of their start date.                              | <ul style="list-style-type: none"> <li>▪ 83% employed within 180 days.</li> </ul>             |
| A minimum 20% of participants are <b>employed</b> full or part-time one year following their end date.   | <ul style="list-style-type: none"> <li>▪ 80% employed one year following end date.</li> </ul> |
| A minimum 80% of participants are assisted in applying for <b>social security or other benefits</b> for which they may be eligible but were not receiving at their start date. | <ul style="list-style-type: none"> <li>▪ 91% assisted.</li> </ul>                             |
| A minimum 30% of participants served are diverted from admission to a <b>state mental health treatment facility</b> .  | <ul style="list-style-type: none"> <li>▪ 97% of participants diverted.</li> </ul>             |
| A minimum 90% of participants served are <b>satisfied with services</b> provided.  | <ul style="list-style-type: none"> <li>▪ 100% of participants satisfied.</li> </ul>           |



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

Individuals are identified and screened by the court and detention center liaisons, during court hearings, at the Leon County Jail, and while on community supervision and referred to the FIRST program. Collaboration among the jail staff and FIRST team allowed for a positive impact among 167 clients throughout the duration of the program, who successfully completed the program. At conclusion of the three-year grant program, there were 7,768 inmates screened, 1,498 of those indicated possible mental health concerns, and 444 individuals received liaison services while still in the detention center. Approximately 82 individuals became FIRST clients upon reentry to the community. Therefore, FIRST services aim to keep individuals engaged in treatment and promote recidivism among the target population.



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

The program provides increased access to mental health services as well as engages individuals in treatment early in criminal justice proceedings. The FIRST Team works closely with the pre-trial office and mental health court team to identify individuals for outreach opportunities and program engagement. The program has resulted in enhanced communication between community providers and criminal justice partners.

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

As of June 30, 2023, Apalachee Center expended/leveraged \$368,804.24 for the fiscal year or approximately 34% of the three-year match commitment; and \$1,133,840.97 life to date over 100% for their CJMHSA Reinvestment grant.

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## BayCare Behavioral Health, Inc.\* (Pasco County) (LH831)

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BayCare Behavioral Health’s grant program for Pasco County, the Alternatives to Incarceration Pasco Jail Reentry Program (ATIP-JR).

| <b>START:</b>  | <b>END:</b>       | <b>AWARD:</b> | <b>TIME FRAME:</b> |
|----------------|-------------------|---------------|--------------------|
| March 8, 2022* | February 28, 2025 | \$1,200,000   | 3 years            |

### Target Population

The target population for the ATIP-JR is adults age 18 or older who have a mental health, substance use and/or co-occurring disorders and who are in, or at risk of entering the criminal justice system including those who:

- ▶ Meet criteria for Mental Health Court
- ▶ Have high arrest recidivism rates
- ▶ Individuals with chronic mental illness who have been judicially determined to have been restored to competency and are subsequently released to the community and
- ▶ Individuals who have been identified as “high utilizers of the jail and acute services

### Program Design/Model

The ATIP-JR provides services in-jail including comprehensive screening and assessment, case management, treatment planning, individual and group therapy, mentoring, linkages to community resources and reentry planning and care coordination. Services for the ATIP program begin in jail and continue upon reentry to the community.

Individuals may engage with the ATIP program through self-referral for screening or referral by detention staff or court personnel. The screening includes the following tools: PHQ9, MDQ, DAST, AUDIT-C, GAD 7, Brief Jail Mental Health Screen, and the quality-of-life questionnaire. Upon completion of the comprehensive screen and explanation of the services, individuals may choose to engage in the program. Upon reentry, a multidisciplinary reentry team works to facilitate access to treatment, recovery support and ancillary social services.

ATIP has partnerships with Pasco Sheriff’s Office, Wellpath, End Recidivism Project, Pasco Re-entry Alliance, Youth and Family Alternatives, and Pasco Homeless Coalition.

The program also supports Mental Health First Aid (MHFA) training for law enforcement officers and behavioral health practitioners.

### Goals/Objectives

The primary goal of the ATIP-JR is to increase public safety and reduce criminal justice costs in Pasco County by diverting individuals with mental illness, substance use disorders, or co-occurring disorders from the jails or forensic hospitalization. A second goal is to enhance accessibility to comprehensive, evidence-based treatment and recovery support services for individuals with mental illness and/or substance use disorders who are in, or at risk of entering, the criminal justice system.

BayCare's three objectives included:

1. Implement the ATIP-JR,
2. Create and encourage collaboration among key stakeholders,
3. Increase access to coordinated care, person-centered treatment, and recovery support services for the target population.

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

- ▶ Mental Health First Aid (MHFA)
- ▶ Assess, Plan, Identify, Coordinate (APIC) model
- ▶ Historical Clinical Risk Management-20 Version 3 (HCR-20 V3)
- ▶ Patient Health Questionnaire-9 (PHQ-9)
- ▶ Mood Disorder Questionnaire (MDQ)
- ▶ Drug Abuse Screening Test (DAST)
- ▶ Alcohol Use Disorders Identification Test (AUDIT-C)
- ▶ General Anxiety Disorder-7 (GAD-7)
- ▶ Motivational Interviewing (MI)
- ▶ Risk-Need-Responsivity (RNR) model
- ▶ Biopsychosocial assessments
- ▶ GAINS Reentry Checklist
- ▶ Medication Assisted Treatment (MAT)
- ▶ Recovery Support Specialist/Peer Support Specialist
- ▶ Moral Reconciliation Therapy (MRT)

- ▶ Cognitive Behavioral Therapy
- ▶ Seeking Safety

Number Served through August 31, 2023 (Year 2, Quarter 2)

| ATIP-JR                                     | Program Year 1 | Program Year 2 | Program Year 3 | Program Lifetime |
|---|----------------|----------------|----------------|------------------|
| Number Screened                             | 389            | 153            | -              | 542              |
| Number Screened Target                      | 225            | 225            | 225            | 675              |
| ATIP-JR Number Served                       | 101            | 105            | -              | 206              |
| ATIP-JR Number Served Target                | 90             | 90             | 90             | 270              |
| Number of MHFA Training Participants        | 60             | 43             | -              | 103              |
| Number of MHFA Training Participants Target | 40             | 40             | 40             | 120              |

Performance Measures

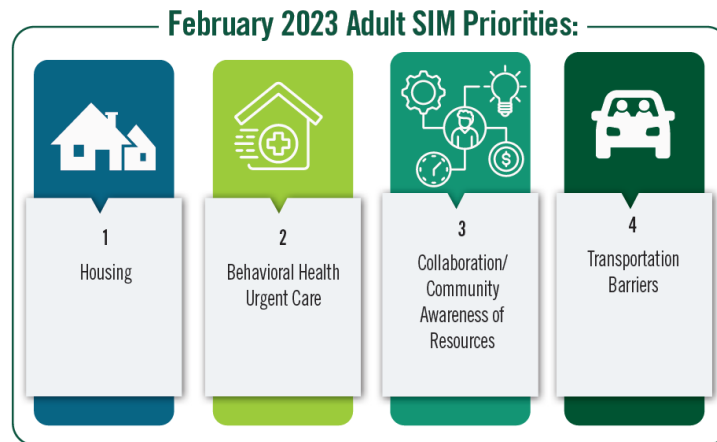
Outcome data for the performance measures reflect progress through August 31, 2023 (Year 2, Quarter 2).

| Measure   | Performance   |
|---|---|
| 65% of participants will not be <b>arrested or rearrested</b> while receiving services.   | <ul style="list-style-type: none"> <li>▪ 94% were not arrested or rearrested.</li> </ul>                              |
| 65% of participants determined to be eligible for social security or other benefits will receive <b>SSI/SSDI</b> through the SOAR process.  | <ul style="list-style-type: none"> <li>▪ The determination of SSI/SSDI not yet made for 4 SOAR applicants.</li> </ul> |
| 45% of participants will be diverted from a <b>state mental health treatment facility</b> .   | <ul style="list-style-type: none"> <li>▪ 100% diverted.</li> </ul>  |
| 60% of participants will <b>successfully complete program services</b> .  | <ul style="list-style-type: none"> <li>▪ 91% successfully completed.</li> </ul>                                       |
| 50% <b>reduction in the total number of arrests</b> among participants in the six-month period following their end date compared to the six-month period prior to their start date. | <ul style="list-style-type: none"> <li>▪ No data collected.</li> </ul>  |

| Measure  | Performance   |
|--|---|
| A minimum 65% of participants not residing in a stable housing environment at program admission will report living in a <b>stable housing</b> environment following their release from detention.                        | <ul style="list-style-type: none"> <li>▪ 81% living in stable housing following release.</li> </ul> |
| 65% of participants not residing in stable housing at program start date will report living in <b>stable housing</b> six months after their program end date.  | <ul style="list-style-type: none"> <li>▪ No data collected.</li> </ul>                              |
| A minimum 50% of participants not employed at program start date and who are not receiving disability or have a disability case pending will be <b>employed full or part-time</b> six months following program end date. | <ul style="list-style-type: none"> <li>▪ No data collected.</li> </ul>                              |
| A minimum 50% of participants employed at program start date will <b>remain employed</b> following program end date.   | <ul style="list-style-type: none"> <li>▪ No data collected.</li> </ul>                              |
| 30% <b>reduction in the total number of arrests</b> among program participants in the 12-month period following program end date compared to the six-month period prior to program start date.                           | <ul style="list-style-type: none"> <li>▪ No data collected.</li> </ul>                              |

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

The grantee did not report this information. However, through screening and referrals for the ATIP-JR program, the ultimate goal is to divert individuals from reentering the jail following release through engagement in treatment services and support through mentoring and case management as a part of ATIP-JR. Through a reduction in recidivism among successful program participants, the ATIP-JR program will make an impact on expenditures on the jail.



**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 ATIP-JR program has assisted participants in timely access to psychiatric evaluations and medication management upon release from jail.

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

As of August 31, 2023, BayCare expended/leveraged \$600,000 or approximately 50% of the three-year match commitment for their CJMHSA Reinvestment grant.

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## Broward Behavioral Health Coalition (Broward County) (LH821)

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Broward Behavioral Health Coalition’s grant program, the Broward Youth Reentry Program (BYRP)-2.

| <b>START:</b> | <b>END:</b>   | <b>AWARD:</b> | <b>TIME FRAME:</b> |
|---------------|---------------|---------------|--------------------|
| July 1, 2022  | June 30, 2025 | \$1,200,000   | 3 years            |

### Target Population

The target population for the BYRP-2 is youth and young adults between age 12-to-21 with a history of serious and violent chronic offenses, a prolific arrest history, and/or prolific offenders with repeated episodes of arrest and detainment who also have mental health, substance use, and/or co-occurring disorders.

### Program Design/Model

The BYRP-2 is an expansion of a previous implementation grant that ended April 2022. BYRP-2 is a comprehensive, cross-sector collaborative program for juveniles involved in the juvenile justice system who also have co-occurring mental health and substance use disorders. BYRP-2 builds on the success of the initial BYRP program and expands the program by also offering services to the siblings of youth enrolled in the program.

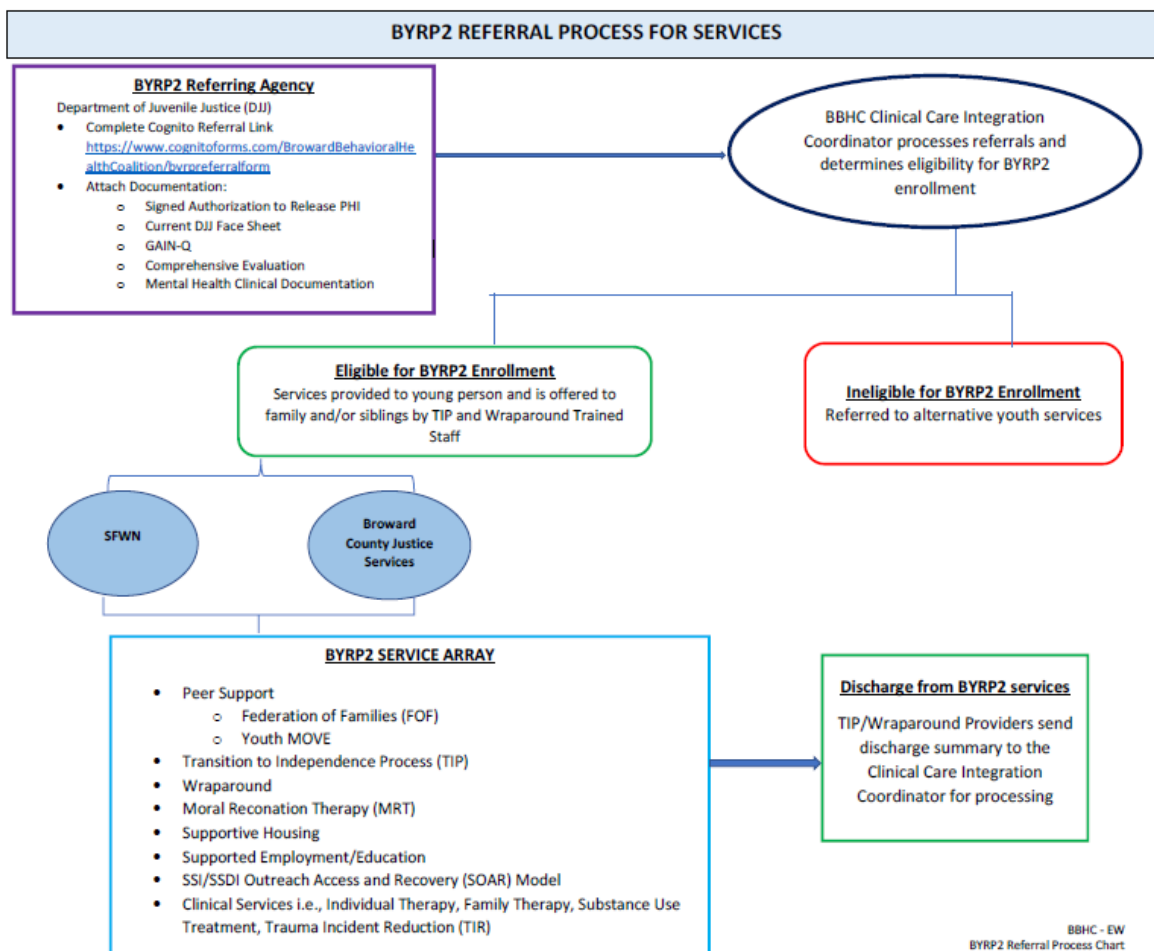
Referrals for BYRP are accepted from the community, juvenile probation officers (JPOs), community mental health agencies, etc. The Life Coach engages the youth and initiate services with the youth and their families.

All youth in BYRP-2 are assigned a Wraparound Facilitator (ages 12-13) or Life Coach (ages 14-21) and a Youth Peer Specialist (ages 12-21). Wraparound Facilitators work with youth and families to develop a Wraparound plan to achieve the goals identified by the family. Life Coaches work with youth to develop their Futures Plan to help them identify their goals and needs. Youth Peer Specialist have lived experience and provide a positive role model to support and encourage youth to achieve and maintain their wellness goals. Youth and Family Peers develop a WRAP Plan for the youth and their families.

BYRP-2 uses strength-based, recovery-oriented evidenced-based practices to provide services and supports to these youth, young adults, their caregivers and/or siblings. This youth driven approach emphasizes youth voice/choice and facilitates independence and self-determination by empowering youth to lead their own futures planning process while

ensuring services and supports meet them where they are. Peer Specialists, Wraparound and TIP trained staff link youth and young adults as needed to trauma focused and trauma resolution therapies offered in the community. Youth and young adults are linked as needed to Moral Recognition Therapy, available through core BYRP services. All BYRP-2 youth are provided with a Youth Peer Specialist from South Florida Wellness Network (SFWN), a local peer-run advocacy, training, and services organization. In addition, youth and their families have access to supportive housing programs and supported employment services, along with a wide array of services and supports available through SFWN (Figure 5). Youth who have achieved at least one future plan goal are considered successful upon discharge.

**Figure 5.**  
*BYRP-2 Service Pathway*





## Goals/Objectives

The primary goal of the program is to create a recovery-oriented, person-centered 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. Divert and treat youth and young adults ages 12-22 with mental health and/or substance use disorders in or at risk of entering the juvenile justice and/or criminal system.
2. Create and encourage collaboration among stakeholders by utilizing the BYRC Strategic Plan and providing oversight and quality improvement recommendations.
3. Utilize a data information system to track program participants during enrollment and for at least one year after program discharge and identify priority areas.

## 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-Systemic Family Therapy
- ▶ Brief Strategic Family Therapy
- ▶ Moral Reconciliation Therapy
- ▶ Transition to Independence (TIP)
- ▶ Beat the Odds Drumming
- ▶ Integrated Group Counseling and Group Drumming
- ▶ Individual Placement and Support
- ▶ Trauma Incident Reduction
- ▶ Visual Journaling Workshops
- ▶ Family CPR
- ▶ Medication Assisted Treatment (MAT)

- ▶ Supported Employment
- ▶ Supportive Housing
- ▶ Supported Education
- ▶ Youth MOVE
- ▶ Restorative Practices

Number Served through June 30, 2023 (Year 1, Quarter 4):

| BYRP                     | Program Year 1 | Program Year 2 | Program Year 3 | Program Lifetime |
|--------------------------|----------------|----------------|----------------|------------------|
| Number Served (enrolled) | 40             | NA             | NA             | 40               |
| Number Served Target     | 50             | 50             | 50             | 150              |

### Performance Measures

Outcome data for the performance measures reflect progress through June 20, 2023 (Year 1, Quarter 4).

| Measure   | Performance  |
|---|--|
| 30% reduction in number of <b>arrests</b> among program participants while enrolled in the program compared to one-year period prior to program admission.                              | <ul style="list-style-type: none"> <li>▪ 66% reduction.</li> </ul>   |
| 35% reduction in number of <b>arrests</b> among program participants within the one-year period following program discharge compared to the one-year period prior to program admission. | <ul style="list-style-type: none"> <li>▪ N/A too early to measure; 8 youth were arrested in the one year prior to admission and 0 youth arrested during program participation for the first quarter of the program.</li> </ul> |
| 55% of program participants who did not reside in <b>stable housing</b> at admission will reside in stable housing within 90 days of program admission.                                 | <ul style="list-style-type: none"> <li>▪ N/A- there were no participants who did not reside in stable housing at admission.</li> </ul>   |
| 65% of program participants who did not reside in <b>stable housing</b> at the time of admission will reside in stable housing one  | <ul style="list-style-type: none"> <li>▪ 300% in stable housing.</li> </ul>  |

| Measure  | Performance   |
|--|---|
| year following program discharge.  |   |
| 50% of program participants not employed or enrolled in school full or part-time and who express a desire to work or enroll in school at program admission will be <b>employed or enrolled in school full or part-time</b> within 180 days of program admission. | <ul style="list-style-type: none"> <li>127% employed.</li> </ul>  |
| 85% of program participants who were <b>assisted in obtaining Social Security or other benefits</b> for which they may have been eligible but were not receiving at program admission.   | <ul style="list-style-type: none"> <li>N/A- there were no participants in need of benefits enrollment. 100% screened for need.</li> </ul> |
| 85% of youth and families will remain engaged with <b>Peer/Life Coach services</b> within program participation.   | <ul style="list-style-type: none"> <li>100% remained engaged in peer/life coach services.</li> </ul>                                      |
| 75% of youth discharged will have completed at least one Futures Plan goal.  | <ul style="list-style-type: none"> <li>71% of youth discharged achieved at least 1 Futures Plan goal (17/24).</li> </ul>                  |

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

BYRP-2 is in the first year of implementation. The program reports that the grant has had a positive impact on the community and among the target population. To date, BBHC reported a 75% reduction in the number of arrests among program participants while enrolled in the program compared to the one-year period prior to enrollment. While it is too early to conduct analysis on one-year post discharge, other program data indicates that participants are remaining engaged in services that support recovery and reduce recidivism. More than two-thirds of youth that have been discharged from BYRP-2 have achieved at least one Future Plan goal. Given the early nature of implementation, there have been no cost avoidance analyses to date. Future cost avoidance estimates should consider cost savings associated with booking, detention, court, and probation involvement measured against costs associated to provide interventions, education, and skill development.

## 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

Case management approaches (TIP and Wraparound) employed for the BYRP-2 participants and their families ensure that all community partners are involved and communicating effectively to meet the needs of youth and families. Notably, BYRP-2 is the only juvenile reentry program in Broward County that utilizes Peer Specialists from inception of program enrollment. In addition to developing effective community-based services, BYRP-2 participants and their families benefit from connections to housing assistance and other related resources, including food and employment.

None of the youth enrolled in the BYRP were admitted to the Statewide Inpatient Psychiatric Program (SIPP), despite 100% of BYRP-2 participants having a behavioral health diagnosis.

A graphic with a green header containing a handshake icon and the text "BYRP2 Partners:". Below the header is a white box with a green border containing a list of partners in two columns.

**BYRP2 Partners:**

- Department of Juvenile Justice Probation Children Services Council
- State Attorney Juvenile Division Broward County CJSD
- System of Care Partners
- 17th Judicial Circuit Juvenile Division
- South Florida Wellness Network/Federation of Families
- Broward Youth Reentry Collaborative (BYRC) Public Defender 17th Judicial Circuit Broward County
- Board of County Commissioner
- Banyan Health
- Trial Court Administrator 17th Judicial Circuit Prevention Central
- Broward County Public Schools
- Henderson Behavioral Health
- ChildNet, Inc.
- Foot Print to Success

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

Over the course of the first year, Broward Behavioral Health Coalition expended/leveraged \$506,935.42 or approximately 42% of the three-year match commitment of \$1,200,00.00 for their CJMHSA Reinvestment grant. Matching funds were provided by subcontracted services that assist youth and families in meeting educational, employment, housing, transportation, and other wraparound needs.

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## Centerstone Of Florida (Manatee County) (LH819)

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Centerstone’s grant program for Manatee County, the Manatee County Comprehensive Treatment Court (CTC) program.

|                 |                    |               |                    |
|-----------------|--------------------|---------------|--------------------|
| <b>START:</b>   | <b>END:</b>        | <b>AWARD:</b> | <b>TIME FRAME:</b> |
| October 1, 2021 | September 30, 2024 | \$1,200,000   | 3 years            |

### Target Population

The target population for the CTC is adults (18+) 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

Centerstone oversees the Manatee CTC Program in partnership with Manatee County Government and Judicial Circuit 12. Manatee CTC provides community-based behavioral health treatment services, case management, recovery supports, and coordination/linkages with housing assistance, job training and employment, benefit programs, and other services required to meet the needs of offenders in CTC who would otherwise be in, or at risk of entering the criminal justice system. Successful completion of Manatee CTC depends on the individual’s compliance and progress in the program, as well as their transition to a long-term plan for maintaining their mental wellness and stability in the community. The completion of CTC results in a dismissal of the charge(s) in most cases. The program relies on partnerships and collaborations from more than two dozen stakeholders representing various sectors of the social services and criminal justice system.



The CTC relies on the partnership of more than thirty-five judicial and community organizations.

A graphic titled "CTC Partners:" featuring a handshake icon. Below the title is a list of 35 partner organizations arranged in three columns.

**CTC Partners:**

- Assistant to Advocating/ OSH Care LLC
- Florida Department of Health in Manatee
- NAMI (Manatee and Sarasota)
- CAN Community Health
- Goodwill Manasota
- The Salvation Army (Manatee & Sarasota)
- CASL (housing)
- Harvest House (housing)
- United Way
- Career Source Suncoast
- LECOM School of Dental Medicine
- Academy at Glengary (Clubhouse)
- Manatee Sheriff Homeless Outreach Team
- Second Heart Homes (housing)
- Office of Vocational Rehabilitation
- Bradenton Police Department
- SCAT and MCAT (transportation)
- Well Care Medicare
- Manatee County Neighborhood Services
- St. Vincent de Paul (housing)
- Manatee County EMS/Paramedicine Unit
- Manatee County Library
- Genoa Pharmacy
- Palmetto Police Department
- Manatee Memorial Hospital
- Suncoast Partnership to Prevent Homelessness
- Manatee County Sheriff's Department
- Suncoast Behavioral Health
- School House Link
- Lutheran Services (guardianship)

## Goals/Objectives

The primary goal of the grant is to establish a Manatee CTC to divert eligible individuals with mental health or co-occurring disorders from jail or hospitalization to coordinated and integrated programs and treatments. The program aims to establish and expand services and diversion activities.

The primary objectives of the program include:

1. Increase public safety and avert increased spending on criminal justice.
2. Encourage collaboration among stakeholders.
3. Shift identification, care, and treatment of the target population from the criminal justice system to the behavioral healthcare system.
4. Utilize evidence-based tools, programs, and models to identify and provide services.
5. Develop a sound infrastructure and enhanced capacity to sustain effective services.

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

- ▶ Crisis Intervention Teams (CIT)
- ▶ Peer Support

- ▶ Supported Employment
- ▶ Permanent Supportive Housing
- ▶ Medication Assisted Treatment (MAT)
- ▶ Mobile Response Team
- ▶ Screening, Brief Intervention and Referral to Treatment (SBIRT)
- ▶ Alcohol Use Disorders Identification Test (AUDIT)
- ▶ Columbia Suicide Severity Rating Scale (C-SSRS)
- ▶ Drug Abuse Screening Test (DAST)
- ▶ Functional Assessment Rating Scales (FARS)
- ▶ Patient Health Questionnaire (PHQ-9)

### Number Served through June 30, 2023 (Year 2, Quarter 3)

| CTC                         | Program Year 1 | Program Year 2 | Program Year 3 | Program Lifetime |
|-----------------------------|----------------|----------------|----------------|------------------|
| Individuals Screened        | 268            | 191            | NA             | 459              |
| Individuals Screened Target | 200            | 300            | 300            | 800              |
| Number Served               | 48             | 45             | NA             | 93               |
| Number Served Target        | 40             | 55             | 55             | 150              |

### Performance Measures

Outcome data for the performance measures reflect progress through June 30, 2023 (Year 2, Quarter 3).

| Measure   | Performance      |
|---|------------------|
| 25% reduction in number of <b>arrests</b> among participants while enrolled in the program.   | ▪ 66% reduction. |
| 25% reduction in total number of <b>arrests</b> among participants within one-year following program discharge.                                   | ▪ 85% reduction. |
| 100% of participants not residing in <b>stable housing</b> at admission will be assisted in obtaining stable housing within 90 days of admission. | ▪ 100% assisted. |

| Measure  | Performance                                 |
|--|---|
| 50% of participants not residing in <b>stable housing</b> at admission will live in stable housing one year following discharge.               | ▪ 100% housed one year following discharge. |
| 100% of participants not employed at admission will be provided employment assistance within 180 days of program admission.                    | ▪ 100% provided employment assistance.      |
| 100% of participants seeking <b>employment</b> have full or part time employment one year following discharge.                                 | ▪ 100% provided employment assistance.      |
| 100% of eligible program participants will be assisted in applying for <b>social security</b> or other benefits.                               | ▪ 100% assisted.                            |
| 80% of participants shall be <b>diverted</b> from a state mental health treatment facility.  | ▪ 100% diverted.                            |
| 60% reduction in the <b>mental health symptomology</b> for participants with a diagnosed mental health condition within 180 days of admission. | ▪ 79% reduction in symptomology.            |

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

Manatee County Sheriff's Office (MCSO) reports an average of \$73.95 per day per inmate with average of 34 days served in jail for misdemeanor charges. If not diverted to CTC, the 93 program participants would have otherwise incurred 93 arrests for a cost to the County of approximately \$165,056. To demonstrate this impact, the CJMHSA TAC multiplied the average cost per day (\$73.95) with the average days in jail serviced (34) with the total arrests that may have been incurred by participants (93).

Moreover, since inception there have been 64 arrests by program participants. There were 59 clients in CTC with misdemeanor charges. It is estimated, based on their recidivism histories, these clients would have resulted in many more arrests/re-arrests over this period, if not enrolled in CTC.



## 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

Since inception of the grant program, Manatee CTC has served 93 participants, with all participants at risk for commitment to the state hospital. The average cost for civil state hospitalization is \$303 per day. The services provided through CTC Manatee diverted participants from admission to state hospitals, therefore costs to taxpayers were averted. In addition to keeping people in the community for treatment, the grantee reports a potential cost savings of \$2,424 per individual related to state hospitalization. The grantee assumed an average hospital stay of 8 days, with an estimated cost avoidance of \$225,432 for 93 participants ( $\$303 \text{ per day} \times 8 \text{ days} = \$2,424 \times 93 \text{ participants} = \$225,432$ ).

LH819 Centerstone of Florida



The dedicated CTC team provided support, helping overcome substance use disorder, self-doubt, and regret. Beyond emotional healing, CTC addressed financial struggles, securing employment, aiding in educational re-enrollment, and facilitating the restoration of a driver's license.



*"They gave me a fight"*  
- CTC Client

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

As of June 30, 2023, Centerstone Manatee expended/leveraged \$642,286.93 or approximately 48% of the three-year match commitment for their CJMHSA Reinvestment grant. Centerstone applies matching funds to support staff salaries and participant support costs.

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## Centerstone Of Florida (Sarasota County) (LHZ84)

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Centerstone's grant program for Sarasota County, the Sarasota County Reinvestment Project Expansion (SRP2).

| <b>START:</b>    | <b>END:</b>      | <b>AWARD:</b> | <b>TIME FRAME:</b> |
|------------------|------------------|---------------|--------------------|
| February 1, 2020 | January 31, 2023 | \$1,200,000   | 3 years            |

### Target Population

The target population for the Comprehensive Treatment Court (CTC) was 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 SRP2 expansion was a diversion program providing substance use and mental health treatment to adults at risk of entering the system and to those in the criminal justice system. The CTC was developed and was the SRP2's primary focus. The CTC partnered with Centerstone to provide case management, therapy, medication management, benefits enrollment, and housing assistance services for four months or more after admission. Several program partners and collaborators were utilized such as First Step of Sarasota, The Salvation Army, Coastal Behavioral Health, etc. Services were provided 24-hours-a-day and 7-days-a-week (including holidays) and were supported by an on-call phone service that is answered 24 hours/day.

SRP2 allowed adults to voluntarily enter the program after arrest. The enrollment was based upon a CTC entry process which was coordinated by the criminal justice system and Centerstone. Referrals received from law enforcement, medical professionals, pre-trial services personnel, defense attorney, court personnel, or family. The recommendation to enter the program was determined by the results of the Correctional Mental Health Screen (CMHS), assessment of competence, and crime eligibility.

The public defender/private attorney and the state attorney conducted in-jail screening. SRP2 enhanced the screening process with utilization of an evidence-based tool, the Global Appraisal of Individual Needs (GAIN Q-3) administered by behavioral health professionals to develop Individual Treatment Plans. Within 72 hours, the Public Defender's Office conducted assessments to identify immediate service needs. For potential participants, prosecutors determined if 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 engaged 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 received comprehensive, coordinated care, which addressed mental health and/or substance abuse issues through case management, therapy, psychiatric, and nursing services. Student interns provided added support and additional group counseling for the program participants. Case managers maintained open communication with the Court Mental Health Liaison. CTC participants were referred for treatment at community-based programs. Clients had more consistent attendance for court hearings via tele-video. Successful completion of the CTC program was dependent upon a participant's compliance and progress as well as their transition to the long-term plan for mental health wellness and stability.

### Goals/Objectives

The primary goal of the program is to divert adults who have a history of criminal justice involvement from reentering the criminal justice system (and potentially, state mental health facilities) and provide an alternative path with community-based treatment services.

Centerstone's objectives included:

1. Implementing and expanding treatment services and diversion initiatives.
2. Creating and encouraging collaboration among key stakeholders in implementing and providing ongoing oversight and quality improvement of activities.
3. Shifting identification, care, and treatment of the target population from the criminal justice system into the behavioral healthcare system.
4. Utilizing evidence-based tools, programs, and models to identify and provide comprehensive treatment and support services.
5. Developing 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
- ▶ Brief Jail Mental Health Screen (BJMHS)
- ▶ Cognitive Behavioral Therapy (CBT)
- ▶ Columbia Suicide Severity Rating Scale (C-SSRS)
- ▶ Correctional Mental Health Screen for men and women (CHMS-M; CHMS-W)

- ▶ Crisis Intervention Teams (CIT)
- ▶ Functional Assessment Rating Scale (FARS)
- ▶ Global Appraisal of Individual Needs (GAIN Q-3)
- ▶ Housing First model
- ▶ Individual Treatment Plans (ITP)
- ▶ Integrated Treatment for Co-occurring Disorders (ITC)
- ▶ Mental Health First Aid (MHFA)
- ▶ Motivational Interviewing (MI)
- ▶ Patient Health Questionnaire (PHQ-9)
- ▶ Risk-Need-Responsivity Level of Care Service Case Management Inventory (LS-CMI) (CTC personnel are trained and certified)
- ▶ Solution Focused
- ▶ SSI/SSDI, Outreach, Assist, and Recovery (SOAR) (all CTC personnel are SOAR certified)
- ▶ Tailored Individual Treatment Plans (ITP)

Number Served through January 31, 2023 (Year 3, Quarter 4)

| SRP/CTC                  | Program Year 1 | Program Year 2 | Program Year 3 | Program Lifetime |
|--------------------------|----------------|----------------|----------------|------------------|
| Number Served            | 96             | 43             | 62             | 201              |
| Number Served Target     | 79             | 79             | 79             | 237              |
| MHFA Training            | 61             | 132            | 0              | 193              |
| MHFA Training Target     | 10             | 10             | 10             | 30               |
| CIT Training (no target) | 72             | 22             | 30             | 107              |

Performance Measures

Outcome data for the performance measures reflect progress through Year 3, Quarter 4 (January 31, 2023):

| Measure  | Performance                    |
|--|--------------------------------|
| Less than 30% of participants shall be <b>arrested</b> while enrolled. | ▪ 18% arrested while enrolled. |

| Measure  | Performance   |
|--|---|
| Less than 30% of participants shall be <b>arrested</b> within one year following program discharge.  | <ul style="list-style-type: none"> <li>▪ 13% arrested following discharge.</li> </ul>                               |
| A minimum 50% of participants who do not reside in a <b>stable housing</b> environment at admission will reside in a stable housing environment within 90 days.  | <ul style="list-style-type: none"> <li>▪ 93% resided in stable housing.</li> </ul>                                  |
| A minimum 40% of participants will reside in a <b>stable housing</b> environment one year following program discharge.   | <ul style="list-style-type: none"> <li>▪ 49% resided in stable housing.</li> </ul>                                  |
| A minimum 40% of participants not <b>employed</b> and eligible for employment at admission will be employed full or part-time within 180 days of admission.  | <ul style="list-style-type: none"> <li>▪ 86% employed.</li> </ul>   |
| A minimum 40% of participants who are eligible for <b>employment</b> will be employed full or part-time one year following program discharge.  | <ul style="list-style-type: none"> <li>▪ 84% employed.</li> </ul>   |
| A minimum 90% of participants will be assisted by the grantee (or subgrantee) in applying for <b>Social Security or other benefits</b> for which they may have been eligible but were not receiving them at admission. | <ul style="list-style-type: none"> <li>▪ 94% assisted in applying for Social Security or other benefits.</li> </ul> |
| A minimum 80%of participants will be diverted from commitment to a <b>state mental health treatment facility</b> .   | <ul style="list-style-type: none"> <li>▪ 91% diverted.</li> </ul>   |
| A minimum 60%of participants will have <b>reduced mental health symptomatology</b> within 180 days of admission based on pre-and-post assessment test results.   | <ul style="list-style-type: none"> <li>▪ 81% reduced mental health symptomatology among participants.</li> </ul>    |

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

CTC was able to measure cost savings in Sarasota County. With a total of 121 arrests one year prior to entry into the program, Sarasota County Government reported a \$2,000 cost for each arrest to process individuals (arrest, booking, and first appearance), the cost for Sarasota County was \$242,000. Then, using the same \$2,000 per arrest, these 64 individuals incurred 13 arrests while in the program, with a total cost of \$26,000. In the year after discharge for positive graduates (7), there have been 2 arrests. To show the financial impact due to programming, we subtracted cost for the year after discharge and arrests that occurred while in programming from the cost one year prior to admission (\$242,000-\$26,000). This approximates \$216,000 savings to Sarasota County in year 3 quarter 4.

### \$216,000 Cost Savings

In year three, quarter four, cost-savings was estimated at \$216,000 to Sarasota County, when subtracting the cost for the year after discharge and arrests that occurred while in the program for the cost one-year prior to admission.

|                             | # Arrests among CTC Clients | Associated Cost (\$2,000 per arrest) |
|-----------------------------|-----------------------------|--------------------------------------|
| One year prior to admission | 121 arrests                 | \$242,000                            |
| One year post-discharge     | 13 arrests                  | \$26,000                             |

## 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

CTC staff was able to divert one participant that was at risk for commitment to the state mental health treatment facility. This diversion occurred during year three quarter four of the grant. The services provided resulted in cost savings to taxpayers as the average cost of forensic state hospitalization is \$338 per day and the average cost for civil state hospitalization is \$303 per day.

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

As of January 31, 2023, Centerstone expended/leveraged \$1,760,000.58 or approximately 135% of the three-year match commitment for their CJMHTA Reinvestment grant. Local match funds support housing costs until participants can maintain rental costs without assistance. Matching funds also support client incidentals including medical services, medication, clothing food, and hygiene items.

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## Central Florida Cares Health System\* (Brevard County) (LH835)

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Central Florida Cares Health System's (CFCHS) grant program for Brevard County, the Adult Co-Responder Team.

| <b>START:</b> | <b>END:</b>    | <b>AWARD:</b> | <b>TIME FRAME:</b> |
|---------------|----------------|---------------|--------------------|
| May 1, 2022   | April 30, 2025 | \$1,143,847   | 3 years            |

### Target Population

The target population for the Adult Co-Responder Team (CRT) is adults over 24 years of age residing or located within the Melbourne Police Department (MPD) jurisdiction, who have a mental illness, substance use disorder, and/or co-occurring disorders and who are at in, or at risk of entering, the criminal justice system. Subpopulations the program will target may include those who also are:

- ▶ Experiencing homelessness or unstable living conditions,
- ▶ Have a history of victimization or abuse, or
- ▶ Have high arrest recidivism rates.

### Program Design/Model

The Adult CRT, also referred to in grantee reports as the Mobile Response Team/Melbourne Response Team (MRT), provides 365 days a year, 24 hours a day, seven days a week community crisis intervention services for adults who are experiencing a mental health crisis. The initial response supports initial crisis stabilization, gathers clinical information to inform care, and administers clinical measures.

The CRT program subcontracts with Brevard Family Partnership to support clinical staff. A master's level therapist co-responds to individuals in crisis with a law enforcement officer. The therapists are

CFCHS's grant program partners are tracking data measures to capture:

#### Melbourne PD

- Number of calls involving individuals with mental illness
- Number of calls resulting in a Baker Act
- Number of suicide-related deaths
- Number of calls resulting in a Marchman Act

#### Brevard Family Partnership/Brevard CARES

- Total number of MRT responses
- Total number of MRT cases assigned
- Organizations that assisted MRT with services and medical treatment
- Number of individuals MRT assisted who were homeless
- Number of repeat cases of MRT cases

physically co-located with the MPD officers. The CRT program includes two therapists, two care coordinators, and one peer support recovery specialist.

Services provided by the CRT include on-site evaluation and assessment, crisis intervention, counseling and facilitation of stabilization services, case management, supportive crisis counseling, education and development of coping skills, linkage and referral, follow-up as needed to promote crisis resolution, care coordination (not to exceed 45 days), and peer support. Based on individualized needs, services may also include continued crisis stabilization, screening, and assessment to determine acuity level, supportive counseling, strengthening of supports, addressing trauma exposure, and care coordination through a warm hand-off to psychiatric evaluation and medication management.

### Goals/Objectives

The primary goal of the Adult CRT is to increase public safety and reduce criminal justice costs in Brevard County, MPD jurisdiction, by diverting individuals with mental health, substance use, and/or co-occurring disorders from jails or a forensic state hospital. A secondary goal is to enhance access to comprehensive, evidence-based treatment and recovery support services for individuals with mental illness and/or substance use disorders who are in, or at risk of entering, the criminal justice system.

