

C. PROJECT NARRATIVE

1. Statement of the Problem

Serious mental illness among jail inmates in Hillsborough County is estimated between 11%-18.9% among men, and between 21.7%-42.1% among women.¹ Nearly half of the inmates with mental illness in jail were incarcerated for committing a nonviolent crime such as trespassing, loitering, and disorderly conduct. Inmates with mental illness were 2.5 times more likely to have experienced homelessness in the prior year. The Hillsborough County jail oversees: 144 beds for psych observation and confinement, 5 psych pods (4 male; 1 female), more than 500 inmates on psychotropic medications each month; 452,950 medical examinations annually; 537 mentally ill misdemeanants, or lesser offense, for 48 days (as an average length of stay) x \$ 100.06 (average daily cost) = \$2,579,146.50 (does not include court costs, legal fees, psychotropic medications, medical care, etc.). Mental health treatment while incarcerated is either limited or non-existent. Frequently, these individuals experience insufficient access to mental health treatment, followed by deterioration in health and wellbeing, and subsequent involvement with the criminal justice system. For these consumers, the difficulties experienced in attempting to access benefits in treatment, services, and housing supports can greatly increase the amount of time that an individual remains dependent on friends and family members. Police officers repeatedly arrest the same person for offenses (often low-level) which can be clearly be linked to their mental illness. Prosecutors charge individuals with misdemeanor nuisance crimes, knowing that they are likely to see the same individual again soon. Probation and parole staff responsible for working with persons with mental illness who have been released from jails see these individuals repeatedly rearrested for the same or similar behaviors that actually represent the symptoms of an untreated and disabling mental illness. There is now concern regarding the unmet needs of persons with mental illness in the nation's jails and communities and the toll it exacts on these individuals, their families, service agencies and the criminal justice system. With this concern comes a growing conviction that a turning point has been reached: Effective measures must be taken to prevent these individuals from entering the nation's jails in the first place to avoid continuing expense and even danger.

To address these issues, a collaboration between the Hillsborough County's Criminal Justice Office (HCCJ), Hillsborough County Sheriff's Office (HCSO), Tampa Police Department, HC Public Safety Coordination Council, court administration, Office of the Public Defender, State Attorney's Office, VA, USF, Florida Department of Children and Families' Managing Entity, local behavioral health providers and local hospitals identified a fragmented behavioral health system that had an adverse impact on the criminal justice system and public safety. The group set forth to implement the now existing *Pre-Arrest Intercept Program (PIP) Central Diversion Center* to offer a single point of entry into the behavioral health system for assessments and appropriate placement of adult individuals experiencing a crisis. The PIP CRC is designed to provide immediate assessment/evaluation, medication education and treatment, crisis counseling, case management linkage, and other wrap around services. The HCSO has designated an office adjacent to booking where eligible participants may be linked to services. The program is currently in its first stages of operation, serving 600 individuals per year for up to two months each, does not allow for 24/7 operations or intensive case management. If funded, this proposal would allow a 24/7 pre-booking diversion program providing an intensive case management team serving an additional 250 individuals targeting those with more severe needs in terms of intensity and duration of services. This system will ensure that people with mental illness can receive the treatment and services they need to divert them from incarceration.

Description of the Planning Council:

Hillsborough County employs community liaisons specifically to work with African Americans, Hispanics, Asian Americans the Disabled, and the criminal justice community. Criminal Justice Liaison's mission is to facilitate communication, encourage collaboration and advance common interests of the adult

¹ Cox, J.F., Morschauser, P.C., Banks, S., & Stone, J.L. (2001). A five year population study of persons involved in the mental health and local correctional systems. *Journal of Behavioral Health Services and Research*, 28, 177-87.

and juvenile criminal justice systems to reduce crime. Criminal Justice works with the Public Safety Coordinating Council (PSCC), established under Chapter 951.26, Florida Statutes, and its membership of high level stakeholders including HCSO, Chief Judge, State Attorney, Public Defender, Clerk of Court, citizens, substance abuse treatment providers, and the criminal justice community. The PSCC is already expanding the Alternatives to Incarceration Committee to include community-based mental health providers, consumers, family members, faith-based organizations, the Florida Department of Children and Families Substance Abuse and Mental Health (SAMH) Office ("Mental Health Authority"), Agency for Health Care Administration (Medicaid), managed care networks, and County health and social service planners.

The Hillsborough County Public Safety Coordinating Council (PSCC) has met quarterly since its establishment in 2007. The PSCC functions as the Planning Council and consists of 22 members whose names and roles are listed in Attachment A. The PSCC was established under 952.26 F.S. and is in compliance with 394.657(2)(a) F.S. Mental health and substance abuse consumers will be called upon for their vital input in the planning and efficacy of this jail diversion program. The PSCC has maintained the *Alternatives to Incarceration Subcommittee* which has been pivotal in the establishment of jail diversion, re-entry, and treatment servicing programs instituted through grants mechanisms for this population. Defining a local assessment center concept, working towards ensuring reentry services are sustainable, and implementing a cross-system pre-arrest behavioral health system promoting diversion opportunities with providers has been a strategic goal for this Committee and aligns with the County's strategic plan. The plan was last discussed on November 15, 2013.

Target Population – This program will target persons 18 years of age and older who have a serious or severe and persistent mental illness or co-occurring mental health and substance abuse disorder and are determined to be a high risk of further involvement with the criminal justice system without intensive intervention to ensure access to needed treatment and support services.

a. The screening and assessment process used to identify an eligible adult; Screening staff hired by the sheriff's office will utilize a brief structured interview to identify eligibility for participation in the program. Screening will quickly identify a wide range of psychosocial issues related to behavioral health. These issues include substance abuse, psychological factors, physical health, stress, behavioral problems, and service utilization. Staff will provide an assessment of past and current housing, episodes of homelessness, employment history, availability of family support, prior mental health and substance abuse treatment, and criminal justice involvement, as well as the individual's motivation for treatment and assistance. Those persons who meet the eligibility criteria and pose the greatest risk for returning to the criminal justice system will be offered assistance. The MINI and GAIN-quick will be utilized to assess each participant once referred to ACTS for behavioral health and diversionary services.

