

(Tab 4: Project Narrative)

3.8.4 Tab 4: Project Narrative

3.8.4.1 Statement of the Problem and Local Data.

Under the current criminal justice system, mental health treatment while incarcerated is either limited or non-existent. Frequently, these individuals experience insufficient access to mental health treatment well before incarceration, leading to deterioration in health and wellbeing and subsequent involvement with the criminal justice system. For these consumers, the difficulties experienced in attempting to access treatment, support services, and benefits including housing assistance 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 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 growing awareness and 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.

The Hillsborough County jail oversees: 144 beds for psychiatric observation and confinement, 5 psychiatric pods (4 male; 1 female). In 2014-15, an average of 787 inmates per month received psychotropic medications, and the average in 2015-16 was similar, 783.5. Jail staff initiated 131 Baker Acts in 2014-15, and 78 in 2015-16. There were 935 suicide watches in 2014-15, and 777 in 2015-16. There were 452,950 medical examinations annually.

According to a longitudinal analysis of over two decades of Hillsborough County jail utilization data performed by Code for Tampa Bay, the top 30 jail utilizers were incarcerated in the jail a total of 64,276 days costing more than \$8,090,735, measured in 2016 dollars, which does not include related expenses such as court costs, legal fees, psychotropic medications, and medical care. The majority of offenders in this group had existing diagnoses of co-occurring disorders and at least the single offender with the most days in the Hillsborough County Jail (3,517 days) had been a prior Ch. 916 F.S. client. Records dating from October 2014 to July 2016 indicate that only 264 persons booked at the jail had private insurance. Last fiscal year, HCSO pre-paid \$3,900,000 for off-site medical care, and an additional \$355,628.37 for their share of medical care that exceeded the contract amount.

Trend Analysis: Average annual inmate bookings have decreased steadily every year since 2012, from a total of 56,682 in 2012 to 41,319 in 2015, a decrease of 27%. The

average length of stay remained fairly stable from 2012 to 2015, with a 2015 average of 84% of individuals staying in jail 30 days or less, and only 0.21% staying longer than a year. On average, approximately two-thirds (68.16%) of inmates are there on a pre-trial status, most for felony charges. Of particular significance is that the incidents in the jail directly related to mental health issues have decreased over the past two years. From FY 2014-15 through this year (FY2015- 2016), Involuntary examination referrals (Baker Act) from the Jail decreased by 27% (from 11 to 8 a month) and the average monthly census of persons with indications of mental health issues decreased by 7% (from 556 a month to 517).

These accomplishments are the result of several inter-related initiatives. One core initiative behind that impact is the HCSO and other local law enforcement agencies' adoption and incorporation of the Crisis Intervention Team (CIT) Model for effectively addressing persons presenting with behavioral health issues and affecting community based diversion strategies (approximately 812 officers trained to date). Another major contributor is the Judicial Circuit 13's Court initiative and the County's funding of the pre-booking, Mental Health Diversion Pilot, Case Management Diversion Program for misdemeanor and ordinance offenders (which has served over 2600 individuals and diverted almost 900 since November 2013). The third, and possibly the least obvious but definitely significant, is the local commitments made to the provision of housing services for chronic homeless individuals. Hillsborough County, as one contributor, appropriated funding two years ago to add capacity to some existing shelter programs to fund Bridge Housing as the first step to permanent housing, established a 70 bed Community Solutions Program and created two, 15 bed assisted-living programs with an additional eight apartment units for chronically homeless persons with mental health issues. Through sustaining these initiatives over time, and with the potential for funding of this proposal and the impending award by DCF (through the Central Florida Behavioral Health Network) of the Forensic Multidisciplinary Team for Judicial Circuit 13, it is anticipated that additional and proportionate reductions in jail time can be anticipated.

Describe the project's geographic environment

Located midway along the west coast of Florida, Hillsborough County has 1,048 square miles of land and 24 square miles of inland water area for a total of 1,072 square miles. The unincorporated area encompasses 909 square miles, or more than 84 percent of the total County area. Municipalities account for 163 square miles. Incorporated cities are Tampa, Temple Terrace, and Plant City. Tampa is the largest city and serves as the County seat.

A Home Rule Charter for Hillsborough County was approved by voters in a countywide referendum held in September 1983, and the first County Commissioners elected under this new charter took office on May 28, 1985. The Home Rule Charter divides the power of County government between legislative and executive branches. The Board of County Commissioners, which composes the legislative branch, sets overall policy by means of ordinances, resolutions and motions. The executive powers of County government are vested in the County Administrator, appointed by County Commissioners and charged by the charter to faithfully implement the powers of the Board. The charter contains a

provision for a Charter Review Board appointed by County Commissioners every five years to conduct a study of County government and propose amendments to the charter. These amendments must be presented to voters for approval.

Local government, law enforcement, the Courts, and community treatment agencies have worked together since 2003 to develop alternatives for this population. This community has put into place some programming to re-direct a segment of these same individuals into community treatment, but primarily after they have exacted expenses on the Court and related criminal justice agencies.

Ranked as the nation's 32nd largest county, Hillsborough is centrally located on Florida's west coast and is the state's fourth most populous county. Growth rates have been 29%, 20% and 18% respectively the last three decades and are expected to continue at that pace. Population is centralized in three major cities: Tampa, Plant City, and Temple Terrace, with the balance rural. Without any recent major changes in population demographics, Hillsborough closely parallels Florida in age, racial and ethnic makeup. The Hillsborough County-level demographic characteristics are also similar to our target population; approximately 65% are older than 25 years old; there is an even split (50/50) between males and females; 76% are Caucasian, 18% are Black, 6% other; and 26% Hispanic. Hillsborough County falls within the 2nd quartile for the percentage of the total population that falls below poverty level and percentage of the population > 25 years old without a high school diploma. Currently 15% of the residents live below the federal poverty line. Along with the rest of the nation and Florida as a whole, Hillsborough is coping with a high unemployment rate, 5%. The housing market collapse and loss of associated construction employment hit the local economy hard. The recovery forecast is moderate and expected to remain slow for the near term.

