

**LSF Health Systems – Hernando County**  
**CJMHSR Reinvestment Planning Grant Application**  
**September 2016**

**TAB 4: PROJECT NARRATIVE**

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**Statement of the Problem**

- **Describe the problem the project will address. Document the extent of the problem with local or state data and include trend analysis. Describe the project's geographic environment, Target Population, socioeconomic factors, and priority as a community concern.**

Problem to be Addressed, Extent, and Priority as a Community Concern: Concerns regarding the impact of untreated mental health and substance abuse disorders has long been documented in Hernando County. In 2009, Hernando County commissioned the Well Florida Council to conduct a special study of mental health in the community in order to better understand the impact on the county and its residents. The 2006 health needs assessment and subsequent strategic planning process had revealed mental health as the first key issue which required focused study. A community forum was held in May of 2009 which included input from a variety of stakeholders, including caregivers and advocates, service providers, and criminal justice/law enforcement professionals.

Due to a lack of resources within the county, key findings of the 2009 study remain true today, as documented below by recent stakeholder meetings and other community data:

- *Behavioral health services for uninsured and underinsured individuals are underfunded relative to other counties:*
  - Per Capital County Revenue: Per capita county revenue is approximately \$700 lower than the average for other counties in the state (\$1,180.84 vs. \$1,884.17 - Hernando County Profile, Florida Legislature, Office of Economic and Demographic Research, August 2016). Due to the size of the total population in Hernando (less than 200,000), Hernando County is not eligible for enhanced federal funding, further restricting resources available to meet community needs. County funding for human services expenditures represents just 1/3 of the average amount in other counties throughout the state (\$49 vs. \$153.17 - Hernando County Profile, Florida Legislature, Office of Economic and Demographic Research, August 2016).
- *Existing outpatient and inpatient services as well as jail diversion options are insufficient to meet the need:*
  - Federal Designations: Hernando County is federally designated as a **Mental Health Professional Shortage Area**, as well as a Primary Health and Dental Health Professional Shortage Area, and a Medically Underserved Area/Population (Well Florida Online County Profile, 2016).

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- Regional Comparison: A comparison within the Managing Entity region (2013 Managing Entity - Regional Needs Assessment - Well Florida Council) reveals that Circuit 5 provides the *most limited range of services and has fewer numbers of behavioral health providers of the 5 circuits in the region.*
- Documented Drug Court Unmet Need: Although 20-30 drug court participants require residential substance abuse treatment each year, only two residential beds are available for referrals from the court. The lack of availability reduces the efficacy of the program as participants are discouraged by the delay in treatment while they wait in jail. Some offenders elect to serve jail time rather than seek treatment due to the lack of access to a residential program. The risk of re-offending is high because the root cause of the infraction, the substance use, is not addressed.

On 8/31/16, at the request of the court system, LSF Health Systems' network management staff met with Judge Tombrink, the public defender and other drug court staff to discuss unmet needs in the Hernando Drug Court program. The current DCF *CJMHSAs Reinvestment Grant* represents an invaluable opportunity for Hernando County to comprehensively assess unmet needs and collaboratively develop evidence-based policies, programs and solutions to address the unmet needs of adults with behavioral health disorders. Through the CJMHSAs Planning Grant opportunity, Hernando County would benefit from:

- Implementing the Sequential Intercept Mapping (SIM) process to assist the county, community agencies/providers, and stakeholders in mapping the intercepts through which individuals with substance abuse (SA), mental health (MH), or co-occurring disorders (CODs) navigate the criminal justice system; identify needs and gaps as well as strengths and weaknesses; and select best practices to address community priorities. The ***data-driven, collaborative strategic action plan*** to be developed from this process will assist the county in becoming more competitive in securing much-needed service grants from such funding sources as the federal Bureau of Justice Assistance (BJA), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the state of Florida CJMHSAs Reinvestment implementation grant program.
- Expert technical assistance from the University of South Florida – Florida Mental Health Institute (USF-FMHI)/CJMHSAs Technical Assistance Center and lessons learned from other CJMHSAs grantees in order to more effectively plan for, implement, and expand diversion programs for adults with mental health (MH), substance abuse (SA), or co-occurring disorders (CODs).

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➤ *As a whole, coordinated community efforts to seek major national (both governmental and private sector grants) for mental illness and substance abuse had been limited until now:*

- The 2009 “Overview of Mental Health Issues in Hernando County” by the Well Florida Council noted that “a major mental health system meeting, with representation from all key constituencies is needed to conduct a review of system policies and procedures, to map service delivery patterns and to establish opportunities for collaboration.”
- In 2012, the Florida Department of Children and Families (DCF) selected LSF Health Systems (LSFHS) as the Managing Entity responsible for monitoring and developing the state-funded behavioral health system of care in the Northeast and North Central Florida region. In 2015, LSFHS implemented a Resource Development position to assist counties and providers within its region in seeking diversified funding opportunities and increasing resources within the system of care. Hernando County government greeted the support and assistance offered by the Managing Entity, eager to take action in effectively planning for, implementing, and expanding evidence-based criminal justice and behavioral health initiatives within the county. The DCF CJMHSAs Reinvestment grant program, which permits partnerships with Managing Entities, has provided a critical opportunity for the county to benefit from the additional resources necessary to submit an application for funding; if granted, this opportunity would help build the county’s capacity to leverage other resources through the development of a need-based, data-driven, collaborative action plan.

In the description of the target population on **pages 27-29, additional statistics** are presented to document the pressing need in Hernando County. LSF Health Systems, in close collaboration with county government and key stakeholders represented in the membership of the Public Safety Coordinating Council (PSCC) stands ready to:

- promote and facilitate effective collaboration among stakeholders
- achieve greater integration of the criminal justice and behavioral health systems of care
- leverage multiple funding sources to build system capacity and increase the availability of treatment and support services in Hernando County
- increase jail diversion options for individuals with mental illness, substance abuse or co-occurring disorders



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- reduce costs to the system while improving mental, physical and social outcomes for individuals in need of services.

***Our goal is to utilize the momentum of this technical assistance and funding opportunity to create collaborative change through the development of a data-driven, criminal justice and behavioral health strategic action plan.***

Target Population:

The Planning Grant will focus on adults with mental health (MH), substance abuse (SA), or co-occurring disorders (CODs), who are in, or are at risk of entering the criminal justice system.

Data provided by BayCare Behavioral Health, the primary community mental health agency serving Hernando County, indicates that 86 individuals per month seek traditional outpatient counseling through BayCare’s Open Access program. This represents approximately 1,032 individuals a year who seek voluntary treatment for traditional counseling services. Of those numbers, 74% have a primary mental health issue and 26% have a substance abuse issue. Forty-nine percent (49%) are male and 51% are female. Sixty-four percent (64%) are adults and 36% are children. *These numbers do not include referrals to services such as crisis stabilization, psychiatric medication management, substance abuse residential, specialty programs, or field based services, which increase the count of individuals in need significantly.*

Mental health and substance abuse program data for BayCare Behavioral Health for the past two fiscal years reveals a significant trend upwards in the number of adults served, as noted in the table below.

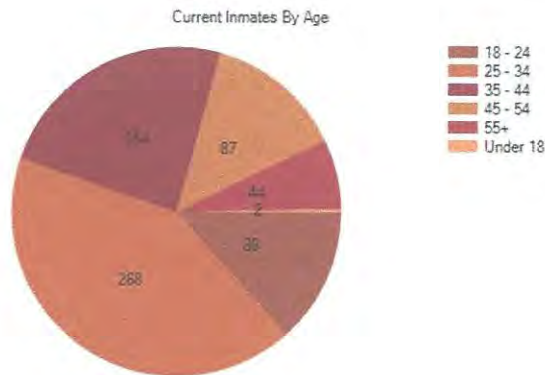
<b>BayCare Program Hernando County</b>	<b># Adults Served FY2014-15</b>	<b># Adults Served FY2015-16</b>	<b>Difference</b>
Mental Health	1221	1622	33% increase
Substance Abuse	265	561	112% increase

In Hernando County, the Detention Center serves as the central booking and intake location for all law enforcement agencies operating in the county. The facility, which has a total capacity of 744, houses adult males, females and juveniles between the ages of 14 and 17 who have been adjudicated for treatment as adults charged or sentenced on misdemeanor and felony crimes.