Analysis of Jail Population – In 2011, the HCSO housed 3,140 inmates including 575 or 18% identified with mental illness. Of the inmates with mental illness, 70 or 12% had misdemeanor charges. These 70 misdemeanor inmates with mental illness accounted for a total of 3,337 days or an average of 48 days/inmate at a cost of \$333,900 for housing alone. Based on this sample, it is estimated that jailing misdemeanants with mental illness costs the County at least \$2,579,147 annually. Additional costs tied directly to this population include medications, which are estimated at \$79,157 per year. Thirty (30) misdemeanor inmates were identified in custody who had a history of substance abuse. Over the next week, HCSO booked 31 additional substance impaired individuals who met the same criteria. All of these 61 inmates were released from custody by May 19, 2011 with an average length of stay of 12 days. These inmates spent a total of 839 days in jail at projected cost of \$83,950.34. At an average of 35 such bookings a week, the jail spends approximately \$2,185,310 on this population annually. Therefore, based on expectations of 45 bookings a week, the continued booking and jailing of the substance abuse and mental health misdemeanor populations together account for an annual expense to the County of approximately \$4,843,614. Based on further analysis of the sample that was used to arrive at the cost figures, it is apparent that

most of those eligible for future diversions through the Pre Arrest Intercept Program (PIP) Central Receiving Center (CRC), are well known to other community service systems. It can be expected that of the approximate 200 eligible individuals booked a month: Sixty are currently being released to behavioral health placement through the MHC Central Intake and ACTS' Amethyst Respite Center on their own recognizance (ROR); Thirty-eight percent are registered in the homeless coalitions HMIS data base, with 25% of those meeting HUD's definition for chronic homelessness; Forty-four percent are known to have been served in community substance abuse and mental health agencies (75% Substance abuse only, 26% mental health only, and 10% both substance abuse and mental health); and 82% are known to have received services provided by Hillsborough County Social Services.

Trend Analysis - Average annual inmate bookings have increased steadily every year since 1987 and reached an all-time high in 2006, up 3.9% in comparison to 2005. The average daily population and average length of stay decreased by 12.3% and 12.7% from 2005 to 2006, the only time that both of these markers declined in the same year since 1987 and it is the largest decline recorded during that period for both markers. While comparative data for inmates with mental health and substance abuse issues are not available for the same period of time, we believe that the reductions in average daily population and average length of stay are largely due to the cumulative effect of pre and post booking diversion, alternatives to incarceration, specialty court, and transfer programs we have established in this County over the past four years.

An analysis of observed contributing factors that affect population trends in the grant applicant's county jail(s);

Those with behavioral health needs in jails often find minimal, inadequate services with outdated medication formularies, and public mental health hospitals are resistant to serving them. Managing large numbers of mentally ill individuals in jail settings increases the demands on an already stress-filled environment. The very nature of incarceration re-traumatizes individuals in jails. Whenever possible, the mentally ill, non-violent offender is best served outside the jail. Even those who have committed violent offenses have often done so as a direct result of lack of appropriate treatment and support. Treatment is a must and the location of choice is in the community where these persons must learn to function. To add further to this dilemma, severe mental illness and substance abuse co-exist in an extremely large number of this population.

Socio-Economic Factors - The targeted population is comprised primarily of people who are unemployed or working sporadically at menial jobs that provide income at or below the poverty level. Ninety percent of the registrants are male. Most are between 21 and 40 years of age, although their average age is 34 years. Approximately 40.0% of the registrants are white and another 40.0% are African American, with the remaining 20.0% being Hispanic. The most common needs expressed by registrants are for assistance obtaining housing, food, employment, mental health services, health care and initiating benefit applications for programs such as Medicaid, SSI/SSDI, Veterans benefits, food stamps, and/or TANF.

Data or other descriptive narrative that delineates the specific factors that put the target population at-risk of entering or re-entering the criminal justice systems;

Lurigio, et al identified five major factors contributing to the increased presence of persons with behavioral health needs in the criminal justice system as²: *Deinstitutionalization* was never properly implemented. Although the policy provided for appropriate outpatient treatment for a large percentage of persons with mental illness, it often failed to care adequately for those who had limited financial resources or social support, especially those with the most severe and chronic mental disorders. *Legal Restrictions* on procedures and criteria for admission have resulted in increased numbers of persons with behavioral health needs in the community who may commit criminal acts and enter the criminal justice system. *Fragmented Services* and compartmentalized nature of mental health and treatment systems give law enforcement no other choice but to arrest persons with behavioral health needs due to the lack of referrals within the narrowly defined treatment systems. *Drug Enforcement* and the war on drugs have

² Lurigio et al. (2004) "The Effects of Serious Mental Illness on Offender Reentry". Federal Probation. Volume 68 Number 2.

stimulated the fastest growing subpopulation in the nation's prison and parole systems. A large proportion of these have co-occurring mental illness. *Law Enforcement* strategies to emphasize the quality of life / public order has outpaced the development of diversionary program for persons with behavioral health needs.

The number of individuals who were admitted to a forensic state mental health treatment facility in the past year and projected impact this grant would have on reducing admissions in the next three years (if the applicant plans to serve the adult target population). NA. Those individuals admitted or eligible for forensic state mental health treatment would not be eligible for diversionary programming.

Project Design and Implementation

Approach – People with mental illness and co-occurring mental health and substance abuse disorders often cycle repeatedly between the criminal justice system and community services. Hillsborough County Criminal Justice has worked in collaboration with system stakeholders and community partners to introduce and better integrate systems and implement service level changes designed to interrupt this recycling process and prevent people with mental illness, substance abuse disorders, and co-occurring disorders from entering or penetrating the criminal justice system deeper than necessary. Towards that end, a Strategic Plan for Jail Diversion and Memoranda of Agreement were developed. In developing the 2006 Strategic Plan, we utilized the Sequential Intercept Model. This model is based on the concept that there are various “windows of opportunity” where the system intercepts with community services, and people can be “filtered” out and provided appropriate community services and supports that will interrupt the recycling process. Using the Sequential Intercept Model, we have moved systematically through the criminal justice process, making various system and service level changes at the interception points and timely intervention could prevent people from entering or penetrating deeper than necessary into the criminal justice system. Grants from NIMH, Substance Abuse and Mental Health Services Administration (SAMHSA), and Bureau of Justice Administration (BJA) have allowed us to map our system and develop our strategic plan as well as implement a variety of programs to divert people with mental illness, substance abuse disorders, and co-occurring mental health and substance abuse disorders away from our criminal justice system and jail. To date, programs have been developed at four of the five sequential intercepts. The funds requested will be used to expand a centralized coordinated location where we will provide intensive case management for persons at high risk of re-offending.