Additional Hillsborough County-Level Data on Behavioral Risk Factors below:

<u>Category</u>	<u>Hillsborough County</u>	<u>Florida State</u>
Adults who engage in heavy or binge drinking	16%	15%
Adults who have ever had a heart attack, angina, or coronary heart disease	11%	10%
Adults who have ever had a stroke	4%	4%
Adults who have diagnosed high blood cholesterol	39%	39%
Adults with diagnosed diabetes	12%	10%
Adults who are limited in any way in any activities because of physical, mental, or emotional problems	24%	24%
Adults who could not see a doctor at least once in the past year due to cost	14%	17%
Adults who had poor mental health on 14 or more of the past 30 days	14%	12%
Adults who said their overall health was “fair” or “poor”	16%	17%
Average number of days where poor mental or physical health interfered with activities of daily living in the past 30 days	5%	5%
Adults with diagnosed hypertension	31%	34%
Adults who are overweight or obese	65%	65%
Adults who are current smokers	20%	17%
Adults who are former smokers	33%	30%

Target Population: Rates of serious mental illnesses (i.e., bipolar disorder, major depression, and schizophrenia) are 4 – 6 times higher in jails and 3– 4 times higher in prisons than in the general population¹. Prevalence rates of mental health disorders are high for untreated substance-involved persons, higher for persons in substance abuse treatment programs, and even higher for offenders with substance use disorders². Jail inmates with mental health problems are more likely than those without such problems to report drug use in the month before their recent arrest³. Prison inmates with mental health disorders are also more likely to have substance use disorders than inmates without mental health disorders⁴. The overrepresentation of people with mental health illnesses in the criminal justice system can be explained by several factors. Elevated rates of homelessness and criminogenic risk factors (e.g., criminal attitudes and peer networks, employment problems, educational deficits, and poor social supports) among persons with mental illnesses and/or substance abuse also contribute to higher rates of arrest⁵. Persons who have mental health illnesses are not only more likely to be arrested, they are also more likely to violate the conditions of community supervision and to commit acts

¹ Prins, 2014; Steadman, Osher, Robbins, Case, & Samuels, 2009

² Baillargeon et al., 2010; Lurigio & Swartz, 2000

³ 60% vs. 40%; Mumola & Karberg, 2006

⁴ 74% vs. 56%; Mumola & Karberg, 2006

⁵ Morgan, Fisher, Duan, Mandracchia, & Murray, 2010; Osher, 2013; Skeem, Nicholson, & Kregg, 2008

of violence⁶. Offenders with mental illness have high level of criminogenic risk including: antisocial attitudes, antisocial friends and peers, antisocial personality patterns, substance abuse, family and/or marital problems, lack of education, poor employment history and lack of prosocial leisure activities⁷.

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 population are expected to be 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.

Priority as a Community Concern:

Hillsborough County participated in a *Cross-Systems Mapping* exercise in which the results included a description of potential interventions at each intercept point in the Criminal Justice and Behavioral Health Systems as perceived by the participants during the mapping process. Gaps in service delivery and resource opportunities are identified at each intercept point.

Subsequent to the completion of the Systems Mapping exercise, the assembled stakeholders began to define specific steps that could be taken to address the gaps identified in the group discussion about the systems map. Five initial priority areas were identified, including opportunities for tactical interventions to promote “early, quick victories” and more strategic interventions to stimulate longer-term systems changes. These priority areas are outlined on the following pages. Subsequent to the Sequential Intercept Mapping, members of the Public Safety Coordinating Council (PSCC) coordinated a plan to address unmet needs. This past fall, members incorporated Marchman Act and Baker Act criteria at Hillsborough County’s Centralized Receiving Facility (a joint venture between ACTS and Gracepoint) funded through the State of Florida.

Gaps, Themes, and Solutions Identified:

1. *Centralized Mental Health Court w/ case management services/Limited access to services or lack of communication of available services*: Judicial Circuit 13 is presently instituting a Specialty Mental Health Court. In support of that initiative, this Grant will provide for a full time Court Mental Health Liaison position to serve the Court, to match individuals with appropriate diversion options, and to facilitate linkages between the Court and the diversion case management

⁶ Balyakina et al., 2014; Corrigan & Watson, 2005; Messina, Burdon, Hagopian, & Prendergast, 2004; McCabe et al., 2012; Mueser, Drake, & Noordsy, 1998; Peters, LeVasseur, & Chandler, 2004; Wilson, Draine, Hadley, Metraux, & Evans, 2011

⁷ Skem, Nicholson & Kregg, 2008, National Resource Center, 2012

services funded through this Grant as well as other recognized diversion alternatives. (See #5 below)

