

stability status. Since this Program is expected to serve approximately 40 participants a year, and not all of them are expected to have housing needs, efforts needed to locate and determine housing stability post discharge are expected to be feasible within the staffing resources of ACTS (performance measure 2.4.2.4). A limitation to this would be for participants who complete the Program and move away without forwarding contact information. We do not expect this to be a significant problem.

ACTS will report the percentage of Program participants not employed at Program admission who are employed full or part time within 180 days of Program admission using information that is collected and regularly updated in their existing Microsoft Access database and the Unity system. ACTS staff will be working diligently with each participant to address employment or entitlement needs. This information will be recorded in both systems upon entry into the Program and updated regularly as needed (performance measure 2.4.2.5). They will also be tracking participants' employment status one-year post discharge using the Unity system (performance measure 2.4.2.6). Similar to housing stability, ACTS staff will be following up with participants, using diligent search, whose employment information is not current in Unity at one-year post discharge, as needed.

As part of the services provided under this grant, ACTS will be offering eligible participants screenings for SOAR, Medicare, Medicaid and the County's own indigent health care coverage, the Hillsborough County Health Care Plan (HCHCP), along with any other appropriate benefits or entitlement assessments. When each participant enters the Program, screening for these and other types of benefits will be completed. Their eligibility and application status are recorded and regularly updated in the ACTS Microsoft Access database. ACTS provides updated statuses of participant's eligibility and applications in each monthly and quarterly report provided to the County and shared with stakeholders (performance measure 2.4.2.7).

The participants enrolled in services through this Program will be Felons with severe mental health and or co-occurring disorders who consent to the diversion Program in lieu of standard prosecution. In general, our participants will not be Ch. 916 F.S. clients as they will be deemed competent to agree to the Program and sign a contract with the Court. However, should our participants decompensate during the Program or later change their competency status, they would be Chapter 916 eligible. For those participants who are competent and consent to the Program, the support and services provided under this grant will help in keeping them stabilized and preventing decompensation, therefore keeping these participants out of a State Mental Health Treatment Facility. The Program will be able to address the acute needs of participants and thus potentially stabilize them and prevent them from having to go to a State Mental Health Treatment Facility as part of their felony prosecution.

ACTS will measure and track the percentage of successful completions of MHPTI. ACTS will consistently work with Court Administration, the State Attorney's Office and the Public Defender's Office to track the status of participants enrolled in the MHPTI. Success in MHPTI may be measured by, but not limited to, in-program reoffending, attendance at

scheduled judicial status hearings, attendance at scheduled therapeutic sessions, living arrangements, and Mental Health Court retention (not dropping out). ACTS will record this information in their Microsoft Access database and report successful and unsuccessful MHPTI cases to the County on a monthly and quarterly basis. This information will be shared with stakeholders and used to determine the ability of this Program and services to support MHPTI and its participants (performance measure 2.4.2.9).

3.8.5.4.2 Proposed targets and methodologies to address the measures specified in Section 2.4.1, for Planning Grants, and Section 2.4.2, for implementation and Expansion Grants: and

2.4.2.1 50% reduction in the number of participants arrested or re-arrested while enrolled in the Program. Since all participants will be entering MHPTI with an arrest, we expect that less than 50% of Program participants will have an additional arrest based on a new charge while enrolled in the Program.

2.4.2.2 25% reduction in the number of participants arrested or re-arrested within one year following Program discharge. We will compare participants' arrests one year prior to entry into the Program with one-year post discharge for new offenses.

2.4.2.3 50% increase in the number of participants who are stably housed within 90 days of Program admission who did not reside in stable housing at the time of Program admission. Participants who are not stably housed will be identified at Program admission. Within 90 days of admission, 50% of those identified as needing stable housing will have been provided access to it.

2.4.2.4 25% reduction in the number of participants who are unstably housed at one-year post discharge compared to those identified as unstably housed at Program admission. Participants will be followed for one-year post discharge to determine if they maintained stable housing.

2.4.2.5 10% increase in the number of participants who were not employed at Program admission, but who are employed full or part time within 180 days of Program admission. Case Managers will work with the capable mental health and co-occurring participants to achieve gainful employment as part of the services offered under this Program. Employment status will be reviewed at 180 days post enrollment, but changes will be recorded throughout their enrollment in the Program.

2.4.2.6 7% increase in the number of participants who were not employed at Program admission but who are employed full or part time at one-year post Program discharge.

2.4.2.7 Grantee will assist 75% of eligible Program participants in obtaining social security or other benefits for which they may be eligible but were not receiving at Program admission. All participants will be offered SOAR and other benefit and

entitlement screens upon entry into the Program. Those who are screened eligible will be offered assistance with applying.