CFCHS's three objectives included:

1. Implement the Adult CRT
2. Create and encourage collaboration among key stakeholders
3. Increase access to coordinated care, person-centered treatment, and recovery support services
4. Increase the number of CIT-trained officers in Melbourne Police Department

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

- ▶ Co-Responder Model
- ▶ Mobile Response Team (MRT)
- ▶ Peer Support Recovery Specialist
- ▶ Crisis Intervention Teams (CIT)

#### LH835 Central Florida Cares Health System



Melbourne Response Team (MRT) received a Certificate of Commendation from the MPD Chief, recognizing its outstanding contributions. The MPD highlighted the significant reduction in workload for patrol officers and the Community Services Division, showcasing the MRT's effectiveness in managing a high call volume. This accolade has attracted interest from other municipal Police Departments.



- ▶ Columbia Risk and Protective Factors (C-SSRS) survey instrument
- ▶ SAFE-T Protocol

Number Served through July 31, 2023 (Year 2, Quarter 1)

| Adult Co-Response Team                          | Program Year 1 | Program Year 2 | Program Year 3 | Program Lifetime |
|---|----------------|----------------|----------------|------------------|
| # 911 Dispatch Calls Responded                  | 227            | 87             | NA             | 314              |
| # 911 Dispatch Calls Response Target            | 250            | 350            | 500            | 1100             |
| # Persons Receiving On-Site Assessment          | 86             | 59             | NA             | 145              |
| # Persons Receiving On-Site Assessment Target   | 225            | 315            | 450            | 990              |
| # Persons Referred for Follow-Up Services       | 72             | 51             | NA             | 123              |
| # Persons Referred for Follow-Up Service Target | 150            | 350            | 500            | 1000             |
| # MPD LEOs Completing CIT Tx                    | 0              | 0              | NA             | 0                |
| # MPD LEOs Completing CIT Tx Target             | 4              | 4              | 4              | 12               |

Performance Measures

Outcome data for the performance measures reflect progress through July 31, 2023 (Year 2, Quarter 1).

| Measure   | Performance   |
|---|---|
| 90% of 911 dispatch calls involving adults in crisis will receive an <b>on-site assessment</b> .  | <ul style="list-style-type: none"> <li>75% received an on-site assessment.</li> </ul>       |
| 65% of adults who received an on-site assessment will be <b>referred to community-based services for follow-up</b> assessment and treatment services. | <ul style="list-style-type: none"> <li>90% referred to community-based services.</li> </ul> |
| 65% of adults will <b>not be arrested while receiving follow-up treatment</b> services.   | <ul style="list-style-type: none"> <li>99% were not re-arrested.</li> </ul>                 |
| 70% of adults will <b>successfully complete program services</b> .  | <ul style="list-style-type: none"> <li>87% successfully completed program.</li> </ul>       |

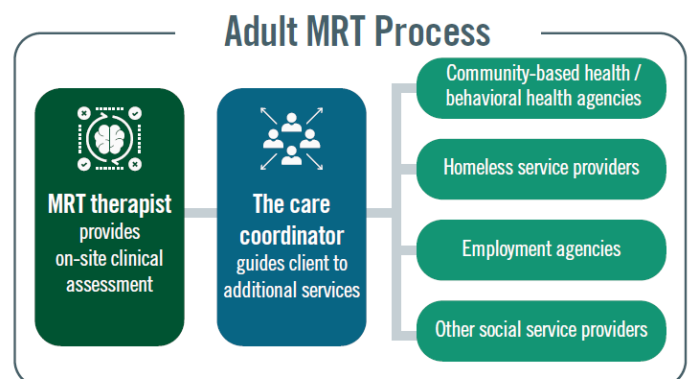
| Measure  | Performance  |
|--|--|
| 65% of adults will be <b>diverted from the emergency room or hospital admission.</b>         | ▪ 89% diverted.  |
| 65% of adults will be <b>diverted from crisis stabilization unit admission.</b>              | ▪ 82% diverted however the program was only operational for two weeks at the time this data was collected. |
| 75% of adults will be diverted from <b>state mental health treatment facility admission.</b> | ▪ 93% diverted.  |
| 75% of the MDP law enforcement officers will successfully <b>complete CIT training.</b>      | ▪ The grantee has training scheduled for Y2Q2.   |

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

To demonstrate the effect of the grant program on the expenditures of the police department, jail and prison systems, and state hospital commitments, CFCHS is developing return on investment (ROI) data spreadsheets to calculate cost-savings for those who are diverted by the CRT. The ROI will be submitted within year 2 quarterly reports.

### 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

By the end of year two, quarter one (May 31, 2023 - July 31, 2023), the Melbourne Response Team program connected 51 adults into community-based services. The Melbourne Response Team care coordinators provide support for individuals to access which services best serve their personal goals and discuss the availability of services. Warm hand offs are provided to increase the likelihood that participants will follow up with service providers.



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

As of July 31, 2023, CFCHS expended/leveraged \$116,946.15 or approximately 9% of the three-year match commitment of \$1,303,353.95 for their CJMHSA Reinvestment grant. Matching funds contributed by MPD contributed to decreased wait times for crisis calls involving adults and allowed officers to spend less time on the scene.

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## Central Florida Cares Health System\* (Osceola County) (LH830)

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Central Florida Cares Health System’s grant program for Osceola County, the expansion of the Osceola County Jail Reentry Program (EMERGE).

| <b>START:</b> | <b>END:</b>       | <b>AWARD:</b> | <b>TIME FRAME:</b> |
|---------------|-------------------|---------------|--------------------|
| March 1, 2022 | February 28, 2025 | \$914,595     | 3 years            |

### Target Population

The target population for the EMERGE program are adults who are “at-risk” of involvement in the criminal justice system and have factors associated with possible criminal behavior including:

- ▶ Homelessness
- ▶ Unstable living conditions
- ▶ History of substance use, mental health and/or involvement in the justice system
- ▶ Released from jail
- ▶ Released from a forensic facility

### Program Design/Model

EMERGE is a three-phase post-discharge community reentry program for those released from Osceola County Corrections Department. The three phases are assessment, reintegration preparation and treatment tracks, and post-release. Individuals are assessed using the Ohio Risk Assessment System (ORAS) in jail during the initial 48-hour stay in the intake unit. If an individual is released prior to completion of screening, they are provided with information about community services but are not eligible for program enrollment. Individuals with prior convictions who screen as moderate or high risk and express interest in the program will move to assessment phase. During the assessment phase in the first two weeks of jail, individuals will be screened using the ORAS, DAST-10, TCU CTS, and URICA. Individuals who remain in jail and assess as moderate to high risk, and volunteer to participate in the program move to the reintegration preparation phase.

During the reintegration phase, individuals engage in curriculum including topics such as addiction, budgeting, employment, and homelessness, as



**EMERGE Team Members:**

- Individual/consumer
- Peer recovery support specialist
- Reentry specialist
- Care coordinator

well as group and individual therapy sessions while they start their individualized transition plan. Individuals are then placed into a CBT track to begin in jail and complete in the community upon release. Those who assess as high need for treatment for a moderate to severe substance use disorder based on a DAST-10 are placed in the “A New Direction” treatment track that lasts 6 months. Those who assess as high need for treatment for antisocial attitudes/criminal thinking are placed in the “Thinking for a Change” treatment track, whose curriculum was developed by the National Institute of Corrections to change the criminal thinking of offenders. Individuals who are not assessed as high need in substance use or criminal thinking move directly to the reentry planning phase and will have access to need-based interventions such as in-jail parenting and employment classes.

All program participants across the treatment tracks will complete a reentry transition plan with their case manager/reentry specialist and prior to release will meet their assigned care coordinator, and peer support specialist to develop a coordinated plan for reentry.

Upon release from Osceola County Corrections Department, the care coordinator will remain the primary contact for clients as they transition into the community. The care coordinator may assist in enrolling in services such as employment/education, housing, and mental health and substance use treatment. EMERGE also supports wraparound services such as assistance with food, clothing, housing, education, benefits, and healthcare. They also have access to Open Table, a community-based mentoring program.

EMERGE providers include Turning Point, Transition House, and Park Place Behavioral Health.

## Goals/Objectives

The goals include:

1. Implement the expansion of the EMERGE Program
2. Increase collaboration and communication among key stakeholders and community members to review program implementation to include oversight and quality improvement activities
3. Develop employment and reintegration outcomes and engage community partners

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

- ▶ Peer Support
- ▶ Wraparound Services

- ▶ ORAS SRT Pre-Screening Tool
- ▶ URICA Motivational Assessment
- ▶ ORAS Supplemental Re-entry Tool (ORAS-SRT)
- ▶ Texas Christian University Criminal Thinking Scales (TCU-CTS)
- ▶ Drug Abuse Screening Tool (DAST-10)

Number Served through August 31, 2023 (Year 2, Quarter 2)

| Emerge                                     | Program Year 1 | Program Year 2 | Program Year 3 | Program Lifetime |
|--|----------------|----------------|----------------|------------------|
| Number Served                              | 52             | 22             | -              | 74               |
| Number Served Target                       | 45             | 55             | 65             | 165              |
| Forensic Day Services Number Served        | 52             | 11             | -              | 63               |
| Forensic Day Services Number Served Target | 45             | 55             | 65             | 165              |

Performance Measures

Outcome data for the performance measures reflect progress through August 31, 2023 (Year 2, Quarter 2).

| Measure   | Performance                                   |
|---|---|
| A minimum 75% of individuals will not be <b>arrested</b> while participating in the program.  | ▪ 84% not arrested.                           |
| A minimum 65% of individuals will not be re- <b>arrested</b> within 180 days of discharge from the program.                         | ▪ 65% not arrested after discharge.           |
| A minimum 75% of individuals will be <b>connected to housing services</b> .   | ▪ 56% connected to services.                  |
| A minimum 75% of individuals will be <b>connected with a resource’s career source/employment services</b> , education; or benefits. | ▪ 85% connected to services.                  |
| A minimum 75% of individuals will be <b>connected with physical health services</b> within 60 days of reentry.                      | ▪ 100% connected to physical health services. |
| A minimum 65% of individuals will <b>attend the first appointment</b> to community-based services.                                  | ▪ 100% attended first appointment.            |

| Measure  | Performance   |
|--|---|
| A minimum 75% of individuals will be <b>diverted</b> from the state mental health facility.  | <ul style="list-style-type: none"> <li>▪ 100% diverted.</li> </ul>                              |
| 100% of participants will be <b>connected to community-based services</b> as identified in their assessment (ORAS, DAST, TCU, CTS, and URICA). | <ul style="list-style-type: none"> <li>▪ 100% connected to community-based services.</li> </ul> |

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

Through the nature of the EMERGE program, participants are engaged in case management and clinical services that serve to positively impact individuals reentering the community from Osceola County Corrections Department. Through this program, there is increased service coordination and collaboration to prevent recidivism among the target population of individuals who are at a high-risk for reoffending and who have mental health, substance use and/or co-occurring disorders.

### 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 EMERGE program enhances the availability and accessibility of services for program clients by connecting them with resources such as employment, education, housing, and mental health and substance use services as well as implementation of wraparound support services for assistance with basic needs such as food, clothing, housing, and assistance with applying for benefits. Linkages to services are based on needs identified in their reentry plan. Among clients enrolled, there have been no admissions to the 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 May 31, 2023, CFCHS expended/leveraged \$306,265.75 or approximately 32% of the three-year match commitment of \$952,069.56 for their CJMHSA Reinvestment grant.

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## Collier County (LH823)

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Collier County’s grant program, Justice Medication-Assisted Treatment Program (CMAT TEAM).

| <b>START:</b>     | <b>END:</b>        | <b>AWARD:</b> | <b>TIME FRAME:</b> |
|-------------------|--------------------|---------------|--------------------|
| October 18, 2021* | September 30, 2024 | \$1,200,000   | 3 years            |

### Target Population

Collier County’s Justice Medication-Assisted Treatment Program (CMAT TEAM) serves inmates in the Collier County Jail. The target population for this project is inmates who report receiving medication-assisted treatment at the time of arrest, or within the previous 12 months, are actively using opioids at the time of arrest, or have a substance use disorder.

### Program Design/Model

The CMAT TEAM project screens all inmates at the Collier County jail for meeting MAT criteria through a brief assessment and medical screening. Once identified, the participant is provided with clinically appropriate medication to treat their opioid and/or substance use disorder. A MAT Care Coordinator connects with participants prior to release to facilitate their continued access to MAT following discharges. The Care Coordinator and Peer Recovery Specialist provide participants with MAT education services and overdose prevention training. Prior to release, the Collier County Sheriff’s Office (CCSO) Discharge Planner ensures that all MAT participants are provided with an overdose reversal kit and instructed with a video on NARCAN administration. The project is a collaborative effort between CCSO, David Lawrence Center, Metro Treatment of Florida, and Armor Healthcare. Upon release, the MAT Care Coordinator arranges community provider appointments to ensure continuity of care and case management services. Clients are considered “open” in the program up to 90 days post release.

#### LH823 Collier County



The MAT jail program in Collier County has yielded positive outcomes, showcasing its effectiveness. A participant, upon rejoining, exhibited notable improvement and actively pursued employment. Another, now a receptionist at a local A/C company, affirmed her commitment to sobriety. A third individual, sober for over a year, resides in a Cape Coral sober house, actively engaging in meetings and successfully navigating reentry. Moreover, a MAT participant who disclosed being a victim of human trafficking received crucial support. Coordinated efforts led to her enrollment in an out-of-state treatment facility, where she graduated, pursued education, and now assists others with similar experiences.



## Goals/Objectives

The primary goals of the program are to increase public safety, avert increased justice system spending, and increase access to effective, evidence-based community treatment services and resources for Collier County adult inmates who have a substance use disorder (SUD) or co-occurring SUD and mental health disorders. The program aims to improve access to behavioral health services for individuals in the criminal justice system with a mental illness; and to reduce the length of pre- and post-sentenced incarceration and reduce recidivism among the target population.

The primary objectives of the program include:

1. Establish Programs and Initiatives
2. Collaboration
3. Improved Quality of Life

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

- ▶ Medication Assisted Treatment (MAT), including jail-based MAT
- ▶ Peer Recovery Specialists
- ▶ Motivational Interviewing
- ▶ TCU Drug Screen 5

## Number Served through June 30, 2023 (Year 2, Quarter 3)

| CMAT TEAM                                 | Program Year 1 | Program Year 2 | Program Year 3 | Program Lifetime |
|---|----------------|----------------|----------------|------------------|
| Inmates Receiving Program Services        | 57             | 71             | NA             | 128              |
| Inmates Receiving Program Services Target | 100            | 100            | 100            | 300              |

## Performance Measures

Outcome data for the performance measures reflect progress through June 30, 2023 (Year 2, Quarter 3).

| Measure   | Performance     |
|---|-----------------|
| 40% or less <b>arrests</b> among program participants released from jail while enrolled.      | ▪ 1% arrested.  |
| 50% or less <b>arrests</b> among program participants within six-months of program discharge. | ▪ 28% arrested. |

| Measure  | Performance   |
|--|---|
| 25% of program participants who are determined eligible for <b>social security</b> or other benefits that they are not receiving shall be assisted in applying for benefits. | <ul style="list-style-type: none"> <li>64% assisted.</li> </ul>   |
| 50% of program participants <b>diverted</b> from a state mental health treatment facility.   | <ul style="list-style-type: none"> <li>There were no participants who met criteria for state mental health treatment facility admission.</li> </ul> |
| 40% of participants successfully <b>discharged</b> following release from jail.  | <ul style="list-style-type: none"> <li>66% successfully discharged.</li> </ul>  |
| 50% of participants <b>receiving in-jail MAT</b> will attend community MAT appointment within 5 business days of release.  | <ul style="list-style-type: none"> <li>95% attended appointment within 5 days.</li> </ul>   |

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

The program reports a reduction in the amount of withdrawal protocols needed for individuals on MAT when arrested. This in turn has resulted in additional human resource time for Armor nursing staff and reduced costs associated with medical interventions for withdrawal management (transport to hospitals, medications etc.).

**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 program has assisted individuals in need of MAT on their paths to recovery and expanded MAT access to those interested in receiving MAT while incarcerated. As the program aims for a decrease in recidivism among this population as more individuals have access to evidence-based treatment for their SUD and Opioid Use Disorder (OUD). The program has also increased collaboration between involved parties, including Armor, CCSO, and the David Lawrence Center. This increases opportunities for strong care coordination and case management for shared participants.

**CMAT TEAM Case Study**

In recent cases the case manager has been able to coordinate follow-up appointments and transport the client to the appointment to ensure compliance. With the combination of starting MAT in the jail and advocacy from the case manager, the participants' success rates in integrating back into society have been higher. This has been a collaborative approach between DLC and Armor staff.

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

As of June 30, 2023, Collier County expended/leveraged \$547,039.72 or approximately 46% of the three-year match commitment for their CJMHSA Reinvestment grant. Collier County applies matching funds to support staff and provide MAT medications and indicates that the match contribution doubles the capacity for clients served.

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## EPIC Behavioral Healthcare (St. Johns County) (LHZ83)

EPIC Behavioral Healthcare’s (EPIC) grant program, the St. Johns County Jail-Based EPIC Transition (JET) Program.

| <b>START:</b>  | <b>END:</b>   | <b>AWARD:</b> | <b>TIME FRAME:</b> |
|----------------|---|---------------|--------------------|
| July 10, 2019* | June 30, 2022<br>no cost extension<br>until September 30,<br>2022 | \$1,200,000   | 3 years            |

### Target Population

The target population was adults, 18 years of age or older who have a mental health, substance use, and/or co-occurring mental health and substance use disorder; who are sentenced to jail or about to be sentenced to jail; and are considered high utilizers of criminal justice and behavioral health services.

### Program Design/Model

The St. Johns County JET Program was a care transition program for individuals discharged from the St. Johns County Jail. The JET Program developed and implemented care coordination to reduce recidivism among program participants. Program staff improved their transition into the community through providing coping skills training, conducting discharge planning prior to release from jail, providing behavioral health treatment and linkages to appropriate services when they return to the community. The JET Program supported pre-booking diversion through Crisis Intervention Team (CIT) training, in-jail treatment, and post-booking diversion through the problem-solving courts such as Adult Drug Court and Veteran’s Treatment Court. The JET Program reported more than thirty (30) partners that directly support program participants or serve as key stakeholders in the program’s implementation.



## Goals/Objectives

The primary goal of this grant program was to expand diversion programs for adults 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.

EPIC's grant objectives included:

1. Increase public safety, avert increased spending on the criminal justice system, and improve the accessibility and effectiveness of treatment services.
2. Create and encourage collaboration among key stakeholders.
3. Improve individual reintegration outcomes for JET participants through access to evidence-based substance use and mental health treatment strategies.
4. Provide evidence-based trainings to JET program staff, law enforcement, partners, and community stakeholders, to enhance intervention and assessment skills to better identify people that may be at risk for mental health or substance use problems.

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

- ▶ Medication Assisted Treatment (MAT)
- ▶ Peer Recovery Specialists
- ▶ Crisis Intervention Teams (CIT)
- ▶ Serenity, Integrity, Goals, Hope, and Trust (SIGHT)
- ▶ Proxy Risk Triage Screener
- ▶ Patient Health Questionnaire 9 (PHQ-9)
- ▶ Columbia-Suicide Severity Rating Scale (C-SSRS)
- ▶ Drug Abuse Screening Test (DAST)
- ▶ Alcohol Use Disorders Identification Test (AUDIT)
- ▶ Generalized Anxiety Disorder-7 (GAD-7)
- ▶ Daily Living Activities (DLA-20)
- ▶ Level of Care Utilization System (LOCUS)
- ▶ American Society of Addiction Medicine (ASAM)
- ▶ Suicide Severity Rating Scale (C-SSRS)

- ▶ Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- ▶ Life Events Checklist (LEC)
- ▶ Ohio Risk Assessment System: Pre-Trial Assessment Tool (ORAS-PAT)
- ▶ Question, Persuade, Refer (QPR) Suicide Prevention Program

Number Served through September 30, 2022 (Year 3, Quarter 5)\*

\*Grantee has no cost extension through 9/30/2022

| JET Program            | Program Year 1 | Program Year 2 | Program Year 3 | NCE (7-9/2022) | Program Lifetime |
|------------------------|----------------|----------------|----------------|----------------|------------------|
| Number Enrolled        | 40             | 49             | 70             | 15             | 174              |
| Number Enrolled Target | 45             | 60             | 60             | 10             | 175              |
| Total Trainings        | 29             | 20             | 34             | 4              | 87               |
| Total Trainings Target | 4              | 4              | 4              | 1              | 13               |

Performance Measures

The outcomes listed below reflect progress through September 30, 2022 (Year 3, Quarter 5).

| Measure   | Performance                 |
|---|-----------------------------|
| 50% reduction in number of <b>arrests</b> among program participants while enrolled in the program compared to one-year period prior to program admission.                                | ▪ 81% reduction in arrests. |
| 50% reduction in the total number of <b>arrests</b> among participants within the one-year period following program discharge compared to the one-year period prior to program admission. | ▪ 85% reduction in arrests. |
| 70% of participants not residing in a <b>stable housing</b> environment at program admission will reside in a stable housing environment within 90 days of program admission.             | ▪ 86% in stable housing.    |

| Measure   | Performance   |
|---|---|
| 80% of participants in Y1 and Y2 not residing in <b>stable housing</b> at program admission will report living in stable housing one year following program discharge.    | <ul style="list-style-type: none"> <li>48% in stable housing one year following discharge.</li> </ul> |
| 70% of participants in Y3 not residing in <b>stable housing</b> at program admission will report living in stable housing by the program end date.                        | <ul style="list-style-type: none"> <li>No data collected.</li> </ul>                                  |
| 60% of participants not <b>employed</b> at program admission are employed full or part-time within 180 days of program admission.   | <ul style="list-style-type: none"> <li>83% employed.</li> </ul>                                       |
| 50% of participants not <b>employed</b> at program admission are employed full or part-time within one year of program admission.   | <ul style="list-style-type: none"> <li>61% employed.</li> </ul>                                       |
| 100% of participants assisted in applying for <b>Social Security or other benefits</b> for which they may have been eligible but were not receiving at program admission. | <ul style="list-style-type: none"> <li>71% assisted in applying for benefits.</li> </ul>              |
| 75% of participants shall complete a minimum of one <b>life skills training</b> series.   | <ul style="list-style-type: none"> <li>66% completed at least one life skill training.</li> </ul>     |
| 75% of participants who are assessed in need of additional <b>educational trainings</b> , enroll, and complete the trainings.   | <ul style="list-style-type: none"> <li>88% completed education trainings.</li> </ul>                  |

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

Based on JET program data thorough June 30, 2022, recidivism rates decreased from 52% in the one year prior to program enrollment to 18% for those enrolled in the program. The total number of arrests accumulated by program participants in the year prior to enrollment was 327 which is about 2 arrests per person, and .34 per person while enrolled in the program. Of the 53 participants who have been out of the program for more than one year, they have accumulated a total of 24 arrests which is 0.45 arrests per person.

## 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

JET program clients received increased access to services which has decreased recidivism rates among the 46 clients who have been successfully discharged. Additionally, between July and September 2022, the JET Program provided care coordination to 65 clients upon release. The care coordinator provided referrals to housing such as sober living programs and emergency housing, education, food pantry, benefits applications, and employment. The care coordinator also connected clients to MAT services, psychiatric services, and EPIC's Active Parenting classes. There have been no admissions to the state mental health treatment facility.

### Success Story

A JET Program participant, who is considered a program success, began in the SIGHT Program and then expressed interest in the JET Program. The participant was incarcerated for DUI, possession of cocaine, possession of drug paraphernalia, possession of a controlled substance, resisting an officer, and a moving traffic violation. Since enrollment in the JET Program, the client complied with weekly counseling, drug screening and has utilized care coordination services to get back on his feet. The client was released from the St. Johns County Jail and went to stay with his father. He obtained a job quickly and began helping his father maintain the home as his father is disabled. JET provided him with a cell phone and bicycle to assist with his transportation to work, and compliance with counseling and probation. The client quickly

obtained employment and started paying his court fees. He attended his weekly counseling and groups for SIGHT and was meeting all obligations. To date, he has completed SIGHT and is continuing to do well in his treatment and is maintaining a stable, drug free living environment. He had a minimal support system upon release and has utilized the JET team to build a support team around himself. He developed skills that have aided him in creating a lifestyle with a sober support system through his new community within the AA community and a routine that supports his sobriety. There is significant improvement in his mental health, substance use, physical health, positive relationships, and financial health since JET Program enrollment. This individual will continue working with the JET Program to strengthen the skills he has learned over the last year.

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

As of September 30, 2022, EPIC expended/leveraged \$1,447,165.79 or approximately 81% of the three-year match commitment. Match funds support care coordination and peer recovery specialist positions, transportation for JET clients, technical support for program personnel, and utilization of the Proxy Screen by St. Johns County Jail deputies.



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## Flagler County Board of County Commissioners (BOCC) (LH820)

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Flagler County’s grant program, the Flagler Youth and Young Adult Diversion Expansion Program.

| <b>START:</b>    | <b>END:</b>        | <b>AWARD:</b> | <b>TIME FRAME:</b> |
|------------------|--------------------|---------------|--------------------|
| October 5, 2021* | September 30, 2024 | \$1,200,000   | 3 years            |

### Target Population

The target population are youth and young adults up to age 25 who have a mental illness, substance use disorder, or co-occurring mental health and substance use disorders, and who are in or at risk of entering the criminal or juvenile justice systems.

### Program Design/Model

The Flagler Expansion Program expands CJMHSA services, diversion initiatives, and care coordination through a co-responder model in collaboration with Flagler County Sheriff’s Office (FCSO). Mental health professionals respond with sheriff’s deputies to mental health crisis calls, deescalate the situation to prevent a Baker Act or arrest and maintain safety for the youth and law enforcement officer.

The grant supports care coordination provided in Flagler Schools, to connect students to appropriate behavioral health services and monitor them until they are stable (Flagler County Schools); in the community after a Baker Act to ensure continuity of care and stabilization (Halifax Behavioral Health); in the community after a mental health incident with law enforcement or after multiple interactions with law enforcement (FCSO); to Flagler students with behavioral health needs as they enter adulthood to ensure continuity of care in the adult system (Flagler County Schools).

Moreover, the Restorative School Program supports an individually tailored treatment plan of mental health services and supports for Flagler students with behavioral health concerns who are at risk of entering or who are returning from commitment or a residential program.

### Goals/Objectives

The main objectives include:

1. Increase access for at risk youth and young adults to mental health and substance use interventions, prevent contact with the juvenile or adult justice system, and ensure successful post-justice involvement transition into appropriate school and community-based care.
2. Engage program partners, Public Safety Coordinating Council (PSCC), agencies, and community behavioral health providers in the Flagler Expansion Project to support adoption and adherence to shared values and goals, regular communication, data sharing and strategic partnership.

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

- ▶ Center for School Mental Health evidence-based screening instruments
- ▶ National Center for Mental Health and Juvenile Justice School Responder Model
- ▶ Community Action Teams (CAT)
- ▶ Cognitive Behavioral Therapy
- ▶ Law Enforcement/Mental Health Co-Responder Model

### Number Served through June 30, 2023 (Year 2, Quarter 3)

| Flagler Expansion Project | Program Year 1 | Program Year 2 | Program Year 3 | Program Lifetime |
|---------------------------|----------------|----------------|----------------|------------------|
| Number Screened           | 2,199          | 1,369          | NA             | 3,568            |
| Number Screened Target    | 200            | 300            | 300            | 800              |
| Number Served             | 89             | 84             | NA             | 173              |
| Number Served Target      | 40             | 55             | 55             | 150              |

### Performance Measures

Outcome data for the performance measures reflect progress through Year 2, Quarter 3 (June 30, 2023):


| Measure   | Performance   |
|---|---|
| 75% of participants, while enrolled in the program, will have <b>no arrests, or rearrests.</b>  | <ul style="list-style-type: none"> <li>▪ 96% not arrested.</li> </ul> |
| 85% of eligible participants will be assisted by the grantee in applying for <b>social security or other benefits</b> for which they may be eligible but were not receiving at program admission. | <ul style="list-style-type: none"> <li>▪ 100% assisted.</li> </ul>    |

|  |                                    |
|--|------------------------------------|
| 90% of program adult participants will be <b>diverted</b> from a state mental health treatment facility  | ▪ No youth eligible for diversion. |
| 80% of participants will <b>complete program services</b> .  | ▪ 81% completed program services.  |
| 75% of program completers, who are Flagler Schools students, will <b>demonstrate improvement</b> in attendance, behavior, or academic performance. | ▪ 77% demonstrated improvement.    |

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

The grantee did not report on this. However, through a co-responder model leveraged by Flagler County Sheriff’s Office and a mental health professional answering mental health crisis calls for youth and young adults in collaboration with Flagler County, Flagler Schools, and Halifax Health, the goal is to divert these youth from a Baker Act and/or involvement in the justice system. Therefore, this will have a positive impact on expenditures of the jail and juvenile detention center.

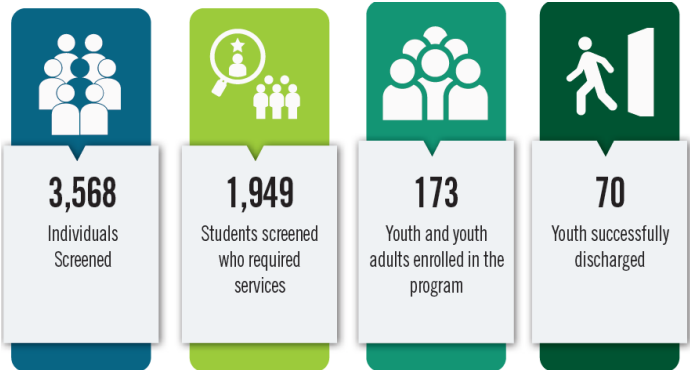
LH8201 Flagler County BOCC



In September 2022, 7-year-old "Student X" faced academic and behavioral challenges. By September 2023, "Student X" no longer engaged in these behaviors, thanks to collaborative community efforts. Ongoing support from multiple agencies, including HBS/CHS, Flagler Cares, and Easter Seals, played a pivotal role in linking services both on campus and in the home/community, ensuring "Student X" thrived throughout the MTSS process at school.

**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**

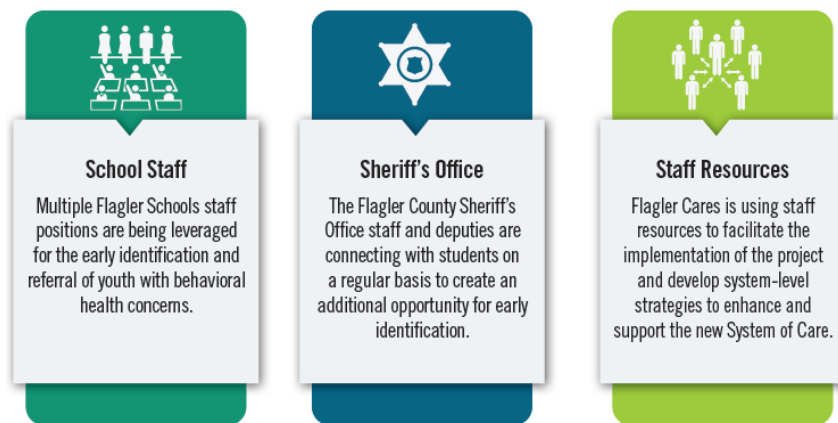
The Flagler Expansion Project increases access to community-based mental health and substance use services through access to services by engagement with the Co-responder Team or CAT Team as well as other community partners such as Halifax Health and SMA Healthcare. As of June 2023 (Year 2, Quarter 3), the project screened 3,568 youth and young adults for program enrollment. This demonstrates that the project continues to excel in identification, screening, and referrals for services.



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

As of June 30, 2023, Flagler County expended/leveraged \$708,133.59 or approximately 59% of their three-year match commitment. Matching funds support grant program infrastructure for identification, screening, referral, and service coordination. Flagler School staff positions are being leveraged for early identification and referral for youth with behavioral health concerns. Flagler County Sheriff's Office staff and deputies connect with students on a regular basis to create additional opportunities for early identification. Flagler Cares matching funds support implementation of the project to enhance and support the system of care.

Implementing partners have committed match to support the new infrastructure devoted to the identification, screening, referral and service coordination system:



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## Gadsden County Sheriff's Office\* (LHZ96)

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The Gadsden County Sheriff's Office (GCSO) grant program, Gadsden County Criminal Justice Diversion Program (GCCJDP).

| <b>START:</b> | <b>END:</b>   | <b>AWARD:</b> | <b>TIME FRAME:</b> |
|---------------|---|---------------|--------------------|
| May 1, 2020   | April 30, 2023 no<br>cost extension until<br>October 31, 2023 | \$1,200,000   | 3 years            |

### Target Population

The target population for the GCCJDP was adults 18 or older, who came in contact with law enforcement, were charged with a crime, brought to the jail for screening, were determined to have behavioral health issues, and were evaluated and determined to have a substance use disorder or co-occurring disorder.

### Program Design/Model

To promote diversion and reduce recidivism among the target population, the GCCJDP implemented post-booking alternatives to incarceration. The GCCJDP provided evidence-based screening for admission to the program, care coordination, HIV prevention services, and substance use treatment services. Evidence-based screenings conducted by the pre-trial release screener included Columbia Suicide Severity Rating Scale (C-SSRS), Drug Abuse Screening Tool 10 (DAST-10), Mental Health Screening Form III (MHSF-III), and biopsychosocial assessment. Additionally, the GCCJDP developed a multidisciplinary staff treatment team (MDST) to serve participants with co-occurring mental health and substance use disorders. The MDST was comprised of a licensed clinical social worker, substance use counselor, care coordinator, care coordinator supervisor, nurse, psychiatrist, and probation officer when applicable. Care coordination was contracted through FAMU and included assistance with applying for SOAR benefits, management of primary healthcare needs, identification of housing and employment, as well as HIV and sexually transmitted disease (STD) prevention services, and educational opportunities to develop case plans. The GCCJDP also provided Crisis Intervention Team (CIT) and trauma-informed care trainings to law enforcement and related grant personnel.

## Goals/Objectives

The major goal of the program was to divert persons with substance use disorders and co-occurring substance use and mental health disorders from incarceration and prevent further involvement in the criminal justice system.

The GCCJDP's three objectives included:

1. Establish programs and diversion initiatives that increase public safety; avert increased spending on criminal justice and improve the accessibility and effectiveness of treatment services for adults at-risk, or involved in, the criminal justice system with substance use disorders or co-occurring disorders.
2. Increase collaboration among key stakeholders in implementing and providing ongoing oversight and quality improvement activities.
3. Early identification of behavioral health issues among adults at-risk or involved in the criminal justice system,

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

- ▶ Crisis Intervention Teams (CIT)
- ▶ Multidisciplinary Treatment Team (MDST) approach
- ▶ Trauma-informed care
- ▶ Alcohol Use Disorder Identification (AUDIT)
- ▶ Beck Depression Inventory II (BDI-II)
- ▶ Cut Annoyed Guilty Eye (CAGE) test
- ▶ Drug Abuse Screening Test (DAST-10)
- ▶ Mental Health Screening Form- III (MHSF-III)
- ▶ Columbia-Suicide Severity Rating Scale (C-SSRS)
- ▶ SSI/SSDI Outreach, Access, and Recovery (SOAR)

## Number Served through July 31, 2023 (Year 3, Quarter 5)\*

\*Grantee has no cost extension through 10/31/2023

| GCCJDP               | Program Year 1 | Program Year 2 | Program Year 3 | NCE (5-7/2023) | Program Lifetime |
|----------------------|----------------|----------------|----------------|----------------|------------------|
| Individuals Enrolled | 37             | 47             | 45             | 10             | 139              |
| Enrollment Target    | 50             | 50             | 50             | 25             | 175              |

|                                    |    |    |    |    |     |
|------------------------------------|----|----|----|----|-----|
| HIV/STD Prevention Services        | 26 | 33 | 37 | 6  | 102 |
| HIV/STD Prevention Services Target | 25 | 25 | 25 | 15 | 90  |
| CIT Training                       | 2  | 3  | 3  | 0  | 8   |
| CIT Training Target                | 20 | 20 | 20 | -  | 60  |

### Performance Measures

Outcome data for the performance measures reflect progress through Year 3, Quarter 5 (July 31, 2023):

| Measure  | Performance   |
|--|---|
| Less than 30% of participants shall be <b>arrested</b> while receiving program services.   | <ul style="list-style-type: none"> <li>2% arrested.</li> </ul>  |
| Less than 20% of participants shall be <b>arrested</b> within one year following their program end date.   | <ul style="list-style-type: none"> <li>No participants were arrested within one year following end date.</li> </ul>             |
| 30% of participants not residing in a <b>stable housing</b> environment at their program start date shall report living in a stable housing environment within 90 days.                            | <ul style="list-style-type: none"> <li>50% in stable housing within 90 days.</li> </ul>   |
| 25% of participants not residing in a <b>stable housing</b> environment at their program start date shall report living in a stable housing environment one year following their program end date. | <ul style="list-style-type: none"> <li>7% in stable housing one-year following program end date.</li> </ul>                     |
| 20% of participants not employed at their program start date will be <b>employed</b> full or part-time within 180 days.  | <ul style="list-style-type: none"> <li>3% employed.</li> </ul>  |
| 20% of participants not employed at their program start date will be <b>employed</b> full or part-time one year following program end date.  | <ul style="list-style-type: none"> <li>9% reported full or part-time employment one year following program end date.</li> </ul> |
| 40% of eligible participants will be assisted in applying for <b>Social Security or other benefits</b> for which they may have been eligible but were not receiving at program start date.         | <ul style="list-style-type: none"> <li>62.5% assisted.</li> </ul>   |
| 10% of participants will be diverted from a <b>state mental health treatment facility</b> .  | <ul style="list-style-type: none"> <li>91% diverted.</li> </ul>   |

| Measure   | Performance   |
|---|---|
| 20% increase in the number of law enforcement officers receiving <b>Crisis Intervention Teams (CIT) training.</b> | <ul style="list-style-type: none"> <li>▪ 13% increase in law enforcement officers receiving CIT training (8/60 received training).</li> </ul> |

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

Gadsden County reported that the fiscal costs per day for a jail stay were \$52- \$55 per person. The maximum amount of time an individual can spend in the Gadsden County Jail is 366 days, which equates to approximately \$19,032 - \$20,130 per person. The use of a Pre-Trial Release Screener allows for eligible individuals who have behavioral health needs and or substance use issues to be routed to community-based treatment services at a more expedited pace. The GCCJDP implemented an evidenced-based screening tool within the booking process that helped to identify substance use issues early. The booking staff would present the information to the Behavioral Health Coordinator for further evaluation and linkage to community-based treatment. A combination of the pre-trial release eligibility screening process, substance use screening process, and behavioral health coordination demonstrated a direct impact on the reduction of jail costs over the course of the grant.

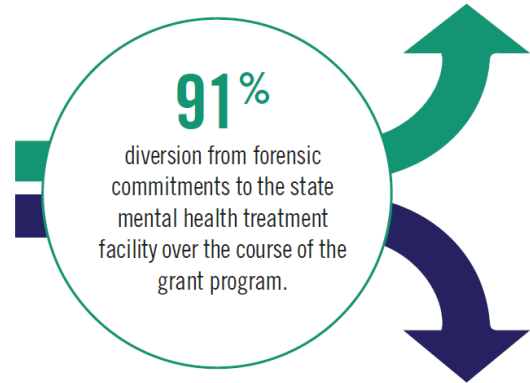
Following review of Gadsden County Jail data from the start of GCCJDP there was a notable decline in the number of individuals incarcerated. In May 2022 there were 1,250 individuals detained in the Gadsden County Jail. This affirms a significant decline in the inmate population. This is a 23% decrease from the jail census in May 2020 (1,620). Grant funding also increased the number of treatment-related staff in the jail by 120% with the addition of a Behavioral Health Coordinator at 80% level of effort and HIV Prevention Coordinator at 40% level of effort. The increase in treatment-related staff reduced the amount of time taken to identify substance use and mental health illnesses in the jail.