2. *Perception: Current programs will not take persons with serious and persistent mental illnesses.* The current County funded diversion services target persons with behavioral health issues who commit misdemeanor and local ordinance offenses. State (Department of Children and Families (DCF)) funded diversion services focus on persons who are incompetent to stand trial or not guilty by reason of insanity (Ch. 916 F.S.). Together, State (Department Of Corrections and DCF) and County resources are utilized to fund treatment services for Drug Court for pre-trial and post adjudicatory substance abusing offenders. This proposal addresses the gap in services for the Severe and Persistent Mental Illness (SPMI) population by focusing on the Mental Health Pre-Trial Intervention (MHPTI) eligible population with felony charges. The Grant funding requested provides the staffing and supports necessary to facilitate MHPTI Court functions and makes access available to the Court for specialized case management services and newly funded, County contracted, treatment services that provide some of the matching funds to the project. The funding of this proposal establishes a special diversion alternative for SPMI offenders and addresses a significant service gap in the Judicial Circuit 13, Hillsborough County, continuum of diversion services.
3. *Judges do not have anywhere to divert individuals to for supportive housing/65% of cases in existing diversion programs need stable housing:* Under this grant, all Program participants receive intensive case management services which include case managers' responsibilities to see that the individuals served have stable housing in the community. In support of that agenda, the Tampa Hillsborough Homeless Initiative has committed 20 Tampa Housing Authority vouchers which also serve as match to the project.
4. *SPMI Clients Need SOAR (SSI/SSDI Outreach, Access and Recovery) trained staff in jails:* Case Management staff funded through the proposal are SOAR trained. The Case Managers' services are available to not only support the SPMI population served by the project, but also to assist other diversion eligible offenders as identified by the project's Jail In-reach Liaison.
5. *Need Expanded Forensic Assertive Community Treatment (FACT) and Forensic Intensive Case Management Teams (FICM) Teams/Peer specialists to link and engage individuals into services/ Lack of employment opportunities for those with co-occurring substance abuse and mental health disorders/ Perceived lack of co-occurring substance abuse and mental health capability at the provider level:* All Program participants will have available to them Intensive Case Management service with access to County funded, residential treatment options, dedicated therapists, psychiatric services, a peer support specialist and a social setting, psychosocial drop-in center as an adjunct or alternative to traditional outpatient services. That Center, a social inclusion, peer operated endeavor, will incorporate vocational programming, wellness activities, and continuing educational opportunities, and will host social, recreational and entertainment events. A secondary benefit of the Center is that

it will serve to address workforce deficiency issues by providing a training ground for individuals aspiring to the status of Certified Recovery/Peer Specialist.

ACTS and partner Gracepoint have engaged the University of South Florida for training, consultation and fidelity monitoring for applying the principles of the Risk, Need, Responsivity Model to address criminogenic risk factors that predispose individuals to recidivism and to attain and sustain co-occurring competencies across their diversion programs and service delivery systems. As a result, competencies will routinely be assessed and corrective actions planned and implemented to address drift from prevailing models.

6. *Lack of Step-down from institutional care or continuing care services/Limited supplies of medications upon release and no means to fill given prescriptions:* All participants are assisted in acquiring and maintaining health care coverage. Case Managers are trained in benefits assistance, including individual enrollments in Medicaid and Hillsborough County Health Care Plan, with the expectation that all participants secure a primary care physician and a medical home. Success in that expectation gives participants access to medications available through the plans' formularies and Patient Assistant Plans. In addition, scripts can be provided through ACTS' Medical Clinic and, for those medications not available through other payors, prescriptions can be purchased with available contingency funds.

Mental Health Court Pre-Trial Intervention Processes:

This proposal supports the development of an coordinated and centralized care mechanism for Hillsborough County's Mental Health Pre-Trial Intervention Program as a new and unique service to systematically implement a well integrated response (Court and treatment) to identify, assess and monitor offenders determined eligible for Mental Health Pre-Trial Intervention (MHPTI). The following flow chart (and accompanying narrative grid, Attachments A and B) identifies the processes deployed and desired through the local planning initiative for interventions at the various intercept points in the criminal justice system. The lighter colored flows represent the various options presently in place in Judicial Circuit 13 with the darker elements being reflective of the flow anticipated through this proposal (described on the Grid under MHPTI). The Approach proposed through this application tracks the sequence of events and the delineation of roles and duties as identified in the dark blue pathway.

To start the diversion process, the assigned prosecutor must make a determination that the defendant's mental underlying illness was the primary factor in the commission of the alleged crime and that obtaining mental health treatment for the defendants should be the goal for resolution of the case. As soon as reasonably practical, the Court Mental Health Liaison will engage an ACTS Intensive Case Manager to begin transition planning and establish the linkages necessary to accomplish a seamless transition into ACTS treatment services (residential and/or outpatient) and the necessary linkages to housing and psychosocial supports, as appropriate. Throughout the course of the participants' Court supervision, the ACTS Intensive Case Managers will maintain regular

communications with the Court Mental Health Liaison to ensure that timely information is made available to the Court on participants' status and their performance under the Conditional Release Plan.

If the Applicant is a consortium of counties, describe the geographic region to be covered. NA

3.8.4.1.1 Provide an analysis of the current population of the jail or juvenile detention center in the county or region, which includes:

3.8.4.1.1.1 The screening and assessment process used to identify the Target Population(s);

In-jail screening will be utilized to identify potential individuals who are possibly appropriate for diversion referrals. Initial phone screenings will be conducted with the Public Defender or private attorney and the State's Attorney to determine if the defendant is eligible for MHPTI services. Within 72 hours of eligibility determination, the participants will be screened for possible service needs, usually performed at the Public Defender's Office or private attorney's office. If the defendant is incarcerated, the Court Mental Health Liaison will conduct the screening in jail. 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. Included in the screening will be 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. A validated instrument to assess criminogenic risk, as recommended by Dr. Peters, (the University of South Florida consultant to the project) and a comprehensive bio-psychosocial assessment instrument (See Note Below) will be utilized to assess each participant once referred to ACTS' diversionary treatment, housing and social support services. Based on those assessments, the multidisciplinary team will work toward further stabilizing the participant and identifying and pursue the most appropriate treatment and housing options, and to assisting participants in accessing appropriate and available services.

(Note: The intake screening and bio-psychosocial assessment forms were created by mirroring information that is gathered in the Electric Health Record (EHR) system. Besides demographic data, the assessments capture information including: presenting problems, collateral reports, living environments, ability to maintain current placement, history of living situations, source of transportation, education status and history, current employment status and history, military status, participation in recreational activities, relationships with significant others, family and friends, cultural customs, religious/spiritual beliefs for coping, gender identity, legal issues and forensic history, primary care physician information, barriers to activities of daily living skills, medical conditions including dental, current substance use, abuse and treatment, history of substance abuse and treatment, current mental health status, developmental history, current developmental status, history of trauma and effects of individual's past and present functioning, current abuse, neglect or exploitation (including screening for victims of human trafficking), stages of change, strengths, needs, barriers and preferences).