2.4.2.8 50% of Program participants will be diverted from a State Mental Health Treatment Facility. All participants who are admitted into the Program will have severe mental health or co-occurring disorders. Based on competency, charges and Court proceedings, each Felon could be sent to a State Mental Health Treatment Facility under Ch. 916 F.S.. Therefore, it is possible that each participant in the MHPTI diversion could be a diversion, not just from jail, but from a State Mental Health Treatment Facility. At admission, participants will be screened for histories of previous treatment at State Mental Health Treatment Facilities. While enrolled in the Program, information on participants receiving treatment at State Mental Health Treatment Facilities will be tracked and recorded. At least 50% of those participants who had previously received treatment at a State Mental Health Treatment Facility will not receive treatment there again during enrollment in the Program.

2.4.2.9 70% of enrolled participants will successfully complete MHPTI and leave the Program. This will be measured using official court dispositions.

3.8.5.4.3 At least one additional proposed performance measure unique to the tasks outlined in the application, including proposed targets and methodologies.

Please see sections 3.8.5.4.1 and 3.8.5.4.2, above for the additional proposed performance measure unique to our application and the proposed targets and methodologies.

3.8.5.5 Capability and Experience For both Planning and Implementation and Expansion Grants, include a description of the Applicant's capability and experience in providing similar services, including:

3.8.5.5.1 Capability and experience of the Applicant and other participating organizations, including law enforcement agencies, to meet the objectives detailed in this RFA;

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 4-member staff represents County interests at the Public Safety Coordinating Council, Acute Care Advisory Committee, Hillsborough County Anti-Drug Alliance, Juvenile Justice Board, and Domestic Violence Task Force, among others. 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 (SAMHSA) for jail diversion. To date, that grant has enabled the County to: 1) develop a 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. The County was also the recipient of the DCF Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant in 2013. This award was used to establish a misdemeanor and ordinance violation jail diversion program that is still active today. Under this grant, the County was able to establish a collaborative advisory committee that meets regularly to monitor the success of the program and problem solve and systemic barriers. The program has served over 2600 people to date and trained over 800 law enforcement officers in the CIT Model. The program was originally set up to be a pre-booking diversion, but after requests for similar services and opportunities from the State Attorney's Office and the Public Defender's Office, the program was expanded to serve post booking and then direct community diversion clients. The grant is set to expire in March, 2017, but the County has already committed to continue these fruitful efforts for another two years funded by the County.

Capability of Participating Organizations: Agency for Community Treatment Services, Inc. (ACTS) will serve as the contracted lead agency for the MHC-EODI Program. In the implementation of the Program, ACTS will engage Mental Health Care, Inc. (dba Gracepoint) to provide a full time staff position to work within Court Administration to facilitate the necessary criminal justice and court processes and to serve as the primary link between the Court and ACTS' Intensive Case Management staff and related community based treatment and supportive services. In addition, ACTS will engage, as needed, the specialty services offered by the treatment vendor panel and commodities providers presently affiliated with ACTS through the ACTS lead agency role for administering the County funded, misdemeanor and local ordinance Mental Health Jail Diversion Program (DACCO, Northside Behavioral Health, Tampa Crossroads, Gracepoint, and the Crisis Center).

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. ACTS operates within a \$23,000,000 operating budget and host a staff of 354 employees across Hillsborough, Pasco, Pinellas, Broward, Polk, Highlands and Hardee Counties. ACTS is a three year, integrated substance abuse and mental health, CARF accredited organization and is licensed by DCF for its substance abuse, mental health and group care facilities for child welfare and by AHCA for its mental health specialty Assisted Living Facility. ACTS has developed and maintained well established co-occurring substance abuse and mental health competencies and practices, and is known for its psychosocial approach to recovery as demonstrated by the Assertive Community Treatment Team (to support housing stability for seriously mentally ill, chronic homeless individuals), its use of and commitment to peer/recovery support staff, emergency inebriate shelter, and temporary bridge housing, and application of the Housing First Model for its permanent supportive housing program.

As a comprehensive, community-based behavioral health organization,

ACTS' MISSION is to apply the best of contemporary physical and behavioral health interventions and social support services available to assist individuals and families engage and succeed in *Recovery*.

ACTS' VISION is to be acknowledged as an ethical and accountable organization in the Community known for providing acceptance, guidance, empowerment and advocacy for the diverse populations and individuals we serve.

The ACTS Behavioral Health and social support continuum of services includes:

- Youth and Adult Assessment, Recovery Support, Outpatient and Aftercare Services
- Youth Residential Treatment: 37 beds (male and female)
- Adult Residential Co-Occurring Treatment: 52 beds
- Youth Inpatient Detox: 20 beds
- Adult Inpatient Detox: 30 beds (With Step Down Ambulatory Detox and Medication Assisted Treatment)
- Psychiatric assessment and Medication Management Services
- Assertive Community Treatment Team
- Adult Transitional Recovery Housing: 35 Beds
- Mental Health Bridge Housing for Chronically Homeless: 30 Beds
- Emergency Inebriate Shelter: 30 beds
- Permanent Supportive Housing: 199 Units for Homeless or Chronically Homeless (60 under development)
- Girls Foster Care Group Home: 19 Beds (Aging Out Females in Broward County)
- Veterans Residential Recovery: 20 beds
- Drug Testing and HIV Testing and Intervention Services
- Twenty-four Hour, Non-secure Transportation