## 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 GCCJDP created a partnership between the Gadsden County Judicial Court system, Gadsden County Criminal Justice Systems, Gadsden County Health Department, and several community-based treatment providers. The grant program increased training and awareness of available services and the use of the new screening techniques. This reduced the rate of unnecessary incarceration and promoted community-based treatment.

There was a 91% diversion from forensic commitments to the state mental health treatment facility over the course of the grant program.



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

As of July 31, 2023, Gadsden County Sheriff's Office expended/leveraged \$904,988.72 or approximately 100% of the three-year match commitment for their CJMHSA Reinvestment grant. Local matching funds supported screening positions at the Gadsden County Jail as well as in-jail behavioral health treatment services for individuals not eligible for pre-trial release.

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## Hanley Foundation\* (Dixie County) (LH841)

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Hanley Foundation's grant program, Dixie Mental Health Services Project, serving youth and adults in Dixie County.

| <b>START:</b> | <b>END:</b>   | <b>AWARD:</b> | <b>TIME FRAME:</b> |
|---------------|---------------|---------------|--------------------|
| July 1, 2022  | June 30, 2025 | \$1,200,000   | 3 years            |

### Target Population

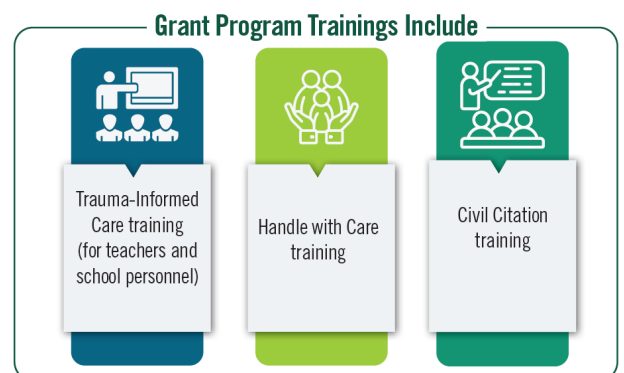
Individuals to be served by the Dixie Mental Health Services Project are juveniles and adults who are involved with, or at risk of involvement with the justice system, and have a mental illness, substance use disorder, and/or co-occurring disorder.

### Program Design/Model

The Dixie Mental Health Services Project implements a Mental Health and Teen Court pre-trial diversion program. Eligibility for Mental Health and Teen Court is limited to individuals with a third-degree misdemeanor or lower-level offenses. The treatment court process includes a pre-trial staffing to determine eligibility and an individualized needs-based treatment plan addressing the participant's mental health concerns. Then the court staffing convenes to approve and implement the treatment plan in lieu of jail time. The treatment plan includes referrals to behavioral health treatment and services as needed. Completion of a treatment plan is required to expunge charges, forgo trial, and time in jail or secure detention.

The grant program also coordinates trainings for school and law enforcement personnel in partnership with SEDNET, to include:

- Trauma-Informed Care training (for teachers and school personnel) to focus on the impact of trauma on a youth's development, behavior, and academic success.
- Handle with Care training (for teachers and school personnel) to focus on the model protocol that utilizes a strong relationship with law enforcement and schools to provide a protective environment for youth involved in law enforcement activities unrelated to their behavior.



- Civil Citation training (for school resource officers at each school) to focus on providing an alternative to arrest for juveniles, limited to low-level misdemeanors to prevent further delinquency and requires intervention to help improve youth outcomes.

### Goals/Objectives

The primary goal of this program is to promote public safety, reduction of recidivism, and access to services.

Major objectives of this grant include:

1. Implement services and diversion initiatives.
2. Create and encourage collaboration among key stakeholders.
3. Establish evidence-based trainings for school and law enforcement personnel.

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

- ▶ Youth Mental Health First Aid
- ▶ Trauma Informed Care
- ▶ QPR Suicide Prevention
- ▶ Mental Health Court
- ▶ Teen Court
- ▶ Handle with Care

Number Served through June 30, 2023 (Year 1, Quarter 4):

| Dixie MH Services Project   | Program Year 1 | Program Year 2 | Program Year 3 | Program Lifetime |
|---|----------------|----------------|----------------|------------------|
| # of Unduplicated Individuals Receiving Mental Health Court or Teen Court Services        | -              | -              | -              | -                |
| # of Unduplicated Individuals Receiving Mental Health Court or Teen Court Services Target | 16             | 32             | 32             | 80               |
| # System of Care Meetings   | 8              | -              | -              | -                |
| # System of Care Meetings Target  | 12             | 12             | 12             | 36               |

|  |    |    |    |    |
|--|----|----|----|----|
| Aggregate # Training Participants        | -  | -  | -  | -  |
| Aggregate # Training Participants Target | 14 | 15 | 15 | 44 |

### Performance Measures

The grantee has not commenced Teen Court or Mental Health Court. Therefore, there are no performance measures outcomes to report.

| Measure  | Performance   |
|--|---|
| 35% of participants will not be <b>arrested</b> or rearrested while enrolled in Mental Health or Teen Court  | <ul style="list-style-type: none"> <li>▪ The grantee is collecting data; however, it is too early to report on this measure.</li> </ul> |
| 40% or less of participants will be <b>arrested</b> or rearrested within six months following successful completion of Mental Health or Teen Court                             | <ul style="list-style-type: none"> <li>▪ The grantee is collecting data; however, it is too early to report on this measure.</li> </ul> |
| 75% of participants will be assisted in applying for additional support services or <b>benefits</b> that they were not receiving at admission                                  | <ul style="list-style-type: none"> <li>▪ The grantee is collecting data; however, it is too early to report on this measure.</li> </ul> |
| 50% of participants referred for diversion will be <b>diverted</b> to Mental Health or Teen Court in lieu of state mental health treatment facility                            | <ul style="list-style-type: none"> <li>▪ The grantee is collecting data; however, it is too early to report on this measure.</li> </ul> |
| 80% of participants enrolled in Mental Health or Teen Court will <b>successfully complete</b> their assigned plan  | <ul style="list-style-type: none"> <li>▪ The grantee is collecting data; however, it is too early to report on this measure.</li> </ul> |
| 40% of participants will be <b>employed</b> full or part time six months following successful completion of Mental Health Court  | <ul style="list-style-type: none"> <li>▪ The grantee is collecting data; however, it is too early to report on this measure.</li> </ul> |
| 50% or less of program participants will be sent to a <b>state mental health treatment facility</b> within the six-month period following successful completion of the program | <ul style="list-style-type: none"> <li>▪ The grantee is collecting data; however, it is too early to report on this measure.</li> </ul> |

### 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 as the Mental Health Court and Teen Court programs are still in the planning phase.

### 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

The grantee is collecting data; however, it is too early to report on this measure.

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

As of March 31, 2023, Hanley Foundation expended/leveraged \$50,000 or approximately 25% of the three-year match commitment for their CJMHSA Reinvestment grant.

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## Hanley Foundation\* (Hendry And Glades Counties) (LH840)

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Hanley Foundation (Hendry and Glades County) grant program, Mental Health Court pre-trial diversion program.

| <b>START:</b> | <b>END:</b>   | <b>AWARD:</b> | <b>TIME FRAME:</b> |
|---------------|---------------|---------------|--------------------|
| July 1, 2022  | June 30, 2025 | \$1,200,000   | 3 years            |

### Target Population

Individuals to be served by the program are adults and juveniles who are involved with, or at risk of the justice system, have mental illness, substance use or co-occurring disorders within both Hendry and Glades counties and that possess a third-degree misdemeanor or lower offenses.

### Program Design/Model

The program serves youth within Hendry and Glades Counties with mental health and co-occurring disorders to reduce recidivism. The program incorporates a Mental Health Court as well as a Mental Health Center to provide services to the youth before entering the criminal justice system. The program is a collaboration of mental health and substance abuse providers, government agencies, and community intervention programs.

The Mental Health Court will allow youths with third-degree misdemeanor or lower offenses to participate in the diversion program in order to expunge charges or waive the trial, jail, and/or detention. A pre-trial staff member will determine eligibility and create a treatment plan addressing mental health issue and make a connection to behavioral health services.

In addition to the Mental Health Court, utilizing evidence-based practices are also incorporated into the project.

The program operates the United Way Mental Health Services Facility, so the behavioral health providers have a location and help program participants connect to appropriate services. Trainings for a cadre of school workforce such as teams of teachers, school resource officers, and other school personnel are also integrated within the program.

The following evidence-based practices are also incorporated into the MHC project:

- Trauma-informed Care
- Youth Mental Health First Aid
- Motivational Enhancement Therapy
- Cognitive Behavioral Therapy

## Goals/Objectives

The primary goal of the program is to provide an increase of the availability of pretrial diversion programs increasing the number and availability of mental health and substance use services for youth and providing trauma-informed care training for K-12 teachers and school personnel.

Major objectives that contribute to the goal:

1. Increase the availability of pre-trial diversions for youth in Glades and Hendry County.
2. Increase the availability of mental health and substance use services for youth in Glades and Hendry County.
3. Increase the capacity of the school district to provide a trauma-sensitive environment.

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

- ▶ Trauma-informed Care
- ▶ Youth Mental Health First Aid
- ▶ Mental Health Court
- ▶ Motivational Enhancement Therapy
- ▶ Cognitive Behavioral Therapy

Number Served through June 30, 2023 (Year 1, Quarter 4):

| MHC  | Program Year 1 | Program Year 2 | Program Year 3 | Program Lifetime |
|--|----------------|----------------|----------------|------------------|
| # of Unduplicated Individuals receiving Mental Health Court Services         | -              | -              | -              | -                |
| # of Unduplicated Individuals receiving Mental Health Court Services target  | 6              | 17             | 17             | 40               |
| # of Unduplicated Individuals receiving Mental Health Center Services        | -              | -              | -              | -                |
| # of Unduplicated Individuals receiving Mental Health Center Services target | 16             | 17             | 17             | 50               |

|   |    |    |    |    |
|---|----|----|----|----|
| # of System of Care Meetings                | 10 | -  | -  | 10 |
| # of System of Care Meetings target         | 12 | 12 | 12 | 36 |
| Aggregate # of Training Participants        | 64 | -  | -  | 64 |
| Aggregate # of Training Participants target | 17 | 19 | 19 | 55 |

## Performance Measures

The grantee has not commenced Mental Health Court. Therefore, there are no performance measures outcomes to report.

| Measure   | Performance   |
|---|---|
| 35% of program participants will not be <b>arrested</b> or rearrested while enrolled in Mental Health Court   | <ul style="list-style-type: none"> <li>The grantee is collecting data; however, it is too early to report on this measure</li> </ul>  |
| 40% or less of program participants will be arrested or rearrested within six months following successful completion of Mental Health Court   | <ul style="list-style-type: none"> <li>The grantee is collecting data; however, it is too early to report on this measure.</li> </ul> |
| 75% of program participants will be assisted in applying for additional support services or <b>benefits</b> that they were not receiving at admission                                       | <ul style="list-style-type: none"> <li>The grantee is collecting data; however, it is too early to report on this measure.</li> </ul> |
| 50% of program participants referred for <b>diversion</b> to Mental Health Court in lieu of a State Mental Health Treatment Facility  | <ul style="list-style-type: none"> <li>The grantee is collecting data; however, it is too early to report on this measure.</li> </ul> |
| 80% of program participants enrolled in Mental Health Court will <b>successfully complete</b> their assigned plan   | <ul style="list-style-type: none"> <li>The grantee is collecting data; however, it is too early to report on this measure.</li> </ul> |
| 40% of program participants will be <b>employed</b> full or part time six months following successful completion of Mental Health Court or discharge from the Mental Health Services Center | <ul style="list-style-type: none"> <li>The grantee is collecting data; however, it is too early to report on this measure.</li> </ul> |
| 50% of Program participants will be sent to a <b>State Mental Health Treatment</b> Facility within the six month period following successful completion of the program                      | <ul style="list-style-type: none"> <li>The grantee is collecting data; however, it is too early to report on this measure.</li> </ul> |



## 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. 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 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 is newly implemented, and Hendry and Glades Counties have a limited number of providers in the area and the Mental Health Center along with the Mental Health Court will assist in increasing the services to those in need. These programs will reduce jail time and address mental health issues before escalating to incarceration and state mental health treatment facilities since services are offered earlier to the youth.

To date, no youth have been eligible/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, 2023, Hanley Foundation expended/leveraged \$250,000.00 approximately 33% of the three-year match commitment of \$750, 000.00 for their CJMHSA Reinvestment grant. Matching funds support staffing in for Hanley Foundation for the project director, data coordinator, project assistant, specialty court coordinator, and center coordinator.

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## Hillsborough County BOCC (LHZ98)

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Hillsborough County's grant program, the Mental Health Jail Diversion Program, a component of the Hillsborough Forensic ImpACT Team Expansion (H-FITE).

| <b>START:</b>   | <b>END:</b>   | <b>AWARD:</b> | <b>TIME FRAME:</b> |
|-----------------|---------------|---------------|--------------------|
| August 2, 2020* | July 31, 2023 | \$1,200,000   | 3 years            |

### Target Population

The target population included adults ages 18 and older in the Hillsborough Mental Health Court who have a mental illness, substance use disorder, or co-occurring disorders, have been restored to competency pursuant to Chapter 916 F.S., and are identified in pre- or post-adjudication stages for diversion from incarceration or from commitment to a state mental health treatment facility.

### Program Design/Model

The Hillsborough Forensic ImpACT Team Expansion (H-FITE) expanded the adult problem-solving court and funded treatment and services. This modified Assertive Community Treatment (ACT) team provided specialized treatment services such as intensive case management, peer support services, and care coordination to address the significant service gap in Hillsborough County's continuum of diversion services for individuals who are restored to competency under Chapter 916 F.S. The program was focused on the clients with serious mental illnesses and co-occurring disorder symptomology who also present at the highest risk of institutionalization through incarceration or commitment to a state mental health treatment facility. Prior to adjudication, individuals were referred to the program by representatives of local law enforcement, local courts, the state attorney, or public defender. Staff included a licensed team leader, case managers, a psychiatrist, therapists, and an administrative assistant.

### Goals/Objectives

The major goal was to divert individuals with serious mental illness or co-occurring disorders who are restored to competency per Chapter 916 F.S., from penetrating the criminal justice system further through community supervision and services that meet their behavioral health and social determinant stabilization needs.

Hillsborough's three objectives included:

1. Expanding services for existing diversion initiatives.

2. Creating and encouraging collaboration among key stakeholders.
3. Partnering with the 13<sup>th</sup> Judicial Circuit Administrative Office of the Courts in their commitment to achieve problem-solving court certification, including the development of any necessary protocols, forms, and tools to enhance policy development.

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

- ▶ Motivational Interviewing (MI)
- ▶ Risk-Need-Responsivity- Level of Service/Case Management Inventory (LS/CMI)
- ▶ Medication-Assisted Treatment (MAT)
- ▶ Forensic Assertive Community Treatment (FACT)
- ▶ Forensic Intensive Case Management (FICM)
- ▶ SSI/SSDI Outreach, Access, and Recovery (SOAR)
- ▶ Comprehensive, Continuous, Integrated System of Care (CCISC)
- ▶ Trauma-Informed Services

### Number Served through July 31, 2023 (Year 3, Quarter 4)

| H-FITE                        | Program Year 1 | Program Year 2 | Program Year 3 | Program Lifetime |
|-------------------------------|----------------|----------------|----------------|------------------|
| Number Served                 | 31             | 24             | 16             | 71               |
| Annual Caseload Target Number | 30             | 30             | 30             | 90               |

### Performance Measures

Outcome data for the performance measures reflect progress through July 31, 2023 (Year 3, Quarter 4)

| Measure  | Performance   |
|--|---|
| Less than 40% of participants shall be <b>arrested</b> while receiving services.                   | <ul style="list-style-type: none"> <li>▪ 24% arrested while receiving services.</li> </ul>            |
| Less than 60% of participants shall be <b>arrested</b> within one year following program end date. | <ul style="list-style-type: none"> <li>▪ 56% arrested within one year of program end date.</li> </ul> |

| Measure  | Performance  |
|--|--|
| 60% of participants who do not reside in a <b>stable housing</b> environment at program start date will reside in a stable housing environment within 90 days.                               | ▪ 89% resided in stable housing.                                   |
| 35% of participants who do not reside in a <b>stable housing</b> environment at their program start date will reside in a stable housing environment one year following program end date.    | ▪ 75% resided in stable housing one year after program completion. |
| 10% of participants <b>not employed</b> at program start date will be employed full or part-time within 180 days of admission.   | ▪ 75% employed.  |
| 85% of participants will be <b>assisted by the grantee in applying for Social Security</b> or other benefits for which they may have been eligible but were not receiving them at admission. | ▪ 100% assisted in applying for Social Security or other benefits. |
| 50% of participants will be <b>diverted</b> from a state mental health treatment facility.   | ▪ 100% diverted.   |
| 40% of participants shall be <b>successfully discharged</b> from the program.  | ▪ 90% discharged.  |

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

The grant program has reduced the number of detainees with mental health and co-occurring substance use disorders from further penetration into the criminal justice system. Individualized case planning was able to assist the clients with community-based services upon release. All clients were voluntary admissions and were granted permission from the courts under their case resolution contracts.

### 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

H-FITE provided access to individualized, evidence-based behavioral health treatment services to a total of 71 clients since inception of the program and only 8 did not complete the program (August 2021 - July 2023). The average length of the program is 10-12 months, and the final expenditures were approximately \$1,060,000 of a gross average of \$14,722 per client served.

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

As of July 31, 2023, Hillsborough County expended/leveraged \$1,200,000.00 or approximately 100% of the three-year match commitment for their CJMHSA Reinvestment grant. Local matching funds are utilized to provide treatment and support services provided on behalf of community behavioral health providers.

### Success Story

H-FITE worked with Public Defender's Office in order to re-engage a client who was not participating. In a matter of two weeks the client was able to make a significant turnaround by staying free of drugs, attending all groups and appointments, and seeking employment. The client is now working at Home Depot and received his first paycheck ever! He continues to participate in outpatient substance use disorder treatment while working and progressing on Court Resolution Contract to deter significant legal sanctions. The judge commended his improvement, and the client now will be seen every 6 weeks in court, rather than every 4 weeks.

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## Hillsborough County BOCC\* (LH842)

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Hillsborough County's grant program, Youth Experiencing Success (YES) program, serving youth in the 13<sup>th</sup> Judicial Circuit's Juvenile Justice Mental Health Court (JJMHC).

| <b>START:</b> | <b>END:</b>    | <b>AWARD:</b> | <b>TIME FRAME:</b> |
|---------------|----------------|---------------|--------------------|
| May 2, 2022*  | April 30, 2025 | \$1,039,920   | 3 years            |

### Target Population

Individuals served by the YES Program are youth and young adults ages 12-20 years old, receiving community-based competency services and youth determined as restored to competency who present with mental health needs.

### Program Design/Model

The Youth Experiencing Success (YES) Program serves youth in the JJMHC with mental health and co-occurring disorders to enhance quality of life among the youth and family and reduce recidivism. All youth are screened, case plans are developed, and progress is monitored by the service team who reports to judicial and court staff. Individualized services for all youth may include screening and assessment, Cognitive Behavioral Therapy, care coordination, High Fidelity Wraparound, juvenile reentry educational services, family navigator services, psychiatric consultation, and benefits assistance.

The program relies on collaboration with more than ten community organizations and key stakeholders.

- Public Defender
- State Attorney
- Administrative Office of the Courts
- CFBHN
- Alternate community behavioral health providers serving crossover system youth
- FL Department of Juvenile Justice
- Agency for Persons with Disabilities
- The Lead Agency for Community Based Care for Child Welfare for Hillsborough County
- Acute Care Juvenile Justice providers including Gracepoint Wellness which operated the Central Receiving Center for Baker Acts and Agency for Community Treatment Services (ACTS)

Youth and families in the Juvenile Justice Mental Health Court are served in two services tiers:

#### ***Tier I: Community Services***

Tier One serves youth who present with mental health needs and low risk of recidivism, who may only need community services in order to address treatment needs. Each family receives a family navigator to assist with treatment engagement and goals.

**Tier II: Recovery Team**

Tier Two serves youth and families at a medium to high risk of recidivism who also have serious mental health and/or co-occurring needs. Youth and families are assigned to a clinician to develop an individualized care plan based on assessment and symptomology, in addition to the family navigator.

The program relies on collaboration with more than ten community organizations and key stakeholders.

**Goals/Objectives**

The primary goal of the program is to provide targeted services to a subpopulation of youth and their families experiencing high recidivism risk or high behavioral health needs.

Major objectives that contribute to the goal:

1. Expand services for existing Juvenile Justice Mental Health Court
2. Create and encourage collaboration among key stakeholders in implementing and providing oversight and quality improvement activities
3. Collaborate with key stakeholders in the development of any necessary protocols, forms, trainings, and tools to enhance policy development and program operations

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

- ▶ High Fidelity Wraparound
- ▶ Cognitive Behavioral Therapy
- ▶ Child and Adolescent Needs and Strengths (CANS) assessment
- ▶ Child Assessment Tool (FDLE)- both “pre” and “expanded” versions to determine criminogenic risk level
- ▶ Family Navigator

**Number Served through July 31, 2023 (Year 2, Quarter 1):**

| JJMHC  | Program Year 1 | Program Year 2 | Program Year 3 | Program Lifetime |
|--|----------------|----------------|----------------|------------------|
| New Youth/Families Admitted to Tier One Services | 31             | -              | -              | 31               |
| Tier One Services Target                         | 40             | 40             | 40             | 120              |
| New Youth/Families Admitted to Tier Two Services | 22             | 6              | -              | 3                |

|                          |           |           |           |            |
|--------------------------|-----------|-----------|-----------|------------|
| Tier Two Services Target | 25        | 25        | 25        | 75         |
| <b>Total Target</b>      | <b>65</b> | <b>65</b> | <b>65</b> | <b>195</b> |

### Performance Measures

Outcome data for the performance measures reflect progress through July 31, 2023 (Year 2, Quarter 1).

| Performance   |   |
|---|---|
| Less than 40% of participants shall be arrested while receiving services.   | ▪ 67% arrested.   |
| A minimum 40% of Tier Two participants shall successfully complete Tier Two program services.   | ▪ 86% of participants successfully completed.   |
| A minimum of 60% of Tier Two participants who successfully completed program services shall not be arrested within six months following program end date.   | ▪ 100% not arrested within six months.  |
| A minimum of 60% of youth referred to Tier One community connections/behavioral health resources shall be engaged in services.  | ▪ 92% engaged in services.  |
| A minimum of 75% of participants in Tier One and Tier Two program levels shall be assisted in applying for SSI/SSDI or other benefits for which they and their families may be eligible but were not receiving at program start date. | ▪ 87% assisted.   |
| A minimum of 80% of participants shall be diverted from a state mental health treatment facility.   | ▪ 100% diverted.  |
| A minimum of 75% of the stakeholder focus group survey shall be conducted no later than February 28, 2024.  | ▪ 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. The grantee is collecting data and intends to include this information in the program evaluation report further in Year 2. The impact will be measured using analysis of outcomes, including recidivism rates, measured against previous offenses adjudicated and criminal consequences diverted as a result of program interventions.



## 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

Although the program is newly implemented, the JJMHC has already served to address a gap in services for dual and multiple system involved youth. The SIM conducted prior to the execution of this grant program (upon request from DCF) established five priority areas of focus for Hillsborough County youth with mental health, substance use, and co-occurring disorders who are involved in the justice system.

To date, no youth have been eligible/admitted to the Statewide Inpatient Psychiatric Program.

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

As of July 31, 2023, Hillsborough County expended/leveraged \$387,756.03 or approximately 37% of the three-year match commitment for their CJMHSA Reinvestment grant. Matching funds support staffing in the Public Defender's Office, and Administrative Office of the Courts.

#### LH842 Hillsborough County BOCC



The YES program has sparked transformative journeys for three young individuals. "John," 17, overcame family challenges with Tier 2 services, pursuing a GED, managing anger, and taking steps toward independence. "J," expelled at 18 due to an armed burglary charge, found success with YES, achieving a GED and job skills through YouthBuild. Another teen, facing school and legal issues, thrived with YES's Tier 2 services, gaining coping skills and excelling in school, sports, and positive peer connections. The YES program empowers these youths for a brighter future

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## Kids Hope Alliance (Duval County/City Of Jacksonville) (LH824)

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Kids Hope Alliance’s grant program is an expansion of the Central Coordination Project (CCP).

| <b>START:</b>   | <b>END:</b>        | <b>AWARD:</b> | <b>TIME FRAME:</b> |
|-----------------|--------------------|---------------|--------------------|
| October 1, 2021 | September 30, 2024 | \$1,200,000   | 3 years            |

### Target Population

The target population is justice-involved youth in Duval County under age 18 who are identified with mental health and trauma indicators.

### Program Design/Model

Kids Hope Alliance (KHA) and City of Jacksonville (COJ) are expanding the current Criminal Justice Reinvestment Grant that fills the gap for intervention/prevention methods in the juvenile justice system. This will be accomplished by providing wraparound services to youth and families with high social, emotional, and education needs and mental health and/or substance use. The early intervention services will assist with diversion opportunities.

The grant will allow first-time offenders, youth engaged in diversion currently, or youth that were previously involved in system, to have an opportunity to participate in the program. The youth will receive early assessments such as Youth Level Service/Case Management Inventory 2.0 Assessment (YLS/CMI), the GAIN-Q3, and trauma screen. All the youth with educational needs will be referred to Center for Children’s Rights for the educational-legal assessment. This assessment will focus on problem solving that is related to housing, safety, medical and mental health access, and behavioral services.

Also, youth seeking employment will be supported by a peer specialist and assisted with employment related skills, such as job applications.

KHA subcontracted with Partnership for Child Health (PCH) as the coordinating agency to oversee the goal and tasks for the grant. PCH began receiving referrals from

KHA relies on collaborations with more than a dozen partners and key stakeholders.

- Department of Juvenile Justice
- BAYS Florida, Changing Homelessness
- Youth Crisis Center
- Jacksonville Sheriff’s Office
- Jewish Family & Community Services (JFCS), Inspire to Rise Inc., and Voices Institute, LLC.
- Department of Children & Families
- Partnership for Child Health
- Empowerment Resources, Inc.
- Teen Court, Evening Report Center
- State Attorney’s Office
- River Oak Recovery School
- Duval County Public Schools
- Public Defender’s Office
- Delores Barr-Weaver Policy Center, NLP Logix
- New Perspectives Therapeutic Services
- NLP Logix, Center for Children’s Rights (CCR)
- Child Guidance Center
- Daniel Memorial, Children’s Home Society (CHS)

Department of Juvenile Justice (DJJ) in October 2021. There has been a strong collaboration with the Program Coordinator and the contracted assessor, as well as two resiliency navigators that are actively reducing recidivism on the front-end of the Juvenile Justice youth and provide diversionary programming opportunities.

### Goals/Objectives

The primary goal of Duval County's KHA is to fill the intervention gap at the front end of the juvenile justice system by connecting youth and their families with high social, emotional, and education needs with early intervention services to prevent recidivism and provide additional opportunities for the youth to be diverted from the criminal justice system. The major objectives contributing the completion of this goal included:

1. Implement CJMHSA services and diversion initiatives described in the application.
2. Create and encourage collaboration among key stakeholders, identified in the application.
3. Measure positive changes in youth and families served by the Program through the implementation of best practices, identified in the application.

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

- ▶ Global Appraisal of Individual Needs-Quick (GAIN-Q3)
- ▶ Center for Youth Wellness Adverse Childhood Experiences Questionnaire (CYW ACE)
- ▶ Youth Level of Services/Case Management Inventory (YLS/CMI 2.0)
- ▶ High Fidelity Wraparound
- ▶ Care Coordination
- ▶ Recovery Orientated Services
- ▶ Peer Specialists/Support
- ▶ Operation Boost (employment career resources)
- ▶ Education-Legal Advocacy
- ▶ Targeted Family Engagement
- ▶ Mentoring
- ▶ Parenting Support Groups

## Number Served through June 30, 2023 (Year 2, Quarter 3)

| KHA  | Program Year 1 | Program Year 2 | Program Year 3 | Program Lifetime |
|--|----------------|----------------|----------------|------------------|
| Number Served (screened/assessed)                                    | 550            | 345            | -              | 895              |
| Number Served Target   | 400            | 400            | 400            | 1200             |
| Youth Referred for Mental Health Services                            | 274            | 309            | -              | 583              |
| Youth Referred for Mental Health Services Target                     | 300            | 300            | 300            | 900              |
| Youth and Families engaged in Family Strengthening Activities        | 284            | 178            | -              | 462              |
| Youth and Families engaged in Family Strengthening Activities Target | 100            | 100            | 100            | 300              |

## Performance Measures

Outcome data for the performance measures reflect progress through Year 2, Quarter 3 (June 30, 2023):

| Measure   | Performance   |
|---|---|
| 75% of participants will not <b>reoffend</b> while enrolled in the program.   | <ul style="list-style-type: none"> <li>90% did not reoffend.</li> </ul>                             |
| 75% of participants will <b>successfully complete</b> the program.  | <ul style="list-style-type: none"> <li>80% successfully completed the program.</li> </ul>           |
| 75% of participants will not <b>reoffend within six months</b> following program discharge.   | <ul style="list-style-type: none"> <li>87% did not reoffend.</li> </ul>                             |
| 75% of participants families not residing in a stable housing environment at Program start shall receive <b>housing</b> assistance within 90 days of their Program start date.  | <ul style="list-style-type: none"> <li>100% in stable housing.</li> </ul>                           |
| 75% of eligible participants (ages 17 and 18 years old) not employed or in school at program start will be <b>employed</b> full or part time or enrolled in an educational program within 180 days of their Program start date. | <ul style="list-style-type: none"> <li>100% employed or enrolled in educational program.</li> </ul> |

|  |  |
|--|--|
| 75% of eligible participants will maintain full or part time <b>employment</b> or be enrolled in an educational program six months following their program discharge.            | <ul style="list-style-type: none"> <li>83% employed or enrolled in educational program.</li> </ul> |
| 80% of participants will be referred within 30 days of program start date for <b>benefits</b> for which they may be eligible but were not receiving at their program start date. | <ul style="list-style-type: none"> <li>100% referred for benefits.</li> </ul>                      |
| 75% of participants receiving <b>educational-legal advocacy</b> shall demonstrate an improvement in academic achievement.  | <ul style="list-style-type: none"> <li>84% receiving educational-legal advocacy.</li> </ul>        |

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

The CJRG provides assessment prior to a hearing which allows for more trauma-informed sentencing. Also, these assessments are utilized to divert the youth from the system and reduce recidivism. Referrals for community-based services will reduce the commitments for in-patient state placements.

**Summary of the Effect of the CJMHPA 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 taskforce created under the grant is engaging stakeholders to create effective programming, develop formalized policies and procedures, continuity of care, and identify eligible youth. The program coordinator also tracks all performance measures, MOU's, subcontracted deliverables, and scopes of services to ensure services are continually executed. The benefit of the additional providers is to assist with alternative funding that will continue the program. The grant has allows for referrals for mental health, substance abuse and educational services prior to the youth's court hearing. This provides protective factors at release from detention, home detention or electronic monitoring and positive impact for the youth and families with support.

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

As of June 30, 2023, Kids Hope Alliance expended/leveraged \$782,895.20 or approximately 65.24% of their three-year match commitment. Kids Hope Alliance utilized

matching funds to support security at the JAC, the program coordinator salary, and partial contractual costs.

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## Lee County BOCC (LHZ97)

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Lee County's grant program, the Bob Janes Empowerment Center.

| <b>START:</b> | <b>END:</b>   | <b>AWARD:</b> | <b>TIME FRAME:</b> |
|---------------|---|---------------|--------------------|
| June 1, 2020  | May 31, 2023<br>no cost extension<br>until<br>June 30, 2023 | \$975,000     | 3 years            |

### Target Population

The target population for the Bob Janes Empowerment Center were adults in Lee County who exhibit symptoms of a behavioral health issue (substance use, mental health, and/or co-occurring disorders) and are at risk of arrest or prolonged incarceration for low-level minor offenses and/or inappropriate utilization of hospital emergency rooms.

### Program Design/Model

The Bob Janes Triage Center/Low Demand Shelter was renamed on October 1, 2021, to Bob Janes Empowerment Center, which was established in 2008. The Empowerment Center was operated by The Center for Progress and Excellence and collaborates with SalusCare, Lee Memorial Health System, and Lee County Department of Human Services. Lee County's 2020-23 grant was an expansion of their 2017-20 and 2014-17 CJMHSR Reinvestment Grant. The Empowerment Center offers an alternative to arrest and incarceration when law enforcement officers encounter individuals with a substance use, mental health, and/or co-occurring disorders. Services were available 24 hours a day, 7 days a week. The Empowerment Center provided 72 beds for males or females, and 9 beds for medical respite. Services provided at the Empowerment Center include psychiatric, primary care, case management, AA/NA groups, job fairs, and recreational (sports) services. A veteran representative from United Way was available 2 days a week. Each resident received a mental health assessment and case manager who conducted follow up check ins at 30-, 60-, and 90-day benchmarks. The Empowerment Center also worked with clients to assess their needs, establish goals, provide support services and life skills, and find the most appropriate treatment or housing option. The Center for Progress and Excellence collaborated with multiple agencies to assist individuals transition back into the community. The goal was to transition individuals back to the community within 90 days. A Governing Board met regularly to track data, identify trends, discuss areas of concern and opportunities for improvement, and identify funding opportunities for sustainability and expansion of programs.

As a part of the program expansion, a housing assistance component was implemented to address barriers to affordable, permanent housing experienced by program participants in the past. The housing component assisted participants in transitioning to the housing of their choice based on the Housing First approach. Participants were eligible for up to 12 months of rental assistance. Based on income and ability to pay, they may also be eligible for 100% subsidized rent which would incrementally reduce as they become more stable. Supportive housing services available included case management, housing assessment, employment and life skills assistance, career counseling.

## Goals/Objectives

The primary goal of this grant program was to divert individuals from involvement in the criminal justice system and provide a more suitable and less costly alternative to incarceration or emergency rooms use by individuals who are homeless and experiencing behavioral health issues; allowing 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/expand services and diversion initiatives.
2. Encourage and emphasize collaboration among key stakeholders.
3. Address gaps in SIM intercepts 1 and 2 by enhancing availability of services that address social service needs including housing, life skills, and employment skills.

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

- ▶ Crisis Intervention Teams (CIT)
- ▶ Housing First approach
- ▶ Coordinated Entry
- ▶ Peer Specialists
- ▶ Permanent Supportive Housing
- ▶ Comprehensive, Continuous, Integrated System of Care Model (CCISC)
- ▶ Homeless Management Information System (HMIS)



### CIT training for all law enforcement related personnel

- Provides techniques and alternative methods of interaction with individuals with behavioral health issues.
- Improves the safety of patrol officers, consumers, family members and citizens within the community.
- Assists to divert individuals from the criminal justice system who could be better assisted through community resources.
- Allows law enforcement an opportunity to divert persons away from jail into a safe environment so that treatment services can be more efficiently accessed.



## Number Served through June 30, 2023 (Year 3, Quarter 5)\*

\*Grantee has no cost extension through June 30, 2023

| Bob Janes Triage Center | Program Year 1 | Program Year 2 | Program Year 3 | NCE (6/2023) | Program Lifetime |
|-------------------------|----------------|----------------|----------------|--------------|------------------|
| Number Served           | 1139           | 783            | 1342           | 171          | 3435             |
| Number Served Target    | 400            | 400            | 400            | 33           | 1,233            |

## Performance Measures

The outcomes listed below reflect progress through June 30, 2023 (Year 3, Quarter 5).

| Measure  | Performance   |
|--|---|
| Less than 10% of program participants shall be <b>arrested</b> while receiving services.   | <ul style="list-style-type: none"> <li>1% arrested while receiving services.</li> </ul>                   |
| Less than 10% of participants shall be <b>arrested</b> within the one-year period following their ending date for program services.  | <ul style="list-style-type: none"> <li>11% arrested within one year of end date.</li> </ul>               |
| 25% of participants will be assisted in applying for <b>Social Security or other benefits</b> for which they may have been eligible but were not receiving at their program start date.                        | <ul style="list-style-type: none"> <li>71% were assisted in applying for benefits.</li> </ul>             |
| 20% of participants will have <b>increased access</b> to community comprehensive recovery-based mental health and/or substance use treatment services while participating in the program.                      | <ul style="list-style-type: none"> <li>87% had increased access to behavioral health services.</li> </ul> |
| 25% of participants that received case management services while residing at the Empowerment Center and discharged to permanent housing will <b>not return to homelessness</b> six months following discharge. | <ul style="list-style-type: none"> <li>9% did not return to homelessness.</li> </ul>                      |

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

As a wet and low demand shelter, all individuals who enter the Empowerment Center are diverted from involvement in the criminal justice system. The treatment services offered have minimal restrictions or eligibility criteria, resulting in frequent client return and increased motivation to engage in community-based services, ultimately keeping


individuals out of jail. NAMI Lee County is a member of the Governing Board of the Empowerment Center, the Florida CIT Coalition, and CIT International, and offers CIT training for all law enforcement personnel to improve interaction with individuals with behavioral health issues, increase safety, and divert individuals from the criminal justice system. This project allowed law enforcement to divert individuals away from jail and into a safe environment for efficient access to treatment services and other resources. NAMI also provided support groups, education courses, facilitator training classes, peer specialist services, and an Information/Referral Helpline throughout the community.

### 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 Empowerment Center's expansion offered an alternative to incarceration and involvement in the criminal justice system. Moreover, it enhanced access to behavioral health services and facilitated connections to community support systems.

It is important to note that the Empowerment Center did not focus on individuals who are at risk of being committed to the state hospital. Historically, only 1% of Empowerment clients had previously been admitted to a state mental health treatment facility. Nonetheless, the Empowerment Center serves as a preventive measure and assisted with diverting individuals with serious mental illness from incarceration. By receiving treatment, individuals were less likely to accumulate additional charges, such as battery on a law enforcement or correctional officer, which frequently occur during incarceration. Furthermore, being incarcerated increases the likelihood of a person's mental health deteriorating.

**Transportation**



Transportation is provided for individuals to access community resources and health care. The Center is on the public transportation system route and bus passes can be provided. In addition, the project owns a van that is used to transport individuals to medical/judicial/treatment appointments as needed.

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

As of June 30, 2023, Lee County has expended/leveraged \$1,737,914.89 or approximately 130% of the three-year match commitment. Matching funds support 19% of the overall annual expenses of the grant project. These funds are essential to the continued operation of the project and enhancing the project's goals and objectives.

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## LifeStream Behavioral Center (Lake County) (LHZ95)

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LifeStream Behavioral Center's (LifeStream) grant program for Lake County, the Forensic Community Services Team (FCST).

| <b>START:</b>   | <b>END:</b>    | <b>AWARD:</b> | <b>TIME FRAME:</b> |
|-----------------|----------------|---------------|--------------------|
| April 23, 2020* | March 31, 2023 | \$1,200,000   | 3 years            |

### Target Population

The target population for the FCST was adults charged with misdemeanor or non-violent felony offenses, moderate to higher severity mental health or co-occurring disorders, and moderate to high criminogenic risks and needs. Adults charged with a violent felony were considered on a case-by-case basis after a screening of current risks and needs; and based on the severity of the mental health, substance use and/or co-occurring disorder.

### Program Design/Model

In conjunction with Lake County, LifeStream operated the FCST, an expansion of Lake County's 2017-20 and 2014-17 CJMHSR Reinvestment Grant program. The FCST, a modified Assertive Community Treatment (ACT) team, delivered a system of recovery-oriented screening, assessment, triage, intensive treatment services, and rehabilitation. Individuals were referred to the voluntary program if they had pending criminal charges and the State Attorney agrees to alternative sentencing or individuals may be referred to the program if they were at risk for further criminal justice involvement upon reentry into the community. Minimum requirements for enrollment included:

- ▶ 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.