3.8.4.1.1.2 The percentage of persons admitted to the jail or juvenile detention center that represents people who have a mental illness, substance abuse disorder, or co-occurring mental health and substance abuse disorders;

Analysis of Jail Population: Recent data on jail inmates in Hillsborough County indicates that more than one in ten has a diagnosed mental and/or co-occurring substance use disorder, 15.4% in 2014-15, and 12.52% in 2015-16. On average, 785 inmates per month received psychotropic medications while in jail.

From 2008-2016, the current Mental Health Pre-Trial Intervention Program (MHPTI) served 285 cases. Of note is that Pre-Trial Interventions are presently handled across various Courts and operate without any direct access to, or predictability of, community based treatment. It can be surmised from the current low participation rates that participation demands are suppressed below that which can be expected of a consolidated MHPTI Program integrated with a single accountable community treatment response. Estimated time for assessments was 6 hours, i.e., face to face contact, jail visit, order medical records, interview relatives and collateral contacts, establish mental health provider who will agree to terms of court services, make other referrals (housing, substance abuse RX, etc.), court appearance for signature of MHPTI agreement, documentation and routing appropriately to parties. In addition to the preliminary case management services, each case is required to have follow up contact with the defendant and provider on a monthly basis. The case plan requires altering on many occasions. Housing is one of the major issues, as well as, navigating insurance issues.

In April 2014, historical review of cases for the Court Mental Health Case Management indicated the following:

Assessments

- Average of 40 since 2011 for MHPTI
- Average of 52 since 2011 for Case Management for Felons

Case Management

- Average over 60% acceptance rate at over 25 per year for MHPTI
- Average over 50% acceptance rate at over 25 per year for Case Management for Felons

Of the 35 cases currently open, the following information was reported:

Table 1. Substance Abuse Diagnosis

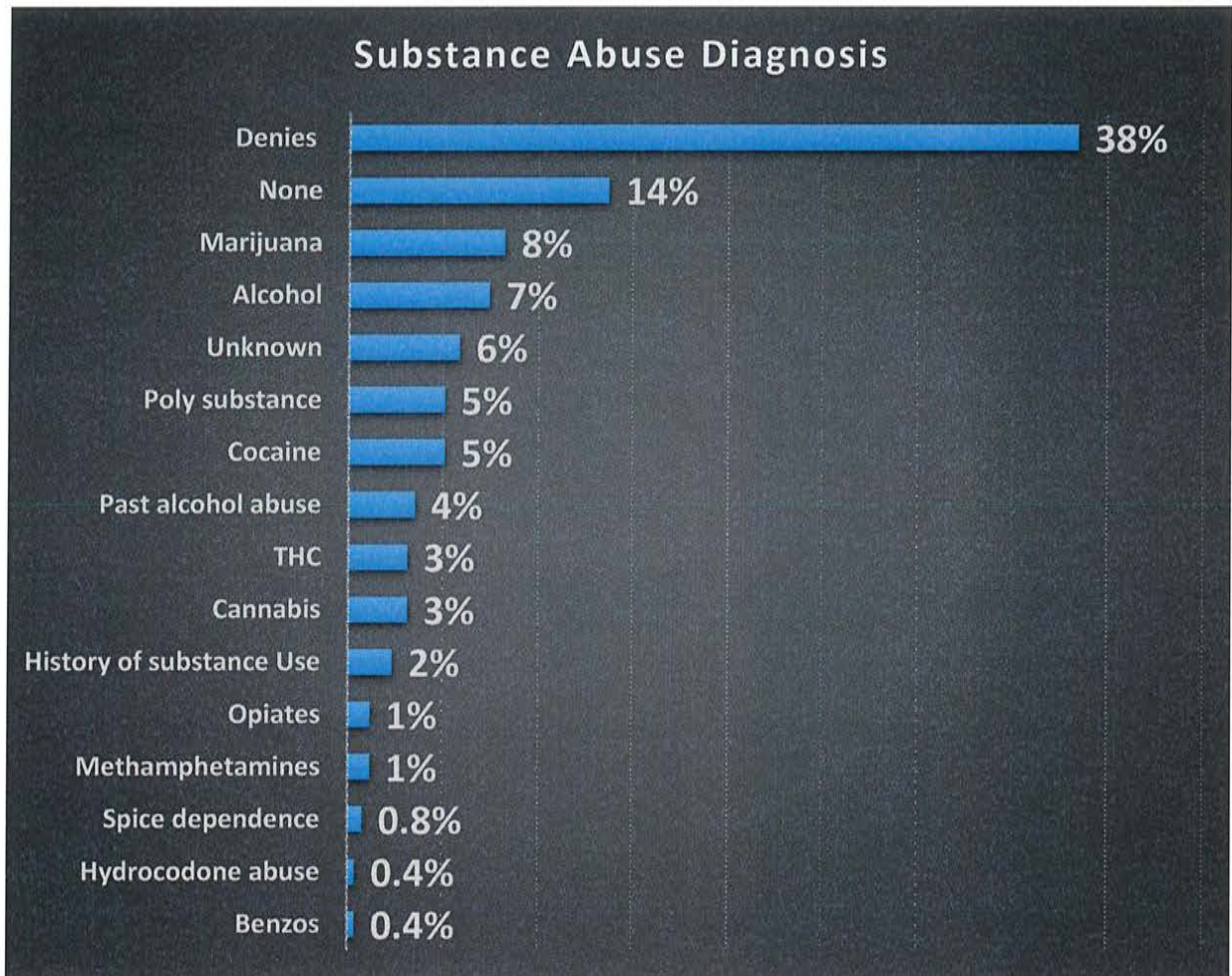


Table 2. Mental Health Diagnosis

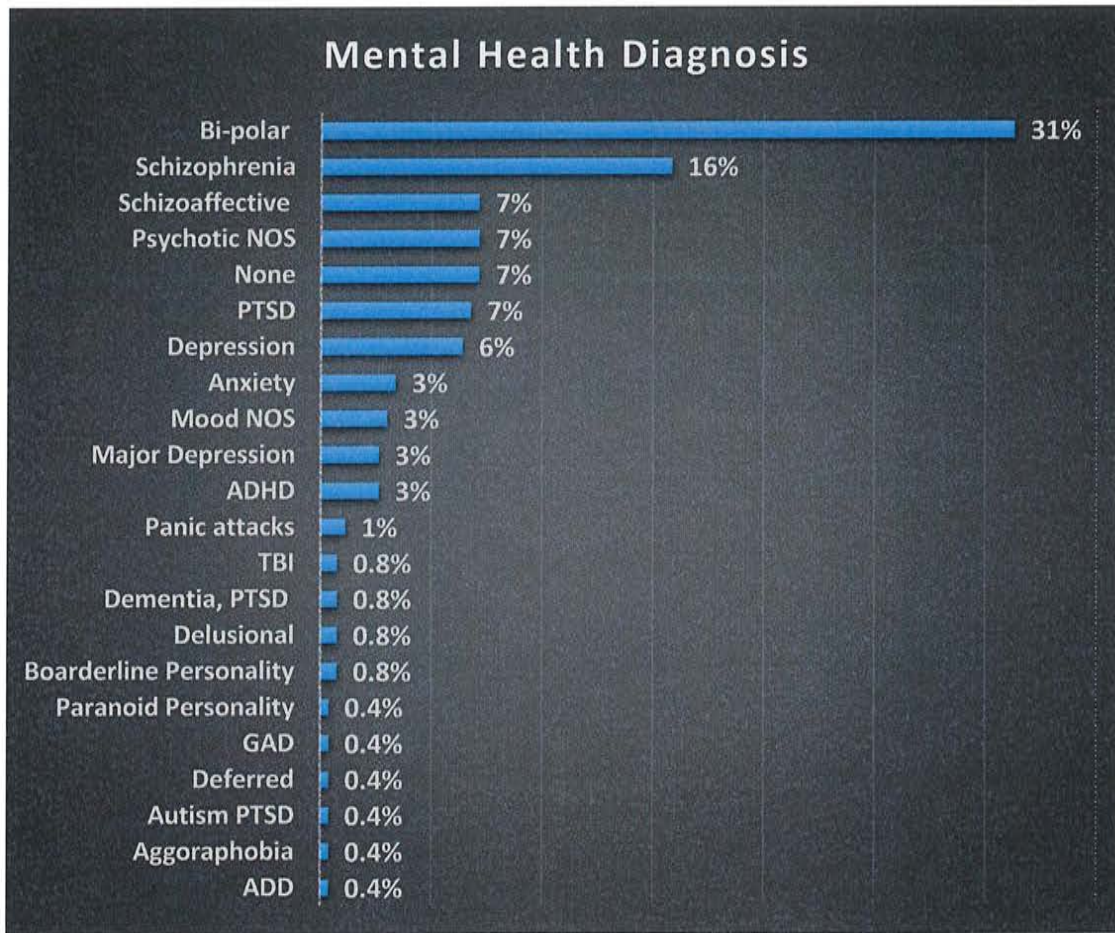


Table 3. Charges

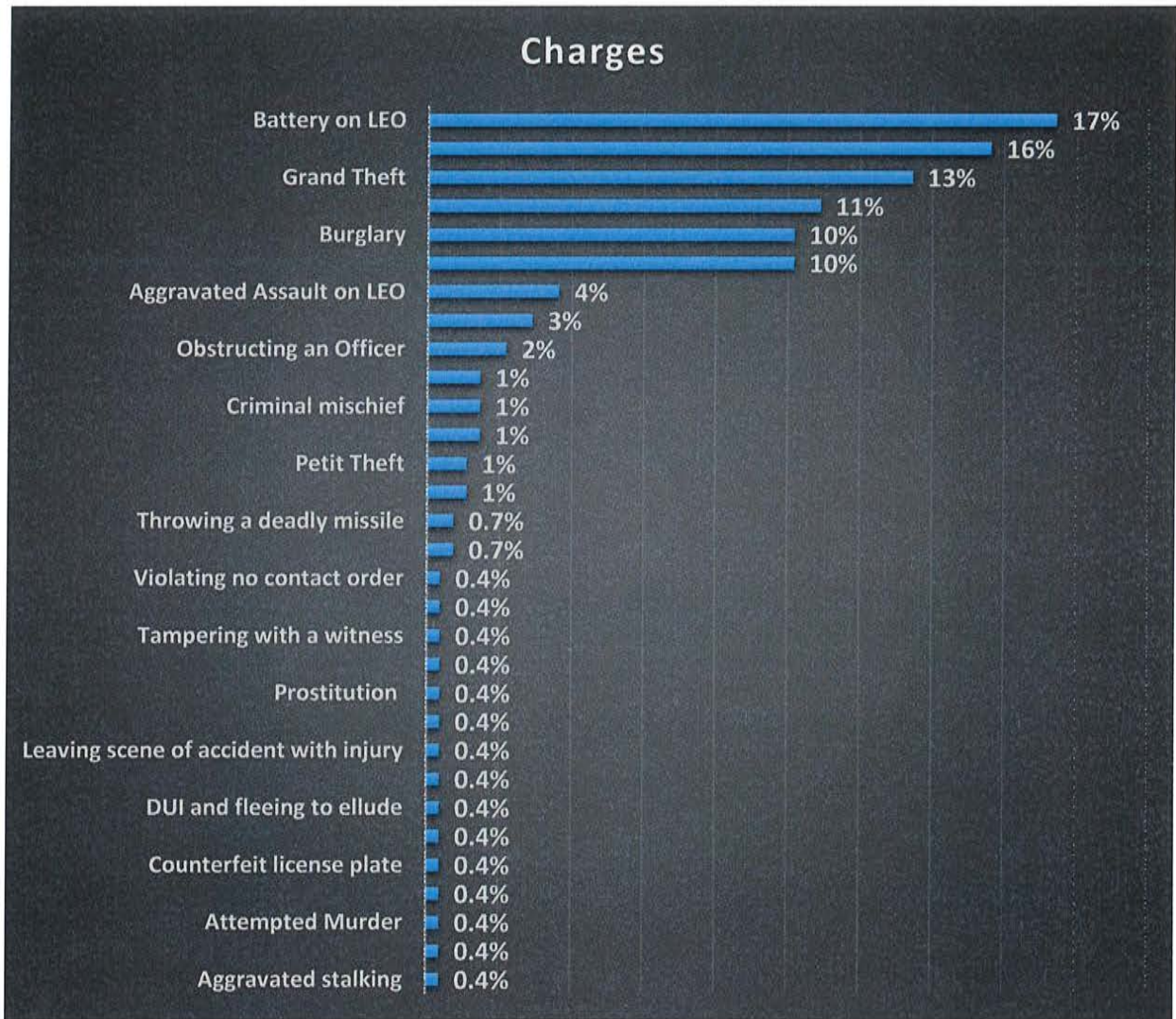
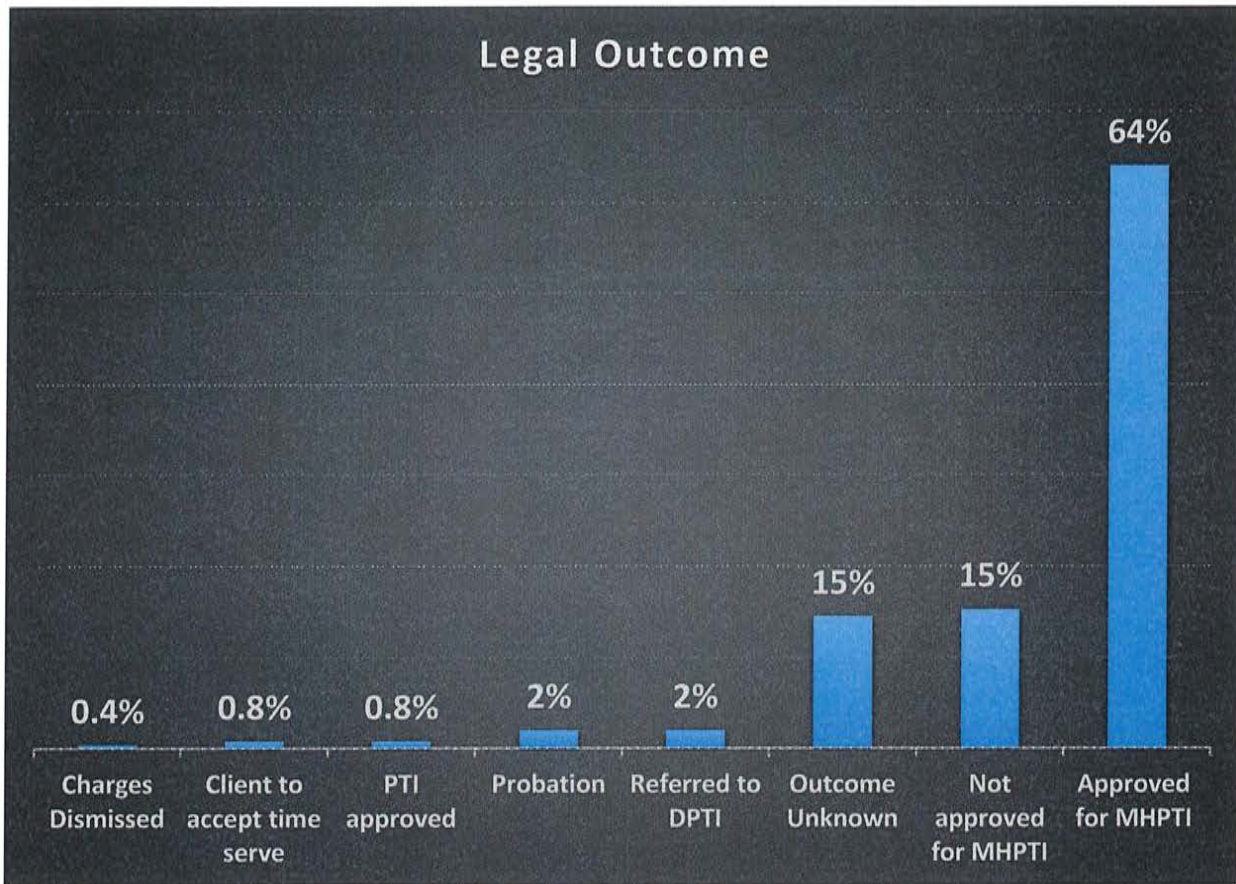


Table 4. Legal Outcome



Of these 35 individuals: 29, or 82.85%, have had at least one episode of care with Gracepoint or ACTS. Six of these individuals have had services with both agencies, and five of those had contact with both agencies less than four months apart. Thirteen of these individuals, or 37.14%, are registered in UNITY, the Tampa Hillsborough Homeless Initiative Management Information System, as previously or currently homeless or at risk of homelessness.

Services for these individuals were provided through the Juvenile Assessment Center (8 episodes); Addictions Receiving Facility (4 episodes); recovery support (1 episode for approximately two months); Gracepoint Outpatient (15 individuals); Central Intake (8 episodes); Crisis Stabilization Unit (4 episodes); and the Forensic Treatment Program (1 individual). Numbers are more than 35 due to multiple episodes for some individuals.

Fund sources were primarily DCF/CFBHN (17%), Medicare (20%), and Medicaid (31.42%). Only five individuals reported having private insurance. Only one participant was engaged with the Hillsborough County Health Care Plan. Two persons were veterans, and during services, one was linked with Veterans Affairs (VA) benefits.

Eleven of the 35 were female, including one who was a disabled veteran. Ages ranged from 18 to 66, with most (57.14%) between the ages of 18 to 34.