Gracepoint was incorporated in 1949 and has been actively involved in helping individuals regain control of their lives and re-connect with their families and communities. Individual visits/contacts average over 320,000 annually. Gracepoint offers more than 35 programs in accessible locations throughout Hillsborough County. Gracepoint will serve ACTS as a collaborating partner in the MHC-EODI Program through a subcontract for Court Administrative Liaison services and by providing participants with priority access to the Gracepoint continuum of services. Gracepoint has a long history of collaborating with other agencies to develop innovative programs. Gracepoint has worked closely with ACTS, a co-occurring and trauma-informed treatment provider, in the design and implementation of multiple services, including being recently awarded a DCF grant for the Hillsborough Centralized Receiving Facility (CRF). Gracepoint's leadership and community involvement demonstrates their experience and ability to provide the services described in this application. Participants, as needed, will have the benefit of the supports and wrap around services available through Gracepoint, including:

- *Adult Crisis Stabilization Services*, 48-72-hour crisis stabilization program of private and group therapies including medication to help reduce symptoms and find a balance that begins recovery. Two therapy wings offer treatment and activities aligned to each participant's recovery level. Treatment activities include private therapy, group therapy and cognitive behavior therapy and coping therapies including anger management, substance use, defining values and beliefs, and family issues. Activity therapy includes structured recreation that relieves stress and speeds recovery, and medication. Licensed psychiatrists are on staff to discuss concerns and prescribe appropriate medications when needed.
- *Mobile Crisis Response Team*, which offers triage by phone and detailed evaluations at home, school or in a participant's workplace to determine when behavioral crisis care is appropriate. The team often resolves issues quickly and refers for follow-up care. ACTS Intensive Case Managers will have ready access to the Team for crisis situations for MHC-EODI participants. Similarly, participants identified by the Team in the community and at other locations, will be reunited with the Program and Team members will assist in efforts to re-engage them in the Program.
- *IMPACT*, this program is a 30-day in-home case management and therapy program. The goal is to prevent psychiatric hospitalizations, reduce mental health emergencies or assist participants preparing to re-enter the community. The IMPACT team will provide participants with on-site assessment, crisis intervention and counseling to assist in stabilizing and re-engaging participants in the Program.
- *Adult Outpatient Services*, Gracepoint's outpatient department offers participants walk-in, open access services and provides integrated care with Tampa Family Health Centers, a Federally Qualified Health Center, to provide a Behavioral Health Medical Home. Individual, family and group sessions, with licensed therapists are available who provide various evidenced based treatments. Board certified adult psychiatrists oversee treatment. In addition, Gracepoint offers

bilingual therapists, an on-site pharmacy, medication delivery programs, and therapists offering a wide range of therapeutic services/interventions, including but not limited to: Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Trauma Incident Reduction Therapy, and Art Therapy.

3.8.5.5.2 Availability of resources for the proposed project;

The Hillsborough County Alternatives to Incarceration Contract with ACTS that purchases Episodes of Treatment for court involved Adults with behavioral health problems, will serve as the primary source for funded treatment services and matching funds for the MHC-EODI Program. Effective October 1, 2016, the ACTS contract with the County has been increased by 46% and restructured to not only provide for Residential Treatment services, but to purchase entire episodes of care to include, Assessment, Recovery Support, Outpatient Individual and Group, and Aftercare services. MHC-EODI participants will be eligible for and engaged in the continuum of services provided through that funding. Per contractual language, ACTS shall provide a continuum of care "...that guides and tracks individuals over time through a comprehensive array of services spanning all levels and intensity of care." County funding is limited to an accumulative one year of duration and the County is specifically viewed as the payor of last resort. In that regard, any and all third party fees through Medicaid and commercial plans will be billed accordingly and serve as additional resources and support for Program operations.

Tampa Hillsborough Homeless Initiative (THHI), Hillsborough County's Housing and Urban Development designated Continuum of Care organization, through their relationship with the Tampa Housing Authority, will dedicate 20 housing vouchers to support the Program's ability to provide permanent supportive housing opportunities for chronically homeless, diversion eligible participants. The value of the THHI contributions will likewise be accounted for as matching funds to the Program.

Other Treatment and Program Support Resources Available: Resources directly supporting the project include the in-kind support of ACTS treatment and commodities vendor panels and other Program stakeholders. The project will maintain a presence at Hillsborough County's Orient Road Jail booking and will establish a presence in Court Administration. Office space, equipment, and operating expenses will be provided to the project by the HCSO and the Court. The value of these contributions will be utilized as in-kind match to the Program.

3.8.5.5.3 Anticipated role of advocates, family members, and responsible partners; and

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 participants 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 participants on their rights and directly mediate and advocate for participants.