The team provided services to up to 38 consumers at a time, an expansion from the 2017-2020 grant where only 35 consumers were served at any given time. Program participants received weekly individual therapy and case management services and were required to attend one weekly group session. Participants meet weekly or bi-weekly with a peer recovery specialist based on need. FCST aftercare was available for up to six months

post successful discharge from FCST. Aftercare services provided monthly individual therapy and medication management as needed.

The program relied on more than twenty (20) community partners and direct service providers for successful implementation.

### Goals/Objectives

The primary goal of the FCST was to increase access to treatment and support for adults who have co-occurring mental health and substance use disorders in Lake County through the provision of evidence-based, trauma-informed services that address and reduce criminogenic risks and needs.

LifeStream's three major grant objectives included:

1. Expanding client service programs designed to increase public safety, avert increased spending on criminal justice, and improve the accessibility and effectiveness of treatment services.
2. Creating and encouraging collaboration among key stakeholders.
3. Collaborate towards the establishment of a Mental Health Court in Lake County.

### 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 March 31, 2023 (Year 3, Quarter 4):

| FCST                 | Program Year 1 | Program Year 2 | Program Year 3 | Program Lifetime |
|----------------------|----------------|----------------|----------------|------------------|
| Number Served        | 94             | 59             | 35             | 188              |
| Number Served Target | 76             | 76             | 76             | 228              |

### Performance Measures

The outcomes listed below reflect progress through March 31, 2023 (Year 3, Quarter 4).

| Measure   | Performance              |
|---|--------------------------|
| Less than 30% of participants shall be <b>arrested</b> while receiving program services.  | ▪ 3% arrested.           |
| Less than 30% of participants shall be <b>arrested</b> within the one-year period following their program end date.   | ▪ 11% arrested.          |
| 35% of participant not residing in <b>stable housing</b> at their program start date shall report living in a stable housing environment within 120 days of the start date.                       | ▪ 44% in stable housing. |
| 50% of participants not residing in <b>stable housing</b> at their program start date shall report living in a stable housing environment one year following their program end date.              | ▪ 44% in stable housing. |
| 30% of participants not <b>employed</b> at their program start date shall be employed full or part-time within 180 days of their program start date.  | ▪ 21% employed.          |
| 40% of participants not <b>employed</b> at program start date who are employed full or part-time one year following program end date.   | ▪ 29% employed.          |
| 30% of eligible participants shall be assisted in applying for <b>Social Security or other benefits</b> for which they may have been eligible but were not receiving at their program start date. | ▪ 98% assisted.          |

|   |   |
|---|---|
| 10% of participants shall be <b>diverted</b> from a State Mental Health Treatment Facility.                     | <ul style="list-style-type: none"> <li>▪ Not applicable. None of the participants were identified as “at risk” for state mental health treatment facilities.</li> </ul> |
| 70% of individuals identified with a mental illness shall be <b>diverted</b> to appropriate community services. | <ul style="list-style-type: none"> <li>▪ 90% diverted.</li> </ul>   |

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

At the end of the grant, LifeStream demonstrated a success rate of 97% reduction in recidivism among program participants and is monitoring cost savings based on the reductions in recidivism among those enrolled in the FCST program. In regards to cost savings, the program used a basic calculation of cost per jail day (\$80/day) multiplied by the number of estimated jail days for the numbers served by the grant. Over the lifetime of the grant, there were a total of 490 arrests among all participants and within a one-year period prior to the program start date and only 15 rearrests while enrolled in the program, a difference of 475 arrests. Assuming the arrest numbers stayed the same prior to enrollment, it would have cost the county jail \$38,000 if each of the 475 arrestees were to remain in jail for one night.

**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 FCST provided services to Lake County residents to divert these individuals from the criminal justice system and reduce recidivism among clients who remain engaged in treatment services. This program is an asset to the community because it serves individuals regardless of their ability to pay for services.

None of the participants enrolled in the FCST program were eligible for admission to the 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 March 31, 2023, LifeStream has expended/leveraged \$1,191,275.86 or approximately 101% of the three-year match commitment. Matching funds support an increased number of participants to be served and improve the array of services available to program participants including opportunities for residential treatment and medications. In-kind match funds support training initiatives such as CIT.

Match funds contribute towards:



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## Lutheran Services Florida Health Systems (Hernando County) (LHZ86)

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Lutheran Services Florida (LSF) Health Systems' grant program, the Youth Criminal Justice Diversion Initiative.

| <b>START:</b>  | <b>END:</b>  | <b>AWARD:</b> | <b>TIME FRAME:</b> |
|----------------|--|---------------|--------------------|
| July 12, 2020* | June 30, 2023<br>no cost extension<br>until December 31,<br>2023 | \$1,200,000   | 3 years            |

### Target Population

The target population is individuals 17 years old and younger, with mental health, substance use, or co-occurring disorders, who are in or at risk of entering the juvenile justice system.

### Program Design/Model

The Youth Criminal Justice Diversion Initiative expands diversion programs for youth 17 and younger with mental health substance use or co-occurring disorders. Youth enrolled in the program receive a comprehensive assessment and individualized treatment plan with recovery support, violence prevention/trauma awareness classes, and care navigation assistance based on individual needs. Priority for treatment services is given to those youth participating in the Juvenile Behavioral Health Court, youth who have been Baker Acted and those referred by the Alternatives to Out of School Suspension (ALTOSS) program.

The diversion programs are serviced by five different agencies: BayCare, NAMI Hernando, Dawn Center, Hernando Coalition, and Springbrook. Services provided include care coordination, Wellness Recovery Action Planning (WRAP), teen support groups, Family Links Group, as well as partnerships with physicians to promote youth mental health and substance abuse integration to the private practices. BayCare provides the care navigator for care coordination, The Dawn Center provides a prevention advocate, the Hernando Coalition provides a grant activities coordinator, NAMI provides a peer specialist / youth and family advocate, and Health-Tec is the grant evaluator.

The Hernando Juvenile Behavioral Health Court serves non-violent juveniles between the ages of 13 and 17 with mental health, substance use, or co-occurring disorders. A



comprehensive assessment is conducted by BayCare Behavioral Health within 15 days of program enrollment and a treatment plan is developed based on the individual needs of the youth and family.

Additionally, the grant funds support two care coordinators, the NAMI Youth and Family Coordinator and the BayCare Care Navigator, are co-located at Springbrook's adult receiving facility. Supporting two care coordinators at Springbrook facilitates youth and family engagement into community-based treatment and follow-up.

### Goals/Objectives

LSF Health Systems' three major grant objectives include:

1. Establish diversion programs and strategies for youth in Hernando County which will increase public safety, avert increased spending on the criminal justice system, and improve the accessibility and effectiveness of treatment services.
2. Create and encourage collaboration among stakeholders in implementing the strategic plan and providing ongoing oversight and quality improvement activities.
3. Promote workforce development through additional trainings that address the needs identified in the strategic plan.

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

- ▶ Wellness Recovery Action Planning (WRAP)
- ▶ Positive Achievement Change Tool (PACT)
- ▶ Patient Health Questionnaire for Adolescents (PHQ-A)
- ▶ Michigan Alcohol Screening Test (MAST)
- ▶ Drug Abuse Screening Tool (DAST)
- ▶ GAIN Short Screener (SS)
- ▶ Youth and Family Treatment Planning Services
- ▶ Case Management/Court Specialist Services
- ▶ Care Navigation Services
- ▶ Crisis Planning Services
- ▶ Family Support Groups
- ▶ Trauma Support Groups

- ▶ Drug Testing services
- ▶ Transportation Support Services
- ▶ Recovery Support Services

Number Served through June 30, 2023 (Year 3, Quarter 4):

| Youth CJ Diversion Program Program Program Program Initiative | Year 1 | Year 2 | Year 3 | Program Lifetime |
|---|--------|--------|--------|------------------|
| Individuals Enrolled  | 63     | 71     | 69     | 203              |
| Individual Enrolled Target                                    | 50     | 50     | 50     | 150              |
| Primary Care Professionals Trained                            | 13     | 16     | 17     | 46               |
| Primary Care Training Target                                  | 10     | 10     | 10     | 39               |

### Performance Measures

The outcomes listed below reflect progress through June 30, 2023 (Year 3, Quarter 4).

| Measure   | Performance   |
|---|---|
| 50% reduction in the total number of <b>arrests</b> among program participants while enrolled in the program compared to the one-year period prior to program admission.  | ▪ 97% reduction.  |
| 40% reduction in the total number of <b>arrests or re-arrests</b> among program participants within the one-year period following program discharge compared to the one-year period prior to program admission. | ▪ 57% reduction.  |
| 60% of participants not residing in a <b>stable housing environment</b> at program admission will report living in a stable housing environment within 90 days of program admission.                            | ▪ 67% reside in stable housing within 90 days.            |
| 60% of participants in program year 1 and program year 2, not residing in <b>stable housing</b> at program admission will report living in stable housing one year following program discharge.                 | ▪ 0% reside in stable housing one year following program. |
| 60% of program participants in program year 3, not residing in <b>stable housing</b> at program admission will report living in stable housing by program end date.   | ▪ 75% reside in stable housing at the end of the program. |

| Measure  | Performance   |
|--|---|
| 75% of program participants will be assisted in applying for <b>Social Security or other benefits</b> for which they may have been eligible but were not receiving at program admission. | <ul style="list-style-type: none"> <li>94% received assistance.</li> </ul>  |
| 85% of program participants shall have <b>improved school attendance</b> compared to one year prior to enrollment.   | <ul style="list-style-type: none"> <li>0% have improved school attendance. The grantee reports difficulty in collecting data for this measure due to challenges with school collaboration. The grantee is working with DCF and the CJMHSA TAC to identify options for potential secondary data sources for this measure.</li> </ul> |
| 15% reduction in the number of <b>youth Baker Acts</b> initiated by law enforcement in Hernando County during each program year.   | <ul style="list-style-type: none"> <li>94% reduction in youth Baker Acts one-year post-discharge for youth enrolled in the program.</li> </ul>  |

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

Prior to enrollment in the coordinated care program there were 39 total known arrests by participants, during and following one year there have been a total of 21 arrests (12 arrests were from one youth).

The average cost to detain a youth offender was \$588 per day in 2020, or approximately \$214,620 per year. At the time the cost analysis was completed, the grant had served 134 youth and only 3 were arrested in the year following enrollment. The estimated cost savings per year would be approximately \$28,115,220.00.

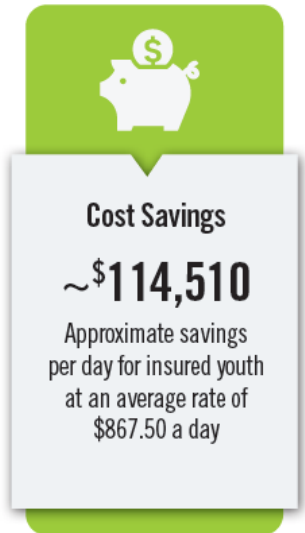
**Annual Cost Savings**  
 ~\$28,115,220  
 The grant served 134 youth and only 3 were arrested in the year following enrollment.

### 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

The grant program provides a new service of care coordination for the target population that reduces interaction with law enforcement, as well as providing easier family navigation and more intensive services for the youth. Another impact is incorporating primary care physicians with training that focuses on mental health and substance abuse in youth. Group sessions for youth and families are also utilized.

The cost for a youth inpatient stay is approximately \$2,200 per day and depending on insurance approximately \$750 - \$985 a day. The youth enrolled in the program are receiving services and at this time there have been only 2 youth known to have been placed in a mental health facility out of 134 enrolled youth. Assuming all youth involved with the program would have been admitted to a state mental health treatment facility (or equivalent State Inpatient Psychiatric Program for youth), the lower limit of approximate savings of insured youth at an average rate of \$867.50 a day would be \$114,510 per day.



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

As of June 30, 2023, LSF Health Systems expended/leveraged \$830,348.94 or approximately 69.2% of the three-year match commitment.

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## Managed Access For Child Health (Duval County) (LHZ82)

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Managed Access for Child Health (MATCH) / Partnership for Child Health’s grant-funded program, **W**raparound, and **I**ntervention **S**trategies (WINS) initiative.

| <b>START:</b>  | <b>END:</b>  | <b>AWARD:</b> | <b>TIME FRAME:</b> |
|----------------|--|---------------|--------------------|
| July 30, 2019* | June 30, 2022<br>no cost extension<br>through December<br>31, 2022 | \$1,200,000   | 3 years            |

### Target Population

The target population included youth under age 18 with identified mental health and trauma indicators who were:

- ▶ Referred by the state attorney’s office for diversion with High-Fidelity Wraparound (HFW); or
- ▶ On probation or had received technical violations and were at risk of commitment, and who were referred by the Department of Juvenile Justice for Juvenile Mental Health Court.

### Program Design/Model

The WINS program built on the success of the Kids Hope Alliance / City of Jacksonville reinvestment grant program and aimed to fill the intervention gap in the continuum for low and moderate risk youth with high social, emotional, and educational needs. The WINS Diversion program deployed High-Fidelity Wraparound processes to coordinate care, provide educational and legal advocacy and coordinate services delivered to juvenile mental health court participants. To participate in the program, the State Attorney’s Office (SAO) would make a filing decision on all youth who were arrested to dismiss, divert, or prosecute. The SAO diversion case manager referred youth for a GAIN-Q, a trauma screen, and Youth Level of Services/Case Management Inventory (YSL/CMI). Eligible low to moderate risk youth with

The WINS Diversion program deployed High-Fidelity Wraparound processes to:

- Coordinate care
- Provide educational and legal advocacy
- Coordinate services delivered to juvenile mental health court participants

high social and emotional needs were referred for the High-Fidelity Wraparound diversion. Wraparound is a strengths-based, collaborative, and team-based approach that organizes all services a youth may need across systems, while also providing support and care coordination for the youth and their family. The plans of care were individualized, family-driven, culturally competent, and community based.

Youth who presented with mental health and trauma indicators were referred to the multidisciplinary staffing team, paired with a care coordinator from the Children's Home Society, and are also referred to the pilot Juvenile Mental Health Court (JMHC), known as the Helping Our Youth Pursue Excellence (HOPE) program. JMHC's are designed to address the needs of youth with mental health problems utilizing a multidisciplinary approach with representatives from mental health, probation, state attorney's office, and defense counsel. The goal of JMHC's is to engage and maintain youth in community-based treatment as an alternative to involvement in the justice system.

Youth referred to WINS and the HOPE program were then referred to the Center for Children's Rights for an educational-legal assessment for Educational-Legal Advocacy. The educational advocate provided a comprehensive educational records review, advised the youth and family of the child's legal rights, and advocated with the local school district to ensure that the youth's educational rights were fulfilled. Advocacy is related to provision of services and supports under an Individualized Education Plan and addressed disciplinary measures related to frequent suspensions, alternative school settings, and risk of expulsion.

The program relied on more than one dozen community partners or direct service providers to fulfill its goals.

### Goals/Objectives

The primary goal of the WINS Initiative was to fill gaps in the continuum of care by providing interventions to prevent youth from entering higher levels of care through diversions and expansion of community-based resources; establishment of a coordinated system of care based on core values of community-based, family driven, youth-guided, culturally responsive, and trauma-informed programming; and implementation of best practices. The objectives contributing the completion of this goal are to:

1. Implement programs and diversion initiatives that increase public safety, reduce spending, and provide service in the least restrictive environment.
2. Create and encourage collaboration among key stakeholders.
3. Measure positive change in youth and families served by WINS.

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

- ▶ Child and Adolescent Needs and Strengths – Comprehensive Tool (CANS)
- ▶ High-Fidelity Wraparound
- ▶ Transitional Readiness Scale (TRS)
- ▶ Wraparound Fidelity Instrument (WFI-EZ)
- ▶ High-Fidelity Wrap Assessment (HFWA)
- ▶ Coaching and Peer Review
- ▶ Mental Health First Aid (MHFA)
- ▶ Juvenile Mental Health Court
- ▶ Motivational Interviewing
- ▶ Adverse Childhood Experiences (ACE) Assessment
- ▶ Trauma-Focused Cognitive Behavioral Therapy
- ▶ Applied Behavioral Analysis (ABA) Therapy
- ▶ System of Care Values

## Number Served through December 31, 2022 (Year 3, Quarter 6)\*

\*Grantee has no cost extension through 12/31/2022

| WINS  | Program Year 1 | Program Year 2 | Program Year 3 | NCE (7/2022-12/2022) | Program Lifetime |
|---|----------------|----------------|----------------|----------------------|------------------|
| Number Served (youths consenting to receive WINS array of services) | 112            | 545            | 477            | 234                  | 1,368            |
| Number Served Target  | 230            | 230            | 230            | 115                  | 805              |
| Law Enforcement Training  | 61             | 137            | 108            | 38                   | 344              |
| Law Enforcement Training Target                                     | 100            | 100            | 100            | 50                   | 350              |

## Performance Measures

Outcome data for the performance measures reflect progress through December 31, 2022 (Year 3, Quarter 6).

| Measure   | Performance   |
|---|---|
| 20% of youth or less shall be <b>arrested</b> while receiving services.   | <ul style="list-style-type: none"> <li>▪ 2% arrested.</li> </ul>  |
| 25% of youth or less shall be <b>arrested</b> within one year following successful completion of services.  | <ul style="list-style-type: none"> <li>▪ 3% arrested.</li> </ul>  |
| 75% of youth or greater/equal who do not reside in a <b>stable housing</b> environment on their program start date will reside in stable housing within 90 days.  | <ul style="list-style-type: none"> <li>▪ Not applicable. Grantee reported that all youth referred for the program had stable housing at admission.</li> </ul> |
| 75% of 17 and 18-year-old youth who have completed school and are not enrolled in secondary education will be <b>employed or enrolled in continuing education</b> full or part-time within 180 days of their start date.                  | <ul style="list-style-type: none"> <li>▪ 100% employed or enrolled in continuing education.</li> </ul>  |
| 75% of 17 and 18-year-old youth who have completed school and are not enrolled in secondary education will be <b>employed or enrolled in continuing education</b> full or part-time one year following successful completion of services. | <ul style="list-style-type: none"> <li>▪ 33% employed or enrolled in continuing education.</li> </ul>   |
| 75% of youth shall be assisted by the grantee or subgrantee in applying for <b>Social Security or other benefits</b> for which they may have been eligible for but were not receiving at their program start date.                        | <ul style="list-style-type: none"> <li>▪ Not applicable. None of the youth required assistance.</li> </ul>  |
| 85% of youth or greater/equal shall be receiving <b>educational-legal advocacy</b> who demonstrate an improvement in academic achievement.  | <ul style="list-style-type: none"> <li>▪ 85% received educational-legal advocacy.</li> </ul>  |
| 75% of youth shall successfully complete <b>HWC or JMHC</b> .   | <ul style="list-style-type: none"> <li>▪ 71% successfully completed HWC or JMHC.</li> </ul>   |



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

The WINS program provided services for juvenile justice involved youth with mental health and/or trauma indicators. This program served to fill gaps in the system for mental health services for justice-involved youth. The program impacted youth referred for diversion by the State Attorney's Office, youth on probation, and those at risk of commitment to DJJ. Services provided by WINS targeted youth before they were deeply involved in the system and thus have the possibility of reduced expenditures of the juvenile detention center.

## 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

Over the program lifetime, 1,267 youth received WINS services. WINS services support families who may not have been able to engage in available services because they are costly. WINS connected families with services and determined if they needed assistance with applying for benefits. When eligible, WINS staff assisted with benefits enrollment and federal assistance.

The WINS program diverted youth from possible commitment to state mental health treatment facilities (or equivalent State Inpatient Psychiatric Program for youth) through a comprehensive mental health treatment program. The High-Fidelity Wraparound diversion program and juvenile mental health court provided wraparound services for the youth and family to maintain stabilization, rehabilitative care, and engagement in treatment services. The WINS program expanded critical resources in Duval County that were limited for the target population.

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

As of December 31, 2022, Managed Access for Child Health expended/leveraged \$1,174,285.15 or approximately 98% of their three-year match commitment for their CJMHSA Reinvestment grant. Matching funds support salaries and administrative overhead costs associated with provision of direct services for juvenile justice involved youth enrolled in the program.

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## Martin County BOCC (LHZ89)

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Martin County's grant program, the Martin County Mental Health Court (MHC).

| <b>START:</b> | <b>END:</b>  | <b>AWARD:</b> | <b>TIME FRAME:</b> |
|---------------|--------------|---------------|--------------------|
| June 1, 2020  | May 31, 2023 | \$951,000     | 3 years            |

### Target Population

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

### Program Design/Model

The CJMHTSA Reinvestment grant enabled Martin County to expand and improve the existing Mental Health Court (MHC). The MHC was established in 2007, was an expansion of the 2017-2020 reinvestment grant and is a voluntary program for individuals charged with misdemeanor or felony offense who have a mental health disorder. The expansion of the MHC increased the caseload to 75-to-100 participants at a time.

Individuals were referred to the MHC post-booking and, upon referral, received 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 assessed individuals' needs and made recommendations to the court. HHS case managers met regularly with participants and provided court liaison services, administered drug tests, and linked clients with New Horizons case managers. Case managers assisted participants in establishing/reestablishing client-centered mental health treatment services. While participating in the MHC, individuals were released on their own recognizance and must agree to a minimum of six months in the program. MHC supervision included attending court hearings and monitoring by case managers and probation officers. Upon successful completion of the program, participants would graduate and may have been eligible to have their charges dismissed. The program relied on a multitude of direct service providers and key community stakeholders for implementation.

## Goals/Objectives

The primary goal of the Martin County Mental Health Court was to expand treatment to individuals with mental health diagnoses by diverting those with a history of criminal justice involvement who are at risk of recidivism to community services and treatment.

Martin County's four major grant objectives included:

1. Expanding and enhancing the Martin County Mental Health Court to increase public safety, avert increased spending on criminal justice, and improve the accessibility and effectiveness of treatment services.
2. Creating and encouraging collaboration among the key stakeholders.
3. Increasing diversion and treatment of individuals who have mental health, substance use, and/or co-occurring disorder who are at in, or at risk of entering the criminal justice system.
4. Increasing connections to housing, employment, and educational resources.

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

- ▶ Crisis Intervention Teams (CIT)
- ▶ Mental Health Court
- ▶ Brief Jail Mental Health Screen (BJMHS)
- ▶ SSI/SSDI, Outreach, Assist, and Recovery (SOAR)
- ▶ GAINS Reentry Checklist
- ▶ Ohio Risk Assessment System (ORAS)
- ▶ LS/CMI assessments
- ▶ Assess, Plan, Identify, and Coordinate (APIC)
- ▶ Peer Support
- ▶ Rapid Rehousing
- ▶ Employment Assistance
- ▶ Safe Parenting

## Number Served through May 31, 2023 (Year 3, Quarter 4):

| MHC                  | Program Year 1 | Program Year 2 | Program Year 3 | Program Lifetime |
|----------------------|----------------|----------------|----------------|------------------|
| Number Served*       | 103            | 134            | 144            | 381              |
| Number Served Target | 100            | 100            | 100            | 300              |

\*Participants receiving services over multiple program years may be counted each year

## Performance Measures

The outcomes listed below reflect progress through May 31, 2023 (Year 3, Quarter 4).

| Measure  | Performance               |
|--|---------------------------|
| A minimum of 20% of participants will not be <b>arrested</b> while receiving program services.   | ▪ 98% not arrested.       |
| A minimum of 10% of participants will not be <b>arrested</b> within the one-year period following program discharge.   | ▪ 96% not arrested.       |
| A minimum of 75% of participants who do not reside in a <b>stable housing</b> environment at program admission will reside in a stable housing environment within 90 days of program admission.                              | ▪ 100% in stable housing. |
| A minimum of 40% of participants will reside in a <b>stable housing</b> environment one year following program discharge.  | ▪ 91% in stable housing.  |
| A minimum of 20% of participants not <b>employed</b> at admission who are not receiving disability or have a disability case pending will be employed full or part-time within 180 days of program admission.                | ▪ 100% employed.          |
| A minimum of 15% of participants who are not receiving disability or have a disability case pending will be <b>employed</b> full or part-time one year following program discharge.  | ▪ 42% employed.           |
| A minimum of 100% of participants will be assisted by the grantee or sub-grantee in applying for <b>Social Security or other benefits</b> for which they may have been eligible but were not receiving at program admission. | ▪ 100% assisted.          |

| Measure  | Performance                           |
|--|---------------------------------------|
| A minimum of 20% of participants will be <b>diverted</b> from admission to a state mental health treatment facility. | ▪ 100% diverted.                      |
| A minimum of 60% of participants shall <b>successfully complete</b> the program and graduate.                        | ▪ 77% successfully completed program. |

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

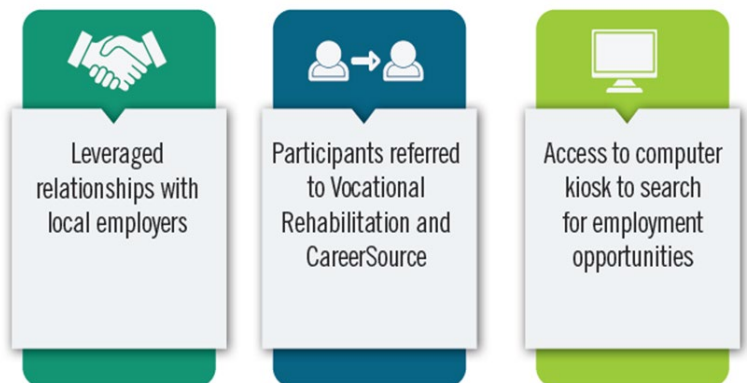
There was a reduction in recidivism among program participants who graduated from mental health court. Graduates maintained stability and recovery and the MHC was able to provide medication compliance, therapeutic services, and employment opportunities. There were eighty-five (85) successful graduates with a documented process the following year and the overall success rate was 77%. To assist participants with long-term recovery, the program worked with mental health housing programs to support more permanent housing. The program works with transitional housing partners including Plant A Seed, Good Samaritan, Pastor Gore House, Gift House, Sarah’s House, Dove’s Nest, MISS, Inc., and Artesian.



### 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 MHC offered services to numerous clients such as enhancing medication adherence, participation in therapeutic interventions, and support in securing employment opportunities. Participants have achieved significant success in obtaining meaningful jobs across various industries, such as grocery stores, auto shops, construction and labor, and other vocations. The program consistently evaluated the impact of the grant on meeting participants' needs and positively influenced the availability of services for the target population.

Martin County progress towards workforce development for participants:



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

As of May 31, 2023, Martin County had expended/leveraged \$1,037,544.48 or approximately 109% of the three-year match commitment. Martin County was able to secure local funding for the MHC during the interim period which allows the program to remain available for residents. However, the county cannot fund the program indefinitely and Martin County will apply when new grant funding is available.

The MHC offered services to numerous clients such as enhancing medication adherence, participation in therapeutic interventions, and support in securing employment opportunities. Participants have achieved significant success in obtaining meaningful jobs across various industries, such as grocery stores, auto shops, construction and labor, and other vocations. The program consistently evaluated the impact of the grant on meeting participants' needs and positively influenced the availability of services for the target population.

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## Meridian Behavioral Healthcare, Inc. (Alachua And Bradford Counties) (LHZ85)

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Meridian Behavioral Healthcare’s (Alachua and Bradford Counties) grant program, the Meridian Forensic Diversion Program (FDP).

| <b>START:</b>   | <b>END:</b>    | <b>AWARD:</b> | <b>TIME FRAME:</b> |
|-----------------|----------------|---------------|--------------------|
| April 27, 2020* | March 31, 2023 | \$1,200,000   | 3 years            |


### Target Population

The target population for the Forensic Diversion Program was 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. This included, but is not limited to:

- ▶ Individuals with chronic mental illness who have misdemeanor charges and do not meet criteria for mental health court or have high arrest recidivism rates.
- ▶ Individuals with chronic mental illness who are judicially determined as restored to competency and subsequently released to the community; and
- ▶ Individuals who have been identified as “high utilizers” of the jail and acute services.

### Program Design/Model

The Meridian Forensic Diversion Program (FDP) was an expansion of the Alachua County Criminal Justice and Substance Abuse Reinvestment Grant Program (CJMHSAG) which was awarded an implementation grant in 2007 and most recently in 2017-20. The FDP was 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 CJMHSAG continued to support two Co-Responder Teams with Alachua County Sheriff’s Office and the Gainesville Police Department. Three additional teams were implemented with the Gainesville Police Department. These teams were focused on top utilizers in jail, CSU, and the state hospitals. The FDP program provided ongoing, direct recovery-oriented services to program participants including diversion services such as outreach, screening and assessment, case management, treatment, and aftercare, and expanded assessment of criminogenic needs through use



**Meridian FDP grant expansion components**

- In-jail biopsychosocial assessment to decrease extended jail stays
- Meridian Lodge dedicated to grant clients

of the RNR model. The FDP expansion initiatives included biopsychosocial assessment and initial treatment services beginning when the participant was identified in jail and decreased extended jail stays. Transitional housing provided in the new Meridian Lodge dedicated to CJMHSA grant clients who do not have housing.

### Goals/Objectives

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

Meridian's three major grant objectives included:

1. Expanding services and diversion initiatives to increase public safety, reduce criminal justice costs, and enhance accessibility to comprehensive evidence-based treatment and recovery support services.
2. Creating and encouraging collaboration among the key stakeholders.
3. Adapting existing service capacity and models to better address recovery-oriented needs.

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

- ▶ Crisis Intervention Teams (CIT)
- ▶ Mental Health First Aid (MHFA)
- ▶ Risk Need Responsivity (RNR) Assessment Tool
- ▶ Assess, Plan, Identify, Coordinate (APIC) Model
- ▶ GAINS Reentry Checklist
- ▶ Motivational Interviewing (MI)
- ▶ Historical Clinical Risk Management-20 Version 3 (HCR-20 V3)
- ▶ Medication Assisted Treatment (MAT)
- ▶ Wellness Recovery Action Plan (WRAP)
- ▶ SSI/SSDI, Outreach, Assist, and Recovery (SOAR)
- ▶ Seeking Safety
- ▶ Peer Specialists
- ▶ Moral Reconciliation Therapy
- ▶ Cognitive Behavioral Therapy



- ▶ Transition Skills for Recovery
- ▶ Trauma-Informed Therapy
- ▶ Communication for Recovery
- ▶ American Society of Addiction Medicine (ASAM) Criteria

### Number Served through March 31, 2023 (Year 3, Quarter 4)

| Forensic Diversion Program | Program Year 1 | Program Year 2 | Program Year 3 | Program Lifetime |
|----------------------------|----------------|----------------|----------------|------------------|
| Number Served              | 322            | 346            | 320            | 988              |
| Number Served Target       | 330            | 330            | 330            | 990              |
| CIT Training               | 32             | 42             | 68             | 142              |
| CIT Training Target        | 20             | 20             | 20             | 60               |
| MHFA Training              | 162            | 44             | 13             | 219              |

### Performance Measures

The outcomes listed below reflect progress through March 31, 2023 (Year 3, Quarter 4).

| Measure   | Performance                        |
|---|------------------------------------|
| A minimum of 25% of participants will not be <b>arrested</b> while receiving program services.  | ▪ 30% arrested (70% not arrested). |
| A minimum of 25% of participants will not be <b>arrested</b> within the one-year period following program discharge.  | ▪ 34% arrested (66% not arrested). |
| A minimum of 65% of participants who do not reside in a <b>stable housing</b> environment at program admission will reside in a stable housing environment within 90 days of program admission.               | ▪ 88% in stable housing.           |
| A minimum of 65% of participants will reside in a <b>stable housing</b> environment one year following program discharge.   | ▪ 90% in stable housing.           |
| A minimum of 50% of participants not <b>employed</b> at admission who are not receiving disability or have a disability case pending will be employed full or part-time within 180 days of program admission. | ▪ 27% employed.                    |

| Measure   | Performance  |
|---|--|
| A minimum of 50% of participants who are not receiving disability or have a disability case pending will be <b>employed</b> full or part-time one year following program discharge.           | <ul style="list-style-type: none"> <li>73% employed.</li> </ul>                  |
| A minimum of 65% of participants will be assisted in applying for <b>Social Security or other benefits</b> for which they may have been eligible but were not receiving at program admission. | <ul style="list-style-type: none"> <li>84% received assistance.</li> </ul>       |
| A minimum of 45% of participants will be <b>diverted</b> from admission to a state mental health treatment facility.  | <ul style="list-style-type: none"> <li>96% diverted</li> </ul>                   |
| A minimum of 50% of participants will report receiving <b>increased access</b> to comprehensive community-based behavioral health services one year following program admission.              | <ul style="list-style-type: none"> <li>51% reported increased access.</li> </ul> |
| A minimum of 40% <b>less days spent in jail</b> among participants one year following program admission compared to the one-year period prior to admission.                                   | <ul style="list-style-type: none"> <li>41% less days in jail.</li> </ul>         |

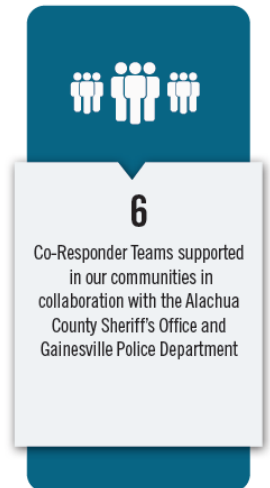
### Summary of the Effect of the CJMHSA Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison

At the completion of the grant program the data indicated a 96% decrease in arrests among individuals enrolled in the program. The Forensic Program also facilitated timely release from jail through program screening to determine if participants are eligible to receive services in the community.

### 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 Forensic Program allowed for timely screening, defense notification, and court advocacy leading to the release of participants. The participants were released to same day services, in many cases with the Forensic Specialist providing transportation from the jail. Program participants had access to individual and group therapy within a day. They also had access to a benefit coordinator to ensure proper screening and linkage to benefits.

The direct impact of the grant on forensic commitments has resulted in ongoing intensive case management and additional services for current participants who are Incompetent to Proceed (ITP) or Not Guilty by reason of Insanity (NGI) and on Conditional Release. The program offered jail competency restoration for participants who can be diverted from a state mental health treatment facility, with a brief competency restoration period, and are likely to be sent to prison once they regain competency. The program provided competency maintenance services for ITP participants who are returning to the community from a state mental health treatment facility. These services aim to maintain stability throughout the disposition of their legal case, potentially preventing a re-admission to the state hospital.



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

As of March 31, 2023, Meridian has expended/leveraged \$1,634,154.03 approximately 88% of the three-year match commitment. In Alachua County, the matching funds support a benefit coordinator position in the jail to coordinate timely booking and referral to services. In Bradford County, the matching funds are utilized to increase the identification and referrals of individuals in the jail and enhanced communication between Meridian and Bradford County Sheriff's Office.

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## Meridian Behavioral Healthcare, Inc. (Levy County) (LH822)

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Meridian Behavioral Healthcare’s (Levy County) grant program, the Forensic Jail Diversion Program.

| <b>START:</b>   | <b>END:</b>        | <b>AWARD:</b> | <b>TIME FRAME:</b> |
|-----------------|--------------------|---------------|--------------------|
| October 1, 2021 | September 30, 2024 | \$450,000     | 3 years            |

### Target Population

The target population for the Forensic Jail Diversion Program is adults ages 18 or older who have a mental illness, substance use disorder, or co-occurring disorders and who are in, or at risk of entering the criminal justice system. Subpopulations may include:

- Individuals receiving outpatient mental health treatment,
- Individuals that meet criteria for Mental Health Court, or
- Have high arrest recidivism rates.
  - ▶ Individuals with chronic mental illness who are judicially determined as restored to competency and subsequently released to the community; and
  - ▶ Individuals who have been identified as “high utilizers” of the jail and acute services.

### Program Design/Model

The Meridian grant program supports a coordinated care, team-based approach to provide services to high-need, high-risk individuals and assist in navigating the complex service systems when transitioning from jail to the community. Within one week of the biopsychosocial assessment, each participant will have a forensic treatment plan. Forensic treatment is a phased process (phase I- pre-engagement; phase II- recovery services; phase III- stabilization; phase IV transition; phase V- aftercare).

Transition planning is conducted for each participant utilizing the APIC model. Individualized treatment and transition services may include outpatient services, intensive case management, medication management, residential treatment, crisis stabilization, medical detoxification, MAT, psychiatric evaluation, psychosocial rehabilitation, psychiatric services, counseling, aftercare and discharge planning, supportive housing, peer support, court advocacy, job coaching, employment training, and education, and incidental expenses.

## Goals/Objectives

The primary goal of the grant program is to increase public safety and reduce criminal justice costs in Levy County by diverting individuals with mental illness, substance use disorder, or co-occurring disorders from the jails or from forensic hospitalization. A secondary goal is to enhance accessibility to comprehensive, evidence-based treatment and recovery support services for individuals with mental illness and/or substance use disorders who are in, or at risk of entering, the criminal justice system.

Meridian's three major grant objectives include:

1. Implement the CJMHSA services and diversion initiatives.
2. Creating and encouraging collaboration among the key stakeholders.
3. Increase access to coordinated care, person-centered treatment, and recovery support services for the target population.

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

- ▶ SSI/SSDI, Outreach, Assist, and Recovery (SOAR)
- ▶ Peer Specialists
- ▶ Mental Health First Aid (MHFA)
- ▶ Assess, Plan, Identify, and Coordinate (APIC) Model
- ▶ Historical Clinical Risk Management-20 Version 3 (HCR-20 V3)
- ▶ Motivational Interviewing (MI)
- ▶ Risk-Need-Responsivity (RNR) assessment tool
- ▶ Biopsychosocial assessments
- ▶ GAINS Reentry Checklist
- ▶ Medication Assisted Treatment (MAT)
- ▶ Moral Reconciliation Therapy
- ▶ Cognitive Behavioral Therapy
- ▶ Trauma-Informed Therapy
- ▶ Seeking Safety
- ▶ Motivational Therapy
- ▶ American Society of Addiction Medicine (ASAM) Criteria
- ▶ Transition Skills for Recovery

► Wellness Recovery Action Planning (WRAP)

Number Served through June 30, 2023 (Year 2, Quarter 3)

| Forensic Program              | Jail | Diversion Program | Program Year 1 | Program Year 2 | Program Year 3 | Program Lifetime |
|-------------------------------|------|-------------------|----------------|----------------|----------------|------------------|
| Number Screened               |      |                   | 1,217          | 1,210          | -              | 2,427            |
| Number Screened Target        |      |                   | 200            | 225            | 250            | 675              |
| Number Served/Accepted        |      |                   | 22             | 4              | -              | 26               |
| Number Served/Accepted Target |      |                   | 80             | 90             | 100            | 270              |
| MHFA Training                 |      |                   | 0              | 1              | -              | 1                |
| MHFA Training Target          |      |                   | 15             | 15             | 15             | 45               |

Performance Measures

The outcomes listed below reflect progress through June 30, 2023 (Year 2, Quarter 3).

| Measure  | Performance   |
|--|---|
| 65% of the participants will not be <b>arrested or re-arrested</b> while receiving services.   | <ul style="list-style-type: none"> <li>85% not arrested.</li> </ul>               |
| 65% of those participants determined to be <b>eligible for social security or other benefits</b> have received SSI/SSDI through the SOAR process.  | <ul style="list-style-type: none"> <li>87% received SSI/SSDI.</li> </ul>          |
| 45% of participants will be <b>diverted</b> from a state mental health treatment facility.   | <ul style="list-style-type: none"> <li>N/A none eligible.</li> </ul>              |
| 60% of the participants will <b>successfully complete program services</b> .   | <ul style="list-style-type: none"> <li>54% completed program services.</li> </ul> |
| 60% reduction in the total number of <b>arrests</b> among participants in the six-month period following their ending date compared to the six-month period prior to their start date.           | <ul style="list-style-type: none"> <li>92% reduction.</li> </ul>                  |
| A minimum of 65% of participants not residing in a <b>stable housing</b> environment at program admission will report living in a stable housing environment within 90 days of their start date. | <ul style="list-style-type: none"> <li>100% in stable housing.</li> </ul>         |
| 65% of participants not residing in <b>stable housing</b> at program start date will report living in stable housing six months after their program end date.                                    | <ul style="list-style-type: none"> <li>100% in stable housing.</li> </ul>         |

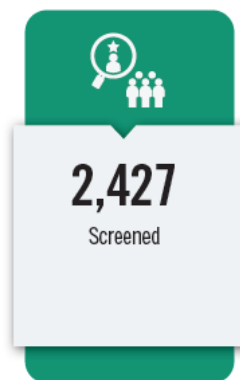
| Measure   | Performance         |
|---|---------------------|
| A minimum of 50% of those participants not <b>employed</b> at their program start date and who are not receiving disability or have a disability case pending will be employed full or part time six months following their program end date. | ▪ 38% employed.     |
| A minimum of 50% of those participants <b>employed</b> at their program start date will remain employed full or part time six months following their program end date.  | ▪ 54% employed.     |
| 65% of participants will not be <b>arrested</b> one year following program discharge.   | ▪ 92% not arrested. |

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

The grantee is working to cover system-level data in addition to participant-level data. However, of those enrolled in the program, 85% were not arrested while receiving services. It is anticipated that reduced recidivism among program participants will contribute to cost-savings for Levy County Jail.