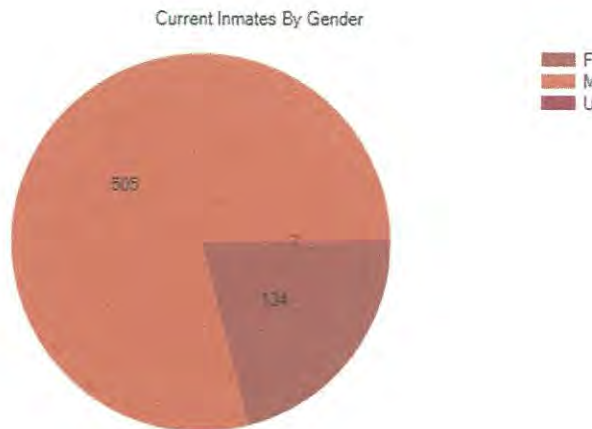
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While the average daily population (ADP) for the prior year (September 2015 to August 2016) was 527, the current population in the jail is 640, 99.69% of which are adults 18 and older. Seventy-nine percent (79%) of the population is male. The charts below illustrate the number of inmates by age group and by gender.

**Hernando County Detention Center**



**Hernando County Detention Center**



Source: Hernando County Sheriff's Office (<http://www.hernandosheriff.org> –September 15, 2016).

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An analysis of the number of Baker Acts among the adult population between 2011 and 2014 shows a total **increase of 21% since 2011.**

Trend Analysis 2011-2014 Adult Baker Acts/Law Enforcement

<b>Adults</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
Female	277	294	<b>291</b>	<b>327</b>
Male	331	333	<b>396</b>	<b>410</b>
<b>Total</b>	<b>608</b>	<b>627</b>	<b>687</b>	<b>737</b>

Source: Hernando County Sheriff's Office

Mental Health Emergency Room Visits:

The percentage of Mental Health Emergency Room visits in Hernando County (71.1%) is significantly higher than the state average (59.7%) - 2016 County Health Profile, Well Florida Council.

Uninsured Individuals/Medicaid Eligibility:

Twenty-two percent (22%) of individuals are uninsured and 21 % of the population is eligible for Medicaid - 2016 County Health Profile, Well Florida Council.

Geographic Environment:

Located on the central west coast of Florida, Hernando County is the 27th most populated of Florida's 67 counties with a population of 178,439 and a density of 365.6 individuals per square mile, which is slightly higher than the state average (U.S. Census Quick Facts, 2015 Population Estimate). Population projections for 2020 and 2025 reveal Hernando County's population is growing at a higher rate than the overall population of Florida (Florida Legislature, Office of Economic and Demographic Research, August 2016). The city of Brooksville, the seat of Hernando County, is one of only two incorporated towns in the county and has a total population of 7,854 (US Census Bureau Quick Facts, 2015 Population Estimates). The largest community in Hernando County is the Census Designated Place (CDP) of Spring Hill with a population of approximately 98,621 (US Census Bureau Quick Facts, 2010 Population Census). Hernando County is considered a transitioning suburban/rural county.

During the winter months, the population increases by approximately 24,000 residents. Eighty percent (80.3%) of the total population is 18 years or older (compared to 79.7% state average); and 26.7 % are 65 and older compared to the state average of 18.2%.



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Socio-Economic Factors:

Residents of Hispanic or Latino racial and ethnic background represent 12% of the total population; Black or African Americans make up 5.1% of the population ; and whites are represented at 89.5% (US Census Quick Facts, 2015 Population Estimates). The table below highlights key socio-economic indicators for Hernando County. **On six of the 9 indicators, Hernando County fares worse than the average in the state of Florida** (per capita income, median household income, percent below 200% of the federal poverty level, students eligible for free/reduced lunch, unemployment rate, and percent with collage diplomas).

**Hernando Socioeconomics**

	County	Florida
<b>Per Capita Income (\$)</b>	<b>21,245</b>	26,499
<b>Median Household Income (\$)</b>	<b>40,457</b>	47,212
Percent of Persons Below 100% of the FPL (%)	16.0	16.7
<b>Percent of Persons Below 200% of the FPL (%)</b>	<b>40.4</b>	38.1
<b>Students Eligible for Free/Reduced Lunch (%)</b>	<b>67.4</b>	60.2
<b>Unemployment Rate (%)</b>	<b>6.8</b>	5.4
Percent of Businesses with <50 Employees (%)	96.4	95.6
Percent with High School Diplomas (%)	86.6	86.5
<b>Percent with College Diplomas (%)</b>	<b>25.4</b>	35.9

WellFlorida Council - 2016 (www. <http://wellflorida.org/data-reports/hernando-county-data/>)

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

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

The screening process in the jail begins with a medical intake which takes place before inmates are housed in the jail. This initial intake is followed by a classification interview that takes place within 24-72 hours of incarceration. Finally a Health and Physical Assessment is conducted within 14 days of incarceration. ***The need for a comprehensive behavioral health***

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***screening process has been unmet to date.***

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

According to the Hernando County Sheriff's Office Corrections Division, there is an average of 10,116 admissions into the jail each year. The average daily population is 527 inmates with an average length of stay of 41 days. Approximately 41% (216) of the inmate population is estimated by jail personnel to have some mental health and/or substance abuse disorder. The average percentage of inmates on psychotropic medications in 2015 was 15.42 %.

The percentage of inmates with a mental illness or substance abuse disorder in the Hernando County Detention Center are likely to be ***significantly underreported***; a study by the federal Bureau of Justice Statistics (BJS) revealed that 64% of local jail inmates have a mental health problem (BJS, 2006). Consequently, 410 of the current 640 jail inmates at the Hernando County jail are estimated to have a mental health disorder; therefore, approximately half of them are not recognized as such and therefore do not receive the treatment they need. The lack of a formal behavioral health screening as well as the enhanced stigma associated with having a mental illness among jail inmates contribute significantly to the low percentage of inmates identified as having mental health disorders.

Although data on the prevalence of substance use disorders is currently not available, a 2010 report by the National Center on Addiction and Substance Abuse (CASA) at Columbia University found that 85% of jail inmates were substance-involved and that almost two-thirds (64.5 percent) met medical criteria for an alcohol or other drug use disorder. This would mean that approximately 413 inmates among the current jail population have a diagnosable substance use disorder.

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

The Sheriff's Office reports that mental health and substance abuse disorders, homelessness, a lack of a high school education (including lack of reading/writing skills), and lack of basic life and work skills (employment history, social, cooking, cleaning, hygiene, etc.) are prevalent among those who are incarcerated. The unemployment rate in Hernando County is indeed higher than state average while the per capita income is lower than average (please see table on page 30), increasing the risk of poverty and its associated impact on individuals' risk factors for criminal justice involvement. The Hernando Sheriff's Office (HSO) has made significant strides in the past two years to train its officers in the Memphis model of Crisis Intervention Team (CIT). To date, the HSO has facilitated 7 classes and



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graduated approximately 135 of its first line personnel from the communications Center, Sworn, and Detention personnel. Among Detention personnel, approximately 30% of Deputies and Supervisors have been trained in CIT. In addition, the HSO brought Major Sam Cochran to Brooksville in March of 2016 to conduct an advanced de-escalation class as a refresher for the 2015 classes. The needs assessment and SIM process to be conducted through this grant opportunity will assist the Sheriff's Office in building upon this important foundation provided by the use of the evidence-based CIT training; the planning grant will offer an opportunity to collaboratively identify best practices for screening and assessment processes, as well as enhancing data collection, reporting and sharing of behavioral health information. The collaborative development of data collection, reporting and sharing protocol is a key objective of this much-anticipated planning grant.