Participants will be eligible to nominate and vote for a representative Council of Peers on an annual basis. That Council will serve to guide and advise ACTS on the operation of the Center including the selection and scheduling of social, educational and recreational events and the integration of vocational, clinical and skill development activities into the Center's milieu. The Council will operate under a Charter that establishes its governance structure, sub-committee structure, election and tenure of officers, protocols for conducting business, etc. At least two of the council's members to be elected will be family members of participants. The Council leadership will have routine access for input to the ACTS administrator responsible for organizing, overseeing and representing the consumer run Center. The Chairperson of the Council will meet at least quarterly with the ACTS Management Forum and annually with the ACTS Board of Directors to share their accomplishments and concerns and to make recommendations for improving Center operations.

3.8.5.5.4 Proposed staff, including Program Director, key personnel, and subcontractors who will participate in the project, showing the role of each and their level of effort and qualifications. Briefly discuss the responsibilities of each participating organization and how the Applicant proposes to fill staff positions and select subcontractors.

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

Project Manager – Robert Parkinson, the Hillsborough County Criminal Justice Liaison, 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.

Technical Assistance: Dr. Roger Peters, from the University of South Florida's Department of Mental Health, Law and Policy, will provide technical assistance, evidence based fidelity review, and training.

Staffing Pattern and Project Organization: Implementation of the project will be under the supervision of Hillsborough County's Criminal Justice Liaison. A 0.5 FTE Program 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 Court Mental Health Liaison (Gracepoint), with a Licensed 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. One Jail In-reach Liaison position, Master's level, to engage the target population and to serve them in community based settings, Two Case Managers, bachelor's level, and 1.0 FTE Certified Peer Support Specialist will be hired by ACTS. 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 (Attachment C).

The multiagency team will consist of the following staff:

Program Director (0.5 FTE): will be the employee overseeing daily operations and possess a Florida license in one of the following professions: Clinical Social Worker; Marriage & Family Therapist; Mental Health Counselor; Psychiatrist; Registered Nurse; or Psychologist. The Program Director is responsible for administrative and clinical supervision of the Program and functions as a practicing clinician. The Program Director will have at least one year of full-time work experience with individuals with serious mental illnesses as well as prior supervision experience.

Case Manager (2.0 FTE): will have a minimum of a bachelor's degree in a behavioral science or be credentialed as a Certified Recovery Peer Specialist. Case Managers will have a minimum of one year of work experience with adults with serious mental illnesses. Case Managers are supervised by the Program Director. Case Managers are primarily responsible for providing or coordinating the services. The Case Manager will provide an array of services including service planning, service linkage, service coordination, monitoring of service delivery and evaluation of service effectiveness. Case Managers assigned to MHPTI and Mental Health Court participants are responsible for monitoring compliance with the court ordered conditional release plans, providing early intervention to avoid revocation of conditional release and reporting to the Court on progress/compliance as required by the Court. Other specific responsibilities:

- Maintain minimum of monthly contact with the defendant
- Complete all required forms and reports within the required time frame
- Complete documentation within required time frame
- Accurately input information into the Unity HMIS system and other applicable Electronic Health Record systems
- Connect participants to appropriate activities based on individual participant needs
- Ensure timely submission of compliance reports are received from network of providers
- Modify treatment services to assist defendants in completing MHPTI or Mental Health Court sanctions and coordinate appropriate levels of service
- Coordinate with Department of Corrections, Probation Officer, to assist in problem solving in order to minimize potential violations
- Attend court hearings
- Provide Case Management services in the community, with the use of personal vehicles as applicable
- Arrange transportation for participants in ACTS Vehicle or other means, as needed

Certified Peer Support Specialist (1.0 FTE): serves as a facilitator and mentor to Program participants, including:

- Connecting participants with professional and nonprofessional services and resources available in the community,
- Facilitating or leading recovery-oriented group activities, including support groups and educational activities,
- Building community by helping peers make new friends and build healthy social networks through emotional, instrumental, informational, and affiliation types of peer support, and
- Organizing and engaging participants in the social, educational, recreational and vocational events and activities made available through ACTS' social rehabilitation drop-in center programming.

Court Mental Health Liaison (Gracepoint via Sub-contract) (1.0 FTE): focuses primarily on improving case processes, communications, information availability, and problem resolution for cases involving mentally ill defendants. The Program continually identifies areas where improvements can be made to decrease or reduce delays in case processing, thereby decreasing costs of incarceration. The Court's Mental Health Liaison is instrumental in:

- developing and implementing processes for early identification of defendants with mental health concerns in the criminal justice system.
- developing and implementing protocols for mental health pretrial release, mental health probation, misdemeanor and felony mental health court, , and conditional releases,
- establishing a mental health model order database
- providing case management assistance to the judiciary on all cases where mental health issues exist.

- providing liaison services on behalf of the Court
- assisting defendants and their families in understanding and navigating the criminal justice system

Jail In-reach Liaison (1.0 FTE): The position will assist with participant enrollment, identification or Tier Two (second priority) misdemeanor or ordinance violating participants and back up for the Court Mental Health Liaison, when needed.

3.8.5.6 Evaluation and Sustainability

3.8.5.6.1 Evaluation For both Planning and Implementation and Expansion Grants, describe how the project's effectiveness will be demonstrated, including assessments of planning or implementation outcomes. Discuss how variables like stakeholder support and service coordination will be defined and measured. Describe the process for collecting performance measurement data, and any other state or local outcome data to measure project effectiveness in promoting public safety, reduction of recidivism and access to services and supports for the Target Population(s).