### 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

This grant serves to address issues identified in the Levy County planning grant related to in-jail engagement, access to services, and high utilization of costly services. Through the grant program, the coordinated care team approach is dedicated to serving the high-need, high-risk individuals navigating transitions from jail to the



community and provide timely screening, case management and access to services they may need to be successful. More specifically, the program allows participants to have access to individual and group therapy within one day of enrolling, assistance with applying for benefits, and when appropriate, referrals to Mental Health Court. However, the grantee also expressed barriers to care based on logistics of jail outreach/engagement which is an ongoing effort being addressed by grantee partners.

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

As of June 30, 2023, Meridian has expended/leveraged \$57,419.63 or approximately 76% of their in-kind match commitment (no local matching funds as Levy is a fiscally restrained county).

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## Miami-Dade County\* (LH826)

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Miami-Dade County's grant program, the Forensic Intensive Case Management Team.

| <b>START:</b>     | <b>END:</b>      | <b>AWARD:</b> | <b>TIME FRAME:</b> |
|-------------------|------------------|---------------|--------------------|
| November 5, 2021* | October 31, 2024 | \$1,200,000   | 3 years            |

### Target Population

The target population for the Jail In-Reach Team are 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 cannot have significant histories of violence or cause public safety concerns. 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 expanded the existing CMHP by implementing a Forensic Intensive Case Management (FICM) Team. This team utilizes the Critical Time Intervention (CTI) model of care coordination. The CHMP is collaborating with Jackson Health System, South Florida Behavioral Health Network, and Fresh State of Miami-Dade, Inc. to enhance and develop the team. FICM is an adaptation of Intensive Case Management. The services are delivered within the community when and where services are in need.

#### CTI Model

"Critical Time Intervention (CTI) model is being implemented within the CMHP diversion program. Consists of community-based meetings and phone contacts with participants which are averaging two (2) to three (3) times per week in the initial three-month phase. This frequency overdelivers on the suggested frequency of the CTI model "2 meetings or calls during the first month."

### Goals/Objectives

The primary goals of the grant program are to reduce admission of acute care treatment services, as well as a reduction of arrest and incarceration.

Miami-Dade's three major grant objectives included:

1. Implementing services and diversion initiatives
2. Creating and encouraging collaboration among the key stakeholders
3. Providing effective community reintegration and transition planning with evidence-based approaches such as peer support specialist that will be provided to participants' more comprehensive services.

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

- ▶ Critical Time Intervention (CTI) Model
- ▶ Assess, Plan, Identify, and Coordinate (APIC) Model
- ▶ Interactive Journaling (CBT)
- ▶ Texas Christian University Drug Screen (TCUD-V)
- ▶ Ohio Risk Assessment- Community Supervision Tool (ORAS-CST)
- ▶ Peer Specialists

## Number Served through July 31, 2023 (Year 2, Quarter 3)

| Jail In-Reach Team   | Program Year 1 | Program Year 2 | Program Year 3 | Program Lifetime |
|----------------------|----------------|----------------|----------------|------------------|
| Number Served        | 38             | 35             | -              | 73               |
| Number Served Target | 40             | 55             | 55             | 150              |

## Performance Measures

The outcomes listed below reflect progress through July 31, 2023 (Year 2, Quarter 3).

| Measure  | Performance                 |
|--|-----------------------------|
| 50% or less of participants shall be <b>arrested</b> while enrolled in Program.  | ▪ 25% arrested.             |
| 50% or less of participants shall be <b>arrested</b> within six months of Program discharge.                             | ▪ 30% arrested.             |
| 100% of participants shall be assisted in applying for <b>benefits</b> that they are not receiving at program admission. | ▪ 97% applied for benefits. |
| 90% of participants shall be <b>diverted</b> from state mental health treatment facility.                                | ▪ 100% diverted.            |
| 50% of participants shall be successfully <b>discharged</b> from the program.  | ▪ 72% received assistance.  |
| 50% of participants shall <b>attend</b> scheduled therapeutic sessions.  | ▪ 96% attended.             |

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

Procedures were developed to ensure collaboration among the Miami-Dade Corrections and Jackson Health System (JHS), South Florida Behavioral Health Network (SFBHN), and Fresh Start of Miami-Dade, Inc. These procedures help reduce expenditures by reducing jail bed days, forensic commitments, and recidivism.

## Summary of the Effect of the CJMHTSA 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 Criminal Mental Health Project (CMHP) anticipates all participants in the felony diversion track are being diverted from the state mental health hospital, as well as provided intensive case management and supportive services in the community. Since execution of the grant, 73 individuals have been enrolled in intensive case management services. Each participant enrolled in the program was assessed for benefits eligibility and assisted in applying for. Participants are receiving evidence-based screening tools, which are utilized to develop a formal and individualized transition plan to coordinate linkages to community-based treatment and services through use of the APIC model. Participants also received on-going peer support services. In general, participants in the grant program received greater access to community-based services.

### Staff Meetings

“Regular staff meetings are held to address and review participant referrals, screening, assessments, transition plans, engagement, linkage to treatment/services, court issues, and ongoing community support. Once collected, this data is organized, tracked, and analyzed by the research assistant.”

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

As of July 31, 2023, Miami-Dade County expended/leveraged \$201,226.40 or approximately 17% of the three-year match commitment. Matching funds are used to support program staff and promote active collaboration of all grant partners.



### Matching Funds

Matching funds are instrumental in building consensus including the active collaboration of all partners and completing the full cadre of staff assigned to the project.

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## Orange County BOCC (LH818)

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Orange County's grant program, Pre-booking Diversion Drop-in Centers.

| <b>START:</b>   | <b>END:</b>       | <b>AWARD:</b> | <b>TIME FRAME:</b> |
|-----------------|-------------------|---------------|--------------------|
| January 1, 2022 | December 31, 2025 | \$1,200,000   | 3 years            |

### Target Population

The target population is adults with mental health and substance use disorders who meet the following Pre-booking Diversion Drop-in Centers' admission criteria:

- Accompanied with law enforcement; or
- Referred by law enforcement; or
- Walk-in; or
- Self-referral or agency-referral

### Program Design/Model

The Orange County grant program expands the Orange County Central Receiving System (CRS) and establishes Pre-booking Diversion Drop-in Centers that will allow law enforcement to drop individuals off with mental health and/or substance use disorders in need of community resources at two of Orange County's drop-in centers. The Drop-in Centers operate Monday – Friday from 8:00 a.m. to 6:00 p.m. At each drop-in center, there is a pre-booking diversion team which includes a case manager and recovery peer specialist. Individuals may receive an array of services at the drop-in centers including assessment, intervention, case management, linkages to community services, and individual and group recovery support. Individuals taken to the drop-in centers are not in crisis but need assistance in connecting to resources and peer support. The grant program also supports Crisis Intervention Teams (CIT) training for Orange County employees including law enforcement, corrections, transportation agencies, and public schools.



### Goals/Objectives

The three major goals are to:

1. Expand pre-booking diversion options for an adult target population.

2. Conduct law enforcement training to respond to adults in crisis with mental health, substance use and/or co-occurring disorders.
3. Expand community organization participation in planning and implementation of expanded diversionary services and support in the county.
4. Creating and encouraging collaboration among key stakeholders
5. Ensure performance measurement outcomes are met and implement ongoing quality assurance initiatives.

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

- ▶ Crisis Intervention Teams (CIT)
- ▶ Peer Specialists
- ▶ Crisis Intervention Teams (CIT)
- ▶ Peer Specialists
- ▶ DLA-20, Case Management Assessment
- ▶ Ohio Risk Assessment System (ORAS)
- ▶ Drug Abuse Screening Test (DAST)
- ▶ TCU Drug Screen 5
- ▶ Child Trauma Screen (CTS)
- ▶ University of Rhode Island Change Assessment Scale (URICA)

### Number Served through June 30, 2023 (Year 2, Quarter 2)

| Individuals Served   | Program Year 1 | Program Year 2 | Program Year 3 | Program Lifetime |
|----------------------|----------------|----------------|----------------|------------------|
| Number Served        | 128            | 151            | -              | 279              |
| Number Served Target | 360            | 360            | 360            | 1,080            |
| CIT Training         | 82             | 95             | -              | 177              |
| CIT Training Target  | 180            | 180            | 180            | 540              |

### Performance Measures

The outcomes listed below reflect progress through June 30, 2023 (Year 2, Quarter 2).

| Measure   | Performance     |
|---|-----------------|
| A maximum 30% of individuals served are <b>arrested or rearrested</b> while receiving services. | ▪ 10% arrested. |

| Measure  | Performance  |
|--|--|
| A maximum 35% of individuals served are <b>arrested or rearrested</b> within one year following their program ending date.   | <ul style="list-style-type: none"> <li>▪ 15% arrested.</li> </ul>          |
| A minimum 50% of individuals served who do not reside in a stable housing environment on their start date will reside in a <b>stable housing environment</b> within 90 days of their start date. | <ul style="list-style-type: none"> <li>▪ 12% in stable housing.</li> </ul> |
| A minimum 65% of individuals served will reside in a <b>stable housing environment</b> one year following their end date.  | <ul style="list-style-type: none"> <li>▪ 37% in stable housing.</li> </ul> |
| A minimum 65% of individuals who are not employed at their start date are <b>employed</b> full or part time within 180 days of their start date.   | <ul style="list-style-type: none"> <li>▪ 2% employed.</li> </ul>           |
| A minimum 50% of individuals served are <b>employed</b> full or part time one year following their end date.   | <ul style="list-style-type: none"> <li>▪ 2% employed.</li> </ul>           |
| A minimum 75% of individuals served are assisted in applying for <b>social security or other benefits</b> for which they may be eligible but were not receiving at their start date.             | <ul style="list-style-type: none"> <li>▪ 100% assisted.</li> </ul>         |
| A minimum 65% of individuals served are <b>diverted</b> from admission to an inpatient behavioral health hospital.   | <ul style="list-style-type: none"> <li>▪ 100% diverted.</li> </ul>         |
| A minimum 85% of individuals served are <b>satisfied</b> with services provided.   | <ul style="list-style-type: none"> <li>▪ Data not collected.</li> </ul>    |

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

The grantee did not report on impact of grant program on jail expenditures.

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

Approximately 279 individuals were connected to services through the drop-in center.

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

As of June 30, 2023, Orange County expended/leveraged \$75,626.56 or approximately 6% of the three-year match commitment for their CJMHSA Reinvestment grant.

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## Pinellas County BOCC (LHZ91)

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Pinellas County's grant program, Road to Success (RTS).

| <b>START:</b> | <b>END:</b>  | <b>AWARD:</b> | <b>TIME FRAME:</b> |
|---------------|--|---------------|--------------------|
| July 1, 2020  | June 30, 2023,<br>no cost extension<br>through September<br>30, 2023 | \$1,200,000   | 3 years            |

### Target Population

The target population for RTS is at-risk youth ages 14 through 21 who have a mental illness, substance use disorder, or co-occurring mental health and substance use disorder, and who are in or at risk of entering, the delinquency and dependency systems.

### Program Design/Model

Road to Success (RTS) is an expansion of the existing Crossover for Children (CFC) program that has been operational since 2006 in the Office of the Public Defender, Sixth Judicial Circuit. RTS is being implemented by the Office of the Public Defender, Sixth Judicial Circuit in partnership with Ready for Life, Inc. The expansion serves to increase capacity of the program because the number of eligible youth outnumbers the capacity of the CFC program.

RTS offers an intensive diversion services program to the target population of youth. The program's goal is to represent the express wishes of the child through educating them on the judicial process to make informed decisions and promote improved outcomes for crossover youth. Crossover youth are those involved in the child welfare and juvenile justice systems. Regarding delinquency prevention, the program makes an effort to avoid felony adjudications and Department of Juvenile Justice commitments as a cost-savings alternative to appropriate intervention by the dependency case workers. Regarding dependency, the goal is to analyze the youth's needs and current plan to address gaps in treatment services and enhance the stability, normalcy, and permanency for the youth as well as reduced recidivism. Combined, the goal of both the delinquency and dependency advocacy is to enhance the client's ability to become a self-reliant adult in the future.



RTS partners with Ready for Life, Inc., is the skills center for youth enrolled in the program. The skills center provides young adults raised in the foster care system and involved with DJJ the life skills necessary to be successful.

The Public Defender's office and RTS collaborates with the State Attorney's Office, School Resource Officers, PEMHS, Guardian Ad Litem's Office, National Advocacy Center for Persons with Disabilities, Directions for Living, Suncoast Center for Mental Health, Pinellas County Schools, the Agency for Persons with Disabilities, and Juvenile Welfare Board for program operations.

### Goals/Objectives

The primary goal of the program is to divert both low and high-risk youth from arrest, prosecution, or incarceration into diversion, treatment, and community-based support services.

The three major objectives include:

1. Expand program services to improve the accessibility and effectiveness of treatment and support services for the target population within three months of grant execution.
2. Creating and encouraging collaboration among key stakeholders.
3. Ensure performance measurement outcomes are met and implement ongoing quality assurance initiatives.

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

- ▶ General Anxiety Disorder (GAD-7)
- ▶ Spence Children's Anxiety Scale (SCAS)
- ▶ Severity Measure for Generalized Anxiety Disorder- Child Age 11-17
- ▶ Patient Health Questionnaire (PHQ-9); PHQ-9 modified for adolescents
- ▶ PTSD Checklist for DSM-5 (PCL-5)
- ▶ Traumatic Events Screening Inventory (TESI-C)
- ▶ Columbia-Suicide Severity Rating Scale (C-SSRS)
- ▶ Cognitive Behavioral Therapy (CBT)
- ▶ Motivational Interviewing (MI)
- ▶ Motivational Enhancement Therapy (MET)

- ▶ Seeking Safety
- ▶ Solution Focused Brief Therapy
- ▶ Dialectical Behavior Therapy

Number Served through June 30, 2023 (Year 3, Quarter 4):

| RTS                  | Program Year 1 | Program Year 2 | Program Year 3 | NCE (7-9/2023) | Program Lifetime |
|----------------------|----------------|----------------|----------------|----------------|------------------|
| Number Served        | 26             | 46             | 45             | -              | 117              |
| Number Served Target | 25             | 60             | 60             | 5              | 150              |

### Performance Measures

Outcome data for the performance measures reflect progress through June 30, 2023 (Year 3, Quarter 4).

| Measure   | Performance                     |
|---|---------------------------------|
| A minimum of 50% of youth enrolled in the program will not be <b>arrested</b> while receiving services.   | ▪ 46% not arrested.             |
| A minimum of 50% of youth enrolled in the program will not be <b>arrested</b> within the one-year period following program discharge.   | ▪ 78% not arrested.             |
| A minimum of 75% of youth enrolled in the program who did not reside in a <b>stable housing environment</b> at admission will reside in stable housing within 90 days of program admission.                                   | ▪ 71% reside in stable housing. |
| A minimum of 75% of youth enrolled in the program will reside in a <b>stable housing environment</b> one year following program discharge.  | ▪ 89% reside in stable housing. |
| A minimum of 85% of eligible youth enrolled in the program <b>not employed</b> at admission and who are physically and mentally able to be employed, will be employed full or part time within 180 days of program admission. | ▪ 42% employed.                 |
| A minimum of 85% of eligible youth enrolled in the program <b>not employed</b> at admission and who are physically and mentally able to be employed, will be employed full or part time one year following program discharge. | ▪ 73% employed.                 |

| Measure   | Performance   |
|---|---|
| A minimum of 80% of youth enrolled in the program will be assisted by the grantee (or sub-grantee) in applying for <b>social security or other benefits</b> , identify documents, or financial aid for which they may have been eligible but were not receiving at program admission. | <ul style="list-style-type: none"> <li>100% assisted in applying for benefits.</li> </ul>           |
| A minimum of 10% of youth enrolled in the program will be <b>diverted</b> from admission to a state inpatient psychiatric program (SIPP).   | <ul style="list-style-type: none"> <li>100% diverted</li> </ul>                                     |
| A minimum of 25% of youth enrolled in the program will exhibit a <b>decrease in mental health symptoms</b> such as anxiety, trauma, PTSD, or other related mental health disorders at discharge.  | <ul style="list-style-type: none"> <li>63% exhibited decrease in mental health symptoms.</li> </ul> |

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

According to calculations based on the 2020 DJJ Comprehensive Accountability Report for detention and assuming direct diversion from juvenile detention, RTS has diverted 41 youth from juvenile detention, avoided 492 jail days, and saved approximately \$126,837 in detention costs.



Assuming direct diversions from juvenile detention, this program has:

- Diverted 41 youth from juvenile detention
- Avoided 492 detention days\*
- Saved \$126,838 in detention costs\*

\*Calculations based off of Pinellas JDC cost and length of stay data from the 2020 DJJ Comprehensive Accountability Report for Detention; Average LOS = 12 days, Estimate per diem: \$257.80.

### 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

The grant program supports two full-time therapists, two full-time case managers, and one juvenile attorney in the Public Defender’s Office. The addition of these personnel allows the program to better address gaps in services as well as serve a larger number of crossover youth. In year 3 quarter 4, two new clients were served.

All program participants eligible for SIPP were diverted from commitment while enrolled in the program.

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

As of June 30, 2023, Pinellas County expended/leveraged \$629,414.63 or approximately 79% of the three-year match commitment for their CJMHSA Reinvestment grant. Matching funds assisted in expanding the capacity of numbers served by RTS as well as support program staff salaries in the 6<sup>th</sup> Circuit Public Defender's Office and services provided by Ready for Life, Inc.

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## Pinellas County BOCC\* (LH834)

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Pinellas County's grant program, Complex Case Reintegration Program (CCRP).

| <b>START:</b>   | <b>END:</b>       | <b>AWARD:</b> | <b>TIME FRAME:</b> |
|-----------------|-------------------|---------------|--------------------|
| March 10, 2022* | February 28, 2025 | \$1,200,000   | 3 years            |

### Target Population

CCRP serves adults with serious mental illness or co-occurring substance use disorders who:

- Have two or more arrests within the past 12 months; or
- Have prior long term stays in jail of 20 days or more within the past 6 months, and
- Have increased risk of arrest due to multiple referral sources, gaps, or disengagement in services; or
- Have 3 or more Baker or Marchman Act admissions within the past 6 months.

### Program Design/Model

The CCRP implemented in partnership with WestCare GulfCoast-Florida, Inc. (WestCare) and the People Empowering and Restoring Communities (PERC), provides reentry and transition services and support to those reentering the community in Pinellas County, with an emphasis on individuals with histories of opioid use. The program begins with in-reach to the jail and Safe Harbor homeless shelter to identify individuals reentering the community who may be eligible for services. PERC and WestCare screen potential participants to determine their risks, needs, and commitment to receiving services. The screening and assessment results are used to create an individualized treatment and case management plan. Those who are enrolled in the program receive intensive case management, including treatment and support services, and referrals for community providers as needed.

A CCRP Team was created as a part of this grant program which included a licensed mental health counselor and case manager. The participants are linked to services based on their individual needs. Services may include benefits services, case management, co-occurring residential treatment, employment, housing supports, Medication-Assisted Treatment, outpatient services, peer support, psychiatric services, and transportation.

## Goals/Objectives

The primary goal of the program is to increase public safety; avert increased justice system spending; and increase access to effective, evidence-based community treatment services and resources for adults with serious mental illness or co-occurring substance use disorders, who are involved in or at risk of becoming involved in the justice system.

The major objectives include:

1. Implement the CJMHSA 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

- ▶ Level of Service, Case Management Inventory (LS-CMI)
- ▶ American Society of Addiction Medicine (ASAM)
- ▶ Medication Assisted Treatment (MAT)
- ▶ ACE Trauma Tool
- ▶ Peer Support

Number Served through August 31, 2023 (Year 2 Quarter 2):

| CCRP                         | Program Year 1 | Program Year 2 | Program Year 3 | Program Lifetime |
|------------------------------|----------------|----------------|----------------|------------------|
| Number Served (unduplicated) | 13             | 6              | -              | 19               |
| Number Served Target         | 25             | 40             | 40             | 105              |

## Performance Measures

Outcome data for the performance measures reflect progress through August 31, 2023 (Year 2, Quarter 2).

| Measure   | Performance      |
|---|------------------|
| 20% or less of participants shall be arrested while enrolled in the program.  | ▪ 11% arrested.  |
| 50% or less of participants who successfully complete the program shall be arrested within 6 months of program discharge. | ▪ None arrested. |

| Measure  | Performance  |
|--|--|
| 25% of participants not residing in a stable housing environment at admission shall reside in a stable housing environment within 90 days of admission.                            | <ul style="list-style-type: none"> <li>100% in stable housing.</li> </ul>                                      |
| 25% of participants who are eligible but not employed at admission shall be employed full or part time within 180 days of admission.   | <ul style="list-style-type: none"> <li>89% employed.</li> </ul>  |
| 80% of participants shall be assisted by the grantee in obtaining social security or other benefits for which they may be eligible but were not receiving at admission.            | <ul style="list-style-type: none"> <li>100% assisted.</li> </ul>   |
| 80% of participants successfully completing program services will exhibit stabilization or reduction in a minimum of two American Society of Addiction Medicine (ASAM) dimensions. | <ul style="list-style-type: none"> <li>67% exhibited stabilization or reduction of ASAM dimensions.</li> </ul> |
| 50% of participants shall successfully complete program.   | <ul style="list-style-type: none"> <li>64% completed.</li> </ul>   |

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

Since inception of the program, Pinellas County estimates that it has avoided approximately \$10,092.42 in jail costs. This estimation is based on the assumption that the program's involvement has prevented clients from re-entering the criminal justice system. Considering the number of clients served (19), it is further estimated that 600.02 jail days have been avoided for CCRP participants. These calculations are derived from data related to the jail's Average Daily Population (ADP) in SFY 2022, which was 3,192.17 (source: PCSO). The Jail Budget for SFY 2022 was \$19,596,342 (source: PCSO adopted budget SFY 2022). In addition, the Average jail Length of Stay (LOS) for SFY 2022 was 31.58 days (source: PCSO Detention and Corrections reports). The estimated cost per inmate per day is \$16.82, resulting in an estimated per diem cost of \$531.18 for each client who does not recidivate.

Assuming involvement in the program will prevent clients from re-entering the system this program has:

- Prevented 19 clients from re-entering system\*
- Avoided 600.02 jail days\*
- Saved \$10,092.42 in costs\*

\*Calculations based off of Jail Average Daily Population (ADP) FY22: 3,192.17 (source, PCSO Data), Jail Budget FY22: \$19,596,342 (source, PCSO adopted budget FY22) Average jail Length of Stay (LOS) FY22: 31.58 days (source, PCSO Detention and Corrections reports. Estimated cost of \$16.82 per inmate, per day or estimated per diem: \$531.18 per client that does not recidivate.

### 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

Pinellas County reports that no clients were diverted from forensic commitments as none have been eligible for commitment since the program was implemented.

In year 2 quarter 2, one client was diverted from arrest, prosecution and/or jail and instead connected to intensive case management and therapeutic services that have helped to address crises including homelessness, substance use disorder, or co-occurring mental health disorders that likely would have led to arrests or hospital commitments.

The CCRP grant has bolstered its staffing with two full-time case managers, two full-time therapists, and one program manager. This strategic addition of personnel equips local partner agencies, specifically PERC and WestCare, with the capacity to build upon their current diversionary achievements. These enhancements enable Pinellas County to offer intensive case management, transitional housing, vocational services, and workforce support, ultimately creating an environment conducive to more effectively assisting a subpopulation that requires specialized support for a successful reintegration into the community.

Recognizing the diverse needs of the target population, many of whom are concurrently enrolled in other programs that entail therapeutic activities or drug screenings, CCRP has actively explored avenues for greater flexibility. This includes discussions around the acceptance of drug screens from alternative sources, such as probation or housing programs. With this flexibility, participants now have the option to provide samples at either PERC or WestCare, affording them more accommodating sample submission times and creating less burden for community providers to navigate.

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

As of August 31, 2023, Pinellas County expended/leveraged \$317,397.67 or approximately 26% of the three-year match commitment for their CJMHPA Reinvestment grant. Matching funding supports staff and program operating expenses.

### LH834 Pinellas County BOCC



The collaboration between WestCare and the Pinellas Ex-Offender Reentry Coalition (PERC) has proven highly effective in providing comprehensive care for clients. Weekly zoom meetings facilitate care coordination, referrals, and discussion of program successes and challenges. One notable success involves a client who demonstrated significant stabilization in mental and physical health. Through treatment, they addressed psychological symptoms, received referrals for specialized care, enrolled in the Pinellas County Health program, secured employment, and maintained sobriety.



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## Polk County BOCC\* (LH833)

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Polk County's grant program, is an expansion of Helping HANDS, Helping Achieve Targeted Comprehensive Healthcare (HATCH).

| <b>START:</b>  | <b>END:</b>       | <b>AWARD:</b> | <b>TIME FRAME:</b> |
|----------------|-------------------|---------------|--------------------|
| March 3, 2022* | February 28, 2025 | \$1,200,000   | 3 years            |

### Target Population

The target population for is adults with serious mental illness or co-occurring substance use disorders who have histories of repeated involvement in the justice, acute care treatment, or homeless systems and who are either:

- ▶ Referred from community partners or are contacted by mobile outreach crisis counselor when responding to behavioral health related 911 calls and:
  - Have one or more arrests within the past 12 months; and
  - Are receiving behavioral health medications or have a diagnosis; or
  - Have a history of arrest or Baker or Marchman Act admission.
- ▶ Or in jail and receiving behavioral health medications and arrested two or more times within the past 12 months

### Program Design/Model

HATCH supports individuals released from jail into the community or individuals who have a history of arrest, Baker Act or Marchman Act. Referrals may come from three different access points: mobile outreach crisis counselor, jail in-reach, and community partners. For individuals referred from the jail, they will receive some jail in-reach with program staff to go over the program and begin to work on building rapport. Those accepted into the HATCH program are paired with certified recovery peer specialists, case managers, and Polk County Fire Rescue community paramedics who engage with the individual from initial contact through program enrollment. The team will assist participants to find behavioral health providers and other resources for



recovery support, medications, case management, health assessments transportation and housing. A treatment plan is developed, and individuals are connected to the following array of services based on their needs: case management, co-occurring residential treatment, employment, housing supports, incidentals, Medication-Assisted Treatment, outpatient services, peer support, prevention services, psychiatric services, and transportation.

### Goals/Objectives

The primary goal of the program is to increase public safety, avert increased justice system spending, and increase access to effective, evidence-based community treatment services and resources for adults with serious mental illness (SMI) or co-occurring substance use disorders who are involved in or at risk of becoming involved in the justice system.

Polk County’s three major objectives are:

1. Implement the CJMHSA 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

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

Number Served through August 31, 2023 (Year 2 Quarter 2):

| HATCH                    | Program Year 1 | Program Year 2 | Program Year 3 | Program Lifetime |
|--------------------------|----------------|----------------|----------------|------------------|
| Number Served (enrolled) | 171            | 129            | -              | 300              |
| Number Served Target     | 70             | 70             | 70             | 210              |

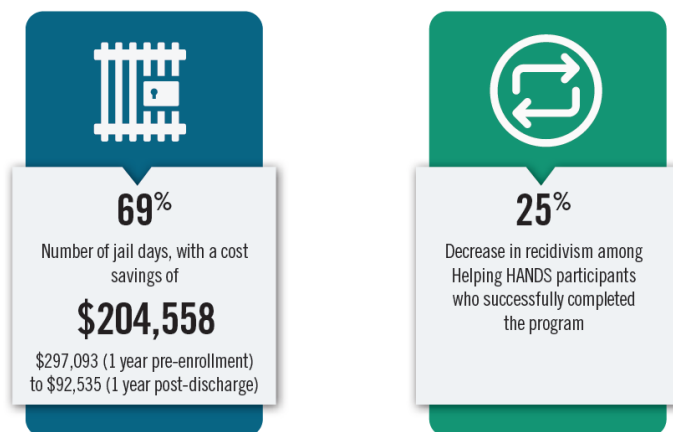
## Performance Measures

Outcome data for the performance measures reflect progress through August 31, 2023 (Year 2, Quarter 2).

| Measure  | Performance              |
|--|--------------------------|
| 50% or less of participants shall be <b>arrested</b> while enrolled in the program.  | ▪ 17% arrested.          |
| 50% or less of participants who successfully complete the program shall be <b>arrested</b> within six months of program discharge.   | ▪ None arrested.         |
| 10% of participants not residing in a stable housing environment at program admissions shall reside in a <b>stable housing environment</b> within 90 days of program admission.        | ▪ 37% in stable housing. |
| 25% of participants who successfully complete the program shall reside in a <b>stable housing environment</b> six months following program discharge.                                  | ▪ 8% in stable housing.  |
| 25% of participants who are eligible but not employed at program admissions shall be <b>employed</b> full or part time within 180 days of admission.                                   | ▪ 48% employed.          |
| 25% of participants who are eligible for employment and successfully complete the program shall be <b>employed</b> full or part time six months following program discharge.           | ▪ 100% employed.         |
| 85% of participants shall be assisted by the grantee in obtaining <b>social security or other benefits</b> for which they may be eligible but were not receiving at program admission. | ▪ 100% assisted.         |
| 10% of participants enrolled following a behavioral health related 911 call shall be <b>diverted</b> from a state mental health treatment facility.                                    | ▪ 100% diverted.         |
| 50% of participants shall be <b>engaged in behavioral health treatment</b> .   | ▪ 82% engaged.           |
| 85% of participants shall be <b>linked with a behavioral healthcare provider</b> .   | ▪ 97% linked.            |

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

SFY21-22 Helping HANDS data indicated a 69% decrease in number of jail days, with a cost reduction from \$297,093 (1-year pre-enrollment) to \$92,535 (1-year post-discharge). There was also a 25% decrease in recidivism among Helping HANDS participants who successfully completed the program.



## Summary of the Effect of the CJMHPA 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 Polk County Indigent Health Care Program streamlined the application process for HATCH participants to receive healthcare. Of 101 participants enrolled, 46 participants were eligible and enrolled in the Polk Healthcare Plan.

No participants were admitted to a state mental health treatment facility.

### LH833 Polk County BOCC



A client of Helping HANDS completed an 8.5-month rehab, celebrating 2 years and 3 months of sober living. With steady employment and promotions, she reclaimed lost time with her family. Grateful for the opportunity and support, Amy recognizes Helping HANDS and HATCH as instrumental in her journey to becoming a better person. Now, she sees possibilities for a brighter life.

“  
Now I can see the possibilities of a life where I could not see it before. It's all thanks to Helping HANDS and the HATCH program for giving me a chance where I did not have one before.  
”

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

As of August 31, 2023, Polk County expended/leveraged \$248,029.54 or approximately 21% of the three-year match commitment for their CJMHPA Reinvestment grant. Match

funds support the salary for the program manager and two case managers who provide wraparound services for program participants.

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## Seminole County BOCC\* (LH828)

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Seminole County's Reinvestment grant program.

| <b>START:</b>    | <b>END:</b>      | <b>AWARD:</b> | <b>TIME FRAME:</b> |
|------------------|------------------|---------------|--------------------|
| November 1, 2021 | October 31, 2024 | \$1,200,000   | 3 years            |

### Target Population

The program served adults and juveniles:

- ▶ Adults 18 years and older who are at risk of entering the criminal justice system and have factors associated with possible criminal behavior including: homelessness and other unstable living situations; mental health and substance use issues including those in need of immediate detoxification; history of victimization or abuse; significant transitions such as release from jail, prison, or forensic facility; or a history of involvement in the justice system.
- ▶ Juveniles (boys and girls) between the ages of 6 through 17 who are at risk of involvement in the criminal or juvenile justice systems exhibiting factors associated with possible delinquent behaviors that can lead to involvement in the juvenile justice system, including individual, family, peer group, school-related, or community environmental factors.

### Program Design/Model

Seminole County's grant program is an expansion of their prior reinvestment grant (LHZ71) that supports a cadre of diversion and treatment services in Seminole County. This program supports Assisted Outpatient Treatment (AOT) for adults who have had multiple Baker Acts in a six-month period or have been identified as at risk for commitment to a state mental health treatment facility. Moreover, grant funds maintain the assisted medical detoxification bed in Seminole County.

For juveniles, the grant promotes prevention programming through the 13-week Stop Now And Plan (SNAP) 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 included life skills training, Motivational Interviewing, counseling services and decision-making classes for the youth and their parents.

Grant funds also support Crisis Intervention Teams (CIT) training for law enforcement.

### Goals/Objectives

The primary goal of the program is to increase public safety, avert increased spending on criminal and juvenile justice systems, and improve the accessibility and effectiveness of treatment services for adults and juveniles who have a mental illness, substance use disorder, or co-occurring mental health and substance use disorders, and who are in or at risk of entering, the criminal or juvenile justice system.

#### **Objectives:**

1. Enhance diversion programs for the adult target population.
2. Expand collaboration among key stakeholders.
3. Enhance treatment and other collateral services for the adult target population.
4. Conduct Crisis Intervention Teams (CIT) training to respond to adults and juveniles in crisis with mental health, substance use and/or co-occurring disorders.
5. Enhance juvenile diversion treatment services.

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

- ▶ Drug Abuse Screening Tool (DAST)
- ▶ Assisted Outpatient Treatment (AOT)
- ▶ Daily Living Activities 20 (DLA-20)
- ▶ Alcohol Use Disorder Identification Test (AUDIT)
- ▶ Ohio Risk Assessment Screen (ORAS)
- ▶ Cognitive Behavioral Therapy (CBT)
- ▶ Trauma-informed Cognitive Behavioral Therapy (CBT)
- ▶ Crisis Intervention Teams (CIT)
- ▶ Stop Now And Plan (SNAP)
- ▶ Motivational Enhancement Therapy (MET)
- ▶ Moral Reconciliation Therapy
- ▶ Trauma-informed care with Eye Movement Desensitization and Reprocessing Therapy (EMDR)
- ▶ Motivational Interviewing (MI)

Number Served through July 31, 2023 (Year 2 Quarter 4):

| Seminole Co. Grant Program       | Program Year 1 | Program Year 2 | Program Year 3 | Program Lifetime |
|----------------------------------|----------------|----------------|----------------|------------------|
| Number Served (adults)           | 6              | 13             | -              | 19               |
| Number Served Target (adults)    | 15             | 18             | 22             | 55               |
| Number Served (juveniles)        | 41             | 31             | -              | 72               |
| Number Served Target (juveniles) | 25             | 25             | 25             | 75               |
| CIT Training                     | 61             | 241            | -              | 302              |
| CIT Training Target              | 30             | 30             | 30             | 90               |

Performance Measures

Outcome data for the performance measures reflect progress through July 31, 2023 (Year 2 Quarter 4).

| Measure   | Performance   |
|---|---|
| Less than 30% of adult participants will be <b>arrested</b> while receiving services.   | ▪ 5.2% arrested.  |
| Less than 25% of juvenile participants will be <b>arrested</b> while receiving services.  | ▪ 5.5% arrested.  |
| Less than 30% of adult participants will be <b>arrested</b> within one year following end date for program services.  | ▪ None arrested.  |
| Less than 25% of juvenile participants will be <b>arrested</b> within one year following end date for program services.   | ▪ None arrested.  |
| A minimum 70% of adult participants not residing in a <b>stable housing environment</b> at their program start date will reside in stable housing within 90 days of program start date.                           | ▪ Not applicable as all clients have resided in stable housing.                       |
| A minimum 50% of adult participants not residing in a <b>stable housing environment</b> at their program start date will reside in a stable housing environment within one year following their program end date. | ▪ The grantee is collecting data; however, it is too early to report on this measure. |
| A minimum 50% of adult participants not employed at their program start date shall be <b>employed</b> full or part time within 180 days of their program start date.  | ▪ 10% employed within 180 days.   |




| Measure  | Performance   |
|--|---|
| A minimum 50% of adult participants not employed at their program start date shall be <b>employed</b> full or part time within one year following their program end date.                                    | <ul style="list-style-type: none"> <li>The grantee is collecting data; however, it is too early to report on this measure.</li> </ul> |
| A minimum 75% of participants shall be provided a <b>SOAR evaluation</b> within the first 90 days of enrollment and those deemed eligible for benefits shall be assisted in the application process.         | <ul style="list-style-type: none"> <li>100% provided SOAR evaluation.</li> </ul>  |
| A minimum 75% of participants deemed eligible for benefits based on SOAR evaluation and desire to apply for benefits will be <b>assisted in the application process</b> within 120 days of their start date. | <ul style="list-style-type: none"> <li>100% assisted (7/5; 7 clients deemed eligible only 5 desired to apply).</li> </ul>             |
| A minimum 65% of adult participants <b>diverted</b> from a state mental health treatment facility.   | <ul style="list-style-type: none"> <li>100% diverted.</li> </ul>  |
| A minimum 50% of juvenile participants shall demonstrate a <b>decrease in civil citations</b> received while engaged in program services.  | <ul style="list-style-type: none"> <li>1.3% decrease in civil citations.</li> </ul>   |

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

The grant program is designed to reduce the growth and expenditures of the jail, juvenile detention center, and prison by providing support and delivering evidence-based practices to consumers. However, there is no fiscal impact determined at this time.

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

Since its inception, the program has engaged 91 participants (72 juveniles, 19 adults) in diversion and/or treatment services. To date, 89 clients have received detoxification services and a total of 646 nights of adult detoxification days were provided (through July 31, 2023). Therefore, the program services are making an impact on accessibility and availability of services for those engaged with Aspire for treatment. Evidenced-based treatment options include



**Seminole County Grant Impact**

- 48 clients received detox services; 478 detox days (since inception)
- 97 officers CIT-trained (since inception)

psychosocial group therapy, co-occurring residential program, intensive outpatient program, medication clinic, residential mental health program, crisis stabilization/detox, and forensic case management. The evidence-based, best, and promising practices include motivational enhancement therapy, cognitive behavioral therapy, co-occurring services, and trauma informed care with EMDR.

As of July 31, 2023, 110% of program participants were diverted from commitment 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 July 31, 2023, Seminole County expended/leveraged \$243,706.01 or approximately 20% of the three-year match commitment for their CJMHSA Reinvestment grant. Seminole County utilized matching funds to track adult and juvenile Baker Act admissions, conduct CIT trainings, as well as support staffing at Aspire Health Partners and the Seminole County Sheriff's Office.

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## SMA Healthcare (Putnam County) (LHZ99)

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

| <b>START:</b>      | <b>END:</b>       | <b>AWARD:</b> | <b>TIME FRAME:</b> |
|--------------------|-------------------|---------------|--------------------|
| February 11, 2021* | December 31, 2023 | \$1,200,000   | 3 years            |

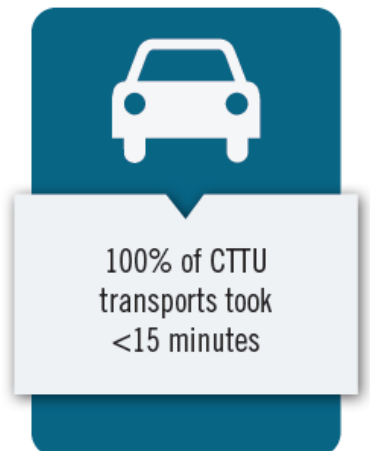
### Target Population

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

### Program Design/Model

The CTTU, an expansion of their previous reinvestment grant program (LH772), 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 determine 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.