3.8.4.1.1.3 An analysis of observed contributing factors that affect population trends in the county jail or juvenile detention center; and

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 further add to this dilemma, severe mental illness and substance abuse co-exist in an extremely large number of this population. There is much variability to the correctional control of jails and their populations.

A collaboration between the Hillsborough County's Criminal Justice Unit (HCCJ), Hillsborough County Sheriff's Office (HCSO), Tampa Police Department, Hillsborough County Public Safety Coordinating Council, Court Administration, Office of the Public Defender, State Attorney's Office, VA, University of South Florida, 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 causal relationship with the overuse of jail services identified through that process was the absence of a single point of entry into the behavioral health system for assessments and appropriate placement of adult offenders eligible for diversion, specifically the capability for law enforcement and the Courts to access immediate assessment/evaluation, medication, crisis intervention, case management linkage, and other wrap around services.*

It was based on that understanding that the Mental Health Pre-Booking Pilot Diversion Program for misdemeanor and local ordinance offenders was created (see earlier mentioned flow chart and narrative, Attachments A and B) and which the County ultimately supported and funded utilizing ACTS as its lead case management organization. That understanding likewise lead the Circuit Court to establish the framework for its Pre-Trial Intervention diversion program for felony mental health offenders. It is on that foundation that this proposal seeks to consolidate MHPTI care coordination within the jurisdiction of a single, specially trained service provision and care management team , and enables ACTS to assume the role of the identified single point of accountability for accessing, securing, coordinating and, where appropriate providing, the clinical and social support services.

The current system has ensured that people (voluntary misdemeanants) with mental illness can receive the treatment and services they need to divert them from incarceration. Being successful in these efforts, the community has identified a need to expand Mental Health Court based diversion services to include Pre-Trial Intervention for individuals who would be ineligible for FS 948.08, those who have a felony arrest (Tier One) and those who screen as Quadrant II or IV of Minkoff's Model (high mental health/ low/ high substance abuse) and (Tier Two) referred by the State Attorney's Office through a multi-agency intensive case management team to serve those who continue to revolve through the system. If funded, this expansion would serve approximately 40 individuals with an expected length of service between nine and 18 months. The proposed Program, entitled "*Mental Health Court - Enhanced Offender Diversion Initiative (MHC-EODI)*", will:

- Tier One- First Priority Population
 - Provide for the establishment of a full-time Mental Health Court Liaison employed by Gracepoint Behavioral Health and embedded with Court Administration for the 13th Judicial Circuit to improve collaboration and continuity between the Criminal Justice and Mental Health systems;
 - Enhance the Judicial Circuit 13 Mental Health Pre-Trial Intervention (MHPTI) Program for persons who have a major mental health disorder, are charged with a non-violent third degree felony and who have been approved for MHPTI by the State Attorney per F.S. 948.08;
 - Enhance the following services: comprehensive case management, access to behavioral health services, supported housing resources, and incidental funding to cover unexpected and emergent needs;
 - Provide foundational resources for the Chief Judge to develop a Mental Health Court initiative based on the needs determined by the State Attorney and Public Defender's Office; and
- Tier Two- Second Priority Population
 - Provide enhanced jail diversion services for persons who fall within Quadrant II and IV of the *SAMHSA Four Quadrant Framework for Co-Occurring Disorders* and who have been suspected of committing a misdemeanor, for whom lower levels of service have been deemed inappropriate.

3.8.4.1.1.4 Data and descriptive narrative that delineates the specific factors that put the Target Population at-risk of entering or re-entering the criminal or juvenile justice systems.

Lurigio, et al (2004) identified five major factors contributing to the increased presence of persons with behavioral health needs in the criminal justice system as⁸: *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

⁸ Lurigio et al. (2004) "The Effects of Serious Mental Illness on Offender Reentry". Federal Probation. Volume 68 Number 2.

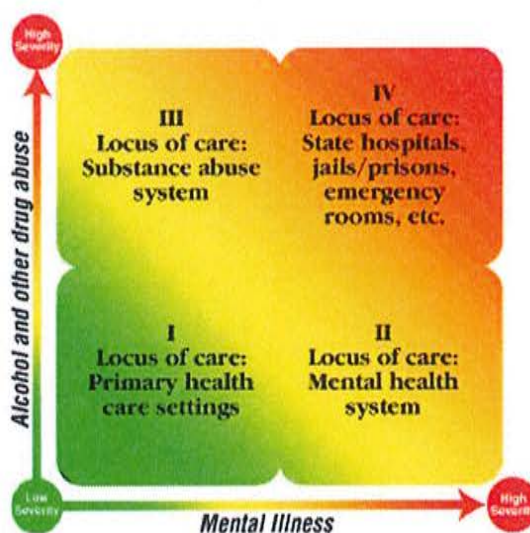
support, especially those with the most severe and chronic mental health disorders. *Legal Restrictions* on procedures and criteria for admission have resulted in increased numbers of persons with behavioral health needs in the community who may commit criminal acts and enter the criminal justice system. *Fragmented Services* and the 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 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.

3.8.4.1.2 Implementation and Expansion Applicants Only

Target Population, including the projected number of individuals to be served.

Defendants approved by the State Attorney, who meet the criteria for Pretrial Intervention (PTI) F.S. 948.08 and have a major mental health disorder, are eligible for MHPTI. MHPTI clients, who are categorized as Quadrant II and IV (See Diagram below for criteria), who are not presently able to be engaged in existing County Pre/Post Booking, Pre-Trial Diversion programming due to:

1. Their inability to appreciate their need for care as demonstrated by a lack of willingness to participate without Court oversight, or
2. Having felony charges beyond those legally qualifying for the existing programs, or
3. Meeting the above criteria, but whose mental illness, or co-occurring mental health and substance abuse disorders (Quadrant II and IV) exceed the capabilities of the lesser structured, non-court supervised case management diversion programming.