- **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.**

The enhanced stigma associated with admitting mental health issues in the jail limits opportunities for individuals to be identified and receive the help they need. Furthermore, the lack of a formal behavioral health screening/assessment means that approximately half of individuals in need are not identified. In addition, the lack of residential substance abuse treatment beds as an alternative to incarceration documented earlier (please see page 25) well as insufficient access to services for those re-entering the community (i.e., outpatient mental health and substance abuse services, psychotropic medications, and affordable housing) contributes to the cycling in and out of jail of repeat offenders.

The trauma and disruption of being incarcerated also escalate mental health issues, which often remain untreated due to lack of funding to meet the need.

Although Hernando County was one of the first jurisdictions in Florida to establish a specialty court to provide treatment services for non-violent offenders with substance abuse disorders, the lack of adequate funding and resources has made it challenging to consistently serve offenders. In 2013, the County eliminated the alternative drug dependency court for women involved in the child welfare system due to lack of resources. This high risk population averages about 45 referrals on an annual basis. Several participants within both the mental health and drug courts have been identified as having co-occurring disorders and their case managers have made an effort to link them to external services with outside providers.

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However, there are limited behavioral health services in the community. Because of this lack of additional treatment capacity, these populations have gone underserved or unserved. Offenders with co-occurring disorders typically remain in jail for longer periods of time, remain on wait lists for residential care or do not receive parallel treatment for their dual disorders.

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**TAB 5: PROJECT DESIGN AND IMPLEMENTATION**

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**A. DESCRIPTION OF THE PLANNING COUNCIL**

- **Composition, Role and Compliance with s. 394.657(2)(a), F.S.:**
- **If the Council does not currently meet the statutory requirements, provide a detailed explanation of how and when the Council intends to rectify the deficiency:**

The Hernando Board of County Commissioners approved the establishment of a Public Safety Coordinating Council (PSCC) consistent with s. 951.26, F.S. on December 9, 2014. The availability of opportunities that provide expert technical assistance and the financial resources to effectively assess, plan for, and address long-standing, critical needs in Hernando County has been instrumental in mobilizing stakeholders to re-establish the Hernando PSCC as an active council that fulfills a vital role in the community. Consistent with the requirements of s. 394.657(2)(a), F.S., the membership of the Hernando PSCC has been updated to include all members as listed in Appendix K of the Request for Applications (RFA). Letters of commitment from the Chair of the Board of County Commissioners and other individuals serving on the PSCC are included in TAB 6. As the excerpt below and the additional letters included in TAB 6 demonstrate, county officials are committed to this effort:

**Excerpt from Judge Daniel B. Merritt, Jr. Circuit Judge and Administrative Judge for Hernando County's Letter of Commitment (please see full text in TAB 6):**

As a Circuit Judge with felony docket responsibilities and as the Administrative Judge for the Judicial Branch of Government for Hernando County, I can represent that the local judiciary is committed to the success of Hernando County's efforts to effectively assess, plan for, and implement policies and services intended to divert individuals with mental health and/or substance use disorders away from the criminal justice system into appropriate treatment. As a community stakeholder, I can further represent that the local judiciary will commit to the provision of time, expertise, planning, cooperation, identification of needs, data collection, and such other resources as may be



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appropriate within my authority and discretion as Administrative Judge for Hernando County, Florida.

Hernando County already has long standing drug court and mental health alternative court programs. Certainly, any additional efforts at prevention, early intervention, and interception of those individuals at a higher risk of coming into contact with the criminal justice system as a result of mental health and substance abuse related issues is worthy of support and beneficial to the citizens of Hernando County.

**Hernando Public Safety Coordinating Council Membership**

**APPENDIX K - CRIMINAL JUSTICE, MENTAL HEALTH & SUBSTANCE ABUSE  
REINVESTMENT GRANT PLANNING COUNCIL OR COMMITTEE**

<b><u>Brad King, State Attorney</u></b> STATE ATTORNEY OR DESIGNEE	<b><u>Mike Graves, Public Defender</u></b> PUBLIC DEFENDER OR DESIGNEE
<b><u>Kurt Hitzemann, Chief County Judge</u></b> COUNTY COURT JUDGE	<b><u>Daniel B. Merritt, Jr., Chief Circuit Judge</u></b> CIRCUIT COURT JUDGE
<b><u>Peggy Welch, Court Operations Manager</u></b> LOCAL COURT ADMINISTRATOR OR DESIGNEE	<b><u>Susan Cizmada, Circuit Administrator</u></b> STATE PROBATION CIRCUIT ADMINISTRATOR OR DESIGNEE
<b><u>Mr. James Adkins, Chair</u></b> COUNTY COMMISSION CHAIR	<b><u>Randall A. Story, Office Manager</u></b> COUNTY DIRECTOR OF PROBATION
<b><u>Captain J.R. Hutchinson</u></b> SHERIFF DESIGNEE	<b><u>George Turner, Police Chief</u></b> POLICE CHIEF OR DESIGNEE
<b><u>Barbara Wheeler, Mid Florida Homeless Coalition</u></b> AREA HOMELESS OR SUPPORTIVE HOUSING PROGRAM REPRESENTATIVE	<b><u>Captain J.R. Hutchinson</u></b> CHIEF CORRECTIONAL OFFICER DESIGNEE (The Sheriff and Chief Correctional Officer are represented by the same individual in Hernando County)

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<p><b><u>Irma Terry, Juvenile Detention Superintendent</u></b>          DJJ - DIRECTOR OF DENTENTION FACILITY OR DESIGNEE</p>	<p><b><u>Rick Bedson, Chief Probation Officer</u></b>          DJJ – CHIEF OF PROBATION OFFICER OR DESIGNEE</p>
<p><b><u>Joelle Aboytes, Circuit 5 Administrator</u></b>          DCF - SUBSTANCE ABUSE AND MENTAL HEALTH PROGRAM OFFICE REPRESENTATIVE</p>	<p><b><u>Michael Bove</u></b>          PRIMARY CONSUMER OF MENTAL HEALTH SERVICES</p>
<p><b><u>Douglas Leonardo, Baycare Behavioral Health and Karen Rogers, LifeStream</u></b>          COMMUNITY MENTAL HEALTH AGENCY DIRECTOR OR DESIGNEE</p>	<p><b><u>Douglas Leonardo, Baycare Behavioral Health and Karen Rogers, LifeStream</u></b>          LOCAL SUBSTANCE ABUSE TREATMENT DIRECTOR OR DESIGNEE</p>
<p><b><u>Tina, Kinney, NAMI</u></b>          PRIMARY CONSUMER OF COMMUNITY-BASED TREATMENT FAMILY MEMBER</p>	<p><b><u>Wendy Maynard</u></b>          PRIMARY CONSUMER OF SUBSTANCE ABUSE SERVICES</p>

Three additional members of the community representing key stakeholder agencies have also committed to serve on the Hernando PSCC. The table that follows provides additional details on the PSCC members, their role as required by statute, and their affiliation in the community.

**Description of Hernando PSCC Membership and Role**

	<b>PSCC Role</b>	<b>Name</b>	<b>Agency/Affiliation</b>
<b>1</b>	<b>State Attorney</b>	Brad King State Attorney	5 <sup>th</sup> Judicial Circuit 352-754-4255 110 NW First Avenue, Suite 5000 Ocala, Florida 34475 352-671-5800
<b>2</b>	<b>Public Defender</b>	Mike Graves Public Defender	5 <sup>th</sup> Judicial Circuit 123 North Sinclair Avenue Tavares, FL 32778 352-754-4270
<b>3</b>	<b>County Court Judge</b>	Judge Kurt Hitzemann Chief County Judge	20 N. Main St. Brooksville, FL 34601 352-754-4170