This program expands existing services available through the Putnam County CTTU, including 1) additional hours of operation for services to individuals experiencing a mental health crisis and 2) increased frequencies and intensities of CIT and MHFA training for law enforcement officers and individuals in the community.

## 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)
- ▶ Cognitive Behavioral Therapy
- ▶ 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)
- ▶ Columbia Suicide Severity Rating Scale
- ▶ Peer Specialists
- ▶ Mental Health First Aid (MHFA)

## Number Served through June 30, 2023 (Year 3 Quarter 2):

| CTTU                               | Program Year 1 | Program Year 2 | Program Year 3 | Program Lifetime |
|------------------------------------|----------------|----------------|----------------|------------------|
| Number Served (Adolescents)        | 44             | 77             | 35             | 216              |
| Number Served (Adolescents) Target | 45             | 60             | 60             | 165              |
| Number Served (Adults)             | 238            | 239            | 103            | 580              |
| Number Served (Adults) Target      | 100            | 150            | 150            | 400              |
| CIT Training                       | 3              | 3              | 1              | 7                |
| CIT Training Target                | 3              | 3              | 3              | 9                |
| MHFA Training                      | 5              | 5              | 1              | 11               |
| MHFA Training Target               | 5              | 5              | 5              | 15               |

## Performance Measures

Outcome data for the performance measures reflect progress up through June 30, 2023 (Year 3 Quarter 2).

| Measures   | Performance   |
|--|---|
| 75% of participants will have no <b>arrests</b> while enrolled in the program.   | <ul style="list-style-type: none"> <li>100% had no arrests.</li> </ul>              |
| 65% of participants will have no <b>arrests</b> one year after program discharge.  | <ul style="list-style-type: none"> <li>100% had no arrests.</li> </ul>              |
| 85% of participants who did not reside in <b>stable housing</b> at the time of admission will reside in stable housing within 90 days of program admission.              | <ul style="list-style-type: none"> <li>100% in stable housing.</li> </ul>           |
| 85% of participants who did not reside in <b>stable housing</b> at the time of admission will reside in stable housing one-year post-discharge.                          | <ul style="list-style-type: none"> <li>100% in stable housing.</li> </ul>           |
| 65% of participants who are not <b>employed</b> at program admission will be employed or enrolled in school within 180 days of program admission.                        | <ul style="list-style-type: none"> <li>100% employed/enrolled in school.</li> </ul> |
| 65% of participants who are not <b>employed</b> at program admission will be employed or enrolled in school within one-year post-discharge.                              | <ul style="list-style-type: none"> <li>100% employed/enrolled in school.</li> </ul> |
| 85% of participants will be assisted in applying for <b>Social Security</b> or other benefits for which they may have been eligible but were not receiving at admission. | <ul style="list-style-type: none"> <li>100% of participants assisted.</li> </ul>    |

| Measures   | Performance                       |
|--|-----------------------------------|
| 90% of participants will be <b>diverted</b> from a state mental health treatment facility or inpatient psychiatric program (SIPP). | ▪ 100% diverted.                  |
| 80% of participants <b>transferred from law enforcement</b> to CTTU in <15 minutes.  | ▪ 98.18% transferred in <15 mins. |

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

SMA reports that the CTTU resulted in a cost-savings of \$21,984,894.80 associated with jail diversion. These individuals were transported to Baker/Marchman Act facilities rather than being arrested.

Since the beginning of Year 3, the CTTU transported 585 juveniles and adults under a Baker Act petition at the request of law enforcement officers. Through admission of these individuals to the CSU rather than jail, the CTTU program facilitated cost avoidance related to cost of jail days for the 585 individuals. This amount is estimated to be approximately \$21,984,894.80 assuming an average jail stay of 365 days at the cost of \$104.56/day.

Most notably, 168 of the 585 individuals were juveniles, who benefit greatly from early intervention and services that disrupt their engagement with the juvenile justice system. Cost savings in the adult system are likely to be realized long-term as juveniles avoid engagement with law enforcement over the course of their lifespan. Case management and other services were provided for those who voluntarily accepted.

Notably, Putnam County reports savings of 1,472.5 law enforcement personnel hours that were avoided by the grant programs CTTU transportation. This time savings shifts back law enforcement agencies allowing them to increase focus on public safety activities.



### 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 program builds on the existing success of the Putnam County CTTU and continues to divert individuals from jail stays and unnecessary Baker Act placements. As of Year 3,

the CTTU has diverted 585 individuals from arrest/incarceration. The CTTU continues to ensure 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.

SMA also monitors key indicators that help with assessing system successes and opportunities, including transfer times associated with transfer between law enforcement and CTTU. As of June 2023, 100% of transports took less than 15 minutes to transfer, which is in alignment with best practices associated with rapid access to services for individuals in crisis.

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 Alcoholics and Narcotics Anonymous (AA/NA) groups.

The CTTU has also reduced forensic commitments to state mental health treatment facilities. In Year 2, Quarter 3, no participants 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, 2023, SMA expended/leveraged \$380,579.41 or approximately 63% of the three-year match commitment for their CJMHSA Reinvestment grant. SMA Healthcare's matching funds enable the safe transport of individuals under a Baker Act or Marchman Act petition with funds provided by the county and through the use of two secure vehicles (Putnam County Sheriff's Office). The vehicle allows CTTU staff to provide transportation to a designated receiving facility rather than law enforcement. Matching funds also support the oversight committee and provide law enforcement officers with CIT and MHFA training.

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## Southeast Florida Behavioral Health Network (Indian River County) (LHZ90)

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Southeast Florida Behavioral Health Network’s (SEFBHN) grant program, the Indian River County Mental Health Court expansion (IRC-MHC).

| <b>START:</b> | <b>END:</b>   | <b>AWARD:</b> | <b>TIME FRAME:</b> |
|---------------|---------------|---------------|--------------------|
| July 1, 2020  | June 30, 2023 | \$1,200,000   | 3 years            |

### Target Population

The target population for the Mental Health Court included:

- ▶ Adults with serious mental illness (SMI), substance use disorder (SUD), and/or co-occurring disorder (COD) who demonstrated high utilization of acute care services, including crisis stabilization, inpatient, and inpatient detoxification services (high utilization was 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 had a history of multiple arrests, involuntary placements, or violations of parole leading to institutionalization or incarceration,
- ▶ Caretakers/parents with a SMI, SUD, or COD involved with the child welfare system,
- ▶ Individuals identified by SEFBHN, network providers, or the department as potentially high risk due to concerns that warrant care coordination, and
- ▶ Additional specifications for the target population are provided with regard to a defendant’s charges and Chapter 916, F.S. status.

### Program Design/Model

The CJMHSA grant program was an expansion of the Indian River County Mental Health Court (IRC-MHC). As an alternative to incarceration, the MHC linked participants to long-term, community-based treatment services. The clients’ behavioral health needs were addressed through mental health assessments, individualized treatment plans, and ongoing judicial monitoring. Individuals were referred to the program at booking, initial detention, first appearance



**Scheduling Help**  
The Peer Specialist has assisted with helping many clients schedule appointments for needs outside of Mental Health Court.



hearings, or through attorney referrals. The program implemented 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. This program expanded the IRC-MHC reach by expanding evidence-based assessment of criminogenic needs, provision of initial in-jail treatment services, application of High-Fidelity Wraparound principles and processes for high-need individuals, and provision of transitional housing to mitigate reentry barriers.

Services for the MHC were 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. The program relied on the partnership and direct collaboration of nearly thirty (30) key stakeholders and providers in the community.

### Goals/Objectives

The primary goal of the grant program was to divert adults with a history of criminal justice involvement who were 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 included:

1. Implementing services and diversion initiatives.
2. Creating and encouraging collaboration among the key stakeholders.
3. Creating 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)
- ▶ Cognitive Behavioral Therapy (CBT)
- ▶ Motivational Interviewing
- ▶ Trauma-Informed Care
- ▶ Forensic Needs Assessment
- ▶ Peer Specialists
- ▶ High Fidelity Wraparound

## Number Served through June 30, 2023 (Year 3, Quarter 4)

| IRC-MHC              | Program Year 1 | Program Year 2 | Program Year 3 | Program Lifetime |
|----------------------|----------------|----------------|----------------|------------------|
| Number Served        | 153            | 86             | 87             | 326              |
| Number Served Target | 120            | 120            | 120            | 360              |

## Performance Measures

The outcomes listed below reflect progress through June 30, 2023. (Year 3, Quarter 4)

| Measure  | Performance  |
|--|--|
| Less than 30% of program participants shall be <b>arrested</b> while enrolled in the program.  | <ul style="list-style-type: none"> <li>10% arrested.</li> </ul>                                    |
| Less than 30% of program participants shall be <b>arrested</b> within one-year following program discharge.  | <ul style="list-style-type: none"> <li>6% arrested within one-year following discharge.</li> </ul> |
| 67% of participants not residing in a <b>stable housing</b> environment at program admission will report living in a stable housing environment within 90 days of program admission. | <ul style="list-style-type: none"> <li>83% in stable housing.</li> </ul>                           |
| 24% of participants not residing in <b>stable housing</b> at program admission will report living in a stable housing environment one year following program discharge.              | <ul style="list-style-type: none"> <li>59% in stable housing.</li> </ul>                           |
| 60% of participants <b>not employed</b> and who express a desire to work at program admission are employed full or part-time within 180 days of program admission.                   | <ul style="list-style-type: none"> <li>57% employed.</li> </ul>                                    |
| 24% of participants <b>not employed</b> and who express a desire to work at program admission are employed full or part-time one year following program discharge.                   | <ul style="list-style-type: none"> <li>59% employed.</li> </ul>                                    |
| 65% of participants will be assisted in applying for <b>Social Security or other benefits</b> for which they may have been eligible but were not receiving at program admission.     | <ul style="list-style-type: none"> <li>72% received assistance.</li> </ul>                         |

| Measure   | Performance                     |
|---|---------------------------------|
| 15% of participants will be <b>diverted</b> from a state mental health treatment facility.  | ▪ 98% diverted.                 |
| 40% of participants will <b>graduate</b> from the program.  | ▪ 49% graduated.                |
| 65% of participants at high or very high <b>risk of recidivism</b> upon admission who are at low or moderate risk upon discharge. | ▪ 38% are low or moderate risk. |

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

The IRC-MHC program routinely assessed for cost avoidance to identify the return on investment for grant funds. Assuming an average jail day cost of \$125, the program estimated \$3,193,250 in avoided costs for clients who have been enrolled in Mental Health Court since July 2020 (324 total clients). A basic calculation is conducted using the average daily cost of jail multiplied by the average number of jail days for a “typical” mental health court participant, assessing for both misdemeanor and felony average stays.

### 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

Over the course of the grant program, three-quarters of participants were discharged successfully (220 clients discharged, 160 successful).

With the support of this grant, the program expanded community-based resources, including two (2) peers and one (1) therapist located at a local drop-in center. Additionally, the grant expanded substance use disorder treatment to individuals with co-occurring disorders and assisted with the development of wraparound supports, such as housing. A component of this expansion project included the use of High-Fidelity Wraparound for high-risk participants, which has been successful in reducing rates of hospital admissions and stabilized housing situations. The use of Wraparound positively impacted clients who



#### Assisting with Insurance Benefits

Reduced the impact of psychosocial barriers as they've assisted several clients with obtaining Supplemental Security and Social Security Disability Insurance benefits. Between both the targeted case manager and the court case manager, 2 clients have had their insurance problems resolved and started receiving benefits correctly with their insurance companies

had been enrolled in the MHC program for long periods of time through providing them extra supports and services that fostered success.

The grant had a direct impact on forensic commitments with three (3) participants who were diverted from the state hospital and instead received intensive case management and additional community services. Grant funds supported weekly competency restoration services to participants receiving services in the community (many of whom were F.S. 916 clients)

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

As of June 30, 2023, Southeast Florida Behavioral Health Network expended/leveraged \$1,318,656 or approximately 100% of the three-year match commitment. Matching funds support screenings at the jail to facilitate referrals for the program, increased caseload for the MHC and the capacity to follow MHC alumni for one year. Match funds also support in-jail psychiatric and medication services.

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## Southeast Florida Behavioral Health Network\* (Okeechobee County) (LH825)

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Southeast Florida Behavioral Health Network’s (SEFBHN) grant, Okeechobee Specialty Courts (OSC).

| <b>START:</b>       | <b>END:</b>     | <b>AWARD:</b> | <b>TIME FRAME:</b> |
|---------------------|-----------------|---------------|--------------------|
| September 21, 2021* | August 31, 2024 | \$1,193,836   | 3 years            |

### Target Population

The target population for OSC is adults and juveniles under 18 who have mental illness, substance use disorder, or a co-occurring condition, and are at risk of entering the justice systems.

### Program Design/Model

SEFBHN’s grant expanded the OSC and treatment services to include juveniles with mental illness, substance use disorder, or a co-occurring condition and expand the same initiatives to high-risk juvenile population with the Juvenile Drug Court. The OSC is comprised of Adult Mental Health Court (MHC), Adult Drug Court, and Juvenile Drug Court which all provide screening, assessment, and treatment services and support. The OSC assessment process begins with a pre-screen and a forensic assessment. The pre-screen determines if an individual is eligible to participate in OSC. The forensic assessment is completed as a toll to identify the needs for the participants at entry. Services provided by OSC includes outreach, screening/assessment, case management, treatment, and aftercare, and expanded to provide evidence-based assessment of criminogenic needs to inform effective interventions.

SEFBHN continues the partnership with the Public Safety Coordinating Council, the Okeechobee County criminal justice system, the Sheriff’s Office, and community stakeholders plans to strengthen the OSC with the grant.

### Goals/Objectives

The primary goal is to divert adults and juveniles from who have mental illness, substance use disorder, or a co-occurring condition who are at risk or in the criminal and juvenile justice system and divert them into community-based treatment services and treatment.

Objectives included:

1. Expand the OSC diversion initiatives that increase public safety, decrease spending on criminal and juvenile justice systems, and improve the access and effectiveness of treatment services.
2. Create and encourage collaboration among key stakeholders.
3. Implement Adolescent Community Reinforcement Approach (A-CRA) evidence-based practice in substance use treatment of high-risk youths Juvenile Drug Court Intervention.

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

- ▶ Crisis Intervention Teams (CIT)
- ▶ Cognitive Behavioral Therapy (CBT)
- ▶ Motivational Interviewing (MI)
- ▶ SSI/SSDI, Outreach, Assist, and Recovery (SOAR)
- ▶ Wellness Recovery Action Plan (WRAP)
- ▶ Eye Movement Desensitization and Reprocessing (EMDR)
- ▶ Adolescent Community Reinforcement Approach (A-CRA)
- ▶ Whole Health Action Management (WHAM)
- ▶ Trauma-Informed Therapy
- ▶ Transition Skills for Recovery
- ▶ Peer Specialists

Number Served through August 31, 2023 (Year 2, Quarter 4):

| OSC                           | Program Year 1 | Program Year 2 | Program Year 3 | Program Lifetime |
|-------------------------------|----------------|----------------|----------------|------------------|
| Juvenile Number Served        | 21             | 77             | -              | 98               |
| Juvenile Number Served Target | 10             | 20             | 20             | 50               |
| Adult Number Served           | 50             | 133            | -              | 183              |
| Adult Number Served Target    | 50             | 50             | 50             | 150              |
| CIT Training                  | 2              | 10             | -              | 12               |
| CIT Training Target           | 20             | 20             | 20             | 60               |

## Performance Measures

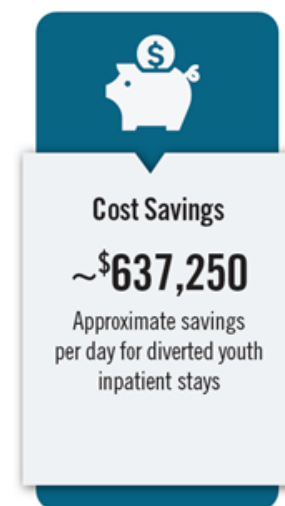
Outcome data for the performance measures reflect progress through August 31, 2023 (Year 2, Quarter 4)

| Measures   | Performance   |
|--|---|
| Less than 40% of participants will be <b>arrested</b> will enrolled.   | ▪ 4% arrested.                                      |
| Less than 30% of participants will be <b>arrested</b> within one year of program discharge.  | ▪ 10% arrested.                                     |
| 55% of participants not residing in a <b>stable housing</b> environment at program admission will report living in a stable housing environment within 90 days of program admission. | ▪ 75% in stable housing.                            |
| 65% of participants will be assisted in applying for <b>Social Security or other benefits</b> that they are not receiving at the program admission.                                  | ▪ 100% received assistance.                         |
| 50% of participants will be <b>discharged</b> from the program.  | ▪ 75% discharged.                                   |
| 50% of adult participants will <b>reside in stable housing</b> one year following program discharge.   | ▪ 62% in stable housing 1 year following discharge. |
| 10% of adult participants that were eligible for employment or not employed at admission will be <b>employed</b> full or part time within 180 days of program admission.             | ▪ 82% adults employed.                              |
| 24% of adult participants eligible for employment will be <b>employed</b> full or part time one year following program discharge.  | ▪ 57% employed one year following discharge.        |
| 15% of adult participants will be diverted from a <b>state mental health treatment facility</b> .  | ▪ 99% diverted.                                     |
| 40% of juvenile participants will be in <b>school or employed</b> full or part time at the time of program discharge.  | ▪ 98% in school or employed.                        |
| 40% of juvenile participants will self-report <b>improved relationships</b> with parents or caregivers at the time of program discharge.   | ▪ 98% improved relationships.                       |
| 50% of juvenile participants will <b>reduce substance use</b> while in the program by sustaining negative urinalysis tests.  | ▪ 91% reduction in substance use.                   |

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

The OSC program performs a cost avoidance analysis as a return-on-investment measure. A cost avoidance estimate is completed below for the clients who have been in Mental Health Court since September 2021. The grant program has resulted in cost-savings of approximately \$637,250.

In Okeechobee County, it costs an average of \$125/per day to be housed in jail. For 27 clients with misdemeanor x average 40 days in jail x \$125.00 average cost per day = \$135,000; 41 clients with felony charges x average 98 days in jail x \$125.00 average cost per day = \$281,750; 68 total clients x 2934 days x \$125.00 per day = \$637,250



Referrals to MHC results in a reduction in time in jail. Participants are identified for both drug or mental health court and then seen before their first appearance. Juvenile participants report spending more time in school and improved relationships with their parent/caregivers. In addition, juvenile participants are dedicating more time to their educational pursuits, thereby fostering enhanced familial bonds, and consistently yielding negative results in drug tests, highlighting the benefits of comprehensive services.

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

Participants who are ITP or NGI receive intensive case management and additional services in order to maintain stability in the community and divert from state hospitalization.

The program also continues to expand training, services, and awareness throughout the county, as well identifying and bridging gaps for services. Rite Life is a Recovery Community Organization (RCO) in Okeechobee County. The OSC refers to Rite Life for support groups, SOAR assistance as well as other services. The Rite Life Drop-in Center also provides peer support groups that utilize WHAM/WRAP best-evidence practices and is open 24/7. The center provides computers, SNAP program, housing assistance and is open 365 days a year. There is also a new provider for youth, Our Village. Our Village is a child and adolescent focused peer support agency, that assists with medical and dental needs.



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

As of August 31, 2023, Southeast Florida Behavioral Health Network expended/leveraged \$433,562.36 or approximately 59% of \$735,116 for the three-year match commitment for their CJMHSA Reinvestment grant. Matching funds allowed OSC to maintain referrals from the court program case manager, as well as provide quality screenings and coordination of care.

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## We Are All We Need, Inc.\* (Leon County) (LH836)

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We Are All We Need, Inc. (WAAWN), the Village of Care (VOC) Program.

| <b>START:</b> | <b>END:</b>    | <b>AWARD:</b> | <b>TIME FRAME:</b> |
|---------------|----------------|---------------|--------------------|
| May 2, 2022*  | April 30, 2025 | \$1,200,000   | 3 years            |

### Target Population

The target population for the VOC Program is youth ages 17 and under with an identified mental health, substance use, and trauma indicators and/or who are at risk of entering the juvenile or criminal justice system. Subpopulations include:

- ▶ Individuals with behavioral disorders who are chronically truant from school, poor achievers in school, or have poor impulse controls.
- ▶ Individuals who are referred by the State Attorney’s Office, school system, Florida Department of Juvenile Justice, or Florida Department of Children and Families.
- ▶ Individuals who have been identified as potential “high utilizers” in need of services or supervision.

### Program Design/Model

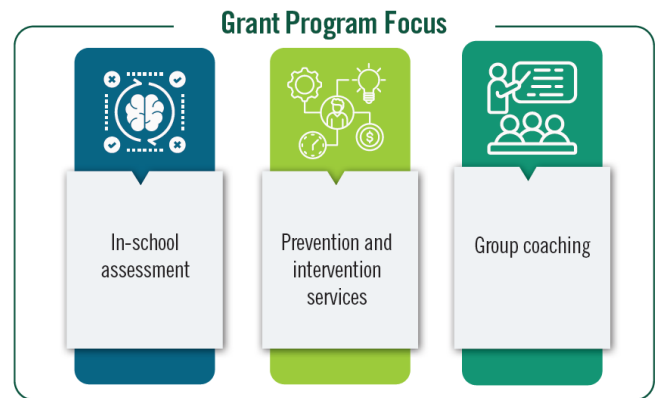
The Village of Care Program consists of three phases. During phase 1, an assigned LIFE coach will connect with youth to establish rapport, set goals and milestones, and provide information on the VOC. The LIFE coach will work to determine the appropriate service tier level and develop an individualized LIFE Plan. Youth enrolled in the program conduct quarterly self-assessments (electronically) to track social and emotional development. Families may participate in group parent coaching, grief workshops, and social emotional skill building opportunities. During phase 1, families and youth are also encouraged to establish a Wellness Recovery Action Plan (WRAP). The WRAP may identify up to 10 months of individualized clinical mental health services, substance use services, LIFE coaching, WRAP coaching, athletics, tutoring, legal aid, SOAR housing, resource connection, and volunteer opportunities.

There are 3 tiers of services:

- Tier 1- prevention services include screening and assessment, group LIFE coach services, general LIFE plan, access to life center events, and network referrals.

- Tier 2- High Risk Behavior Immediate Intervention (HRBII) Services include screening and assessment, individual LIFE coach services, access to clinical services, individualized LIFE treatment plan, and WRAP planning- group and individual coaching.
- Tier 3- Last Opportunity Support Team (LOST) Services serves youth with diagnosed mental health, substance use, or co-occurring disorders. They will have an assigned LIFE coach (individual services), quarterly MDST meetings, behavioral health plan and individualized LIFE plan.

During phase 2, which is 30 days prior to completion of the VOC program, program staff and youth review their individual plans and begin transition planning. Following transition, youth may access the LIFE center for up to 12 months. Tier 2 and 3 youth have ongoing access to clinical and behavioral health services for up to 12 months. Youth up to 17 years old are referred for Certified WRAP planning.



During phase 3, after development of the transition plan, youth continue with coaching, support groups, and development of their WRAP plan. Program staff work to ensure that family support is in place, including but not limited to: SOAR housing support, financial support and aid, SNAP benefit enrollment, parent support groups, LIFE support groups (youth), WRAP groups, Wraparound services, clinical support, faith connection, and recovery support groups.

### Goals/Objectives

The primary goal of the VOC Program is to increase public safety and reduce criminal justice costs in Leon County by providing prevention and intervention services to individuals, ages 17 and under, who are at risk of an identified mental health, substance use, and/or trauma indicators. A secondary goal is to enhance accessibility to a comprehensive screening and assessment process to track the youth’s social and emotional development and provides family members with access to supports such as group parent coaching, grief workshops, and social emotional skill building opportunities.

Objectives include:

1. Develop and implement a design to bridge gaps, remove barriers, and provide consistent social and emotional trauma care, provide supports and resources to youth and families.
2. Create and encourage an environment of collaboration and positive supports among key stakeholders.
3. Increase access to coordinated prevention and intervention services, provide individualized and group supports and resources for the target population.

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

- ▶ SSI/SSDI, Outreach, Assist, and Recovery (SOAR)
- ▶ Wellness Recovery Action Plan (WRAP)
- ▶ Wraparound services
- ▶ SNAP Benefits Enrollment
- ▶ Recovery Support Groups
- ▶ Flourishing Assessment
- ▶ Building Communities Resilient (BCR)
- ▶ Child and Adolescent Trauma (CAT) Screen (working with FSU to implement adjusted CAT Screen to extrapolate behavioral health needs and remove risk of re-offense due to non-arrest)

### Number Served through July 31, 2023 (Year 2 Quarter 1):

| Village of Care Program              | Program Year 1 | Program Year 2 | Program Year 3 | Program Lifetime |
|--------------------------------------|----------------|----------------|----------------|------------------|
| Number Screened                      | 254            | 50             | -              | 304              |
| Number Screened Target               | 250            | 250            | 250            | 750              |
| Number of Tier 1 Participants        | 126            | 31             | -              | 151              |
| Number of Tier 1 Participants Target | 150            | 150            | 150            | 450              |
| Number of Tier 2 Participants        | 72             | 11             | -              | 83               |
| Number of Tier 2 Participants Target | 60             | 60             | 60             | 180              |
| Number of Tier 3 Participants        | 38             | 8              | -              | 46               |
| Number of Tier 3 Participants Target | 40             | 40             | 40             | 120              |

|   |    |    |    |     |
|---|----|----|----|-----|
| Number of SELTIC Training Participants        | 58 | -  | -  | 58  |
| Number of SELTIC Training Participants Target | 50 | 50 | 50 | 150 |

### Performance Measures

Outcome data for the performance measures reflect progress through July 31, 2023 (Year 2, Quarter 1).

| Measure  | Performance   |
|--|---|
| 65% of the participants will not be <b>arrested</b> or rearrested while receiving services.  | <ul style="list-style-type: none"> <li>None arrested.</li> </ul>  |
| 65% of those participants determined to be eligible for social security or other <b>benefits</b> have received SSI/SSDI through the SOAR process.  | <ul style="list-style-type: none"> <li>0% received benefits.</li> </ul>   |
| 60% of the participants will <b>successfully complete</b> program services.  | <ul style="list-style-type: none"> <li>100% successfully completed program services.</li> </ul>                                       |
| A minimum of 65% of participants not residing in a stable housing environment at program admission will report living in a <b>stable housing</b> environment six months after program discharge. | <ul style="list-style-type: none"> <li>0% in stable housing.</li> </ul>   |
| A minimum of 60% of volunteer coaches, school resource officers and other human service professionals who enroll in the <b>SELTIC training</b> will successfully complete the training.          | <ul style="list-style-type: none"> <li>The grantee is collecting data; however, it is too early to report on this measure.</li> </ul> |

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

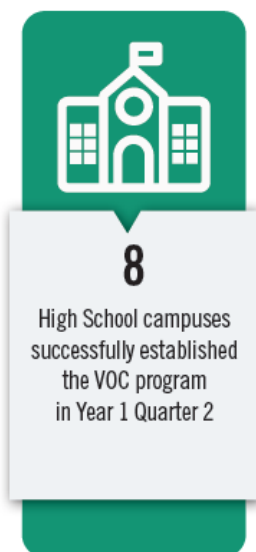
VOC is working with the State Attorney’s Office and Public Defender’s Office to reframe mindsets towards a more restorative justice approach rather than a punitive approach among providers and law enforcement. They are working to target disproportionalities among youth who are arrested and/or incarcerated.

### Summary of the Effect of the CJMHTA Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use

## Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Commitments to State Mental Health Treatment Facilities

The grantee reported efforts to increase community safety through engagement of at-risk youth in the LIFE Center, which is a community safe space and drop-in center. Additionally, the grantee proudly achieved their goal of increasing screening and assessment opportunities for youth before an arrest/Baker Act, with engagement of many of these youth in their grant program. There are ongoing efforts to increase availability and accessibility to community-based services.

There were a small number youth engaged in the program who were involuntary evaluated under the Baker Act. The grantee stated they are working to address these concerns through timely screening and engagement in services. To that end, another major focus of the grant program was to have in-school assessment, prevention and intervention services, and group coaching. The VOC program was successfully established in all 8 high school campuses in Year 1 of the program.



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

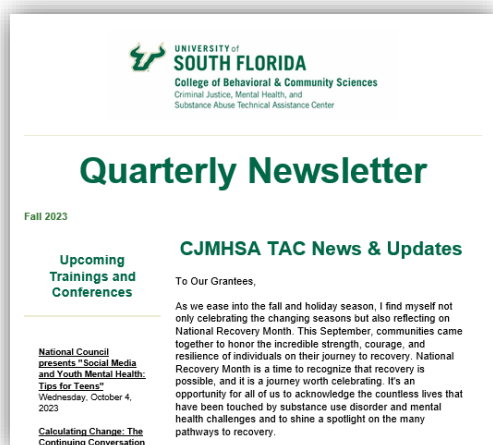
As of July 31, 2023, We Are All We Need expended/leveraged \$932,804.44 or approximately 221% of the three-year match commitment. Matching funds supported program implementation relating to equipment, events, training workshops, summer programming, onsite group coaching and assessments, extended programming in certain zip codes, increased opportunities for financial literacy, entrepreneurship, athletics, hygiene, post-secondary education, and SEL training for community members and program participants.

# The CJMHSA Technical Assistance Center

This section summarizes the CJMHSA TAC’s technical assistance during SFY 2022-2023. Technical assistance activities including assisting applicants who are pursuing reinvestment grantees in developing and reviewing their grant proposals, collaborating with 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 providing training and resources relevant to the criminal justice system; the juvenile justice system; and mental health, substance use and/or co-occurring disorders.

## CJMHSA TAC Program Enhancements

### Communications



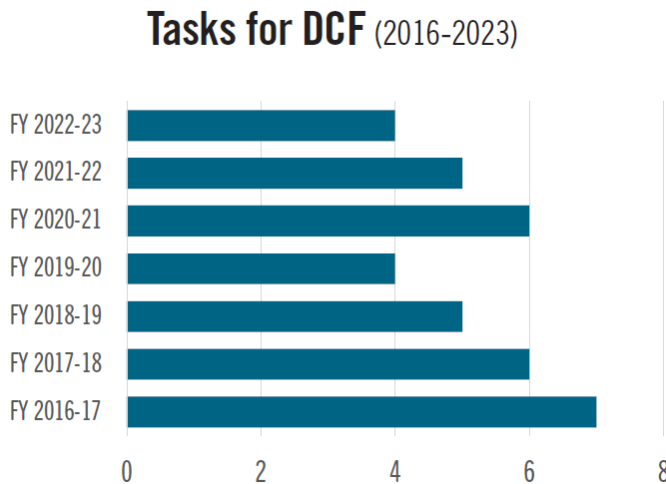
Since SFY 2020, the CJMHSA TAC has been disseminating quarterly newsletters, which aim to inform grantees about upcoming webinars, trainings, grant opportunities, and publications related to criminal justice, mental health, and substance use. During SFY 2022-2023, each newsletter presented resources and information relevant to a specific theme or national awareness month. For example, October 2023 was *National Depression and Mental Illness Awareness Month*. The corresponding newsletter highlighted NAMI’s Mental Illness Awareness Week events and provided crisis outreach information for those in need. The newsletters may also include important

communications from DCF, highlights from recent TA events, and center updates. Over SFY 2022-2023, the CJMHSA TAC issued 4 newsletters (July 2022, October 2022, January 2023, and April 2023) to grantees, which has been a helpful strategy to remain engaged with grantees and provide opportunities to communicate in between technical assistance events. The growing distribution list that the newsletter has generated has allowed the CJMHSA TAC to promote program enhancing resources and trainings to a number of grantee communities and stakeholders periodically as they are announced. When appropriate, the CJMHSA TAC disseminates “update” communications to our grantee and community partner distribution list that contains time-sensitive training events, funding opportunities, and announcements from DCF. Over SFY 2022-2023 the CJMHSA TAC disseminated 7 updates (September 2022, November 2022, 3 updates in February 2022, and 2 updates in March 2023). In addition to email communications, the CJMHSA TAC leverages our grantee learning collaborative platform, Participate, to disseminate time-sensitive information as well as foster conversations with grantees

through the discussion board feature. Between these communications and the newsletters, the CJMHSA TAC is in nearly monthly communication with grantee programs and their partners.

## Collaboration

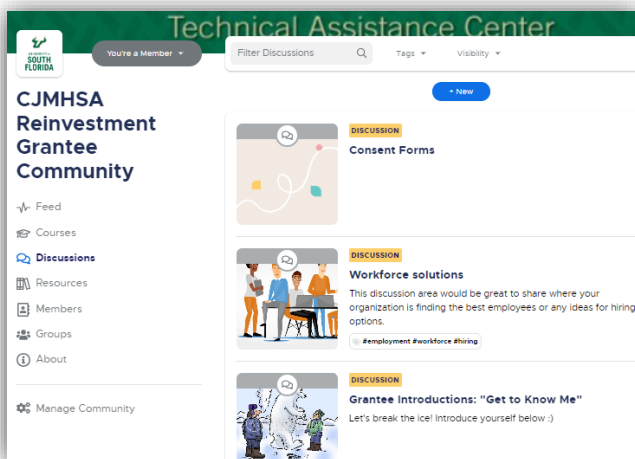
**Figure 6.**  
*Tasks for DCF*



In SFY 2022-2023, the CJMHSA TAC conducted a blend of in-person and virtual technical assistance engagements and engaged in multiple DCF site visits by way of hybrid and in-person attendance. Site visits greatly assist the CJMHSA TAC in learning more about real-time needs, community programs, and provide the personal perspective of clients who tell their stories of recovery through program participation.

The CJMHSA TAC lent its expertise in strategic planning, site visits, feedback on the DCF Reinvestment Grant solicitation, and the post-award review of applications. This assistance is supported by section C-1.1.3.1.4 of the CJMHSA TAC contract (**Figure 6**).

## Capacity



In February 2023, the CJMHSA TAC officially launched the grantee learning collaborative on the Participate Platform. This platform supports peer-to-peer learning among grantees, a monitored discussion forum for both the CJMHSA TAC and grantees with topics such as consent forms and workforce solutions, and an interactive means to disseminate information to grantee contacts.



The CJMHSA TAC is actively brainstorming ideas to leverage this platform for information sharing and peer learning. Since launching in February, the platform hosts 44 members comprising active grantees enrolled on Participate.

In addition, Sequential Intercept Mapping remains a top technical assistance need among grantees. The CJMHSA TAC has increased engagement of subject matter experts in the mapping process and is excited to enhance our expertise at onsite mappings in SFY23-24. Motivational Interviewing has also remained a priority among grantee partners. In order to meet the increasing demand, the CJMHSA TAC began offering more advanced Motivational Interviewing training in multiple sessions in both hybrid and in-person settings. The feedback from these trainings has led the CJMHSA TAC to explore the possibility for 1-on-1 coaching sessions in the future.

The CJMHSA TAC also began to disseminate technical assistance packets as a means of delivering resources and toolkits on specific best practices to further grantee knowledge based on the needs identified in their annual technical assistance needs assessment survey.

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## Common Program Features And Models Across Grantees

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The “Common Program Features” presented in **Table 7** 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:

- ▶ Increased emphasis on the use of evidence-based screening and assessment tools.
- ▶ Increased exploration of the use of data sharing platforms and the analysis of qualitative and quantitative data to inform program development and impacts.
- ▶ Increased collaboration between cross-systems community providers, county governments, the courts, and law enforcement.
- ▶ Greater use of Certified Peer Specialists and youth peers among grantees.
- ▶ Greater emphasis on System Navigator positions or navigation functions for adults and juveniles.
- ▶ Greater emphasis on programming for transition-age youth.
- ▶ Expanded use and acceptance of Medication Assisted Treatment for opioid and substance use disorder.
- ▶ A growing number of problem-solving court programs for adults and juveniles with behavioral health disorders, specifically Mental Health Court programs.
- ▶ Increased emphasis on programs focusing on diversion and linkages to community-based treatment services for forensic clients.
- ▶ Grantee emphasis on the need for affordable housing and Supportive Housing options for the target population of justice-involved individuals with behavioral health problems.
- ▶ Utilization of Sequential Intercept Mappings (SIM) to make targeted improvements to community behavioral health and justice systems.
- ▶ Widespread use and application of Motivational Interviewing (MI) among grantee programs.
- ▶ Emphasis on the Wraparound Practice Model among grantee programs serving juveniles.
- ▶ Increased pursuit of best practices related to Mobile Crisis Response and other collaborative crisis models for juvenile and adult populations.