Purpose, Goals and Objectives - The purpose, goals, and objectives for this project are as follows:

Purpose: This project will implement initiatives that increase public safety, avert increased spending on criminal justice, and improve the accessibility and effectiveness of treatment services for adults 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 justice systems.

Goal: The goal of this project is provide for the management of a system of recovery-oriented reception, assessment, intervention, triage, referral and case management services for individuals who evidence substance abuse and/or mental health disorders and are believed to have violated local ordinances or committed misdemeanor offenses, and are deemed eligible by reason of behavioral disorders by the Sheriff's medical staff for diversion from incarceration and prosecution.

Objectives:

- 1) Hillsborough County Criminal Justice Department will establish a MOU with all participating law enforcement agencies (county and municipal) outlining the transportation plan, roles and responsibilities of each party;
- 2) Reduce by 25% the number of persons presented to the jail who evidence behavioral health impairments and who enter the jail population;
- 3) ACTS will hire and train relevant staff, including booking staff, peer specialists for adult services and/or self-help recovery-oriented supports.
- 4) Decrease by 50% the incarceration rate of known recidivists which is 2 or more arrests in a year within 1 year of enrollment.

2 (3) 5) 50% of persons enrolled in the diversion program will complete 2 months of behavioral health and social support interventions.

6) Hillsborough County will build project sustainability by expanding on-going communication, collaboration, centralized coordination and partnerships among key stakeholders and community partners;

2. (7) Hillsborough County and ACTS will implement a Centralized Coordination Project at Sequential Intercept II.

Conceptual Model and Justification – Please refer to Program Flow Chart and MOU in Appendices.

Managing Partner. The attached Flow Chart identifies the various components and process that comprise the basic design of the Pre-Arrest Intercept Program (PIP) Central Receiving Center (CRC) Model. That design requires and calls for the establishment of a management structure to organize, coordinate and effectively to administer the Program. ACTS provides the administrative duties for the project. In this capacity, ACTS commits to assuming accountability for the performance of the PIP CRC System of Care and for ensuring the maximum employment of exiting and targeted project resources and adherence to the service delivery model as outlined in this proposal and guidance provided by the Leadership Group. ACTS is responsible to organize and provide for the administrative and service delivery infrastructures necessary to implement, monitor, refine and sustain the PIP CRC system of care in addition to the expanded intensive services described herein. Specifically, those responsibilities include, but are not limited to:

- Recruiting, hiring and supervising a Program Manager with primary responsibilities being to:
Manage Program operations and administrative functions, including: maintaining the utility and fidelity of the Program's information technology system; managing the claims and payment vouchering system for incidental purchases; and, representing PIP CRC to the Substance Abuse and Mental Health Leadership Group and in the Community
- Establishing standardized clinical screening and assessment instruments, clinical pathways, and referral protocol to guide treatment planning and client matching and tracking activities,
- Developing the specifications for and procuring the information technology (software and hardware) necessary to support the clinical assessment, referral matching, consumer tracking, financial management, etc. functions,
- Designing and maintaining case management capabilities with varying levels of intensity to match the needs and requirements of persons served to the level of engagement required for them to remain successfully in the community,
- Recruiting, engaging and credentialing a panel of community treatment and support services providers,
- Provide for the availability of secure and non-secure transportation for active clients to access needed behavioral health, healthcare and social support services
- To administer an contingency fund bank for the purpose of purchasing incidentals for Program participants necessary to their success in the community (temporary medications, clothing, housing rental and utility, bus passes and cab fares, fees related to securing identification cards, etc.)
- Designing and implementing a utilization management and reporting processes to evaluate, document and disseminate performance of the project.

Central Receiving Center. The PIP CRC Model requires the availability of a single point of access for law enforcement that is sufficiently staffed and structured to receive process and triage suspected local ordinance and misdemeanor offenders. To be eligible for processing offenders must be medically clear at the time of presentation for intake. For those who are not clear at that time, law enforcement will be referred to hospital emergency services to secure clearance. Referred offenders are all expected to participate in the PIP CRC's registration, intake, and medical and behavioral screening processes. Where the need exists, offenders will be availed on-site crisis counseling services and medications to stabilize acute symptoms. Based on information derived through the screening processes (depending on the acuity level and the nature of the offender's presenting substance abuse and mental health conditions, the nature of the offense, and the availability the offender has to housing and a

personal support system) the diverted individuals will either be triaged for urgent care and intervention services (to the CSU, a hospital inpatient unit, the Addictions Receiving Facility, or the Amethyst Respite Center shelter program), or referred for follow-up care to an outpatient setting for further assessment and case management services at ACTS or provider panel member best suited to respond to the specific service needs of the individual.

Dispositional Placements. Based on the best available needs assessment data, it is anticipated that the PIP CRC can be expected to process an additional 250 offenders a year. Of that population, approximately 45% of the individuals diverted will present with situational disorders, meaning without evidence of chronic impairing conditions related to substance abuse and mental health. Of these individuals, a goodly number can be stabilized within the (up to) 23 hour period of time they are eligible to receive services through the PIP CRC. Once the screening is completed and the person is stable, those with homes and support systems will be provided referral to the Outpatient placement for further assessment and continuing care. Those without those resources will be offered shelter and continuing care services through the Amethyst Respite Center (ARC), and transported accordingly.

Of the remainder, those meeting Baker Act criteria will be triaged and placed in a Crisis Stabilization Unit or to a hospital inpatient psychiatric unit for continued assessment and stabilization. Acutely substance impaired individuals who meet Marchman Act criteria will be securely transported and placed in ACTS' Addictions Receiving Facility for medical detoxification. Once stabilized from the acute episodes, individuals without housing and/or a personal support system may step down and be placed at the ARC for shelter care housing and continued observation. PIP CRC Case Managers are expected to in-reach into these Units to follow-up with offenders in an effort to continue the assessment process and to engage them to participate in the service planning and the case management, treatment and services available.