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	<b>PSCC Role</b>	<b>Name</b>	<b>Agency/Affiliation</b>
4	<b>Circuit Court Judge</b>	Judge Daniel B. Merritt, Jr. Chief Circuit Judge 5 <sup>th</sup> Judicial Circuit	Chief Circuit Judge 5 <sup>th</sup> Judicial Circuit 20 N. Main St. Brooksville, FL 34601 352-754-4480
5	<b>Local Court Administrator or Designee</b>	Peggy Welch Court Operations Manager	Court Administration 20 N. Main St., Rm 464 Brooksville, FL 34601 352-754-4402
6	<b>State Probation Circuit Administrator or Designee</b>	Susan Cizmada Circuit Administrator	Florida Department of Corrections Circuit Administrator 28402 CR 561 Tavares, FL 32778 352-742-6246
7	<b>County Commission Chair or Designee</b>	James Adkins, Commission Chairman	Board of County Commissioners 20 North Main Street, Room 263 Brooksville, FL 352-754-4002
8	<b>County Director of Probation</b>	Randall A. Story, Office Manager	Professional Probation Services 352-796-8181 20 N. Main St. Brooksville, FL 34601
9	<b>Sheriff Designee</b>	Captain Harold J. Hutchinson, Jr. Detention Administration Division Commander	Hernando County Sheriff's Office 18900 Cortez Blvd Brooksville FL 34601 352-754-6830
10	<b>Police Chief</b>	George Turner City of Brooksville Police Chief	City of Brooksville 87 Veterans Ave. Brooksville, FL 34601 352-754-6800
11	<b>Area Homeless or Supportive Housing Program Representative</b>	Barbara Wheeler Executive Director	Mid Florida Homeless Coalition 104 E. Dampier St. Inverness, FL 34450 352-860-2308
12	<b>Chief Correctional Officer</b> <i>(this officer is the Sheriff in Hernando County)</i> <b>Designee</b>	Captain Harold J. Hutchinson, Jr. Detention Administration Division Commander	Hernando County Sheriff's Office 18900 Cortez Blvd Brooksville FL 34601 352-754-6830
13	<b>DJJ – Director of Detention Facility or Designee</b>	Irma Terry Marion County Juvenile Detention Superintendent	Department of Juvenile Justice Detention Facility 3040 NW 10 <sup>th</sup> St. Ocala, FL 34475 352-732-1450
14	<b>DJJ- Chief Probation Officer or Designee</b>	Rick Bedson, Chief Probation Officer	Department of Juvenile Justice 1515 East Silver Springs



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	<b>PSCC Role</b>	<b>Name</b>	<b>Agency/Affiliation</b>
			Boulevard, Suite 109 Ocala, FL 34470 (352) 732-1279
15	<b>DCF – SAMH Program Office</b>	Joelle Aboytes Circuit 5 Community Development Administrator	Department of Children and Families 1601 W Gulf Atlantic Highway, Wildwood, FL 34785 352-330-2162
16	<b>Primary Consumer of Mental Health Services</b>	William Bove Mental Health Consumer	Selected via BayCare Behavioral Health
17	<b>Community Mental Health Agency Director or Designee and Local Substance Abuse Treatment Director or Designee</b>	Douglas Leonardo, Executive Director	BayCare Behavioral Health 15311 Cortez Blvd Brooksville, FL34613 727-315-8605
18	<b>Local Substance Abuse Treatment Director or Designee and Community Mental Health Agency Director or Designee</b>	Karen Mauro Rogers, MS, LMHC Director of Adult Clinical Services	LifeStream Behavioral Center 2020 Tally Rd. Leesburg, FL 34748 352-315-7800
19	<b>Family Member – Primary Consumer of Community-Based Treatment</b>	Tina Kinney Executive Director NAMI Hernando	Family Member 10554 Spring Hill Dr. Spring Hill, FL 34608 352-684-0004
20	<b>Primary Consumer of Substance Abuse Services</b>	Wendy Maynard Substance Abuse Consumer	Selected via BayCare Behavioral Health
21	<b>Additional Member – Managing Entity Representative</b>	Lesley Hersey Community Engagement Specialist	LSF Health Systems 9428 Baymeadows Road, Suite 320 Jacksonville, FL 32256 904-624-2804
23	<b>Additional Member - Workforce Development</b>	Brenda Gause Direction of Operations	Career Source Pasco/ Hernando PO Box 6589 Spring Hill, FL 34611 352-200-3020
24	<b>Additional Member - Health Department</b>	Robin Napier, MS Health Officer	Florida Department of Health in Hernando County 7551 Forest Oaks Blvd Spring Hill, FL34606 352 -540-6800

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- **Description of planning council’s activities, including the frequency of meetings for the previous 12 months and future scheduling of meetings.**

Committed to move forward with an active council and realizing the critical importance and role of the PSCC, county leadership have reaffirmed their commitment to lead planning, implementation and expansion efforts for initiatives that increase public safety, avert increased spending on criminal justice, and improve accessibility and effectiveness of treatment of adults and juveniles who have a mental illness, substance abuse disorder, or co-occurring mental health and substance abuse disorder, and who are in or at risk of entering the criminal or juvenile justice system. As the PSCC membership was recently reactivated with additional members, the council will have its first meeting on October 27<sup>th</sup> and quarterly thereafter. More frequent meetings of the Planning Grant Committee will be established to ensure that the objectives of the CJMHSR Reinvestment planning grant are achieved.

Members of key stakeholder groups represented in the PSCC membership have been meeting regularly in the past 12 months through various regularly scheduled community meetings where law enforcement, criminal justice, behavioral health and other community stakeholders collaborate. These formal meetings include:

- ***The Hernando County Community Alliance***, which meets on a monthly basis to advance the well-being of children and their families by promoting leadership and collaboration among community partners through strategic planning and the implementation of best practices. Member agencies include but are not limited to behavioral health providers, the Florida Department of Juvenile Justice, the Hernando County Sheriff’s Office and the Florida Department of Children and Families.
- ***Hernando Anti-Drug Coalition***, which meets every other month and includes participation of behavioral health, local department of health, sheriff’s office representatives, and city council representative. The January 2016 meeting included a presentation by Judge McCathran regarding the 5<sup>th</sup> Circuit Court system.
- ***Hernando Behavioral Health Continuum of Care – Baker Act Task Force Meetings*** chaired by LSF Health Systems’ Housing System Coordinator, Michael Blessing, and Community Engagement Specialist, Lesley Hersey. This group meets every other month, immediately following the Community Alliance meeting and is held at the Hernando County School Board facility. The goal of the meeting is to discuss pressing matters and solutions concerning the Baker Act of children and adults in the county. The meeting is attended by representatives of DCF, law enforcement, court system, hospital, emergency, community behavioral health providers (BayCare, Springbrook Hospital, etc.), NAMI, consumers and advocates.
- ***Community Health Improvement Plan Partnership (CHIPP)***: The CHIPP in Hernando focuses on the advancement of the following key strategic issues: 1) Public Health Infrastructure, Community Redevelopment and Partnerships – which includes the goal of increasing awareness of mental health issues and reducing the stigma of

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mental illness in Hernando County; and 2) Chronic Disease Prevention. Its board includes representation by the City of Brooksville, a local hospital, the Hernando County Community Anti-Drug Coalition (HCCADC), the Department of Health in Hernando County (DOH), and the Hernando County Sheriff's Office (HCSO). The monthly meeting is attended by behavioral health, social service, government and criminal justice representatives.

- **Mid Florida Homeless Coalition – Hernando Committee Meeting:** Held monthly, the focus of the Mid Florida Homeless Coalition is to promote partnerships that reduce and prevent homelessness. **Michael Blessing, MA – Housing Systems Coordinator for LSF Health Systems** serves as Vice Chair of the Board of Governors for the Mid Florida Homeless Coalition Continuum of Care. Members of the Board include **Veda Ramirez, Hernando County Health and Human Services Manager**, and **B.E. Thompson, Director of Development for LifeStream Behavioral Center**. The monthly meetings of the Hernando Committee is attended by various housing providers and behavioral health and human service agencies (including Baycare Behavioral Health), United Way, the Department of Children and Families, Veterans Administration, etc.

**The Hernando PSCC meetings will build on the foundation of collaboration established by these groups while intensifying the focus on issues where criminal justice, mental health and substance abuse intersect.** The Hernando PSCC will also provide a regularly scheduled forum in which a greater cross-section of criminal justice professionals are represented in community behavioral health discussions, to include the public defender, state attorney, probation administrator, local and circuit judges, sheriff and police chief designees, etc.