However, MHPTI is not intended to be used in lieu of Drug PTI for defendants charged with drug offenses or defendants charged with driving-under-the-influence (of alcohol or a controlled substance) or with domestic violence. Individuals charged with these types of crimes are ineligible because separate court programs are already in place to handle these types of cases.

The Mental Health Court Initiative will focus on MHPTI cases with non-compliance issues that could benefit from reassessment of mental health service needs and judicial intervention and cases that are ineligible for MHPTI, according to 948.08 because of prior criminal record.

This proposed expansion to incorporate expanded MHPTI diversion into the Hillsborough County continuum of diversion treatment options would expand the overall diversion population by a caseload of approximately 40 participants at any given time with the potential of serving approximately 100 unique individuals over the three-year life of the grant (assuming an average length of stay between 9 and 18 months, contingent on sentencing limits imposed by the Court).

Demonstrate how the identified needs are consistent with the priorities of the Strategic Plan. (See Gaps, Themes and Solutions in Section 3.8.4.1, above)

Hillsborough County has identified the following opportunities for integrating clinical and social supports into the structure of the emerging Mental Health Court under Chief Judge Ronald Ficarrotta:

- 1) Services and support to systematize and enhance the current Pre-Trial Intervention Program for persons with behavioral health disorders accused of a felony,
- 2) Diversion pathways/services for persons with psychotic and addiction disorders requiring initial stabilization and/or detoxification,
- 3) Intensive Case Management care coordination,
- 4) County funding of entire episode of care (matching funds) with service system flexibility through County and other resources to provide interim residential placement in FTP or Res 1 & 2 settings with step down and continuing care provided through Outpatient, Recovery Support and Aftercare services,
- 5) Incorporation of a full-time community mental health provider into Court Administration operations to coordinate the Court processes and provide the necessary linkages between the Court and ACTS Intensive Case Management and community treatment and support services, and
- 6) Address the participants' psychosocial rehabilitation for inclusion, affiliation, recreation, employment assistance, educational exposure and skills, programming needs through a social setting, drop-in capability available through ACTS.

Attachment B

Forensic Diversion Intercept Points Narrative Grid

	Police Officer	Pre-Booking	Post-Booking	Misdemeanor	Felony	Re-Offense
Law Enforcement		<p>Intercept Points: Initial Contact and Re-Offense. Statutory language in F.S. 394 (Baker Act) and F.S. 397 (Marchman Act) give law enforcement officers discretion regarding whether or not to arrest an individual who appears affected by mental or substance use issues, or to transport that individual to home, a shelter, acute care unit, hospital, or jail under protective custody. Relevant factors in officer discretion include the potential charge, available alternatives, the person's willingness to consent, and the officer's training and experience. Officers who have CIT may be more comfortable exercising discretion. While it is desirable to avoid criminalizing persons for actions that arise from behavioral health disorders, it also suppresses the true demand and eligibility for diversion services, which may particularly impact persons who are homeless or lack social and family support and who are more likely to encounter law enforcement.</p> <p>Recommendations: Law enforcement to use discretion to transport persons to the ARC, AARF, CSU, or, starting in January 2017, the Central Receiving Facility instead of arrest. Officers will provide information on the potential charge the person would have had if not diverted. It is recommended that law enforcement have access to information on persons currently enrolled in diversion or treatment programs, and be able to exercise discretion to divert persons back to the case manager if the individual commits an offense while enrolled, when appropriate within public safety considerations.</p>				
Naphcare (Jail Medical Provider)		Pre-Booking	Post-Booking	Misdemeanor	Felony	Re-Offense
		<p>Intercept Point: Pre-Booking. The individual meets with staff from Naphcare (in jail medical provider) for assessment and information about the program. Persons may be connected with the Jail Diversion Program (JDP), or if the person does not consent and is booked, he/she may be identified as a potential candidate for diversion due to mental and/or substance use disorders.</p>				
Individual		Pre-Booking	Post-Booking	Misdemeanor	Felony	Re-Offense
		<p>The individual who is eligible for the program has the ability to decide whether or not to participate at different intercept points, unless ordered through criminal or civil court process.</p>				

	Police Officer	Pre-Booking	Post-Booking	Misdemeanor	Felony	Re-Offense
Jail, Court, Legal System, Justice Liaison	Intercept Points: Post-Booking, Misdemeanor, Felony Courts. In-jail screening to identify potential individuals appropriate for diversion; conference with Public Defender, State's Attorney, and Court Administration to determine consensus to recommend diversion.					
Court Disposition	Police Officer	Pre-Booking	Post-Booking	Misdemeanor	Felony	Re-Offense
	Intercept Points: Post-Booking, Misdemeanor, Felony. At the point of judicial disposition, either as a misdemeanor or felony, the person may be diverted to treatment via criminal court order as misdemeanor or felony pre-trial intervention, condition of probation/controlled release.					
ACTS	Police Officer	Pre-Booking	Post-Booking	Misdemeanor	Felony	Re-Offense
	Admits persons brought to ARC or AARF, and screens for diversion program.	Transports persons referred to jail diversion to ARC or other location, and links with service providers.	Justice Liaison screens persons in jail, works with Court system and other providers on service plan for persons diverted from sentencing or incarceration.	ACTS provides services to persons who are Court ordered to services via criminal processes, either directly or in collaboration with other service providers, forensic multidisciplinary team, etc.	ACTS provides services to persons who are Court ordered to services via criminal processes, either directly or in collaboration with other service providers, forensic multidisciplinary team, etc.	ACTS re-engages persons diverted by law enforcement after re-offense while in services.
Service Providers	Police Officer	Pre-Booking	Post-Booking	Misdemeanor	Felony	Re-Offense
	Intercept Points: Pre- and Post-Booking, Misdemeanor, Felony, Re-Offense. Contracted providers accept referrals from ACTS and provide treatment and supportive services to persons placed under criminal order, at different levels of care based on individual needs/service plan.					