ACTS and Gracepoint will gather data for each outcome identified in this proposal and will establish a baseline level for each outcome for the Program. Data gathered for each outcome will be reported in a narrative summary explaining the accomplishments or failures in attaining the targeted outcome. These processes will be captured through the agencies Electronic Health Record (EHR), Microsoft Access database and HMIS Unity System. These systems capture relevant data and use 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 Tampa Hillsborough Homeless Initiative has developed a system, the HMIS Unity system, for collection and input of data on service utilization, demographic, diagnoses, and eligibility for various programs, among other things that capitalizes on efforts from Program staff and other community service providers to collect this information, and that can be sustainable in the future. Developers of this project have extensive experience with similar service programs 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 Program will utilize the evidence based assessments to assess the participants 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. ACTS Agency Quality Improvement Directors 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 and reports will be entered into agency EHRs, 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. 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 individuals screened.
Intake MINI, GAIN	Demographics, MINI, GAIN, measures of criminogenic need; Screen performed on people at time of acceptance
Process Data	Service referrals/linkages, SOAR/success of SOAR, housing, and employment. Entered by Program staff.

In addition to the instruments listed above, other forms of data collection 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 EHR and other data systems, as appropriate.

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

The Program will be deemed effective if participants are provided access to appropriate services in a timely manner; recidivism is reduced; and participants are provided assistance and/or access to stable housing, employment, and entitlements based on their identified needs and eligibilities. These variables and all Program measures will be reported monthly and quarterly to the County (grantee) and other partner stakeholders. Program adaptations will be made to ensure success in these and all Program measures. Efforts and successful interventions used under this Program will also be used to assist in the development of the services and processes for a new Mental Health Court. Reduced recidivism and criminal justice involvement will be the primary outcome of the Program. Support services provided to participants will be focused on identifying and addressing their criminogenic risk and treating their behavioral health disorders to prevent participants from cycling through the criminal justice system again. As stated before, recidivism will be measured using the on-line arrest inquiry provided by HCSO and Court documents provided through the MHPTI Program.

Stakeholder support is crucial for the effective coordination of care and as the Mental Health Court is being developed. Service coordination will be achieved when all stakeholders (Court Administration, Public Defender's Office, State Attorney's Office and community service providers) regularly meet and communication about the needs of the participants, trends they are seeing in terms of process improvement opportunities, and the development and refinement of processes and procedures needed to effectively and expeditiously move participants successfully through their treatment and the MHPTI Program. Stakeholders will meet regularly, at least monthly, in the beginning of the Program and as needed for the development of the Mental Health Court development. Service provider staff will meet weekly to discuss service coordination of participants' needs and barriers to appropriate services and successful compliance with MHPTI and diversion Program requirements. Barriers will be brought up at the monthly stakeholders' meetings. Stakeholder support will be determined by the continued involvement and participation in regular communications regarding the Program and monthly meetings. In showing the effectiveness of the Program in reducing recidivism, coordinating with the Court system and the availability of timely appropriate services, stakeholders will be motivated and interested in continuing this Program even after the grant period ends.

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.

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 participants, 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 c) identified performance 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 HCSO's online arrest inquiry, and Baker Act exams using data from the Baker Act Reporting Center). Effectiveness in promoting public safety will be measured by the reduction of recidivism and jail time, and the use of timely and appropriate treatment services for participants. Recidivism will be measured using the number of arrests and criminal justice involved incidents from a year before entry into the Program to a year post-discharge from Program. The administration of timely and appropriate services will be reported in the change of symptomology and behavioral health conditions of participants while enrolled in the Program. Access to services and supports will also be measured by the number of participants enrolled in the Program and the existence of any waiting lists or wait times for services. Cost analysis will be done by working with County staff to put metrics to services received and logic to costs averted because of engagement to arrive at cost figure savings.

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. Updates will be made quarterly to the Public Safety Coordinating Council.

3.8.5.6.1.1 Implementation and Expansion Grants Only Estimate the effect of the proposed project on the Target Population related to the budget of the jail and juvenile detention center. The information must include:

3.8.5.6.1.1.1 An estimate of how the Program will reduce the expenditures associated with the incarceration of the Target Population;

Similar to jail and police-based diversions, specialized courts can decrease criminal justice costs associated with arrest and incarceration, recidivism, and court costs, as well as through decreased use of more expensive treatment options (such as inpatient care).

- A recent meta-analysis examined mental health courts in four jurisdictions and found that participants were less likely to be arrested, had a larger reduction in arrest rate, and spent fewer days incarcerated during the one and one-half years of follow-up after Program entry compared to people with similar profiles who only went to jail.
- Court diversion often reduces jail stays for those with mental illness and therefore can save correctional facilities and local governments significant costs. Research has shown that mental health court participants spend less time in jail than comparison groups.
- Court diversion also helps reduce the risk that people with mental illness spend time in prison.
- Treatment and services offered under this Program will work to stabilize acute mental health and co-occurring participants who will in turn be less likely to be re-arrested for offenses related to their mental health and co-occurring symptoms.