At the October 27<sup>th</sup> meeting, the council will establish committees and review the proposed membership for the following workgroups that will be instrumental in executing the goals and objectives of CJMHSR planning grant project:

- **A Needs Assessment Steering Committee** which will begin meeting within 2 weeks following the execution of a grant agreement. The Steering Committee will review and/or approve all quantitative data collection processes; survey, interview and focus group instruments (if utilized); survey, interview and focus group protocols; event logistics plans; and any plan of dissemination of data and information generated by the needs assessment. In general, the Steering Committee will be the community advisory body for the project. The membership of the needs assessment steering committee will include at a minimum:
  - Planning Grant Project Coordinator
  - Mental Health and/or Substance Abuse Consumer
  - Family Member of a Consumer/NAMI
  - Executive Director of LSF Health Systems
  - Hernando County Health and Human Services Manager



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- Jail or Detention Center Director
  - Executive Director of Community-Based Mental Health Services
  - Court representative
  - Other members as recommended by the PSCC
- A CJMHSR Reinvestment Planning Grant / Strategic Planning Committee which will be established and begin meeting within 30 days following the execution of a grant agreement. The CJMHSR Planning Grant/Strategic Planning Committee will function as a workgroup that reports to the PSCC; the PSCC which will provide the required oversight and direction to the project. The committee will meet at a minimum monthly and more frequently as needed to accomplish the objectives of the grant.

Membership of the Planning Grant committee will be reviewed and approved by the PSCC. Proposed members include but are not limited to:

- Planning Grant Project Coordinator
- Mental Health Consumer
- Substance Abuse Consumer
- Family Member of a Consumer/NAMI
- Executive Director of LSF Health Systems
- Hernando County Health and Human Services Manager
- Jail or Detention Center Director
- Executive Director of Community-Based Mental Health Services
- Director of Adult Clinical Services, Community-Based Mental Health Services
- Court representative
- Public Defender
- Circuit Judge
- County Judge
- Department of Children and Families
- Other members and community stakeholders as recommended and approved by the PSCC

**B. TIMELINE AND EXPECTED MILESTONES**

- **Description and timeline for the proposed planning activities and expected milestones:**

**TIMELINE: ONE YEAR GRANT PERIOD**

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1. Public Safety Coordinating Council (PSCC) Initial Meeting	Establish/ Approve <u>planning grant committee</u> and <u>needs assessment steering committee</u> membership in anticipation of planning grant award.	Public Safety Coordinating Council (PSCC)	Compliance with s. 394.657(2)(a), F.S.	PSCC meeting: 10/27/2016 and quarterly thereafter  Planning Grant / Strategic Planning Committee to be held within 30 days of grant award and minimum of monthly thereafter.	Ongoing - quarterly  Ongoing - monthly
2. Announce and disseminate planning grant award and project objectives.	Grant award announcement made to community stakeholders/ community at large to include funding source and project goals and objectives.	LSF Health Systems (LSFHS) in collaboration with the PSCC	Press release distributed via news media, Managing Entity/LSFHS newsletter and community stakeholder groups (meetings, forums, etc.)	Upon execution of final grant agreement	11/30/2016
3. Recruit project coordinator	Project coordinator selected and contract executed.	Dr. Christine Cauffield, LSFHS Executive Director	Hernando County resident with a minimum of 2 year's work experience in criminal justice/ behavioral health	Recruiting to begin upon execution of grant contract	Project coordinator start date no later than 1/1/2017
4. Execute Contract for Needs Assessment	Needs assessment contract executed with Well Florida Council	LSFHS	Scope of work complies with DCF planning grant requirements.	Within 1 week of grant contract	Within 1 week of grant contract

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Primary Goals and Objectives	Milestone	Person Responsible	Benchmark	Start Date	Completion Date
5. Coordinate and provide support for ongoing meetings of Planning Grant committee	Meeting schedule established and disseminated.	Lesley Hersey, LSFHS Community Engagement specialist/ PSCC Member for initial meetings. Project Coordinator thereafter	Action plan reviewed and progress toward meeting project goals and objectives reported at each meeting	Within 30 days of grant agreement and monthly thereafter	Ongoing monthly
<b>6. Conduct needs assessment, identify target population, and submit report</b>	Survey, focus groups and key informant interviews completed. Comprehensive report submitted.	Well Florida Council and Needs Assessment Steering Committee with support and coordination by Project Coordinator	Compliance with approved scope of work and DCF planning grant requirements.	Within 2 weeks of grant award	<b>Within 90 days of execution of final grant agreement</b>
7. Increase consumer and family participation	Consumers and family member actively participate in PSCC meetings and Planning Grant Committee as official members.  Consumers and family members participate in SIM workshop and strategic planning meetings.	Project Coordinator	Principles of Recovery: Person-Centered approach focused on empowerment and self-determination	Within 30 days of grant contract	Ongoing



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<b>Primary Goals and Objectives</b>	<b>Milestone</b>	<b>Person Responsible</b>	<b>Benchmark</b>	<b>Start Date</b>	<b>Completion Date</b>
8. Establish formal process for interagency collaboration and communication	Process formally approved by PSCC, published and disseminated to stakeholders.	Planning Grant Committee with input from community stakeholders and support provided by Project Coordinator	Conforms with best practices and recommendations of USF-FMHI Technical Assistance Center	Within 30 days of grant contract	Within 180 days of grant award
<b>9. Establish formal partnerships with legally binding agreements among agencies to provide and coordinate services</b>	<b>Memoranda of understanding (MOU) executed with at least 3 agencies</b>	Project Coordinator	Conforms with best practices and recommendations of USF-FMHI Technical Assistance Center	Within 30 days of grant award	<b>Within 180 days of execution of the final Grant Agreement</b>
<b>10. Develop and approve methodologies for sharing data among partners and reporting to USF-FMHI</b>	Approved methodologies published and disseminated to stakeholders.	Planning Grant Committee with input from community stakeholders and support provided by Project Coordinator	Conforms with best practices and recommendations of USF-FMHI Technical Assistance Center	Within 30 days of grant contract	<b>Within 270 days of execution of the final Grant Agreement</b>
<b>11. Conduct SIM Workshop to assist with strategic plan development</b>	Workshop conducted with active participation by key stakeholders	USF- FMHI with coordination /support provided by Project Coordinator	GAINS Center SIM guidelines/USF-FMHI Technical Assistance Center best practices	Within 140 days of grant award	Within 150 days of grant award
<b>12. Develop Strategic Action Plan</b>	Formal document approved by PSCC and submitted to DCF	Project Coordinator, Planning Grant Committee	Complies with requirements of Appendix A of RFA	Within 150 days of grant award – following SIM Workshop	<b>Within 365 days of execution of the final Grant Agreement.</b>

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Primary Goals and Objectives	Milestone	Person Responsible	Benchmark	Start Date	Completion Date
<b>13. Performance Measures: Evaluate Progress Toward Goals and Objectives</b>	Quarterly reports on progress provided to PSCC and community stakeholders	Project Coordinator	Stated Goals and Objectives  Performance measures specified in RFA along with <u>additional measure specified by applicant</u>	Begin with 100 days of grant contract and at minimum <u>quarterly</u> thereafter	60 days following grant period
14. Disseminate project results and sustainability plan	Final report submitted to PSCC and DCF	Project Coordinator	Requirements of RFA	13 <sup>th</sup> month following completion of grant	15 <sup>th</sup> month – ongoing sustainability and implementation activities thereafter

▪ **Description of the manner in which a needs assessment will be conducted;**

The 2017 Hernando County CJMHSR mental health and substance abuse needs assessment (MHSANA) will be conducted by WellFlorida Council. The assessment will adapt and incorporate elements of the Mobilizing for Action through Planning and Partnerships (MAPP) community health needs assessment framework, developed by the National Association of County and City Health Officials and the Centers for Disease Control ([www.naccho.org/topics/infrastructure/mapp/](http://www.naccho.org/topics/infrastructure/mapp/)).