Case Management Graduated Responses/Contingency Purchasing. The PIP CRC Model proposes the establishment of a graduated case management structure that is so constructed as to be equipped to provide case management interventions at the level of severity, complexity and the chronic nature of the needs presented by individual offenders. It is this hierarchy of case management supports that will ultimately distinguish this program and serve to disrupt the current cycle of offender recidivism and failed attempts of the same individuals to sustain themselves in the community. That hierarchy will include a range of responses from: the minimal engagement required of Outpatient clinic placements serving a low risk and generally stable population; Intensive case management required to accommodate individuals with co-occurring conditions and lacking in social supports, and an intensive CTI team focused on sustaining the most recidivistic, costly, and impaired low risk offenders (behaviorally, physically, educationally, socially, etc.) in the community.

The multi-level structure for the projects case management approach (Outpatient, Intensive, and CTI Team) will function similarly and will all be expected to conduct, coordinate and document accordingly in the PIP CRC Information Technology System all activities related to service provision, including: *Assessment.* Assessments utilized will cover the bio-psychosocial areas thought to be important to the onset, course, and recovery for these disorders as well as criminogenic needs related to recidivism.³ This will include interactions between the disorders, social functioning, support systems, motivation for treatment, situations associated with substance use, positive and negative consequences of use, medical problems that complicate use, trauma, cultural influences, and living environments. Criminogenic needs assessed will include anti-social personality, pro-criminal attitudes, social supports for crime, substance abuse, family/marital relationships, school/work and pro-social recreational activities. Program participants will be screened and assessed for co-occurring disorders. *Service Matching.* Case Management staff, whether they engage participants as Intensive Case Managers or members of the CTI Team in the CSU, AARF for ARC Shelter facilities, or at Outpatient Clinic level, will utilize the Stages of Change and LOCUS models to determine where the individual is in their recovery process and ultimately to offer individuals appropriate choices and sufficient supports, interventions and services to enable them to assume responsibility their

³ Andrews, D. A., Andrews, D., & Wormith, J. S. (2011). The risk-need-responsivity (RNR) model: Does adding the good lives model contribute to effective crime prevention. *Criminal Justice & Behavior, 38*(7), 735-755.

recovery, and incorporate those goals and activities into their individualized treatment/service plans. *Ancillary Funds.* Program funds will be used on a purchase of services basis to provide needed treatment and ancillary social and supports services that would not otherwise be available, including, but not limited to, food and clothing, housing, transportation, and employment-related and educational needs. A voucher request system initiated by the case manager that describes the needed service or support, other funding explored, and how the services relate to the participant's individual treatment/service plan will drive the process.. Once approved, the case manager will link the participant to the needed services and supports. *Mainstream Benefits Enrollment.* SOAR trained team members will review any funding or benefits available to the participant through other sources, and provide assistance completing applications initiating and/or reinstating this funding and benefits (e.g., Medicaid, Hillsborough County Health Care Plan, SSI/SSDI, Veterans Assistance, food stamps, and TANF) as is appropriate. It is expected that a majority of the participants in this project will be eligible for the Hillsborough County Health Care Plan. Tampa Family Health Centers (TFHC) has on-site County eligibility workers for County Social Services and Health care eligibility determinations. The intent is to pursue the PIP CRC Case Managers being deputized as eligibility workers under County Social Services. *Therapeutic Interventions.* Case Management staff and CTI Team members will also provide therapeutic intervention through Motivational Interviewing techniques. This technique is focused on the individual's motivation to change is provided in a non-confrontational way to assist in decreasing the individual's defensive to discussing where they are in their path to recovery from substance abuse. The staff and individual will work together to identify feelings and situations that lead to the individual's substance use and discuss other coping mechanisms to decrease use during those periods. Motivational Interviewing works well with the CTI model of service and expresses empathy, develops discrepancy, avoids argumentation, and supports consumer self-efficacy (CTI Training Manual). Staff will also practice the philosophy of Harm Reduction, although the ultimate goal is abstinence, 3-5 years and decreasing substance use over time.

Intensive Case Managers. Of the remaining 55% of diverted offenders accepting care, it is anticipated that 70% can be managed through Intensive case management services (estimated at 120 offenders a year following through with anticipated 6 month episodes of care). *CTI Team.* A CTI team will be established comprised of a substance abuse, a mental health and a health care professional for the remaining population (60 a year voluntarily accepting services) of those with demonstrating the highest levels of criminal justice recidivism and the greatest level of co-existing, co-morbid conditions. *Incidental Funding.* Case rates for funding incidental purchase (medications, dental care, transportation, housing assistance, job readiness, etc.) for the levels of case management services are built into the proposed budget.

Community Linkages. *Community Support Services, Health Care and Substance Abuse and Mental Health Treatment.* Outpatient and Intensive Case Management staff and CIT Team Members, based on the participants' individual treatment/services plans will connect and work to retain consumers in primary health care services, substance abuse and mental health treatment, entitlement services, housing, employment, legal assistance, transportation and to coordinate these services with other services. Special considerations will be given through individual service planning to respond to gender specific and trauma related issues.

Community Partners and Perspective Provider Panel Participants. ACTS and local service providers have a long history of collaborating together and share mutual contracts between agencies. As part of the Managing Partner role, ACTS would be responsible for constructing a panel of health care, human service, treatment, housing and supportive service organizations from which to secure, and in some cases purchase, those services best provided by those organizations. Organizations already affiliated with the PIP CRC by way of an MOU include:

- Hillsborough County Health & Social Services who provide a wide range of services for low income residents of Hillsborough County and who administers the Hillsborough County Health Plan and offers many programs and services funded by federal, state, and local sources (e.g., Community Services Block Grant, HUD Emergency Shelter Grant, Low Income Home Energy Assistance Program, VA Program, Sunshine Transportation, and Ryan White).

- Tampa Family Health Center, Inc. provides primary health care and dental care for individual's meeting eligibility criteria, including mobile services through their homeless recovery outreach van.
- The Homeless Coalition accesses mainstream resources and housing including rental subsidies and permanent housing through rental subsidies and programs for permanent supportive housing.

It is the intention to extend the MOU to expand the partnership participation to include all the linkage organizations as well other qualified community and faith based providers wishing to receive referrals through PIP CRC and/or participate in the incidental voucher purchasing arrangements.