3.8.5.6.1.1.2 The proposed methodology to measure the defined outcomes and the corresponding savings or averted costs;

Performance measurement data will be collected by the sub-recipient, ACTS, and reported to the County on a monthly and quarterly basis during the term of the grant. Arrest data will be collected using the on-line arrest inquiry available through the Hillsborough County Sheriff's Office website. ACTS will be using this resource to determine which participants have been arrested while in the Program and at one year after Program discharge. The reduction in arrests and days incarcerated will be used to determine the financial savings to the jail.

ACTS staff will be collecting information about participant homelessness at Program entry and throughout their involvement with the Program and will report previously homeless participants' housing stability at one-year post discharge. Recent Hillsborough County based research has shown that for a sample of 17 chronically homeless persons now living in a Housing First program, including similar services to the Program proposed in this application (integrated health, mental health, housing and substance abuse services) and run by Gracepoint, there was a cost savings of \$484,844.72, \$158,700 of which was for emergency room usage alone¹¹. Averted costs in terms of ending or preventing immediate homelessness will be calculated in terms of length of time housed through this Program versus expected costs, for similar time periods, under services provided by the County's homeless services providers.

ACTS will report the percentage of Program participants not employed at Program admission who are employed full or part time within 180 days of Program admission and at one-year post discharge. Cost savings for employment will be measured by the amount of their income after employment compared to funded assistance that has been reduced or discontinued since becoming employed (i.e. housing assistance, utility assistance, subsidized health care coverage, etc.) as reported by the participant and assistance providers.

ACTS will be offering eligible participants screenings for SOAR, Medicare, Medicaid and the County's own indigent health care coverage, the Hillsborough County Health Care Plan (HCHCP) along with any other appropriate benefits or entitlement assessments. Cost savings will be calculated by the value of the entitlements and services covered under one or more of these programs.

In general, our participants will not be Ch. 916 F.S. clients as they will be deemed competent to agree to the Program and sign a contract with the Court. However, should our MHPTI felon participants decompensate during the Program or later change their competency status, they would be Ch. 916 F.S. eligible. For those participants who are competent and consent to the Program, the support and services provided under this grant will help in keeping them stabilized and preventing decompensation, therefore keeping these participants out of a State Mental Health Treatment Facility. The Program will be able to address the acute needs of participants and thus potentially stabilize them and prevent them from having to go to a State Mental Health Treatment Facility as part of their felony prosecution. Averted costs will be calculated for each participant based on if they have a history of State Mental Health Treatment Facility commitment. Number and duration of previous commitments will be compared to commitments and stays during enrollment in the Program.

ACTS will measure and track the percentage of successful completions of MHPTI. The value of averted costs will be determined by the amount of time each participants spends incarcerated while in the Program and up to a year post discharge compared to a similar

¹¹ Sumerau, Winston & Geller, 2015

time period before enrollment. Information about the number of days incarcerated is available through the HCSO website.

3.8.5.6.1.1.3 An estimate of how the cost savings or averted costs will sustain or expand the mental health, substance abuse, co-occurring mental health and substance abuse treatment services and supports needed in the community; and

It is estimated that jailing individuals 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. 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 ($\$2,579,147 + \$79,157 + \$2,185,310$).

A longitudinal analysis of over two decades of jail utilization data performed by Code for Tampa Bay recently showed that the top 30 jail utilizers, during that time period, 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. Additionally, 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 contracted amount.

By realizing these projected savings to the County and HCSO by getting eligible participants into mental health based treatment as part of a criminal justice diversion program, a portion of the saved money can potentially be spent on expanding existing mental health and substance abuse treatment programs offered by the County to community service providers. The County currently has agreements to provide co-located primary and behavioral health services, substance abuse services, residential treatment services and supported housing services to our indigent and chronically homeless populations. However, our current service availabilities are not keeping up with the increases in demands for these and other similar types of services needed in our communities. By saving money on not incarcerating those mental health and co-occurring participants who would be better served in a treatment based environment, we may be able to fund prevention and service models provided by our community partners that better address the underlying challenges and symptomology of these residents.

The County has already made great strides to use cost savings as a way to sustain successful behavioral health treatment programs. Our current DCF Reinvestment Act grant has been used to provide CIT training to over 812 law enforcement officers and to develop a program where residents who are taken into custody for certain misdemeanor or ordinance violations can be diverted, many pre-booking, to a community service provider for treatment. This grant is set to expire in March 2017. The County has already

committed to continued funding of this program for the next two years, at which time it will be re-evaluated for effectiveness.

In anticipation of the possible award of this grant, the County has already committed to additional money and services, reported as match, for residents with behavioral health disorders and/or chronic homelessness. Future criminal justice cost savings could then be used to further expand these services or the number of people who could receive these services in our community.