**Table 7.**  
*Common Program Features for CJMHSAs Reinvestment Grantees*

| Implementation / Expansion Grantees                | Common Grant Program Features |            |  |   |
|--|-------------------------------|------------|--|---|
|  | Adult or Juvenile             | Intercepts | Evidence-based Practices and Best Practices  | Type of Model   |
| Apalachee Center, Inc.<br>(Leon County)<br>(LHZ87) | Adult                         | 3, 4       | <ul style="list-style-type: none"> <li>▶ Trauma-informed Care</li> <li>▶ Motivational Interviewing</li> <li>▶ Decision Points</li> <li>▶ Life Skills</li> <li>▶ Seeking Safety</li> <li>▶ Thinking for A Change</li> <li>▶ Decision Points</li> <li>▶ Dialectical Behavior Therapy (DBT)</li> <li>▶ Anger Management</li> <li>▶ Cognitive Behavioral Therapy (CBT)</li> <li>▶ Assess, Plan, Identify, Coordinate (APIC) model</li> <li>▶ Risk-Need-Responsivity (RNR) model</li> </ul> | <ul style="list-style-type: none"> <li>▶ Reentry</li> <li>▶ Care coordination</li> <li>▶ Forensic day services</li> </ul> |

| Implementation / Expansion Grantees                          | Common Grant Program Features |            |   |  |
|--|-------------------------------|------------|---|--|
|  | Adult or Juvenile             | Intercepts | Evidence-based Practices and Best Practices   | Type of Model  |
|  |                               |            | <ul style="list-style-type: none"> <li>▶ SOAR (SSI/SSDI Outreach, Assist, and Recovery)</li> <li>▶ Brief Jail Mental Health Screen (BJMHS)</li> <li>▶ Crisis Intervention Teams (CIT)</li> </ul>  |  |
| BayCare Behavioral Health, Inc.<br>(Pasco County)<br>(LH831) | Adult                         | 3, 4, 5    | <ul style="list-style-type: none"> <li>▶ Mental Health First Aid (MHFA)</li> <li>▶ Assess, Plan, Identify, Coordinate (APIC) model</li> <li>▶ Historical Clinical Risk Management-20 Version 3 (HCR-20 V3)</li> <li>▶ Patient Health Questionnaire-9 (PHQ-9)</li> <li>▶ Mood Disorder Questionnaire (MDQ)</li> <li>▶ Drug Abuse Screening Test (DAST)</li> <li>▶ Alcohol Use Disorders Identification Test (AUDIT-C)</li> <li>▶ General Anxiety Disorder-7 (GAD-7)</li> </ul> | <ul style="list-style-type: none"> <li>▶ Reentry and discharge planning</li> <li>▶ Linkages to community-based services</li> </ul> |

| Implementation / Expansion Grantees                                | Common Grant Program Features |            |  |  |
|--|-------------------------------|------------|--|--|
|  | Adult or Juvenile             | Intercepts | Evidence-based Practices and Best Practices  | Type of Model  |
|  |                               |            | <ul style="list-style-type: none"> <li>▶ Motivational Interviewing (MI)</li> <li>▶ Risk-Need-Responsivity (RNR) model</li> <li>▶ Biopsychosocial assessments</li> <li>▶ GAINS Reentry Checklist</li> <li>▶ Medication Assisted Treatment (MAT)</li> <li>▶ Recovery support specialist/peer support specialist</li> <li>▶ Moral Reconciliation Therapy</li> <li>▶ Cognitive Behavioral Therapy</li> <li>▶ Seeking Safety</li> </ul> |  |
| Broward Behavioral Health Coalition<br>(Broward County)<br>(LH821) | Juvenile                      | 3, 4, 5    | <ul style="list-style-type: none"> <li>▶ Wraparound Practice Model (Wraparound)</li> <li>▶ Youth and Family Peer Specialists</li> <li>▶ Wellness Recovery Action Planning (WRAP)</li> <li>▶ Future Planning Process</li> </ul>   | <ul style="list-style-type: none"> <li>▶ Reentry, transition planning, and aftercare</li> <li>▶ Youth and family peer specialists</li> </ul> |

| Implementation / Expansion Grantees | Common Grant Program Features |            |   |               |
|-------------------------------------|-------------------------------|------------|---|---------------|
|                                     | Adult or Juvenile             | Intercepts | Evidence-based Practices and Best Practices   | Type of Model |
|                                     |                               |            | <ul style="list-style-type: none"> <li>▶ Multi-Systemic Family Therapy</li> <li>▶ Brief Strategic Family Therapy</li> <li>▶ Moral Reconciliation Therapy</li> <li>▶ Transition to Independence (TIP)</li> <li>▶ Beat the Odds Drumming</li> <li>▶ Integrated Group Counseling and Group Drumming</li> <li>▶ Individual Placement and Support</li> <li>▶ Trauma Incident Reduction</li> <li>▶ Visual Journaling Workshops</li> <li>▶ Family CPR</li> <li>▶ Medication Assisted Treatment (MAT)</li> <li>▶ Supported Employment</li> <li>▶ Supportive Housing</li> <li>▶ Supported Education</li> <li>▶ Youth MOVE</li> </ul> |               |

| Implementation / Expansion Grantees                   | Common Grant Program Features |            |   |  |
|---|-------------------------------|------------|---|--|
|   | Adult or Juvenile             | Intercepts | Evidence-based Practices and Best Practices   | Type of Model  |
|   |                               |            | <ul style="list-style-type: none"> <li>▶ Restorative Practices</li> </ul>   |  |
| Centerstone of Florida<br>(Manatee County)<br>(LH819) | Adult                         | 0, 1, 2, 3 | <ul style="list-style-type: none"> <li>▶ Crisis Intervention Teams (CIT)</li> <li>▶ Peer Support</li> <li>▶ Supported Employment</li> <li>▶ Permanent Supportive Housing</li> <li>▶ Medication Assisted Treatment (MAT)</li> <li>▶ Mobile Response Team</li> <li>▶ Screening, Brief Intervention and Referral to Treatment (SBIRT)</li> <li>▶ Alcohol Use Disorders Identification Test (AUDIT)</li> <li>▶ Columbia Suicide Severity Rating Scale (C-SSRS)</li> <li>▶ Drug Abuse Screening Test (DAST)</li> <li>▶ Functional Assessment Rating Scales (FARS)</li> </ul> | <ul style="list-style-type: none"> <li>▶ Diversion through the Comprehensive Treatment Court (Mental Health Court)</li> <li>▶ Linkages to community-based treatment providers</li> </ul> |

| Implementation / Expansion Grantees                        | Common Grant Program Features |            |   |  |
|--|-------------------------------|------------|---|--|
|  | Adult or Juvenile             | Intercepts | Evidence-based Practices and Best Practices   | Type of Model  |
|  |                               |            | <ul style="list-style-type: none"> <li>▶ Patient Health Questionnaire (PHQ-9)</li> </ul>  |  |
| Centerstone of Florida<br>(Sarasota County)<br><br>(LHZ84) | Adult                         | 0, 1, 2, 3 | <ul style="list-style-type: none"> <li>▶ Assertive Community Treatment (ACT) team approach</li> <li>▶ Brief Jail Mental Health Screen (BJMHS)</li> <li>▶ Cognitive Behavioral Therapy (CBT)</li> <li>▶ Columbia Suicide Severity Rating Scale (C-SSRS)</li> <li>▶ Correctional Mental Health Screen for men and women (CHMS-M; CHMS-W)</li> <li>▶ Crisis Intervention Teams (CIT)</li> <li>▶ Functional Assessment Rating Scale (FARS)</li> <li>▶ Global Appraisal of Individual Needs (GAIN Q-3)</li> <li>▶ Housing First model</li> <li>▶ Individual Treatment Plans (ITP)</li> </ul> | <ul style="list-style-type: none"> <li>▶ Diversion through the Comprehensive Treatment Court (Mental Health Court)</li> <li>▶ Linkages to community-based treatment providers</li> </ul> |



| Implementation / Expansion Grantees | Common Grant Program Features |            |   |                      |
|-------------------------------------|-------------------------------|------------|---|----------------------|
|                                     | Adult or Juvenile             | Intercepts | Evidence-based Practices and Best Practices   | Type of Model        |
|                                     |                               |            | <ul style="list-style-type: none"> <li>▶ Integrated Treatment for Co-occurring Disorders (ITC)</li> <li>▶ Mental Health First Aid (MHFA)</li> <li>▶ Motivational Interviewing (MI)</li> <li>▶ Patient Health Questionnaire (PHQ-9)</li> <li>▶ Risk-Need-Responsivity Level of Care Service Case Management Inventory (LS-CMI) (CTC personnel are trained and certified)</li> <li>▶ Solution Focused</li> <li>▶ SSI/SSDI, Outreach, Assist, and Recovery (SOAR) (all CTC personnel are SOAR certified)</li> <li>▶ Tailored Individual Treatment Plans (ITP)</li> </ul> |                      |
| Central Florida Cares Health System | Adult                         | 0, 1       | <ul style="list-style-type: none"> <li>▶ Co-Responder Model</li> <li>▶ Mobile Response Team (MRT)</li> </ul>  | ▶ Co-Responder Model |

| Implementation<br>/ Expansion<br>Grantees   | Common Grant Program Features |            |   |  |
|---|-------------------------------|------------|---|--|
|   | Adult or<br>Juvenile          | Intercepts | Evidence-based Practices<br>and Best Practices  | Type of Model  |
| (Brevard County)<br>(LH835)   |                               |            | <ul style="list-style-type: none"> <li>▶ Peer support recovery specialist</li> <li>▶ Crisis Intervention Teams (CRT)</li> <li>▶ Columbia Risk and Protective Factors (C-SSRS) survey instrument</li> <li>▶ SAFE-T Protocol</li> </ul>   |  |
| Central Florida<br>Cares Health<br>System<br><br>(Osceola<br>County)<br><br>(LH830) | Adult                         | 4, 5       | <ul style="list-style-type: none"> <li>▶ Peer support</li> <li>▶ Wraparound services</li> <li>▶ ORAS SRT Pre-Screening Tool</li> <li>▶ URICA Motivational Assessment</li> <li>▶ ORAS Supplemental Re-entry Tool (ORAS-SRT)</li> <li>▶ Texas Christian University Criminal Thinking Scales (TCU-CTS)</li> <li>▶ Drug Abuse Screening Tool (DAST-10)</li> </ul> | <ul style="list-style-type: none"> <li>▶ Reentry and discharge planning</li> <li>▶ Linkages to community-based services</li> </ul> |
| Collier County  | Adult                         | 3, 4, 5    | <ul style="list-style-type: none"> <li>▶ Medication Assisted Treatment (MAT), including jail-based MAT</li> </ul>   | <ul style="list-style-type: none"> <li>▶ Medication Assisted Treatment</li> </ul>  |

| Implementation / Expansion Grantees                         | Common Grant Program Features |            |  |   |
|---|-------------------------------|------------|--|---|
|   | Adult or Juvenile             | Intercepts | Evidence-based Practices and Best Practices  | Type of Model   |
| (LH823)   |                               |            | <ul style="list-style-type: none"> <li>▶ Peer Recovery Specialists</li> <li>▶ Motivational Interviewing</li> <li>▶ TCU Drug Screen 5</li> </ul>  | <ul style="list-style-type: none"> <li>▶ Linkages to community-based services</li> </ul>  |
| EPIC Behavioral Healthcare<br>(St. Johns County)<br>(LHZ83) | Adult                         | 2, 3, 4, 5 | <ul style="list-style-type: none"> <li>▶ Medication Assisted Treatment (MAT)</li> <li>▶ Peer Recovery Specialists</li> <li>▶ Crisis Intervention Teams (CIT)</li> <li>▶ Serenity, Integrity, Goals, Hope, and Trust (SIGHT)</li> <li>▶ Proxy Risk Triage Screener</li> <li>▶ Patient Health Questionnaire 9 (PHQ-9)</li> <li>▶ Columbia-Suicide Severity Rating Scale (C-SSRS)</li> <li>▶ Drug Abuse Screening Test (DAST)</li> <li>▶ Alcohol Use Disorders Identification Test (AUDIT)</li> </ul> | <ul style="list-style-type: none"> <li>▶ Pre-booking diversion</li> <li>▶ Reentry and discharge planning</li> <li>▶ Linkages to community-based services</li> </ul> |

| Implementation / Expansion Grantees | Common Grant Program Features |            |   |               |
|-------------------------------------|-------------------------------|------------|---|---------------|
|                                     | Adult or Juvenile             | Intercepts | Evidence-based Practices and Best Practices   | Type of Model |
|                                     |                               |            | <ul style="list-style-type: none"> <li>▶ Generalized Anxiety Disorder-7 (GAD-7)</li> <li>▶ Daily Living Activities (DLA-20)</li> <li>▶ Level of Care Utilization System (LOCUS)</li> <li>▶ American Society of Addiction Medicine (ASAM)</li> <li>▶ Suicide Severity Rating Scale (C-SSRS)</li> <li>▶ Screening, Brief Intervention, and Referral to Treatment (SBIRT)</li> <li>▶ Life Events Checklist (LEC)</li> <li>▶ Ohio Risk Assessment System: Pre-Trial Assessment Tool (ORAS-PAT)</li> <li>▶ Question, Persuade, Refer (QPR) Suicide Prevention Program</li> </ul> |               |

| Implementation / Expansion Grantees        | Common Grant Program Features         |            |   |  |
|--|---------------------------------------|------------|---|--|
|  | Adult or Juvenile                     | Intercepts | Evidence-based Practices and Best Practices   | Type of Model  |
| Flagler County BOCC<br>(LH820)             | Juvenile / Young Adult (up to age 25) | 0, 1       | <ul style="list-style-type: none"> <li>▶ Center for School Mental Health evidence-based screening instruments</li> <li>▶ National Center for Mental Health and Juvenile Justice School Responder Model</li> <li>▶ Community Action Teams (CAT)</li> <li>▶ Cognitive Behavioral Therapy</li> <li>▶ Law Enforcement/Mental Health Co-Responder Model</li> </ul> | <ul style="list-style-type: none"> <li>▶ Co-Responder Model</li> <li>▶ Diversion</li> </ul>  |
| Gadsden County Sheriff's Office<br>(LHZ96) | Adult                                 | 1, 2, 3, 5 | <ul style="list-style-type: none"> <li>▶ Crisis Intervention Teams (CIT)</li> <li>▶ Multidisciplinary Treatment Team (MDST) approach</li> <li>▶ Trauma-informed care</li> <li>▶ Alcohol Use Disorder Identification (AUDIT)</li> <li>▶ Beck Depression Inventory II (BDI-II)</li> </ul>   | <ul style="list-style-type: none"> <li>▶ Diversion</li> <li>▶ Multidisciplinary team-based approach</li> <li>▶ Linkages to community-based services</li> <li>▶ STD prevention</li> </ul> |

| Implementation / Expansion Grantees      | Common Grant Program Features |              |  |  |
|--|-------------------------------|--------------|--|--|
|  | Adult or Juvenile             | Intercepts   | Evidence-based Practices and Best Practices  | Type of Model  |
|  |                               |              | <ul style="list-style-type: none"> <li>▶ Cut Annoyed Guilty Eye (CAGE) test</li> <li>▶ Drug Abuse Screening Test (DAST-10)</li> <li>▶ Mental Health Screening Form- III (MHSF-III)</li> <li>▶ Columbia-Suicide Severity Rating Scale (C-SSRS)</li> <li>▶ SSI/SSDI Outreach, Access, and Recovery (SOAR)</li> </ul> | <ul style="list-style-type: none"> <li>▶ Vocational opportunities</li> </ul>   |
| Hanley Foundation (Dixie County) (LH841) | Juvenile                      | 0, 1, 2, 3   | <ul style="list-style-type: none"> <li>▶ Youth Mental Health First Aid</li> <li>▶ Trauma Informed Care</li> <li>▶ QPR Suicide Prevention</li> <li>▶ Mental Health Court</li> <li>▶ Teen Court</li> <li>▶ Handle with Care</li> </ul>   | <ul style="list-style-type: none"> <li>▶ Pre-trial Diversion</li> <li>▶ Mental Health Court</li> <li>▶ Teen Court</li> </ul> |
| Hanley Foundation                        | Juvenile                      | 0,1, 2, 3, 5 | <ul style="list-style-type: none"> <li>▶ Trauma-informed Care</li> </ul>   | <ul style="list-style-type: none"> <li>▶ Mental Health Court</li> </ul>  |

| Implementation / Expansion Grantees     | Common Grant Program Features |            |  |   |
|---|-------------------------------|------------|--|---|
|   | Adult or Juvenile             | Intercepts | Evidence-based Practices and Best Practices  | Type of Model   |
| (Hendry and Glades Counties)<br>(LH840) |                               |            | <ul style="list-style-type: none"> <li>▶ Youth Mental Health First Aid</li> <li>▶ Mental Health Court</li> <li>▶ Motivational Enhancement Therapy</li> <li>▶ Cognitive Behavioral Therapy</li> </ul>   | <ul style="list-style-type: none"> <li>▶ Mental Health Center</li> </ul>  |
| Hillsborough County BOCC<br>(LHZ98)     | Adult                         | 2, 3, 4, 5 | <ul style="list-style-type: none"> <li>▶ Motivational Interviewing (MI)</li> <li>▶ Risk-Need-Responsivity- Level of Service/Case Management Inventory (LS/CMI)</li> <li>▶ Medication-Assisted Treatment (MAT)</li> <li>▶ Forensic Assertive Community Treatment (FACT)</li> <li>▶ Forensic Intensive Case Management (FICM)</li> <li>▶ SSI/SSDI Outreach, Access, and Recovery (SOAR)</li> <li>▶ Comprehensive, Continuous, Integrated System of Care (CCISC)</li> </ul> | <ul style="list-style-type: none"> <li>▶ Diversion</li> <li>▶ Mental Health Court</li> <li>▶ Linkages to community-based treatment</li> </ul> |

| Implementation / Expansion Grantees                            | Common Grant Program Features       |            |   |   |
|--|-------------------------------------|------------|---|---|
|  | Adult or Juvenile                   | Intercepts | Evidence-based Practices and Best Practices   | Type of Model   |
|  |                                     |            | <ul style="list-style-type: none"> <li>▶ Trauma-informed services</li> </ul>  |   |
| Hillsborough County BOCC (LH842)                               | Juvenile / Young Adult (ages 12-21) | 3, 4, 5    | <ul style="list-style-type: none"> <li>▶ High Fidelity Wraparound</li> <li>▶ Cognitive Behavioral Therapy</li> <li>▶ Child and Adolescent Needs and Strengths (CANS) assessment</li> <li>▶ Child Assessment Tool (FDLE)- both “pre” and “expanded” versions to determine criminogenic risk level</li> <li>▶ Family Navigator</li> </ul> | <ul style="list-style-type: none"> <li>▶ Tiered services for Juvenile Mental Health Court</li> </ul>    |
| Kids Hope Alliance (Duval County/City of Jacksonville) (LH824) | Juvenile                            | 0, 1, 2, 3 | <ul style="list-style-type: none"> <li>▶ Global Appraisal of Individual Needs-Quick (GAIN-Q3)</li> <li>▶ Center for Youth Wellness Adverse Childhood Experiences Questionnaire (CYW ACE)</li> <li>▶ Youth Level of Services/Case Management Inventory (YLS/CMI 2.0)</li> </ul>  | <ul style="list-style-type: none"> <li>▶ Prevention, early intervention</li> <li>▶ Diversion</li> </ul> |



| Implementation / Expansion Grantees | Common Grant Program Features |            |   |   |
|-------------------------------------|-------------------------------|------------|---|---|
|                                     | Adult or Juvenile             | Intercepts | Evidence-based Practices and Best Practices   | Type of Model   |
|                                     |                               |            | <ul style="list-style-type: none"> <li>▶ High Fidelity Wraparound</li> <li>▶ Care Coordination</li> <li>▶ Recovery Orientated Services</li> <li>▶ Peer Specialists/support</li> <li>▶ Operation Boost (employment career resources)</li> <li>▶ Education-Legal Advocacy</li> <li>▶ Targeted Family Engagement</li> <li>▶ Mentoring</li> <li>▶ Parenting Support Groups</li> </ul> |   |
| Lee County BOCC (LHZ97)             | Adult                         | 1, 2, 3    | <ul style="list-style-type: none"> <li>▶ Crisis Intervention Teams (CIT)</li> <li>▶ Housing First approach</li> <li>▶ Coordinated Entry</li> <li>▶ Peer Specialists</li> <li>▶ Permanent Supportive Housing</li> </ul>  | <ul style="list-style-type: none"> <li>▶ Triage Center/Low demand shelter</li> <li>▶ Diversion</li> <li>▶ Reentry</li> <li>▶ Linkages from specialty courts to</li> </ul> |

| Implementation / Expansion Grantees                | Common Grant Program Features |                  |   |   |
|--|-------------------------------|------------------|---|---|
|  | Adult or Juvenile             | Intercepts       | Evidence-based Practices and Best Practices   | Type of Model   |
|  |                               |                  | <ul style="list-style-type: none"> <li>▶ Comprehensive, Continuous, Integrated System of Care Model (CCISC)</li> <li>▶ Homeless Management Information System (MHIS)</li> </ul>   | community-based treatment providers   |
| LifeStream Behavioral Center (Lake County) (LHZ95) | Adult                         | 0, 1, 2, 3, 4, 5 | <ul style="list-style-type: none"> <li>▶ Assertive Community Treatment (ACT)</li> <li>▶ Motivational Interviewing (MI)</li> <li>▶ Cognitive Behavioral Therapy (CBT)</li> <li>▶ Crisis Intervention Teams (CIT)</li> <li>▶ Mental Health First Aid (MHFA)</li> <li>▶ Risk-Need-Responsivity framework (RNR)</li> <li>▶ Forensic Community Services Team (FCST)</li> <li>▶ Interactive Journaling</li> </ul> | <ul style="list-style-type: none"> <li>▶ Diversion</li> <li>▶ Reentry</li> <li>▶ Linkages to community-based treatment providers</li> </ul> |

| Implementation / Expansion Grantees | Common Grant Program Features |            |   |               |
|-------------------------------------|-------------------------------|------------|---|---------------|
|                                     | Adult or Juvenile             | Intercepts | Evidence-based Practices and Best Practices   | Type of Model |
|                                     |                               |            | <ul style="list-style-type: none"> <li>▶ Eye Movement Desensitization and Reprocessing (EMDR)</li> <li>▶ Ohio Risk Assessment System (ORAS)</li> <li>▶ Texas Christian University (TCU) Drug Screen</li> <li>▶ Global Appraisal of Individual Needs (GAINS SS)</li> <li>▶ Posttraumatic Stress Disorder Checklist for DSM 5 (PCL-5)</li> <li>▶ Life Events Checklist for DSM 5 (LEC-5)</li> <li>▶ Trauma-Informed Therapy</li> <li>▶ SSI/SSDI, Outreach, Assist, and Recovery (SOAR)</li> <li>▶ Peer Specialists</li> </ul> |               |

| Implementation / Expansion Grantees                | Common Grant Program Features |            |   |   |
|--|-------------------------------|------------|---|---|
|  | Adult or Juvenile             | Intercepts | Evidence-based Practices and Best Practices   | Type of Model   |
| LSF Health Systems<br>(Hernando County)<br>(LHZ86) | Juvenile                      | 1, 2, 3, 5 | <ul style="list-style-type: none"> <li>▶ Wellness Recovery Action Planning (WRAP)</li> <li>▶ Positive Achievement Change Tool (PACT)</li> <li>▶ Patient Health Questionnaire for Adolescents (PHQ-A)</li> <li>▶ Michigan Alcohol Screening Test (MAST)</li> <li>▶ Drug Abuse Screening Tool (DAST)</li> <li>▶ GAIN Short Screener (SS)</li> <li>▶ Youth and Family Treatment Planning Services</li> <li>▶ Case Management/Court Specialist Services</li> <li>▶ Care Navigation Services</li> <li>▶ Crisis Planning Services</li> <li>▶ Family Support Groups</li> </ul> | <ul style="list-style-type: none"> <li>▶ Juvenile Behavioral Health Court</li> <li>▶ Restorative school program</li> <li>▶ Care coordination, linkages to community-based services</li> </ul> |

| Implementation / Expansion Grantees                                   | Common Grant Program Features |            |   |   |
|---|-------------------------------|------------|---|---|
|   | Adult or Juvenile             | Intercepts | Evidence-based Practices and Best Practices   | Type of Model   |
|   |                               |            | <ul style="list-style-type: none"> <li>▶ Trauma Support Groups</li> <li>▶ Drug Testing services</li> <li>▶ Transportation Support Services</li> <li>▶ Recovery Support Services</li> </ul>  |   |
| <p>Managed Access for Child Health<br/>(Duval County)<br/>(LHZ82)</p> | Juvenile                      | 1, 2, 3    | <ul style="list-style-type: none"> <li>▶ Child and Adolescent Needs and Strengths – Comprehensive tool (CANS)</li> <li>▶ High-Fidelity Wraparound</li> <li>▶ Transitional Readiness Scale (TRS)</li> <li>▶ Wraparound Fidelity Instrument (WFI-EZ)</li> <li>▶ High-Fidelity Wrap Assessment (HFWA)</li> <li>▶ Coaching and peer review</li> <li>▶ Mental Health First Aid (MHFA)</li> <li>▶ Juvenile Mental Health Court</li> </ul> | <ul style="list-style-type: none"> <li>▶ Wraparound model</li> <li>▶ Diversion</li> <li>▶ Juvenile Mental Health Court</li> </ul> |

| Implementation / Expansion Grantees | Common Grant Program Features |            |   |   |
|-------------------------------------|-------------------------------|------------|---|---|
|                                     | Adult or Juvenile             | Intercepts | Evidence-based Practices and Best Practices   | Type of Model   |
|                                     |                               |            | <ul style="list-style-type: none"> <li>▶ Motivational Interviewing</li> <li>▶ Adverse Childhood Experiences (ACE) Assessment</li> <li>▶ Trauma-Focused Cognitive Behavioral Therapy</li> <li>▶ Applied Behavioral Analysis (ABA) Therapy</li> <li>▶ System of Care values</li> </ul>                              |   |
| Martin County BOCC (LHZ89)          | Adult                         | 1, 2, 3    | <ul style="list-style-type: none"> <li>▶ Crisis Intervention Teams (CIT)</li> <li>▶ Mental Health Court</li> <li>▶ Brief Jail Mental Health Screen (BJMHS)</li> <li>▶ SSI/SSDI, Outreach, Assist, and Recovery (SOAR)</li> <li>▶ GAINS Reentry Checklist</li> <li>▶ Ohio Risk Assessment System (ORAS)</li> </ul> | <ul style="list-style-type: none"> <li>▶ Mental Health Court</li> <li>▶ Diversion</li> <li>▶ Linkages to community-based treatment providers</li> </ul> |

| Implementation / Expansion Grantees  | Common Grant Program Features |                  |   |   |
|--|-------------------------------|------------------|---|---|
|  | Adult or Juvenile             | Intercepts       | Evidence-based Practices and Best Practices   | Type of Model   |
|  |                               |                  | <ul style="list-style-type: none"> <li>▶ Assess, Plan, Identify, and Coordinate (APIC)</li> <li>▶ Peer Support</li> <li>▶ Rapid Rehousing</li> <li>▶ Employment Assistance</li> <li>▶ Safe Parenting</li> </ul>   |   |
| Meridian Behavioral Healthcare, Inc.<br>(Alachua and Bradford Counties)<br>(LHZ85) | Adult                         | 0, 1, 2, 3, 4, 5 | <ul style="list-style-type: none"> <li>▶ Crisis Intervention Teams (CIT)</li> <li>▶ Mental Health First Aid (MHFA)</li> <li>▶ Risk Need Responsivity (RNR) assessment tool</li> <li>▶ Assess, Plan, Identify, Coordinate (APIC) Model</li> <li>▶ GAINS Reentry Checklist</li> <li>▶ Motivational Interviewing (MI)</li> <li>▶ Historical Clinical Risk Management-20 Version 3 (HCR-20 V3)</li> </ul> | <ul style="list-style-type: none"> <li>▶ Diversion</li> <li>▶ Reentry</li> <li>▶ Linkages to community-based treatment providers</li> </ul> |

| Implementation / Expansion Grantees | Common Grant Program Features |            |   |               |
|-------------------------------------|-------------------------------|------------|---|---------------|
|                                     | Adult or Juvenile             | Intercepts | Evidence-based Practices and Best Practices   | Type of Model |
|                                     |                               |            | <ul style="list-style-type: none"> <li>▶ Medication Assisted Treatment (MAT)</li> <li>▶ Wellness Recovery Action Plan (WRAP)</li> <li>▶ SSI/SSDI, Outreach, Assist, and Recovery (SOAR)</li> <li>▶ Seeking Safety</li> <li>▶ Peer Specialists</li> <li>▶ Moral Reconciliation Therapy</li> <li>▶ Cognitive Behavioral Therapy</li> <li>▶ Transition Skills for Recovery</li> <li>▶ Trauma-Informed Therapy</li> <li>▶ Communication for Recovery</li> <li>▶ American Society of Addiction Medicine (ASAM) Criteria</li> </ul> |               |



| Implementation / Expansion Grantees                              | Common Grant Program Features |            |   |  |
|--|-------------------------------|------------|---|--|
|  | Adult or Juvenile             | Intercepts | Evidence-based Practices and Best Practices   | Type of Model  |
| Meridian Behavioral Healthcare, Inc.<br>(Levy County)<br>(LH822) | Adult                         | 3, 4, 5    | <ul style="list-style-type: none"> <li>▶ SSI/SSDI, Outreach, Assist, and Recovery (SOAR)</li> <li>▶ Peer Specialists</li> <li>▶ Mental Health First Aid (MHFA)</li> <li>▶ Assess, Plan, Identify, and Coordinate (APIC) Model</li> <li>▶ Historical Clinical Risk Management-20 Version 3 (HCR-20 V3)</li> <li>▶ Motivational Interviewing (MI)</li> <li>▶ Risk-Need-Responsivity (RNR) assessment tool</li> <li>▶ Biopsychosocial assessments</li> <li>▶ GAINS Reentry Checklist</li> <li>▶ Medication Assisted Treatment (MAT)</li> <li>▶ Moral Reconciliation Therapy</li> <li>▶ Cognitive Behavioral Therapy</li> </ul> | <ul style="list-style-type: none"> <li>▶ Reentry and discharge planning</li> <li>▶ Linkages to community-based services</li> <li>▶ Forensic treatment team-based approach</li> </ul> |

| Implementation / Expansion Grantees | Common Grant Program Features |            |   |   |
|-------------------------------------|-------------------------------|------------|---|---|
|                                     | Adult or Juvenile             | Intercepts | Evidence-based Practices and Best Practices   | Type of Model   |
|                                     |                               |            | <ul style="list-style-type: none"> <li>▶ Trauma-Informed Therapy</li> <li>▶ Seeking Safety</li> <li>▶ Motivational Therapy</li> <li>▶ American Society of Addiction Medicine (ASAM) Criteria</li> <li>▶ Transition Skills for Recovery</li> <li>▶ Wellness Recovery Action Planning (WRAP)</li> </ul>                         |   |
| Miami-Dade County (LH826)           | Adult                         | 4, 5       | <ul style="list-style-type: none"> <li>▶ Critical Time Intervention (CTI)</li> <li>▶ Assess, Plan, Identify, and Coordinate (APIC) Model</li> <li>▶ Interactive Journaling (CBT)</li> <li>▶ Texas Christian University Drug Screen (TCUD-V)</li> <li>▶ Ohio Risk Assessment- Community Supervision Tool (ORAS-CST)</li> </ul> | <ul style="list-style-type: none"> <li>▶ Jail in-reach</li> <li>▶ Discharge planning and reentry</li> </ul> |

| Implementation / Expansion Grantees | Common Grant Program Features |               |   |   |
|-------------------------------------|-------------------------------|---------------|---|---|
|                                     | Adult or Juvenile             | Intercepts    | Evidence-based Practices and Best Practices   | Type of Model   |
|                                     |                               |               | <ul style="list-style-type: none"> <li>▶ Peer Specialists</li> </ul>  |   |
| Orange County BOCC (LH818)          | Adult                         | 0, 1, 2       | <ul style="list-style-type: none"> <li>▶ Crisis Intervention Teams (CIT)</li> <li>▶ Peer Specialists</li> <li>▶ DLA-20, Case Management Assessment</li> <li>▶ Ohio Risk Assessment System (ORAS)</li> <li>▶ Drug Abuse Screening Test (DAST)</li> <li>▶ TCU Drug Screen 5</li> <li>▶ Child Trauma Screen (CTS)</li> <li>▶ University of Rhode Island Change Assessment Scale (URICA)</li> </ul> | <ul style="list-style-type: none"> <li>▶ Pre-booking diversion drop-in centers</li> </ul> |
| Pinellas County BOCC                | Juvenile / Young              | 1, 2, 3, 4, 5 | <ul style="list-style-type: none"> <li>▶ General Anxiety Disorder (GAD-7)</li> </ul>  | <ul style="list-style-type: none"> <li>▶ Diversion</li> </ul>                             |

| Implementation / Expansion Grantees | Common Grant Program Features |            |  |   |
|-------------------------------------|-------------------------------|------------|--|---|
|                                     | Adult or Juvenile             | Intercepts | Evidence-based Practices and Best Practices  | Type of Model   |
| (LHZ91)                             | Adult (ages 14-21)            |            | <ul style="list-style-type: none"> <li>▶ Spence Children’s Anxiety Scale (SCAS)</li> <li>▶ Severity Measure for Generalized Anxiety Disorder- Child Age 11-17</li> <li>▶ Patient Health Questionnaire (PHQ-9); PHQ-9 modified for adolescents</li> <li>▶ PTSD Checklist for DSM-5 (PCL-5)</li> <li>▶ Traumatic Events Screening Inventory (TESI-C)</li> <li>▶ Columbia-Suicide Severity Rating Scale (C-SSRS)</li> <li>▶ Cognitive Behavioral Therapy (CBT)</li> <li>▶ Motivational Interviewing (MI)</li> <li>▶ Motivational Enhancement Therapy (MET)</li> <li>▶ Seeking Safety</li> <li>▶ Solution Focused Brief Therapy</li> </ul> | <ul style="list-style-type: none"> <li>▶ Delinquency prevention</li> <li>▶ Linkages to community-based treatment providers</li> </ul> |

| Implementation / Expansion Grantees | Common Grant Program Features |            |   |   |
|-------------------------------------|-------------------------------|------------|---|---|
|                                     | Adult or Juvenile             | Intercepts | Evidence-based Practices and Best Practices   | Type of Model   |
|                                     |                               |            | <ul style="list-style-type: none"> <li>▶ Dialectical Behavior Therapy</li> </ul>  |   |
| Pinellas County BOCC (LH834)        | Adult                         | 3, 4, 5    | <ul style="list-style-type: none"> <li>▶ Level of Service, Case Management Inventory (LS-CMI)</li> <li>▶ American Society of Addiction Medicine (ASAM) Criteria</li> <li>▶ ACE Trauma Tool</li> <li>▶ Peer Support</li> </ul>   | <ul style="list-style-type: none"> <li>▶ Jail in-reach</li> <li>▶ Discharge planning and reentry</li> </ul>                                   |
| Polk County BOCC (LH833)            | Adult                         | 3, 4, 5    | <ul style="list-style-type: none"> <li>▶ Certified Recovery Peer Specialists</li> <li>▶ Medication-Assisted Treatment (MAT)</li> <li>▶ Mental Health First Aid</li> <li>▶ Recovery Oriented System of Care (ROSC)</li> <li>▶ Wellness Recovery Action Plan (WRAP)</li> <li>▶ SSI/SSDI, Outreach, Assist, and Recovery (SOAR)</li> </ul> | <ul style="list-style-type: none"> <li>▶ Jail in-reach</li> <li>▶ Discharge planning and reentry</li> <li>▶ Community paramedicine</li> </ul> |

| Implementation / Expansion Grantees | Common Grant Program Features |            |   |   |
|-------------------------------------|-------------------------------|------------|---|---|
|                                     | Adult or Juvenile             | Intercepts | Evidence-based Practices and Best Practices   | Type of Model   |
|                                     |                               |            | <ul style="list-style-type: none"> <li>▶ Functional Assessment Rating Scale (FARS)</li> </ul>   |   |
| Seminole County BOCC (LH828)        | Adult / Juvenile (ages 6-17)  | 1, 2, 3, 4 | <ul style="list-style-type: none"> <li>▶ Drug Abuse Screening Tool (DAST)</li> <li>▶ Assisted Outpatient Treatment (AOT)</li> <li>▶ Daily Living Activities 20 (DLA-20)</li> <li>▶ Alcohol Use Disorder Identification Test (AUDIT)</li> <li>▶ Ohio Risk Assessment Screen (ORAS)</li> <li>▶ Cognitive Behavioral Therapy (CBT)</li> <li>▶ Trauma-informed Cognitive Behavioral Therapy (CBT)</li> <li>▶ Crisis Intervention Teams (CIT)</li> <li>▶ Stop Now And Plan (SNAP)</li> <li>▶ Motivational Enhancement Therapy (MET)</li> <li>▶ Moral Reconciliation Therapy</li> </ul> | <ul style="list-style-type: none"> <li>▶ Diversion and reentry</li> <li>▶ Assisted Outpatient Treatment program</li> <li>▶ Stop Now And Plan (SNAP)- juvenile prevention/diversion</li> </ul> |

| Implementation / Expansion Grantees    | Common Grant Program Features |            |  |  |
|--|-------------------------------|------------|--|--|
|  | Adult or Juvenile             | Intercepts | Evidence-based Practices and Best Practices  | Type of Model  |
|  |                               |            | <ul style="list-style-type: none"> <li>▶ Trauma-informed care with Eye Movement Desensitization and Reprocessing Therapy (EMDR)</li> <li>▶ Motivational Interviewing (MI)</li> </ul>   |  |
| SMA Healthcare (Putnam County) (LHZ99) | Adult                         | 1, 2       | <ul style="list-style-type: none"> <li>▶ Crisis Intervention Teams (CIT)</li> <li>▶ Cognitive Behavioral Therapy</li> <li>▶ Case managers trained in Targeted Case Management</li> <li>▶ SSI/SSDI, Outreach, Assist, and Recovery (SOAR)</li> <li>▶ Motivational Interviewing</li> <li>▶ myStrength (online support system using cognitive behavioral therapy, motivational interviewing, dialectical behavioral therapy, and behavior activation techniques)</li> </ul> | <ul style="list-style-type: none"> <li>▶ County Crisis Triage and Treatment Unit (CTTU)</li> <li>▶ Transportation, screening, and continued care to individuals under a Baker Act or Marchman Act</li> </ul> |

| Implementation / Expansion Grantees   | Common Grant Program Features |            |   |  |
|---|-------------------------------|------------|---|--|
|   | Adult or Juvenile             | Intercepts | Evidence-based Practices and Best Practices   | Type of Model  |
|   |                               |            | <ul style="list-style-type: none"> <li>▶ Columbia Suicide Severity Rating Scale</li> <li>▶ Peer Specialists</li> <li>▶ Mental Health First Aid (MHFA)</li> </ul>  |  |
| Southeast Florida Behavioral Health Network<br>(Indian River County)<br>(LHZ90) | Adult                         | 2, 3, 4    | <ul style="list-style-type: none"> <li>▶ SSI/SSDI, Outreach, Assist, and Recovery (SOAR)</li> <li>▶ Wellness Recovery Action Plan (WRAP)</li> <li>▶ Cognitive Behavioral Therapy (CBT)</li> <li>▶ Motivational Interviewing</li> <li>▶ Trauma-Informed Care</li> <li>▶ Forensic Needs Assessment</li> <li>▶ Peer Specialists</li> <li>▶ High Fidelity Wraparound</li> </ul> | <ul style="list-style-type: none"> <li>▶ Mental Health Court</li> <li>▶ Diversion from incarceration</li> <li>▶ Linkages to community-based treatment providers</li> </ul> |
| Southeast Florida   | Adult / Juvenile              | 2,3,4      | <ul style="list-style-type: none"> <li>▶ Crisis Intervention Teams (CIT)</li> </ul>   | <ul style="list-style-type: none"> <li>▶ Mental Health Court</li> </ul>  |



| Implementation / Expansion Grantees                         | Common Grant Program Features |            |  |  |
|---|-------------------------------|------------|--|--|
|   | Adult or Juvenile             | Intercepts | Evidence-based Practices and Best Practices  | Type of Model  |
| Behavioral Health Network<br>(Okeechobee County)<br>(LH825) |                               |            | <ul style="list-style-type: none"> <li>▶ Cognitive Behavioral Therapy (CBT)</li> <li>▶ Motivational Interviewing (MI)</li> <li>▶ SSI/SSDI, Outreach, Assist, and Recovery (SOAR)</li> <li>▶ Wellness Recovery Action Plan (WRAP)</li> <li>▶ Eye Movement Desensitization and Reprocessing (EMDR)</li> <li>▶ Adolescent Community Reinforcement Approach (A-CRA)</li> <li>▶ Whole Health Action Management (WHAM)</li> <li>▶ Trauma-Informed Therapy</li> <li>▶ Transition Skills for Recovery</li> <li>▶ Peer Specialists</li> </ul> | <ul style="list-style-type: none"> <li>▶ Drug Court expansion</li> <li>▶ Juvenile Drug Court</li> <li>▶ Diversion from incarceration</li> <li>▶ Linkages to community-based treatment providers</li> </ul> |

| Implementation / Expansion Grantees            | Common Grant Program Features |            |   |   |
|--|-------------------------------|------------|---|---|
|  | Adult or Juvenile             | Intercepts | Evidence-based Practices and Best Practices   | Type of Model   |
| We Are All We Need<br>(Leon County)<br>(LH836) | Juvenile                      | 0, 1, 2, 5 | <ul style="list-style-type: none"> <li>▶ SSI/SSDI, Outreach, Assist, and Recovery (SOAR)</li> <li>▶ Wellness Recovery Action Plan (WRAP)</li> <li>▶ Wraparound services</li> <li>▶ SNAP Benefits Enrollment</li> <li>▶ Recovery Support Groups</li> <li>▶ Flourishing Assessment</li> <li>▶ Building Communities Resilient (BCR)</li> <li>▶ Child and Adolescent Trauma (CAT) Screen</li> </ul> | <ul style="list-style-type: none"> <li>▶ Tier-based approach to prevention, intervention, and support services</li> </ul> |

## Results Of Satisfaction Surveys Completed By Grantees Receiving Formal Technical Assistance Site Visits

**Table 8** presents satisfaction survey results for formal technical assistance events, with a combination of on-site and virtual events. Twelve grantees (planning and implementation/expansion) received “formal” technical assistance in SFY 2022-2023. One community received on-site technical assistance upon special request from DCF (indicated by an asterisk). The CJMHTA TAC exceeded the satisfactory benchmark of 85%. The table below displays the satisfaction survey results for formal technical assistance conducted in SFY 2022-2023.