Discuss how mental health and co-occurring substance abuse treatment services will be made available to participants and the applicants experience in delivering co-occurring treatment. Mental health and substance abuse treatment will be accessed through credentialed community treatment providers. These services may include, as appropriate, ACTS' medication clinic and assistance in accessing other services available through the organization including counseling, treatment, and transitional and permanent housing. Other community providers will provide: assessment, substance abuse treatment, drug screening, HIV services and testing, and residential programming, emergency and acute care services, outpatient services, housing and medication clinics. Special considerations will be given to addressing gender specific and trauma related issues. The preliminary screening when conducted by a trained HCSO interviewer—will help identify problems that can be addressed through appropriate education or treatment. The screening assesses the nature and extent of the risks of flight and dangerousness posed by the defendant and in framing suggestions or recommendations concerning conditions of pretrial release. Information about a defendant's special needs is only one of many factors that go into a risk assessment, but knowledge of these needs (and of the clinical and programmatic resources in the community that could be applied to help address the needs) will enable the pretrial services program to suggest realistic options to the courts. The types of programmatic and clinical resources offered by provider agencies to help provide supervision and meet special needs include: residential services for sub-populations, mental health and/or substance abuse treatment programs, behavior modification programs and employment placement services, all individualized to meet the needs of the participant. Ancillary services available to 100% of eligible participants include: supportive housing, employment training, peer support, transportation, credit recovery and a wide array of community linkages as provided by ACTS and its subsidiaries.

The average active caseload of the PIP CRC team will vary based on the severity of the participants and will not exceed 15 participants per case manager. The average number of contacts by the team will be between five and six per participant each month. It is anticipated that some persons will require considerably more frequent contact in the first weeks after release from jail or correctional facilities to assist with their reintegration including daily contact for those not working or engaged in other meaningful structured activity, and less contact as they spend time in the program and begin working on their goals. The participants may be served for up to one year, unless it is determined that continued treatment would be beneficial and necessary for public safety. Although, there may be some participants who have been in the community or in jail for just a short time who may require fewer services and may receive services for a shorter length of time, due to the severity of mental illness of the population targeted and need for public safety the projected number served is 62 persons per month, 750 per year. *Describe the plan to screen potential participants and to conduct tailored, validated needs-based assessments.*

Eligibility will be determined by PIP CRC using the MINI, the GAIN and an assessment of past and current housing, episodes of homelessness, employment history, availability of family support, prior mental health and substance abuse treatment, and criminal justice involvement, as well as the individual's motivation for treatment and assistance. Those persons who meet the eligibility criteria and pose the greatest risk for returning to the criminal justice system will be offered assistance. PIP CRC will complete a comprehensive strengths-based assessment with all persons enrolled. The assessment will be driven by a person-centered interview involving inquiry into the domains of need delineated in the GAINS re-entry planning form. During the interview, additional

measures will be used to determine the level of service need using the LOCUS (Level of Care Utilization System) and a rating of the individual's stage of change and motivation for treatment for substance use and mental illness. Areas addressed will include but are not limited to: psychiatric symptomatology and mental status, medical history and current health status, substance use including past treatment; family history, most recent, past and most desired living arrangements, daily living skills, employment history and education, financial resources, legal matters, and criminogenic risk.

When possible and with appropriate release of information, PIP CRC will obtain records from past treatment programs and interview family members and other persons significant to the individual's successful re-entry. The information from the assessment will be used to identify the type, extent and immediacy of treatment needs and to develop a service plan that will include goals and objectives designed to reduce the severity and intensity of factors associated with the onset or progression of substance abuse and mental illness, remove barriers for accessing permanent housing, increase financial resources, and empower people to learn more about their illness, and their abilities to cope with their feelings and experiences, to problem solve, increase their self image, and structure their time. The assessment and service plan will be updated every 90 days. A summary note will be completed for each service and includes a description of the intervention provided and the individual's response.

This project will utilize the tool kits available through SAMHSA for the Illness Management and Recovery Model and Co-occurring Disorders Integrated Dual Disorders Treatment. Interventions will be based on the individual readiness or "stage of change" (e.g., the way people interact with the treatment system over time). PIP CRC recognizes everyone is not at the same level of readiness for change and expects many persons will initially be "precontemplative" or not engaged; that is, have no relationship with a treatment provider. As the working relationship develops, PIP CRC, using motivational interviewing, will help the individual think about life goals, substance use, mental illness symptoms, and whether substance use or symptoms get in the way of achieving life goals. Treatment will be arranged once the participant recognizes that substance use is a problem and decides to reduce or stop his use altogether, while acquiring additional skills and supports. PIP CRC will help with a relapse prevention plan, which examines triggers to use substances, such as feelings, people, or situations, and specifies new ways to avoid or handle these cues, as well as developing other healthful behaviors and pleasurable activities. *Demonstrate how local jurisdictions will assess current practices and assess their capacities to implement arrest diversion opportunities, if none currently exist.* Hillsborough County has just recently implemented a diversionary process for law enforcement officers. However, there are no processes to systematically assess and provide for the intense, specialty care needs of the target population. The current system offers no information tracking system to quantify and bring transparency to population needs or to match those needs to available services. The practices of incarceration presently being employed have come to represent the simplest means of securing housing, food, shelter, and medical care for many substance abuse and mental health offenders who could be better served in the community.

If submitting the application as a consortium of counties. NA

Capability and Experience

Capability of Applicant - Hillsborough County, the applicant, is a political subdivision within the state of Florida. County government is guided by an elected Board of County Commissioners (BOCC) that sets overall policy for the County and appoints a County Administrator, who serves as the county's chief executive officer. The County Administrator is responsible for carrying out BOCC decisions, policies, ordinances and motions, overseeing all County administrative departments, and preparing the County's annual operating budget. Criminal Justice is under the County Administrator. The Criminal Justice Liaison was established in 1991 to facilitate communication, encourage collaboration and advance common interests of the adult criminal justice systems to reduce crime. The department's 7-member staff represents County interests at the Public Safety Coordinating Council, Baker Act Advisory Committee, Hillsborough County Anti-Drug Alliance, Juvenile Justice Board, and Domestic Violence Task

Force. Its staff oversees a budget of \$9.6 million, which includes a mix of federal, state, and local dollars. Criminal Justice has worked with local stakeholders and community partners to establish jail diversion programs and services for many years and in many capacities.