3.8.5.6.1.1.4 How the county's proposed initiative will reduce the number of individuals judicially committed to a state mental health treatment facility

The participants enrolled in services through this Program will mostly be felons with severe mental health and or co-occurring disorders who consent to the diversion Program in lieu of standard prosecution. In general, our participants will not be Ch. 916 F.S. clients as they will be deemed competent to agree to the Program and sign a contract with the Court. However, should our participants decompensate during the Program or later change their competency status, they would be Ch. 916 F.S. eligible. For those participants who are competent and consent to the Program, the support and services provided under this grant will help in keeping the participants stabilized and preventing decompensation, therefore keeping these participants out of a state mental health treatment facility. The Program will be able to address the acute behavioral health needs of participants and thus potentially stabilize them and prevent them from having to go to a state mental health treatment facility as part of their felony prosecution.

For our Tier Two, second priority, Program participants, these individuals will be misdemeanants with severe mental health and/or co-occurring disorders who need deeper end treatment than is what is already available through other existing criminal justice diversion programs or than what is currently available in the community. Most of these participants will be habitual misdemeanants and could therefore be charged as felons at the discretion of the State Attorney. Through deteriorating mental health conditions, these participants are likely to become future Ch. 916 F.S. clients. This Program will provide treatment and stabilization to these participations, who will remain misdemeanants or pre-booking diversions. These services provide a treatment option and likely prevention for state mental health treatment facility commitments.

3.8.5.6.2 Sustainability For both Planning and Implementation and Expansion Grants address sustainability of the project. Describe the proposed strategies to preserve and enhance the community mental health and substance abuse systems. Describe how sustainability methods will be used and evaluated, including how collaborative partnerships and funding will be leveraged to build long-term support and resources to sustain the project when the state grant ends.

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 Care 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 County Health Care Plan or Medicaid are viable alternatives for service delivery. Hillsborough County's Board of County Commissioners have committed to funding the current basic services of the existing misdemeanor jail diversion program and it is expected that the Board would expand funding based on this proposal's demonstration of cost effectiveness in funding more intensive services 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 system, 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, reduce 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.

Since the idea for the Mental Health Court initiative was first proposed by the Chief Judge for the 13th Judicial Circuit, and has the buy in and support of Court Administration, the Public Defender's Office, State Attorney's Office and other stakeholders, continuation of the centralized specialty mental health docket is expected to continue after the conclusion of this grant. Using this grant as a pilot project, the Court will be able to determine what services and resources are most needed and most effective; develop processes and policies for how the specialty docket will be administered; and develop the necessary relationships with other stakeholders and community service providers needed to have available appropriate services to support future clients and the Court.

3.8.5.6.3 Project Timeline

Provide a realistic and detailed timeline for each funding year proposed, indicating goals, objectives, key activities, milestones, and responsible partners. The timeline must include anticipated start and completion dates for each milestone, benchmark, and goal.

Project Timeline

The estimated start date of the Program is February 1, 2017. The Program builds upon Hillsborough County's 30 years of capacity building experience with community, statewide and federal planning bodies. ACTS key staff now serve on multiple planning and advisory bodies and will participate in refining the Program's implementation plan

during the first 90 days following the grant award. Monthly implementation meetings will be held to review Program expectations, outcomes, and data collection procedures. During these meetings, ACTS will assist the County to ensure positive outcomes and improved systems planning. Hillsborough County has participated in extensive planning and consensus development with area stakeholders to delineate roles and responsibilities of key players to ensure project implementation no later than four months after grant award. These professional contracts and/or MOUs will be executed at project start-up.

Please see Attachment C

Attachment C

Project Timeline

Goals	Objectives	Key Activities	Milestones	Responsible Partners	Start and Completion date
Establish processes for MHPTI enrollment and service provision	Develop Specific Program Design, Implementation Plan, Data Collection	<p>Set regular monthly meetings with stakeholders to design how the services and community provider agencies will work with the Court to identify, enroll and evaluate potential participants.</p> <p>Chose types of evidence based interventions to utilize</p> <p>Select screening and evaluation tools</p> <p>Train relevant staff on evidence based tools, treatments and the RNR Model</p>	<p>Selection of evidence based practices and tools</p> <p>Hire relevant staff</p> <p>All relevant staff are trained in the evidence based models and tools to be used in the Program</p> <p>Data collection systems are ready to record participant level information for this Program</p>	Program Director, All stakeholders, PSCC, ACTS, Gracepoint, Consultant	Completed within 90 days of execution of contract
Design Program evaluation	<p>Design how information will be gathered and recorded,</p> <p>Get access to all relevant sources for evaluation data,</p> <p>Evaluate design</p>	<p>Attend meetings with appropriate stakeholders to design the evaluation process</p> <p>Develop plans to record and monitor performance outcomes</p> <p>Develop plan to track participants and the services they will receive</p>	<p>Evaluation Plan finalized</p> <p>Data Systems available to record evaluation and performance outcomes</p> <p>All relevant staff trained on participant data tracking systems (Access database and Unity).</p>	Program Director, All stakeholders, Consultant	Completed within 90 days of execution of contract