The completed needs assessment will contain the following components:

- Executive Summary
- Mental Health and Substance Abuse Status Assessment (MHSASA)
  - Administrative (Secondary) Data Analysis
    - Demographic and Population Indicators
      - Population Growth
      - Age Distribution of Population
      - Racial and Ethnic Distribution of Population
      - Gender Breakdown of Population
    - Socioeconomic Factors
      - Income and Poverty Levels
      - Employment
      - Education



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- Mental Health and Substance Abuse
  - Estimates of Mental Health Issues Incidence
  - Estimates of Mental Health Issues Prevalence
  - Estimates of Substance Abuse Issues Incidence
  - Estimates of Substance Abuse Issues Prevalence
- Criminal Justice and Behavioral Health
  - Number and percentage of people with mental illness in the jail
  - Number and percentage of people with mental illness on probation
  - Number and percentage of people in jail on psychotropic medication
  - Number of participants served by specialist mental health and/or drug courts
  - Number of officers trained and untrained in Crisis Intervention Team (CIT)
  - Number of CIT contacts per year
- Community Risk Factors
  - Crude and Age-Adjusted Death Rates Related to Mental Illness and Substance Abuse
  - Suicide
  - Baker Act Initiations
  - Domestic Violence
  - Mental Health Hospitalizations
  - Mental Health Emergency Department Visits
  - Substance Abuse Hospitalizations
  - Substance Abuse Emergency Department Visits
  - Health Insurance
- Levels of Current Critical Services
  - Mental Health
  - Substance Abuse
- Summary/Catalogue of Existing Mental Health, Substance Abuse and Related Needs Assessments that May Exist in Community, including the results of an assessment of available behavioral health services in each count, anticipated to be completed by LSF Health Systems in October 2016. This needs assessment will be limited to services provided by substance abuse and mental health providers funded by the Department of Children and Families through the Managing Entity for the past fiscal year (15-16). The assessment will include data on the types of mental health and substance abuse programs available in the county (e.g., FACT, inpatient substance abuse, etc.), wait list information for special populations, unmet needs based on community input, technical assistance and training needs, etc.

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- Community Themes and Strengths Assessment (CTSA)
  - One Survey Monkey Web-based Survey to Key Identified Constituency
  - Key Informant Interviews with Key Leaders and Policymakers (10)
  - Focus Group with Consumers (1)
- Gap Analysis and Identification of Key Issues
- Integration of USF Sequential Intercept Mapping Report and Map into the Document
- Final Report Integrating All Components Above

The Steering Committee will review and/or approve all quantitative data collection processes; survey, interview and focus group instruments; survey, interview and focus group protocols; event logistics plans; and any plan of dissemination of data and information generated by the needs assessment. The Steering Committee will provide the community a voice in the project and maximize buy-in to the assessment processes and its findings.

- **Description of the proposed methodology to identify, coordinate, and share funding and related resources, and recommended organizational or structural changes.**

LSF Health Systems will contribute a number of critical resources as a Managing Entity to benefit the project:

- Resource development efforts for research and screening of funding opportunities, development of opportunity summaries and an evaluation matrix to be provided to the Project Coordinator and Planning Grant Committee for review and discussion.
- Community Engagement (CE) specialist position serving Circuit 5, who will assist in building relationships and coordinating resources in the community. This position will also serve as an additional member on the Public Safety Coordinating Council in Hernando County.
- Housing System Coordinator and Housing Care Coordinator positions that provide technical assistance and assist providers in resolving barriers to affordable housing for homeless individuals with behavioral health disorders.
- Bachelor's and Master's level interns from the fields of social work, public health, and mental health counseling who will provide support to the Project Coordinator in preparing meeting documents, developing a comprehensive resource guide for Hernando County, collecting data, and tracking achievement of the goals and objectives of the project according to the stated timeline.

LSF Health Systems will continue to seek and utilize the expertise and resources of the CJMHSAs Technical Assistance Center to ensure that funding and related resources, as well recommended organizational or structural changes are identified, coordinated, and shared with the Planning Grant Committee, key



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stakeholders, and project partners. The project coordinator will ensure that all recommended organizational and structural changes are presented to the Public Safety Coordinating Council for review and approval.

▪ **The proposed strategy for project design and implementation:**

Along with the comprehensive assessment of criminal justice and behavioral health needs to be conducted by the Well Florida Council, LSF Health Systems will utilize the technical assistance provided by the CJMHSAs Technical Assistance (TA) Center to engage stakeholders in the Sequential Intercept Mapping (SIM) process. *A letter of from USF-FMHI* confirming their commitment to conduct the SIM in Hernando County should the CJMHSAs planning grant be awarded is included in TAB 6.

The process of Sequential Intercept Mapping (SIM) will assist the county, community agencies/providers, consumers, family members, and other stakeholders in better understanding the interaction between the criminal justice and behavioral health systems. The SIM process identifies the intercepts through which individuals (with SA, MH, or CODs) navigate the criminal justice system and helps identify the population(s) that should be targeted for services at various points in the process. The SIM process helps transform fragmented systems; identify local resources, needs, and gaps; and identify access points in the linear flow of the criminal justice system for service delivery and other policy/process interventions.

Priority areas and decision-makers or persons with responsibility for specific tasks will be identified to move priorities to the action and implementation stage. The CJMHSAs TA Center conducts the mapping process over the course of 1.5-2 days. This process is followed by a written report that will serve as the centerpiece for the development of the comprehensive strategic plan. The comprehensive strategic plan will be developed in collaboration with community stakeholders and will be led by the Planning Grant/Strategic Planning committee. The plan will be presented to the Public Safety Coordinating Council for review, input, and final approval.

▪ **The proposed strategy for coordination, communication and data sharing.**

The Project Coordinator will serve as the primary point of contact for community agencies, the CJMHSAs TA Center, and all stakeholders; this individual will have primary responsibility for coordinating, communicating, and ensuring data sharing among community stakeholders and agencies according to approved protocols.

LSF Health Systems (LSFHS) has utilized the resources provided by the TA Center, including its web-based resources at [www.floridatac.org](http://www.floridatac.org), to guide the development of the proposal; LSFHS will continue to take advantage of the expertise of the TA Center, should the grant be awarded, to guide its practices throughout the life of the project and

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beyond. LSFHS will ensure that coordination, communication and data sharing protocols developed by community stakeholders are based upon best practices and lessons learned from previous grantees through consultation with the CJMHSAs TA Center.

**C. PERFORMANCE MEASURES**

- **Include a description of the manner in which the grant will be monitored to determine achievement of performance measures outlined in Section 2.4, including:**

The Project Coordinator will have primary responsibility for monitoring achievement of performance measures. Bachelor’s and Master’s level interns from the fields of social work, public health, and mental health counseling will provide support to the Project Coordinator in tracking data and the timeline stated for each objective to ensure achievement of the performance measures. Furthermore, Jeff Feller, Executive Director of Well Florida Council has pledged 104 hours of in-kind technical assistance to the project to promote achievement of the goals and objectives and assist in monitoring progress. Monthly progress reports will be prepared and submitted by the Project Coordinator to the planning grant committee and quarterly to the PSCC.

Required reports will be submitted to the Department of Children and Families according to the schedule outlined in the RFA as detailed below. Additional deliverables are detailed in the Project Timeline.

<b>Reports Due to Department of Children and Families</b>	<b>Timeline</b>
<b>Program Status Report</b>	<b>15th day of the month following the quarter of program services and activities</b>
<b>Financial Report</b>	<b>15th day of the month following the quarter of program services and activities</b>
<b>Needs Assessment Report</b>	<b>Within 90 days of the execution of the final Grant Agreement</b>



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<b>Comprehensive Strategic Plan</b>	<b>Within 365 days of the execution of the final Grant Agreement</b>
<b>Final Program Status Report</b>	<b>No later than 60 days following the ending date of the Grant Agreement</b>
<b>Final Financial Report</b>	<b>No later than 60 days following the ending date of the Grant Agreement.</b>

**Project Goal**

**Develop need-based, data-informed strategic action plan to increase Hernando County’s capacity to divert adults with a mental illness, substance abuse or co-occurring disorder from arrest, prosecution, or incarceration and into treatment and support services.**

**Objective 1 – Develop Strategic Action Plan**

Through a collaborative community process, the Hernando CJMHSR Planning Grant committee (with support provided by the Project Coordinator) will develop and submit a Strategic Action Plan that complies with the requirements of Appendix A of the RFA. The strategic action plan will include all components in the format outlined in the RFA, including but not limited to project goals, strategies, milestones, key activities, and persons responsible.