Hillsborough County was one of six sites selected to receive an AXT technical assistance grant from the NIMH in 2005. That grant enabled the county to develop a System Map and a prioritized Action Blueprint, and to establish work groups (Co-Occurring, Case Management, Housing, Transportation, Data Link) that continue to meet to coordinate jail diversion efforts. In 2006, Hillsborough County received a Targeted Capacity Expansion grant from the Substance Abuse and Mental Health Services Administration (SMHSA) for jail diversion. To date, that grant has enabled the county to: 1) develop Strategic Plan; 2) develop a Memorandum of Understanding which was signed by key stakeholders and community partners; and, 3) to establish and implement the County's first FICM program. The timing of the NIMH grant coincided with various other jail diversion activities being undertaken by Criminal Justice and the DCF Substance Abuse and Mental Health Program Office, and served as a catalyst for further jail diversion efforts. The Brief Mental Health Screen was adopted for use with all jail inmates. A Healthy Start In-Reach Program was implemented for pregnant women being discharged from the jail. A Health In-Reach Program was developed to enroll eligible inmates in the Hillsborough County Health Care Plan upon discharge and jail medical will provide a prescription for a 30-day supply of current medications. Anti-Gang Ex-Offender Re-entry services were launched. FICM1 was implemented.

Capability of Participating Organizations – The following organizations are key partners in this project:

Agency for Community Treatment Services is a non-profit corporation that provides a continuum of services for persons with substance abuse problems and co-occurring disorders. The continuum includes a prevention element, outreach, assessment, case management, outpatient treatment, detoxification in-patient treatment, transitional and permanent housing for homeless persons, housing for chronic alcoholics, In-Home Program for Pregnant and Post Partum women, Independent Living Programs for adults, youth group homes, a Delinquency Assessment Team, and a drug court program. ACTS is CARF accredited for behavioral health services and licensed by the State of Florida for substance abuse prevention and treatment services (DCF) and child caring (DCF) and assisted living facilities (ACHA) facilities. ACTS currently employs approximately 270 full-time staff members in a variety of executive, administrative, management, clinical, support, and clerical capacities throughout the agency. ACTS will credential community providers to provide services as needed to program participants. These providers may include, but are not limited to, Mental Health Care, Inc, Northside Mental Health, Phoenix House, DACCO, Tampa Crossroads and others.

Describe the anticipated role of consumers, advocates, and family members in the project. The program will utilize peer advocates who will raise awareness through education and training of program staff and council members. Peer advocates will serve on the planning council and offer input for policy development, intervention strategies, and program development; provide information on linkages to support, treatments, and services; serve as a mediator; and promote the protection of rights. A key peer advocacy role is raising awareness and educating the stakeholders such as service professionals, decision makers, and government officials about mental health matters. This includes informing stakeholders about issues and disparities that affect individuals with mental illness, substance use disorders, and co-occurring disorders. Having personal experience and direct insight into challenges that might be encountered by the population they are representing, peer advocates provide an invaluable voice to represent consumers. The power of awareness can have a significant impact on policy and implementation of procedures. Peer advocates can also contribute to training curricula for service providers or other professionals. On the individual support level, peer advocates provide consumers with knowledge, skills, and resources to overcome barriers and sustain a healthy quality of life. Peer advocates can enhance skills and share strategies from personal

experience as well as provide linkages with community services. They can also educate consumers on their rights and directly mediate and advocate for clients.

Indicate key activities, milestones, and responsible partners, as well as the resources available for the proposed project (e.g., facilities, equipment, etc.). Please refer to timeline attached.

Provide a list of staff and subcontractors who will participate in the project, showing the role of each and their level of effort and qualifications. Include the Project Director and other key personnel, such as treatment/prevention personnel. Briefly discuss the responsibilities of each participating organization.

Agency for Community Treatment Services, Inc., (ACTS) is the Lead Agency for the treatment and case management services component of the Program including transport, shelter, and other wrap around services in partnership with community partners to the extent resources are available within the community. ACTS is responsible for managing, administering, and contracting with any willing behavioral health providers who wish to participate at the Hillsborough County established case rates, to include: Maintaining the utility and fidelity of the Program's information technology system and to incorporate clinical assessment, service planning, referral matching, consumer tracking, claims submissions and financial management, and coordination with community partners and resources for wrap around services, responding within two (2) hours of referral by the Sheriff's by providing or arranging, as appropriate, secure or non-secure transportation for diverted offenders to sites established to initiate needed behavioral health, healthcare and social support services, recruiting, engaging, and credentialing a panel of community treatment and support services providers, contracting with behavioral health providers who: meet credentialing standards; are willing to accept the \$500 all inclusive County case rate to provide the case management and non-residential behavioral health services; and to participate in the program design, data submission, and program evaluation activities necessary to implement, monitor, refine and sustain the PIP CRC system of care. Specifically, those responsibilities include, but not be limited to: Utilizing program specific clinical screening and assessment instruments, clinical pathways, referral protocol and service planning and client matching and tracking activities; Securing authorization by offenders for information sharing through a program specific, universal release of information format; Employee case management responses with varying levels of intensity that match the needs and requirements of persons served to the level of engagement required for them to remain successfully in the community, and Coordinating with available community agencies and resources to advocate and provide for social supports and the purchasing of incidentals for Program participants necessary to their success in the community (temporary medications, clothing, housing rental and utility, bus passes and cab fares, fees related to securing identification cards, etc.)

Key Project Staff - Resumes are available upon request for each of the following key project staff.

Project Manager – Robert Parkinson, is responsible for planning, directing, and coordinating a variety of criminal justice programs including residential treatment, outpatient services, prevention, intervention, and education services. In his position, he collaborates with stakeholders to develop criminal justice programs that enhance services or provide alternatives to incarceration for both youth and adults. Mr. Parkinson negotiates contracts for service delivery; administers grants and contracts; and serves as the County liaison for substance abuse and mental health issues. Mr. Parkinson will oversee administration of the project; serve as the liaison between project partners, including the Strategic Planning Committee, the Public Safety Coordinating Council, DCF, HCSO, and community-based providers; and provide staff support for these bodies.

Lead Evaluator – Annette Christy, PhD, will be the lead evaluator for the project. As the project's lead evaluator, Dr. Christy will be responsible for monitoring and tracking the project performance.