**Table 8.**  
*Summary of Satisfaction Survey Results*

| Grantee / Community  | Date of Formal TA                    | # Participants | Satisfaction Survey Results | TA Topic                                    |
|--|--------------------------------------|----------------|-----------------------------|---|
| LH823 Collier County   | July 14, 2022                        | 4              | 100%                        | Data Collaborative Roundtable               |
| LHZ91 Pinellas County Juvenile SIM                                 | July 21-22, 2022                     | 30             | 100%                        | Juvenile SIM                                |
| LHZ97 Lee County   | August 12-13, 2022                   | 37             | 100%                        | Adult SIM                                   |
| LHZ87 Apalachee Center (Leon County)                               | August 26, 2022                      | 2              | 100%                        | Data and Performance Measures Roundtable    |
| LHZ95 LifeStream (Lake County)                                     | August 26, 2022                      | 3              | 100%                        | Data and Performance Measures Roundtable    |
| LHZ84/LH819 Centerstone (Sarasota and Manatee Counties)            | August 30, 2022<br>September 6, 2022 | 16             | 93.3%                       | Advanced Motivational Interviewing Training |
| Twelfth Judicial Circuit (Sarasota, Manatee, and Desoto Counties)* | September 19-21, 2022                | 60             | 100%                        | Juvenile SIM                                |

| Grantee / Community   | Date of Formal TA    | # Participants | Satisfaction Survey Results | TA Topic                                   |
|---|----------------------|----------------|-----------------------------|--|
| LHZ90 Southeast Florida Behavioral Health Network (Indian River County) | October 12, 2022     | 1              | 100%                        | Sustainability                             |
| LH823 Collier County  | October 28, 2022     | 9              | 100%                        | Performance Measures Roundtable            |
| LHZ87 Apalachee Center (Leon County)                                    | December 6, 2022     | 1              | 100%                        | Data and Performance Measures Roundtable   |
| LHZ89 Martin County   | January 5, 2023      | 2              | 100%                        | Sustainability                             |
| LHZ99 SMA HealthCare (Putnam County)                                    | January 6, 2023      | 2              | 100%                        | Jail Diversion Best Practices              |
| LHZ96 Gadsden County Sheriff's Office                                   | January 18, 2023     | 2              | 100%                        | Sustainability                             |
| LHZ85 Meridian (Alachua and Bradford Counties)                          | January 18, 2023     | 4              | 100%                        | Sustainability and Cost-Savings            |
| LHZ97 Lee County  | January 24, 2023     | 8              | 100%                        | Adult SIM Update                           |
| LH823 Hanley Foundation (Palm Beach County)                             | January 26-27, 2023  | 47             | 100%                        | Juvenile SIM                               |
| LHZ96 LifeStream (Lake County)  | January 31, 2023     | 7              | 100%                        | Strategic Planning                         |
| LH831 BayCare (Pasco County)  | February 14-15, 2023 | 35             | 99.1%                       | Adult SIM                                  |
| LHZ86 LSF Health Systems (Hernando County)                              | February 24, 2023    | 2              | 100%                        | Sustainability                             |
| LHZ91 Pinellas County   | March 7, 2023        | 5              | 100%                        | Sustainability and Cost-Savings Roundtable |
| LH833 Polk County   | March 20, 2023       | 1              | 100%                        | Cost Benefit Analysis                      |

| <b>Grantee / Community</b>  | <b>Date of Formal TA</b> | <b># Participants</b> | <b>Satisfaction Survey Results</b> | <b>TA Topic</b>                       |
|---|--------------------------|-----------------------|------------------------------------|---------------------------------------|
| LHZ90 Southeast Florida Behavioral Health Network (Indian River County) | March 28, 2023           | 18                    | 100%                               | Motivational Interviewing             |
| LHZ98 Hillsborough County   | May 19, 2023             | 12                    | 100%                               | Motivational Interviewing Primer Pt 1 |
| LHZ98 Hillsborough County   | June 2, 2023             | 12                    | 100%                               | Motivational Interviewing Primer Pt 2 |
| LH831 BayCare (Pasco County)  | June 21, 2023            | 22                    | 100%                               | Adult SIM Follow-up                   |

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## Recommendations and Suggested Strategies for Furthering the Development of the CJMHSAs TAC and the Reinvestment Grant Program

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

### County-level/Program-level Strategies

- Identify approaches to regular promotion of resources/services available for the reinvestment grant target population to community providers and key stakeholders to increase provider-level awareness.
- Invest in innovative approaches to widespread community promotion/awareness building related to the reinvestment grant program to meet sustainability goals (e.g., Op-Eds in community papers, social media posts, program success highlights at County Commission meetings etc.)
- Promote the practice of Motivational Interviewing skills to program staff involved with direct client contact to reduce resistance to treatment engagement and build rapport.
- Identify approaches and organizational accountability to consistently track and report on local costs associated with arrests, jail days, and other costs avoided to assist with assessing cost effectiveness of grant programs.
- Identify formal housing/landlord and employer programming (e.g., Recovery Friendly Workplace, Recovery Friendly Landlords).
- Identify opportunities to collaborate with local Federally Qualified Health Centers and integrate medical and behavioral health service access.
- Identify other metrics for success beyond cost savings/avoidance (e.g., reduction in types of offenses, reductions in frequency of serious offenses).
- Promote inclusion of persons with lived experience with mental health and substance use disorders and criminal justice involvement with program planning and decision making.
- Prioritize the development of MOUs and formal data sharing agreements in early phases of implementation.
- Consider innovative approaches to workforce recruitment and retention (e.g., shared staff models, sign-on bonuses, retention bonuses).

- Clearly identify the organization or entity responsible for accountability management and oversight and follow-up surrounding the implementation of Sequential Intercept Mapping action plan.
- Explore opportunities to coordinate multiple crisis response initiatives to avoid duplication (e.g., Mobile Response Teams, Crisis Intervention Teams, Co-Responder Teams, 988)

### DCF/State-level Strategies

- Ensure that performance measures targets account for unique challenges associated with high-risk target populations.
- Require reports on status of MOU and data-sharing agreements for implementation/expansion grantees.
- Collaborate with USF CJMHSA TAC to formally operationalize the tracking of cost savings/avoidance and other required measures.
- Continue collaboration with USF CJMHSA TAC on programmatic site visits and case study reviews to ensure that the proposed programs are being implemented with fidelity.
- Ensure alignment of CJMHSA Reinvestment Goals with other state initiatives with a shared target population (e.g., State Opioid Response funds, Managing Entity collaboration).
- Explore opportunities to promote innovative financial and programmatic strategies to address behavioral health workforce shortages.
- Explore opportunities to promote the reinvestment grant to Medicaid plans covering juveniles who may benefit from covered services (e.g., Medicaid coverage of High-Fidelity Wraparound).

### CJMHSA Technical Assistance Center Strategies

- Integrate topic-specific cohorts into Participate Learning Collaborative.
- Promote resources on quality implementation of Medication Assisted Treatment for opioid use disorder and substance use disorder.
- Expand Sequential Intercept Mapping technical assistance to include follow-up at key intervals (e.g., 3, 6 and 12 months after the event) to track implementation progress and technical assistance needs.

### CJMHSA Reinvestment Grant Program

- Identify financial and staff resources needed to continue to support expanded requests for DCF technical assistance per section C-1.1.3.1.4 of the CJMHSA TAC contract.
- Continue to work with DCF Substance Abuse and Mental Health (SAMH) to improve quarterly progress reporting by grantees.
- Provide tools and examples that can be used to assess cost avoidance and cost savings of grant programs.
- Expand guidance related to grant program evaluation activities.
- Disseminate best practice briefs to grantees and key stakeholders.
- Develop collaborative relationships with Medicaid Manage Care Organization plan representatives that can assist with guidance to grantees serving Medicaid eligible target populations.

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## SUMMARY OF SFY 2022-2023 TECHNICAL ASSISTANCE

The CJMHSAs TAC delivered 24 formal technical assistance events for 18 of the 34 grantees during the SFY 2022-2023 on unique topics such as sustainability, data and performance measures, permanent supportive housing, data collection, Motivational Interviewing, strategic planning, cost savings/cost analysis, SIM, and SIM follow-up. There was a total of 380 participants in attendance with an average of 16 individuals at each event (**Figure 7**).

**Figure 7.**  
*Technical Assistance Snapshot*

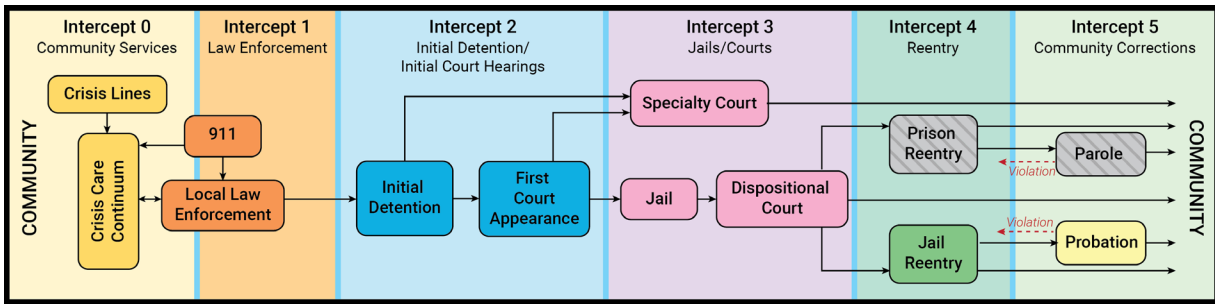


Technical assistance snapshot. The figure presents the topics of formal technical assistance provided to grantees in SFY 2022-2023.

Among the technical assistance provided by the CJMHSAs TAC is the evidence-based strategic planning framework, Sequential Intercept Mapping. This is a multi-day facilitated strategic planning event using the Sequential Intercept Model initially developed for adult-serving systems by Policy Research Associates, Inc. (**Figure 8**) to assist communities with identifying assets, gaps, and priorities for systems related to the intersect of mental health, substance use disorder and criminal justice involvement. Given the increasing number of juvenile grantees, the CJMHSAs TAC adapted the model to more clearly focus on juvenile-serving systems for mappings aimed to address priority areas for juvenile target populations (**Figure 9**). Over SFY 2022-2023, the CJMHSAs TAC conducted 5 SIMs, with 2 focused on adult populations (Lee County and Pasco County) and 3 focused

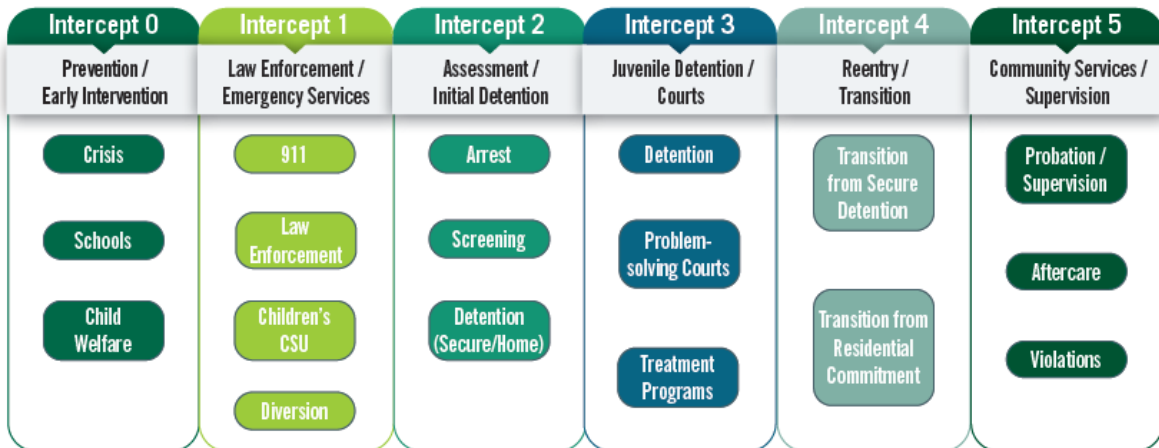
on juveniles (Pinellas County, Palm Beach County, and Circuit 12 which included Sarasota, Manatee, and Desoto Counties) and 2 SIM follow ups (Lee County and Pasco County) (**Figure 10**).

**Figure 8.**  
*Adult Sequential Intercept Model*



© 2016 Policy Research Associates, Inc.

**Figure 9.**  
*CJMHSAs TAC-Adapted Juvenile Sequential Intercept Model*

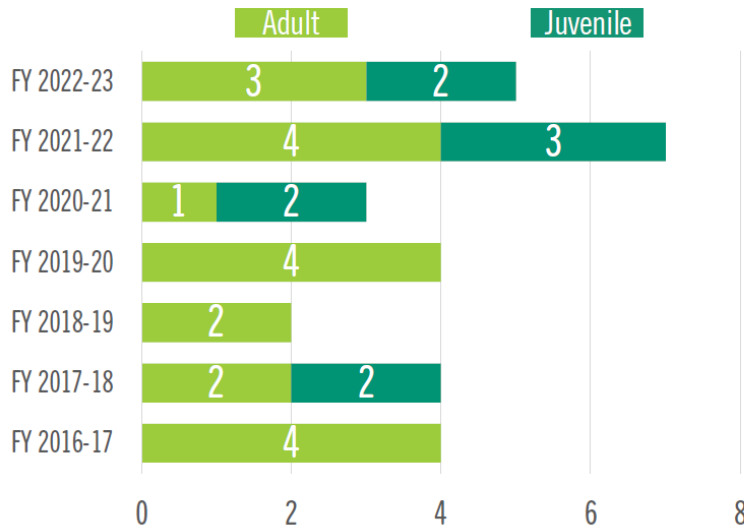


USF Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center, 2022

**Figure 10.**

*Summary of SIM Mappings conducted by the CJMHSAs TAC 2016-2023*

## Summary of Sequential Intercept Mappings (2016-2023)



### Activities and Accomplishments

The CJMHSAs TAC provides technical assistance in-person (site visits), via electronic mail, telephonically, virtually by way of Zoom and Microsoft Teams, and via quarterly webinars. The following pages summarize the assistance provided by the CJMHSAs TAC. Per LH816 section C-1.1.2.2, the CJMHSAs TAC must conduct a technical assistance needs assessment survey at the beginning of each fiscal year. **Table 9** presents dates of dissemination.

**Table 9.**

*SFY 2022-2023 Technical Assistance Needs Assessment Survey Dissemination*

| Solicitation Group                                 | Date Disseminated |
|--|-------------------|
| All Planning and Implementation Expansion Grantees | 7/6/22; 8/10/22   |

The top three technical assistance priorities identified in the SFY 2022-2023 needs assessment surveys were:

1. Problem-solving courts (Mental Health Court, Drug Court, Marchman Court, Juvenile Drug Court)
2. Care coordination / coordination of complex care management (closed-loop referral / warm hand-off / follow-up)
3. Jail diversion strategies

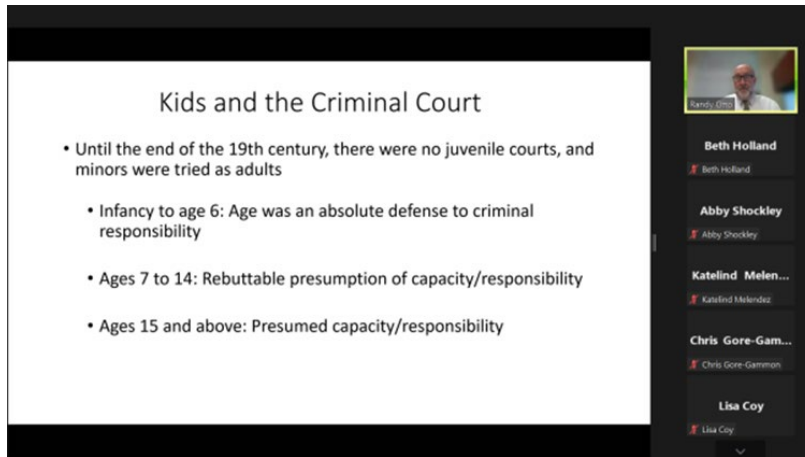
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## CJMHSA TAC Quarterly Updates

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Summaries of the 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 to the CJMHSA TAC website, allowing grantees and their partners to revisit each webinar at their convenience.

### August 31, 2023 Webinar



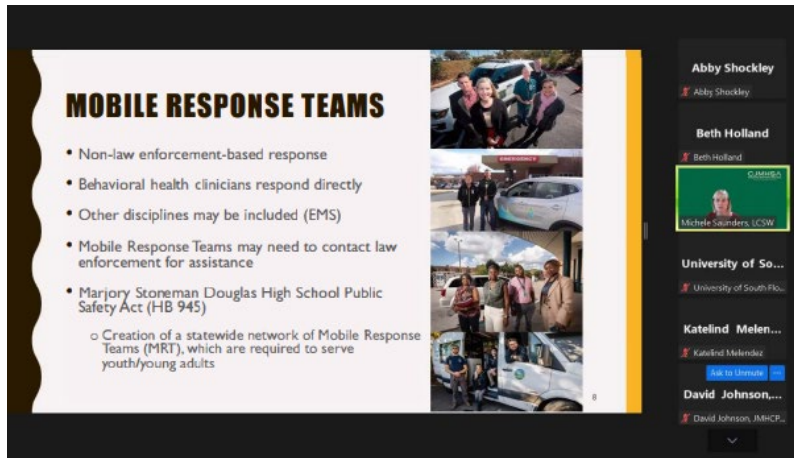
Subject matter expert Dr. Randy Otto, Associate Professor of Psychology at Nova University presented the webinar titled, *Understanding & Working with Children in Florida's Juvenile Justice System*, which had background information on the history and changing focus of the

juvenile justice system and children who are involved in the juvenile justice system. Dr. Otto then reviewed how behavioral health professionals can contribute with structured approaches to assessment and treatment. There were 99 participants in attendance at the webinar and CEUs were provided to clinicians who registered with their license number.

### November 2, 2022 CJMHSA Grantee Fall Orientation

The CJMHSA TAC Team hosted and recorded a virtual orientation session to learn more about the role of CJMHSA TAC staff and the menu of services that are provided to grantees. The CJMHSA Technical Assistance Center provides numerous forms of training and technical assistance to reinvestment grantees which were discussed during the meeting, and reviewed resources and information on the CJMHSA TAC website and other forms of communication such as Participate and Constant Contact. The orientation was offered to all primary contacts of the CJMHSA Reinvestment Grant program. The recording was also posted to the CJMHSA TAC website and is provided for any changes of staff within the programs.

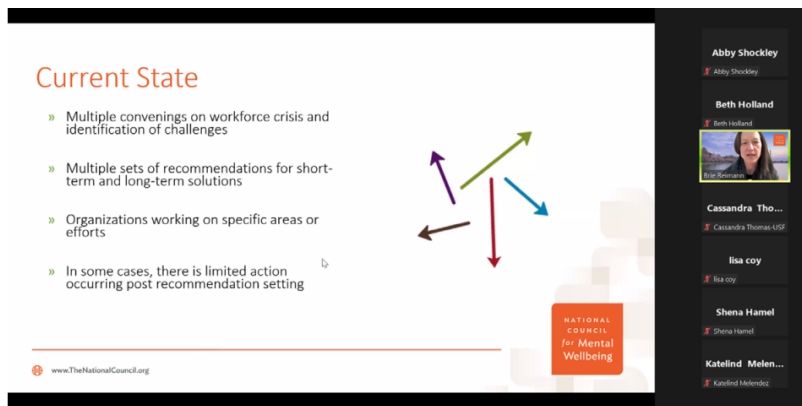
December 12, 2022 Webinar



Subject matter experts Michele Saunders, LCSW, CIT International, Retired Major Darren Ivey, Kansas City Missouri Police Department, and David Johnson, JMHC Program Manager, Alachua County facilitated and presented the webinar titled, *Coordination of Crisis Response Models: CIT, Co-Response, and Integration with Community-*

*based Crisis Services*. The presenters provided an overview of crisis response models, reviewed goals, values, and associated outcomes of these models, as well as presented two examples of coordinating crisis response models in Gainesville, Florida and Kansas City, Missouri. The webinar concluded with key community considerations for implementation and integration of crisis response models and a questions and answers session. There were 89 participants in attendance at the webinar and CEUs were provided to clinicians who registered with their license number.

April 11, 2023 Webinar



Subject matter expert, Brie Reimann, Vice President of Practice Improvement and Consulting at the National Council for Mental Wellbeing facilitated the webinar. The webinar titled, *Addressing the Behavioral Health Workforce Shortage:*

*A discussion to explore strategies and solutions*” had highlighted the impact of the workforce crisis with review of the National Council’s six key priorities to address workforce solutions which are regulatory, policy, payment, clinical model innovation, workforce expansion, and quality and accountability. The meeting concluded with an open discussion with the audience moderated by CJMHSAs TAC Director, Abby Shockley, in order to help further refine the framework and blueprint to address the workforce crisis. There were 60 participants in attendance at the webinar and CEUs were provided to clinicians who registered with their license number.

## Appendix A: Reinvestment Grant Background

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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 CJMHSR 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.

On February 5, 2020, DCF SAMH released RFA02L04GN1. In March 2020, DCF elected to cancel the solicitation and focus on preparing for another procurement in SFY 2020-2021. The Department recognized that counties, providers, and communities needed to focus on the provision of services and the safety and well-being of staff.

In January 2021, DCF SAM released RFA2021 001. In June 2021, DCF awarded 10 new implementation/expansion grants. Grantees include two providers, two managing entities, and six county governments. In October 2021, DCF SAMH revised their agency decision and conditionally awarded 10 additional grants. Conditional grant funding was awarded to one managing entity (two grants), three providers (accounting for five grants; one provider awarded three grants), and three county governments.

On February 10, 2023, DCF SAMH released RFA2223062 seeking only planning grant applications. In May 2023, DCF awarded two new planning grants to a behavioral health provider and county government.

On November 7, 2023, DCF SAMH released RFA2324011 seeking planning and implementation and expansion grant applications. The anticipated posting of grant awards is March 19, 2024.

## Appendix B: Grantees—Historical Snapshot

### Historical Snapshot of CJMHSAs Reinvestment Grantees

Appendix B (Table B1) presents a historical snapshot of all CJMHSAs Reinvestment Grantees to date, including those outside of this current reporting period (SFY 2022-2023). 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 SFY 2022-2023 annual report period.

**Table B1.**

#### *Historical Snapshot of CJMHSAs Reinvestment Grantees*

| County                       | Contract #<br>Grantee, if not the<br>county               | Grant Type                           | Target<br>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/<br>Expansion         | Adults               | 4/1/2014         | 3/31/2017        |
| <b>Alachua/<br/>Bradford</b> | LHZ48<br>(Meridian<br>Behavioral<br>Healthcare)           | Implementation/<br>Expansion         | Adults               | 4/5/2017         | 3/31/2020        |
|                              | <b>LHZ85<br/>(Meridian<br/>Behavioral<br/>Healthcare)</b> | <b>Implementation<br/>/Expansion</b> | <b>Adults</b>        | <b>4/27/2020</b> | <b>3/31/2023</b> |
| Bay                          | LHZ94<br>(Life Management<br>Center)                      | Planning                             | Adults               | 7/1/2020         | 6/30/2021        |
| <b>Brevard</b>               | LHZ81<br>(Central Florida<br>Cares Health<br>System)      | Planning                             | Adults               | 7/10/2019        | 6/30/2020        |



CJMHSAs Reinvestment Grant Program

| County         | Contract #<br>Grantee, if not the county               | Grant Type                        | Target Population                      | Begin Date        | End Date         |
|----------------|--|-----------------------------------|--|-------------------|------------------|
|                | <b>LH835<br/>(Central Florida Cares Health System)</b> | <b>Implementation</b>             | <b>Adults</b>                          | <b>5/1/2022</b>   | <b>4/30/2025</b> |
| <b>Broward</b> | LHZ06  | Implementation                    | Adults                                 | 5/14/2008         | 5/13/2011        |
|                | LHZ62<br>(Broward Behavioral Health Coalition)         | Planning                          | Juveniles and Young Adults (12-21 yrs) | 3/1/2017          | 2/28/2017        |
|                | LHZ79<br>(Broward Behavioral Health Coalition)         | Implementation/<br>Expansion      | Juveniles                              | 5/6/2019          | 4/30/2022        |
|                | <b>LH821<br/>(Broward Behavioral Health Coalition)</b> | <b>Implementation /Expansion</b>  | <b>Juveniles</b>                       | <b>7/8/2022</b>   | <b>6/30/2025</b> |
| Charlotte      | LHZ08  | Planning                          | Adults                                 | 3/28/2008         | 3/27/2009        |
|                | LHZ26  | Implementation                    | Adults                                 | 1/12/2011         | 5/11/2014        |
| Citrus         | LHZ02  | Planning                          | Adults                                 | 3/28/2008         | 3/27/2009        |
| <b>Collier</b> | LHZ25  | Implementation                    | Adults                                 | 2/24/2011         | 6/30/2014        |
|                | LHZ46  | Implementation/<br>Expansion      | Adults                                 | 7/1/2014          | 6/30/2017        |
|                | LHZ54  | Implementation/<br>Expansion      | Adults                                 | 7/1/2017          | 6/30/2020        |
|                | <b>LH823</b>   | <b>Implementation / Expansion</b> | <b>Adults</b>                          | <b>10/18/2021</b> | <b>9/30/2024</b> |
| <b>Dixie</b>   | LH93<br>(Hanley Foundation)                            | Planning                          | Juveniles                              | 7/1/2020          | 6/30/2021        |

CJMHSAs Reinvestment Grant Program

| <b>County</b>  | <b>Contract #<br/>Grantee, if not the<br/>county</b>   | <b>Grant Type</b>                     | <b>Target<br/>Population</b>                             | <b>Begin Date</b> | <b>End Date</b>  |
|----------------|--|---------------------------------------|--|-------------------|------------------|
|                | <b>LH841<br/>(Hanley<br/>Foundation)</b>               | <b>Implementation</b>                 | <b>Juveniles</b>   | <b>7/1/2022</b>   | <b>6/30/2025</b> |
| <b>Duval</b>   | LHZ21  | Planning                              | Adults   | 5/9/2008          | 5/8/2009         |
|                | LHZ31  | Implementation                        | Adults   | 2/10/2011         | 2/9/2014         |
|                | LHZ43  | Implementation/<br>Expansion          | Juveniles<br>(under 18<br>yrs.)                          | 5/1/2014          | 10/31/2017       |
|                | LHZ58<br>(Kids Hope<br>Alliance)                       | Implementation/<br>Expansion          | Juveniles<br>(Under 18<br>yrs.)                          | 11/1/2017         | 4/30/2021        |
|                | <b>LHZ82<br/>(MATCH)</b>                               | <b>Implementation<br/>/ Expansion</b> | <b>Juveniles</b>   | <b>7/30/2019</b>  | <b>6/30/2022</b> |
|                | <b>LH824<br/>(Kids Hope<br/>Alliance)</b>              | <b>Implementation<br/>/ Expansion</b> | <b>Juveniles</b>   | <b>10/1/2021</b>  | <b>9/30/2024</b> |
| <b>Flagler</b> | LHZ18  | Planning                              | Adults   | 4/24/2008         | 4/23/2009        |
|                | LHZ34  | Implementation                        | Adults   | 2/4/2011          | 2/3/2014         |
|                | LHZ38  | Implementation/<br>Expansion          | Adults   | 4/1/2014          | 3/31/2017        |
|                | LHZ63<br>(SMA Healthcare)                              | Planning                              | Juveniles  | 2/15/2017         | 1/31/2018        |
|                | LHZ78<br>(SMA Healthcare)                              | Implementation/<br>Expansion          | Juveniles<br>(5-17 yrs.)                                 | 8/1/2018          | 7/31/2021        |
|                | <b>LH820</b>   | <b>Expansion</b>                      | <b>Youth and<br/>Young<br/>Adults (up<br/>to age 25)</b> | <b>10/5/2021</b>  | <b>9/30/2024</b> |
| <b>Gadsden</b> | <b>LHZ96<br/>(Gadsden County<br/>Sheriff's Office)</b> | <b>Implementation</b>                 | <b>Adults</b>  | <b>5/1/2020</b>   | <b>4/30/2023</b> |

CJMHSAs Reinvestment Grant Program

| County               | Contract #<br>Grantee, if not the<br>county                  | Grant Type                            | Target<br>Population    | Begin Date       | End Date         |
|----------------------|--|---------------------------------------|-------------------------|------------------|------------------|
| Glades               | LHZ92<br>(Hanley Center<br>Foundation)                       | Planning                              | Juveniles               | 7/1/2020         | 6/30/2021        |
| <b>Glades/Hendry</b> | <b>LH840<br/>(Hanley<br/>Foundation)</b>                     | <b>Implementation</b>                 | <b>Juveniles</b>        | <b>7/1/2022</b>  | <b>6/30/2025</b> |
| Hendry               | LHZ64<br>(Hanley Center<br>Foundation)                       | Planning                              | Adults and<br>Juveniles | 2/1/2017         | 1/31/2018        |
| <b>Hernando</b>      | LHZ61<br>(LSF Health<br>Systems)                             | Planning                              | Adults                  | 2/2/2017         | 1/31/2018        |
|                      | LH771<br>(LSF Health<br>Systems)                             | Planning                              | Juveniles               | 11/9/2017        | 10/31/2018       |
|                      | <b>LHZ86<br/>(LSF Health<br/>Systems)</b>                    | <b>Implementation</b>                 | <b>Juveniles</b>        | <b>7/12/2020</b> | <b>6/30/2023</b> |
| <b>Hillsborough</b>  | LHZ20  | Implementation                        | Adults                  | 5/5/2008         | 6/30/2011        |
|                      | LHZ40  | Implementation/<br>Expansion          | Adults                  | 4/1/2014         | 3/31/2017        |
|                      | LHZ49  | Implementation                        | Adults                  | 2/1/2017         | 1/31/2020        |
|                      | LHZ69  | Implementation/<br>Expansion          | Adults                  | 10/4/2017        | 12/31/2020       |
|                      | <b>LHZ98</b>   | <b>Implementation<br/>/ Expansion</b> | <b>Adults</b>           | <b>8/2/2020</b>  | <b>6/30/2023</b> |
|                      | <b>LH842</b>   | <b>Implementation</b>                 | <b>Juveniles</b>        | <b>8/2/2022</b>  | <b>4/30/2025</b> |
| <b>Indian River</b>  | LHZ57<br>(Southeast Florida<br>Behavioral Health<br>Network) | Implementation/<br>Expansion          | Adults                  | 1/31/2017        | 6/30/2020        |

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| County      | Contract #<br>Grantee, if not the county                      | Grant Type                       | Target Population | Begin Date       | End Date         |
|-------------|---|----------------------------------|-------------------|------------------|------------------|
|             | <b>LHZ90</b><br>(Southeast Florida Behavioral Health Network) | <b>Implementation /Expansion</b> | <b>Adults</b>     | <b>7/1/2020</b>  | <b>6/30/2023</b> |
| <b>Lake</b> | 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<br>(LifeStream Behavioral Center)                       | Expansion                        | Adults            | 4/1/2017         | 4/22/2020        |
|             | <b>LHZ95</b><br>(LifeStream Behavioral Center)                | <b>Expansion</b>                 | <b>Adults</b>     | <b>4/23/2020</b> | <b>3/31/2023</b> |
| <b>Lee</b>  | 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        |
|             | <b>LHZ97</b>  | <b>Expansion</b>                 | <b>Adults</b>     | <b>6/1/2020</b>  | <b>5/31/2023</b> |
|             | LD202   | Planning                         | Adults            | 10/6/2023        | 8/31/2024        |
| <b>Leon</b> | LHZ19   | Implementation                   | Adults            | 5/1/2008         | 6/30/2011        |
|             | <b>LHZ87</b><br>(Apalachee Center)                            | <b>Implementation</b>            | <b>Adults</b>     | <b>7/23/2020</b> | <b>6/30/2023</b> |
|             | <b>LH836</b><br>(We Are All We Need, Inc.)                    | <b>Implementation</b>            | <b>Juveniles</b>  | <b>5/2/2022</b>  | <b>4/30/2025</b> |

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| County     | Contract #<br>Grantee, if not the county          | Grant Type                        | Target Population           | Begin Date       | End Date         |
|------------|---|-----------------------------------|-----------------------------|------------------|------------------|
| Levy       | LHZ75<br>(Meridian Behavioral Healthcare)         | Planning                          | Adults                      | 7/1/2018         | 6/30/2019        |
|            | <b>LH822<br/>(Meridian Behavioral Healthcare)</b> | <b>Implementation / Expansion</b> | <b>Adults</b>               | <b>10/1/2021</b> | <b>9/30/2024</b> |
| Manatee    | LHZ80<br>(Centerstone of Florida)                 | Planning                          | Adults                      | 7/10/2019        | 6/30/2020        |
|            | <b>LH819<br/>(Centerstone of Florida)</b>         | <b>Implementation / Expansion</b> | <b>Adults</b>               | <b>10/1/2021</b> | <b>9/30/2024</b> |
| Marion     | LHZ03   | Planning                          | Adults                      | 3/28/2008        | 3/27/2009        |
|            | LHZ32   | Implementation                    | Adults                      | 2/28/2011        | 2/27/2014        |
|            | LHZ76<br>(LSF Health Systems)                     | Implementation/Expansion          | Adults                      | 8/13/2018        | 7/31/2021        |
| Martin     | LHZ05   | Planning                          | Adults                      | 3/28/2008        | 3/27/2009        |
|            | LHZ60   | Implementation/Expansion          | Adults and Juveniles        | 6/8/2017         | 5/31/2020        |
|            | <b>LHZ89</b>                                      | <b>Expansion</b>                  | <b>Adults and Juveniles</b> | <b>6/1/2020</b>  | <b>5/31/2023</b> |
| 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         | 8/31/2020        |
|            | <b>LH826</b>                                      | <b>Implementation / Expansion</b> | <b>Adults</b>               | <b>11/5/2021</b> | <b>10/31/24</b>  |
| Monroe     | LHZ12   | Planning                          | Adults                      | 4/10/2008        | 4/9/2009         |

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| County            | Contract #<br>Grantee, if not the<br>county                                | Grant Type                            | Target<br>Population            | Begin Date       | End Date          |
|-------------------|--|---------------------------------------|---------------------------------|------------------|-------------------|
|                   | LHZ37  | Implementation                        | Adults                          | 4/22/2011        | 6/30/2014         |
|                   | LHZ53<br>(Guidance/Care<br>Center)   | Implementation/<br>Expansion          | Adults and<br>Juveniles         | 1/13/2017        | 12/31/2019        |
| Nassau            | LHZ07  | Implementation                        | Adults                          | 3/28/2008        | 3/27/2011         |
| <b>Okeechobee</b> | LHZ70<br>(Southeast Florida<br>Behavioral Health<br>Network)               | Implementation/<br>Expansion          | Adults and<br>Juveniles         | 11/20/2017       | 4/30/2021         |
|                   | <b>LH825<br/>(Southeast<br/>Florida<br/>Behavioral Health<br/>Network)</b> | <b>Implementation<br/>/ Expansion</b> | <b>Adults and<br/>Juveniles</b> | <b>9/21/2021</b> | <b>8/31/2024</b>  |
| <b>Orange</b>     | LHZ17  | Implementation                        | Adults                          | 4/16/2008        | 4/15/2011         |
|                   | LHZ29  | Expansion                             | Adults                          | 2/10/2011        | 2/9/2014          |
|                   | LHZ42  | Implementation/<br>Expansion          | Juveniles                       | 4/1/2014         | 3/31/2017         |
|                   | LHZ51  | Implementation/<br>Expansion          | Juveniles<br>(<16 yrs.)         | 4/1/2017         | 3/31/2020         |
|                   | <b>LH818</b>   | <b>Implementation<br/>/ Expansion</b> | <b>Adults</b>                   | <b>1/1/2022</b>  | <b>12/31/2025</b> |
| <b>Osceola</b>    | LHZ14  | Planning                              | Adults                          | 4/15/2008        | 4/14/2009         |
|                   | LHZ24  | Implementation                        | Adults                          | 4/1/2011         | 3/31/2014         |
|                   | <b>LH830<br/>(Central Florida<br/>Cares Health<br/>System)</b>             | <b>Implementation</b>                 | <b>Adults</b>                   | <b>3/1/2022</b>  | <b>2/28/2025</b>  |
| <b>Palm Beach</b> | LHZ22  | Planning                              | Adults                          | 5/20/2008        | 5/19/2009         |
|                   | LHZ36  | Implementation                        | Adults                          | 3/29/2011        | 6/30/2014         |

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| County          | Contract #<br>Grantee, if not the county    | Grant Type                        | Target Population                 | Begin Date       | End Date         |
|-----------------|---|-----------------------------------|-----------------------------------|------------------|------------------|
|                 | <b>LH832</b><br>(Hanley Foundation)         | <b>Planning</b>                   | <b>Juveniles (16-24 yrs)</b>      | <b>3/1/2022</b>  | <b>2/28/2023</b> |
| <b>Pasco</b>    | LHZ67<br>(BayCare Behavioral Health)        | Planning                          | Adults (Females)                  | 2/1/2017         | 1/31/2018        |
|                 | <b>LH831</b><br>(BayCare Behavioral Health) | <b>Implementation</b>             | <b>Adults</b>                     | <b>3/8/2022</b>  | <b>2/28/2025</b> |
| <b>Pinellas</b> | LHZ23                                       | Implementation                    | Adults                            | 6/30/2008        | 6/29/2011        |
|                 | LHZ35                                       | Expansion                         | Adults                            | 2/22/2011        | 2/21/2014        |
|                 | LHZ52                                       | Implementation/<br>Expansion      | Adults                            | 2/1/2017         | 6/30/2020        |
|                 | LH319<br>(Operation PAR)                    | Implementation/<br>Expansion      | Adults                            | 11/15/2017       | 10/31/2020       |
|                 | <b>LHZ91</b>                                | <b>Implementation / Expansion</b> | <b>Juveniles</b>                  | <b>7/1/2020</b>  | <b>6/30/2023</b> |
|                 | <b>LH834</b>                                | <b>Implementation</b>             | <b>Adults</b>                     | <b>3/10/2022</b> | <b>2/28/2025</b> |
| <b>Polk</b>     | LHZ13                                       | Implementation                    | Adults                            | 4/10/2008        | 6/30/2011        |
|                 | LHZ55                                       | Implementation/<br>Expansion      | Adults                            | 2/1/2017         | 4/30/2020        |
|                 | LHZ77                                       | Implementation/<br>Expansion      | Adult                             | 9/1/2018         | 2/28/2022        |
|                 | <b>LH833</b>                                | <b>Implementation /Expansion</b>  | <b>Adults</b>                     | <b>3/1/2022</b>  | <b>2/28/2025</b> |
| <b>Putnam</b>   | LHZ65<br>(Hanley Center Foundation)         | Implementation/<br>Expansion      | Adults and Juveniles (12-18 yrs.) | 2/1/2017         | 1/31/2018        |
|                 | LH772<br>(SMA Healthcare)                   | Implementation/<br>Expansion      | Adults                            | 1/3/2018         | 12/31/2020       |

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| County           | Contract #<br>Grantee, if not the<br>county       | Grant Type                            | Target<br>Population                            | Begin Date       | End Date          |
|------------------|---|---------------------------------------|---|------------------|-------------------|
|                  | <b>LHZ99<br/>(SMA Healthcare)</b>                 | <b>Implementation<br/>/ Expansion</b> | <b>Adults</b>                                   | <b>2/11/2021</b> | <b>12/31/2023</b> |
| <b>Sarasota</b>  | LHZ47<br>(Centerstone of<br>Florida)              | Implementation/<br>Expansion          | Adults  | 2/1/2017         | 1/31/2020         |
|                  | <b>LHZ84<br/>(Centerstone of<br/>Florida)</b>     | <b>Implementation<br/>/ Expansion</b> | <b>Adults</b>                                   | <b>2/1/2020</b>  | <b>1/31/2023</b>  |
| <b>Seminole</b>  | LHZ41   | Implementation                        | Adults  | 5/1/2014         | 4/30/2017         |
|                  | LHZ71   | Implementation/<br>Expansion          | Adults and<br>Juveniles<br>(6-17 yrs.)          | 10/5/2017        | 12/31/2020        |
|                  | <b>LH828</b>                                      | <b>Implementation<br/>/Expansion</b>  | <b>Adults and<br/>Juveniles<br/>(6-17 yrs.)</b> | <b>11/1/2021</b> | <b>10/31/2024</b> |
| <b>St. Johns</b> | LHZ66<br>(SMA Healthcare)                         | Planning                              | Adults  | 2/17/2017        | 1/31/2018         |
|                  | <b>LHZ83<br/>(EPIC Behavioral<br/>Healthcare)</b> | <b>Implementation<br/>/ Expansion</b> | <b>Adults</b>                                   | <b>7/10/2019</b> | <b>6/30/2022</b>  |
|                  | LD201<br>(EPIC Behavioral<br>Healthcare)          | Planning                              | Adults  | 11/16/2023       | 10/31/2024        |
| 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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