**PROJECT OBJECTIVES:**

<b>Objective 1 – Develop Strategic Action Plan</b>			
<b>Tasks</b>	<b>Target Date</b>	<b>Performance Measure</b>	<b>Methodologies</b>
1. Conduct a current and thorough needs assessment, including clear delineation of the Target Population(s)	Within 90 days of execution of final grant agreement.	<b><u>Measure #1 Required by Section 2.4.1:</u></b>  <b>The needs assessment and identification of the Target Population are completed within</b>	<ul style="list-style-type: none"> <li>- Contract with Well Florida Council to include:</li> <li>- Review of existing data</li> <li>- Survey</li> <li>- Focus group</li> <li>- Key informant interviews</li> </ul>

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<b>Objective 1 – Develop Strategic Action Plan</b>			
<b>Tasks</b>	<b>Target Date</b>	<b>Performance Measure</b>	<b>Methodologies</b>
		<b>90 days of execution of the final grant agreement.</b>	
<u>2.</u> Evaluate at least quarterly the proposed planning activities identified in the application to determine whether or not milestones are being met.	Monthly with quarterly reports to PSCC	<b>Additional Measure:</b> Quarterly reports are submitted to PSCC for review.	<ul style="list-style-type: none"> <li>- Social work, public health and/or mental health counseling interns will assist Project Coordinator in tracking required tasks and timelines</li> <li>- In-kind technical assistance to be provided by Jeff Feller, Well Florida Council</li> </ul>
<u>3.</u> Develop Strategic Action Plan and Submit to DCF	Within 365 days of execution of the final grant agreement	<b>Measure #2 Required by Section 2.4.1:</b> The Strategic Plan is completed within 365 days of execution of final grant agreement	<ul style="list-style-type: none"> <li>- Collaborative community process through regularly scheduled meetings</li> <li>- Sequential Intercept Mapping (SIM) to be provided by USF-FMHI</li> <li>- Format and components required in Appendix A of RFA</li> </ul>

**Objective 2 – Collaboration**

Create and encourage collaboration among key stakeholders in developing a comprehensive Strategic Plan.

<b>Objective 2 – Create and Encourage Ongoing Collaboration</b>			
<b>Tasks</b>	<b>Target Date</b>	<b>Performance Measure</b>	<b>Methodologies</b>
<u>1.</u> Involve key stakeholders, including potential sources of subject matter expertise and funding in planning actions	First meeting of planning grant committee within 30 days of grant award.	<b>Additional Measure:</b> Planning grant committee includes representation from criminal	<ul style="list-style-type: none"> <li>- Minutes of meeting will document participation of members and frequency of meetings</li> </ul>



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<b>Objective 2 – Create and Encourage Ongoing Collaboration</b>			
<b>Tasks</b>	<b>Target Date</b>	<b>Performance Measure</b>	<b>Methodologies</b>
		justice as well as behavioral health agencies, consumers and family members.	
<b>D.</b> Provide key stakeholders with expert consultation and education on specific approaches and their linkage to best known effective mental health and substance abuse treatment practices, diversion strategies, and recovery oriented services	Quarterly	<b><u>Additional Measure:</u></b>  Development and dissemination of community resource guide for Hernando County within 12 months of grant award	- Quarterly presentations by community experts at PSCC meetings
<b>E.</b> Establish formal partnerships among agencies to provide and coordinate services	Within 180 days of execution of the final Grant Agreement.	<b><u>Measure #3 Required by Section 2.4.1:</u></b>  Legally binding agreements, with a minimum of three (3) agencies are established within 180 days of final grant agreement.	▪ Memorandum of Understanding (MOU)
<b>F.</b> Derive methodologies for sharing data and information among partners.	Within 270 days of execution of the final Grant Agreement.	<b><u>Measure #4 Required by Section 2.4.1:</u></b>  Data sharing, collection and reporting methodologies	Adoption of best practices and lessons learned from other grantees through USF-FMHI TAC

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<b>Objective 2 – Create and Encourage Ongoing Collaboration</b>			
<b>Tasks</b>	<b>Target Date</b>	<b>Performance Measure</b>	<b>Methodologies</b>
		among partners and the CJMHSR TAC are completed within 270 days of execution of the final grant agreement as evidenced by dissemination of data collection, sharing and reporting protocols.	

**Objective 3 – Conduct a Sequential Intercept Mapping (SIM) workshop through USF-FMHI’s Technical Assistance (TA) Center to map key points of intercept and achieve consensus regarding implementation priorities.** LSF Health Systems has reached out to the TA Center to inquire about the availability of the SIM workshop as the priority for technical assistance upon award. The USF-FMHI TA Center is committed to assisting LSF Health Systems and the Hernando community in ensuring the success of the planning grant activities upon award. A letter from USF-FMHI is included in TAB 6.

<b>Objective 3 – Conduct Sequential Intercept Mapping (SIM) and achieve consensus regarding implementation priorities</b>			
<b>Tasks</b>	<b>Target Date</b>	<b>Performance Measure</b>	<b>Methodologies</b>
1. Conduct SIM workshop	Workshop conducted within 150	<u><b>Additional Measure:</b></u> SIM workshop	- SIM workshop process to include intercept map, identification of

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	days or earlier of final grant agreement	conducted within 150 days or earlier of final grant agreement as documented by agenda from the mapping, the sign-in sheet to document participation, and the final report provided by the TA Center.	strengths, needs, and priorities for change. - Utilize results of mapping process as foundation for development of comprehensive strategic action plan
2. Develop list of appropriate grant opportunities for identified priorities through collaborative process and develop plan to leverage other sources of funding	Following review of SIM report and ongoing thereafter	<b><u>Additional Measure:</u></b>  Within 45 days of final SIM report, initial list of funding opportunities submitted to planning grant committee for consideration.	- LSFHS Resource Development will provide grant opportunity summaries for potential funding options as well as evaluation matrix to be used by the planning grant committee

- **A description of the process for collecting performance measurement data, and any other state or local outcome data to measure project effectiveness:**

The Project Coordinator will document and collect the information necessary to measure and monitor the performance measures outlined above. Bachelor's and Master's level interns will assist the Project Coordinator in tracking data/trends, monitoring goals and objectives of the grant, and assisting with the preparation of reports and presentation materials for review by the Planning Grant committee and the Public Safety Coordinating Council (PSCC). The Project Coordinator will consult with



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the CJMHSR Technical Assistance Center regarding best practices and lessons learned from other grantees.

- **Proposed targets and methodologies to address the measures specified in Section 2.4.1, for Planning Grants:**

Please see the table on pages 51-54.

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

An additional objective **“Conduct Sequential Intercept Mapping (SIM) and achieve consensus regarding implementation priorities”** is detailed in the table above to assist with the development of a comprehensive strategic plan. Several additional measures are identified to monitor this objective, as outlined in the table on pages 51-54.

**G. CAPABILITY AND EXPERIENCE (16 PTS)**

- **Include a description of the Applicant’s capability and experience in providing similar services, including:**

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

**LSF Health Systems**, an arm of Lutheran Services Florida (LSF), is one of the seven Managing Entities serving the state of Florida through a contract with the Florida Department of Children and Families. LSF Health Systems was established in July 2012 to oversee a 23-county region in Northeast and North Central Florida. Counties served by LSF Health Systems include Alachua, Baker, Bradford, Citrus, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Hernando, Lake, Lafayette, Levy, Marion, Nassau, Putnam, St. Johns, Sumter, Suwannee, Union, and Volusia counties.