Staffing Pattern and Project Organization - Implementation of the project will be under the supervision of Hillsborough County's Criminal Justice Liaison. A full time Project Director (ACTS) will oversee the project activities and manage funds used to purchase services for the participants that cannot be accessed through existing resources. A team leader (ACTS), with a Master's Degree in counseling, social work, criminal justice, rehab, or

other human services field and at least three years of professional experience, will directly supervise the delivery of services and provide direct services as well as be a liaison for partners, communicating regularly through email and monthly meetings. Case managers, bachelor's level, will be hired by ACTS and one booking based screener will be provided (HCSO). The booking based screener will be able to screen, identify and provide liaison services to the program. The program will access an array of community-based services including, but not limited to, vocational rehabilitation, housing, mental health and substance abuse treatment, and primary health care. The program will have capacity to respond 24 hours a day, 7 days a week. Oversight will be provided through the collaborative structures described below. All project staff will complete the training modules for co-occurring disorders, motivational interviewing and trauma informed care. An implementation timeline is attached.

Resources Available to Support Project – Resources directly supporting the project include additional state funds, local resources and in-kind support. The project will be located at the Hillsborough County's Orient Road Jail booking. Office space, equipment, and operating expenses will be provided to the project by the HCSO. Two case management and the team leader positions will be funded along with related expenses as cash match by Hillsborough County Health and Social Services Department with Hillsborough County Health Care Plan funds (Indigent Health Care Tax) through a contract with ACTS. Additionally, a majority of the participants will be qualified for services under the Hillsborough County Health Care Plan. The value of these services is used to provide the balance of the local match. The **current diversion services** in the jail will match these services **100%**.

Additional activities and services that are not included in the budget/match, but augment the effort at this intercept include: Two intensive case management positions and one screener position provided by PIP CRC. Psychiatric evaluation and monitoring will be available through the medical clinic at ACTS. Certain intervention and treatment services shall be provided through ACTS or approved providers. These activities/services are not counted as match/in-kind because the funding originates with the State and are made available to these agencies through the DCF - Suncoast Region. These services are included in the narrative description to demonstrate the complete scope of the project, collaboration, and the level of planning which exists in this community.

Collaborative Structure and Key Stakeholders – This project features collaboration between key stakeholders and community partners designed to facilitate communication and problem-resolution both in terms of strategic planning and implementation by establishing interlinking bodies at both the systems and service delivery levels.

Systems Level: On September 5, 2007 the BOCC passed a resolution appointing the **Hillsborough County Public Safety Coordinating Council (PSCC)** as the planning and advisory group for the Criminal Justice Reinvestment Grant Program; requested that the PSCC formulate project recommendations for funding consideration under the Grant Program; and authorized the County Administrator to sign and submit the non-binding grant application based on PSCC recommendations. The PSCC designated their Alternatives to Incarceration Strategic Planning Committee to serve as the planning group for the Criminal Justice Reinvestment, added additional representatives to be in compliance with the membership as required by CS/CS/HB 1477, and asked the Committee to prepare this grant application and update the 2006 Strategic Plan to fit the SAMH Model. The Alternatives to Incarceration Strategic Planning Committee is represented by consumers, advocates and family members. Consumers, advocates, and family members will participate fully and equally with all other members of the committee and their opinions will be respected as would those of any other member. Their role on the committee has been and will continue to be to promote sensitivity concerning the attitudinal and structural barriers that consumers can experience in the forensic system. Their participation will provide knowledge and reduce the stigma and promote positive mental health outcomes for consumers participating in the project and, we believe, help us to transform our local system so that it is more recovery-based and client-centered.

Service Delivery Level: The key stakeholders involved in this project on the service delivery level are Hillsborough County Criminal Justice, Hillsborough County Sheriff's Office, Agency for Community Treatment Services, and credentialed community providers. The qualifications of each organization, the staffing pattern for the project, and the roles of

project have already been described. A project management team composed of the project director, project coordinator, project manager, project evaluator, and team leader will meet twice a month to review the project's progress. The management team will report the project's progress each month to the Alternatives to Incarceration Strategic Planning Committee through the project director, who will also keep the PSCC apprised of the status of the project. Problems identified at the service delivery level will be brought to the attention of Alternatives to Incarceration Strategic Planning Committee for resolution. In particular, the project director will bring problems of systemic impact to the Alternatives to Incarceration Strategic Planning Committee, such as gaps, duplications, and barriers that are identified during implementation.

Evaluation and Sustainability

Currently, ACTS gathers data for each outcome identified in this proposal and will establish a baseline outcome level for the program. Data gathered for each outcome is reported in a narrative summary explaining the accomplishments or failures in attaining the targeted outcome. These processes will blend with the Homeless Coalition of Hillsborough County's currently re-designed information management system specific to this jail diversion program. The system captures relevant data and uses it to generate reports for program management/improvement, provision of information for required reporting, as well as to investigate program process and outcomes. The availability and means of collection for needed data elements shows that some data elements will be collected by program staff and others will need to be obtained from other sources, such as archival data sources, including HCSO jail data, FDLE statewide arrest data, USF Health Care Navigator and Baker Act exam data. The Hillsborough County Homeless Coalition has developed a system for collection and input of these data that capitalizes on efforts from program staff to collect this information as part of the PIP-CRC process, and that can be sustainable in the future. Developers of this project have extensive experience with programs such as the PIP-CRC that focus on persons with mental illness and/or substance abuse disorders involved in the criminal justice system. This experience has been gained through data management and analysis for ten CSAT grants, as well as multiple SAMHSA and BJA funded projects. The proposed evaluator (Christy) has 19 years of experience doing this type of work, knows the key stakeholders well, most recently working with stakeholders in Hillsborough and Pinellas counties to evaluate a SAMHSA funded diversion justice involved veterans to trauma informed care. The HCJDP will utilize the evidence based assessments to assess the clients at intake. The program will employ a Locator Form and a Treatment Satisfaction Index survey. Data collected by the staff will be monitored weekly early in the grant implementation to ensure proper collection and adherence to the grant design. USF will focus on refining the system of data capture for both program implementation and evaluation in a way that is efficient and sustainable. The Evaluator will be responsible for monitoring the integrity of the data collection, data entry, data cleaning in preparation for data analysis and reporting. **Data Collection:** Data collection will be conducted by the Assessor and clinical staff as necessary, with the goal of having data collected as part of the screening, intake and implementation process organized efficiently to create reports for management and evaluation. Trainings on data collection and follow-up will be conducted by USF. The chart below provides a summary of key measurement tools used for the project.

Assessment Instruments	
Data Collection Instruments Type & Description	Details
Screening Form	Brief form used to collect demographic, criminal justice and mental health substance abuse information on people screened for the PIP-CRC.