Goals	Objectives	Key Activities	Milestones	Responsible Partners	Start and Completion date
Initiate Activities at MHPTI engagement points (Tier One participants)	Begin enrollments in MHPTI services Program under this grant Implement Service Design	Court Mental Health Liaison working with the Court to identify participants and evaluate needs Case Managers familiar with the Court processes and requirements	Court Mental Health Liaison working with Court Administration Services identified and available First screening	ACTS, Gracepoint, Court Administration State Attorney's Office	Expected start date of 2/1/17. Services will be on-going
Initiate diversions for severe mental health clients for misdemeanor and ordinance violation program (Tier Two participants)	Begin enrollments in jail diversion services for pre and post booking misdemeanants and ordinance violations under this grant Implement Service Design	Work with HCSO booking staff, State Attorney's Office and the Public Defender's Office to educate them about the inclusion of participants with severe mental health conditions into the existing misdemeanor and ordinance violation diversion program	First screening for enrollment of participant with severe mental health condition Services identified and available	ACTS, HCSO, State Attorney's Office, Public Defender's Office, the Court	Expected start date of 2/1/17. Services will be on-going.
Effective Program implementation and start up	Enroll appropriate participants and provide needed services in a timely and effective manner	Review process to date and make service modifications as appropriate Ongoing Program recruitment, referrals, staff training and services Examine early data collection for accuracy and completeness	Refined Program model Successful enrollments Effectively utilize data collection systems	Program Director, All stakeholders	Starting at 90 days after contract execution and completed by 180 days post contract execution

Goals	Objectives	Key Activities	Milestones	Responsible Partners	Start and Completion date
Participants begin to receive services	Participants continue to be enrolled ACTS staff attend Court proceedings as required	Provide summary of data of enrollments and service use to date Provide summary of service and compliance reporting to Court, as required	Summary provided to stakeholders Provide responses to participant feedback forms to stakeholders	Program Director, All stakeholders	Starting at 90 days after contract execution and completed by 180 days post contract execution
Develop Mental Health Court framework	Begin discussions for the development of Mental Health Court	Begin regular meetings to discuss the development and design of a Mental Health Court Discuss framework and models of interest	Begin foundational work Set timeline for development	Court Administration State Attorney's Office, PSCC, Public Defender's Office, County	Starting within 90 days of the execution of a contract under this grant
Program is providing appropriate services and support to participants and the MHPTI Court	Participants are being regularly enrolled Participants are receiving needed services	Review process to date and make service modifications as appropriate Continue regular meetings of service personnel and stakeholders to review processes and available resources Begin to look at trends in outcomes and performance measures	Service Modifications, as needed All stakeholders are comfortable with the Program and Court processes Participants are receiving regular and appropriate services based on their needs	Program Director, All stakeholders, PSCC	Review starting at 180 days after contract execution and completed by 360 days post contract execution

Goals	Objectives	Key Activities	Milestones	Responsible Partners	Start and Completion date
Program is providing appropriate services and support to participants and the MHPTI Court (con't)		Ongoing Program outreach, recruitment, referrals, Program training and services Add additional Evidence-based Protocols, as needed/identified Ensure linkages to ancillary services and provide continuing care services	Analyze data and outcomes report to staff & stakeholders, create Dashboard Report Report 1 st years findings to stakeholders		
Program sustainability	Develop plan to increase available services and advocate for Program sustainability opportunities	Seek additional resources for project continuation Identify additional service funding opportunities Engage additional or new community service providers	Identified viable sustainability opportunities Existence of additional services and resources than previously available	Program Director, All stakeholders	Beginning at 360 days post contract execution and continuing for the duration of the grant
Continue services and necessary Program refinements	Program continues to run smoothly and provide appropriate diversions and services	Evaluate community indicators for success, look for emerging trends	Protocol and Policies and Procedures established	Program Director, All stakeholders	Beginning Year 2 of the Program, continuing for the duration of the grant

Goals	Objectives	Key Activities	Milestones	Responsible Partners	Start and Completion date
Establish sustainability options for Program	Finalize sustainability plan	<p>Stakeholder consensus on effective components and future direction of the Program.</p> <p>Identification and coordination for maximizing potential additional resources to continue Program, services and support the Mental Health Court.</p> <p>Congeaed efforts to centralize MHPTI under one Court and one docket.</p>	<p>Plan is developed in Year 1, expanded in Year 2 and finalized in Year 3.</p>	<p>Program Director, All stakeholders</p>	<p>Finalize plan starting in Year 3 of Program so as to work towards plan execution during Year 3.</p> <p>Completed at time of executed sustainability opportunity or the end of the grant, whichever is first.</p>
Timely completion of Final Program Status and Financial Reports	Prepare programmatic and fiscal reports for the 3 year project including evaluation component.	Report annual and cumulative findings	<p>A) Project has succeeded in diverting the projected number of target population. B) Jail costs are reduced. C) Target population received needed services. Includes all performance measures and evaluation outcomes.</p>	<p>Director, Criminal Justice</p>	<p>Started throughout Year 3 and completed and submitted by no later than 60 days following the end of the grant agreement.</p>