Intake MINI, GAIN	Demographics, MINI, GAIN, measures of criminogenic need; Screen performed on people at time of acceptance to the PIP-CRC
Process Data	USF will develop a system for program staff to input information about process – such as service referrals/linkages, SOAR/success of SOAR, housing, and employment. Entered by program staff daily.

In addition to the instruments listed above, other forms of data collection that will be necessary to check the progress of the participants and assist with administrative aspects of managing the grant. Program staff will collect these data and input them into the system developed by USF.

Other Data Collection Measurements Type & Description	Time Intervals
Evaluation Drug Screening: Used solely for the purpose of monitoring client recovery.	Intake and throughout the program as needed.
Treatment Satisfaction Index.	1-month post intake and discharge.
Length of stay in program. Days in treatment & program completion measures will be used for testing retention.	Clinical records.

Data Management: The goal over the three years is to develop a system for program staff to input data into an electronic system that has reports developed to use for program monitoring and evaluation. Initially it is likely that forms will be completed on paper, provided to USF, and entered by USF staff. Through this process USF will develop and refine an entry system that, by the end of the three years, PIP-CRC can use to input and use data without extensive additional work from USF. This strategy is important for sustainability of data infrastructure and use. USF will oversee data quality, working with program staff to address these issues as needed. **Data Analysis:** Descriptive reports will be created of screening, intake and process data. The focus of analysis will be on a) program process (volume and flow of clients, characteristics of people screened in relation to those enrolled in the program, etc.), b) service provision and satisfaction (engagement with treatment/services, nature of changes to key life domains such as employment and housing) and b) outcomes. Outcomes will include looking at the relationship of criminogenic needs identified at intake, to service provision/satisfaction, to criminal justice system outcomes (such as jail time by using HCSO jail data, arrests using FDLE arrest data, and Baker act exams using data from the Baker Act Reporting Center). Cost analysis will be done by working with county staff to put metrics to services received and logic to costs averted because of engagement at the PIP-CRC to arrive at cost figures discussed previously in this narrative. Descriptive and inferential statistics will be use. An example of inferential analyses is within participant comparisons pre and post engagement with the PIP/CRC.

In sum, results from the analysis will allow for the assessment of progress in meeting the goals of the project, as well as review of the impact on the process and outcome measures as defined by the grant. **Process components** will include adherence to the implementation plan, types of deviations, what led to the deviations, what effect deviations had on the project and what was the cost of services. **Data Reporting:** Quarterly project meetings will be scheduled to present the evaluation and interpretations, discuss program fidelity and present recommendations for future action. The project will present a final evaluation report at the conclusion of the grant. Presentations will be made quarterly to the Advisory Board.

The following percentages or target numbers will be achieved by end of year 2 of the Program:

1. 35% of 200 reduction of re-arrests among Program participants in the adult criminal justice systems (as applicable to target population).
2. 62 individuals to be served by the Program per month.
3. 10% of 200 increase in the number of law enforcement officers trained in the Crisis Intervention Team model.

4. 75% of 200 of Program participants that receive increased access to services in comprehensive recovery based mental health and/or substance abuse treatment services that are community based.
5. 50% of 200 change from admission to re-entry into the community of participants who reside in a stable housing environment.
6. Target number of admissions to forensic state mental health treatment hospitals among the target populations who met the criteria for forensic state mental health hospital admissions. NA
7. 75%, as eligible, increase of Program participants linked to Social Security benefits.
8. Impact of efforts to increase public safety and the percentage of cost avoidance or reduced spending in the criminal justice system. For every 1% decrease in recidivism, the county will save \$250,000.
9. At least 80% of adult program participants will be offered an SSI/SSDI Outreach, Access, and Recovery (SOAR) preliminary assessment with the assistance of a SOAR-trained staff member or volunteer who will determine whether the individual is likely to qualify for benefits.
10. The application specifies the impact of proposed efforts to increase public safety and the percentage of cost avoidance or reduced spending in the criminal justice system. For every 1% decrease in recidivism, the county will save \$250,000.

Sustainability - Sustainability will be contingent not only upon the effectiveness demonstrated by the evidence-based practices we implement but also on how well the community collaborates and supports systems change throughout the award. We enjoy a high level of collaboration among key stakeholders and community-based service providers as evidenced by the existing strategic plan and MOUs. Hillsborough County Health and Social Services and the DCF-SAMH, Suncoast Region, have established a strong working relationship through Criminal Justice and they have expressed a continued commitment to these efforts to provide sustainability if this project is successful. For instance, DCF and the County are committed to continuing the case management positions and the Hillsborough healthcare plan or Medicaid are viable alternatives for service delivery. Hillsborough County's Board of County Commissioner's have committed to funding the current basic services of the PIP CRC and it is expected that they Board would expand funding based on this proposal's demonstration of cost effectiveness in funding more intensive service for a select, more seriously impaired population. The Strategic Planning Committee will continue to look at the system in its entirety to see how well evidence-based practices are integrated throughout each intercept and to identify any organizational changes needed to support further integration of the criminal justice and community based service delivery community, including but not limited to mental health and substance abuse treatment, to facilitate effective and efficient service delivery. Additionally, the Strategic Planning Committee will look at the results of the project on an on-going basis. Continued efforts to share data among partners and collecting and reporting data will support continuity of care, identification of additional system efficiencies, reduced duplication of services, and further minimize any gaps in service that lead to higher utilization or more costly services. We will not overlook other financial resources that may be needed to support the continuation of services. Equal focus will be on the integration of evidence-based practices, collaboration, and political/organizational changes necessary to achieve long-term change and sustainability.

It is estimated that jailing misdemeanants with mental illness costs the County at least \$2,579,147 annually. Additional costs tied directly to this population include medications, which are estimated at \$79,157 per year. Thirty (30) misdemeanor inmates were identified in custody who had a history of substance abuse. Over the next week, HCSO booked 31 additional substance impaired individuals who met the same criteria. All of these 61 inmates were released from custody by May 19, 2011 with an average length of stay of 12 days. These inmates spent a total of 839 days in jail at projected cost of \$83,950.34. At an average of 35 such bookings a week, the jail spends approximately \$2,185,310 on this population annually. Therefore, based on expectations of 45 bookings a week, the continued booking and jailing of the substance abuse and mental health misdemeanor populations together account for an annual expense to the County of approximately \$4,843,614.