LSF Health Systems promotes and supports the development of holistic, innovative, and evidence-based substance abuse and mental health programs within a strength-based, recovery-oriented system of care. We envision communities where every child, adult, and family has access to the behavioral health care services they need to live well and be well. Our mission is to develop and sustain an integrated system of behavioral health care through a network of services built on integrity, innovation, and collaboration. Our network consists of 40+ leading behavioral health organizations that provide a comprehensive range of mental health, substance abuse, and primary care services for uninsured children, adults, and families who are unable to afford care. LSF



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Health System's goal is to ensure that every child and adult in need receives the right service, at the right time, and in the right setting.

LSF Health Systems manages a network of providers that deliver evidence-based mental health and substance abuse services to uninsured and indigent individuals who are involved with the criminal justice system. These providers include Baycare Behavioral Health and LifeStream Behavioral Center who deliver services to residents of Hernando County.

*LSF Health Systems history of success with SIM process in Duval County and the Jacksonville Criminal Justice Behavioral Health Collaborative:* As the Managing Entity for the Northeast Florida region, LSF Health Systems was instrumental in securing a Sequential Intercept Mapping (SIM) technical assistance grant in Duval County from the SAMHSA GAINS Center for Behavioral Health and Justice Transformation. The SIM Strategic Planning process identifies opportunities and resources for diverting individuals who suffer from mental illness out of the criminal justice system at various intercepts along the Sequential Intercept Model and into appropriate behavioral healthcare services. LSFHS enlisted the participation of local judges, public defenders, re-entry stakeholders, the sheriff, mental health and substance abuse providers, area hospitals, and many other key decision makers who came together to establish a local set of priorities and action steps for effective systems change. The initial "SIM Workgroup" has since become the Jacksonville Criminal Justice Behavioral Health Collaborative which meets on a regular basis to advance the key priorities identified through the SIM strategic planning process. This collaborative continues to be chaired by LSF Health Systems staff.

### **Hernando County Health and Human Services**

Hernando County Health and Human Services provides a diverse array of services to assist with resolving health and human services needs and to improve residents' quality of life through direct services, advocacy and community networking. The department is responsible for the coordinating, evaluating and monitoring all health and human service contracts, activities, programs and grants provided to or by Hernando County through state-mandated programs and/or other providers.

The goal of the Health & Human Services Department is to provide interim assistance to Hernando County residents and to promote social and economic self-sufficiency. The department oversees the processing of several unfunded state mandates such as, Health Care Responsibility Act (HCRA), Medicaid Reimbursement, Juvenile Detention Cost Sharing, Baker Act Services, Financial Responsibility for Medical Services of Person Arrested, Child Protection Team Medical Examination, and the Disposition of Dead Bodies mandate in accordance with Florida Statutes. Health and Human Services assist and provide access for residents to register for employment and training opportunities and programs, serves as a Certified Assistant Site for Florida Kid Care,

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Certified Application Counselors for Affordable Care Act, Access Florida Platinum Partner for Department of Children and Families and recently completed training for SSI/SSDI Outreach, Access, and Recovery (SOAR) designed to increase access to Social Security Administration disability benefits Supplemental Security Income and Social Security Insurance for eligible adults who experiencing or at risk of homelessness and have a mental illness, medical impairment and or a co-occurring substance use disorder.

**Hernando County Sheriff's Office**

Hernando County Sheriff provides service to the community pursuant to Chapter 30.F.S.S. (2012). The Hernando County Sheriff's Office is committed to responding to the needs of citizens of Hernando County. Hernando County Sheriff's Office mission is to maintain peace and order, safeguard life and property and protect individual rights through the delivery of professional services.

**Sheriff Al Nienhuis** began his law enforcement career in 1989 as a Special Agent with the State of Florida, Division of Alcoholic Beverages and Tobacco. He attained the rank of Captain in the Fort Myers District Office before leaving in January 2001 to serve as Undersheriff for the Pasco County Sheriff's Office. He has been Sheriff of Hernando County since January 1, 2011. Sheriff Nienhuis holds both Bachelor's and Master's Degrees in Business Management from the University of South Florida. He is a graduate of the FBI National Academy (Class 197) in Quantico, VA. Current or recent affiliations include: Hernando County Chamber of Commerce Board of Directors, Florida Sheriff's Ranches Enterprises Chairman of the Board, Dawn Center Board of Directors (President), Youth and Family Alternatives Board of Directors, Arc Nature Coast Board of Directors (Secretary), and the Hernando County Habitat for Humanity Advisory Board.

**Well Florida Council, Inc. (Well Florida)** is one of Florida's 11 local health planning councils, as created in Florida Statute 408.033. It is a private, not-for-profit 501(c)(3). Its mission is to forge partnerships in planning, research and service that build healthier communities. Well Florida was initially formed in 1969 as a local health planning agency (North Central Florida Health Planning Council) under the auspices of a federal health planning mandate. Located in Gainesville, Well Florida serves 16 north central Florida, covering more than 11,000 square miles and 1.6 million residents. The counties served by the Council include: Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, and Union. Well Florida Council is governed by a 24-member Board of Directors whose members are appointed by the Boards of County Commissioners from each of the sixteen (16) counties that we serve. Well Florida successfully administers between \$10 and \$11 million annually in program budgets, the vast majority of which are state and federal pass-through dollars for direct care services. For over 45 years, Well Florida has successfully provided communities the insights, tools, programs and services necessary to meet their healthcare needs and improve health outcomes. Well Florida partners with

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governmental agencies, community-based organizations, healthcare facilities, universities, private entities and nonprofits to accomplish its mission. We conduct market, health planning and utilization research; enterprise development; needs assessments; health plans; program evaluations; community health profiles; education on health outcomes; and solution-driven strategic planning.

***BayCare Behavioral Health (BCBH)***

The parent company of BCBH, BayCare Health System (BHS), is the largest family of health care providers in Florida, consisting of fourteen not-for-profit hospitals in the Tampa Bay region. As the behavioral health service line for BHS, BCBH is one of the largest and most comprehensive mental health and substance abuse treatment centers in Florida. BCBH is a tobacco-free workplace and promotes abstinence from all tobacco products. Service options include a full continuum of outpatient, residential, intervention, prevention, employee/student assistance programs, recovery programs, wellness programs and case management services for both substance abuse and mental health. One of our major service clinics is located in the Brooksville area of Hernando County.

The commitment to this project for BCBH is to continue our work with individuals and their families to regain and build upon essential assets by placing them at the center of a recovery oriented system of care that wraps services and support systems around them. BCBH has a long history of providing services within Hernando County and has been licensed by the Florida Department of Children and Families (DCF) and the Agency for Health Care Administration (AHCA) to provide substance abuse and mental health services for over 40 years. BCBH is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). In addition to its positive relationships with national and state funding, BCBH also has long-standing working relationships with all the local partners critical to this project.

▪ **Availability of resources for the proposed project;**

The opportunity to make an impact through access to the technical assistance and resources necessary to address unmet needs is critical in moving communities forward in taking action to achieve cross-systems collaborative change. The CJMHSR Reinvestment Grant offered by the Florida Department of Children and Families provides an opportunity for Hernando County to receive the technical assistance and expert consultation available through the University of South Florida (USF) Florida Mental Health Institute's (FMHI) Technical Assistance Center (TAC). This, as well as the prospect of future state and federal opportunities - with grant seeking assistance to be provided by LSF Health Systems, has been instrumental in mobilizing community stakeholders to re-establish the Hernando PSCC as an active council that fulfills a critical collaborative planning role in Hernando County.

As noted previously, LSF Health Systems will contribute a number of critical resources as a Managing Entity to benefit the project and is committed to the success of this



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project:

- Resource development efforts for research and screening of funding opportunities, development of opportunity summaries and an evaluation matrix to be provided to the Project Coordinator and Planning Grant Committee for review and discussion.
- Community Engagement (CE) specialist position serving Circuit 5, who will assist in building relationships and coordinating resources in the community. This position will also serve as an additional member on the Public Safety Coordinating Council in Hernando County.
- Housing System Coordinator and Housing Care Coordinator positions that provide technical assistance and assist providers in resolving barriers to affordable housing for homeless individuals with behavioral health disorders.
- Bachelor's and Master's level interns from the fields of social work, public health, and mental health counseling who will provide support to the Project Coordinator in preparing meeting documents, developing a comprehensive resource guide for Hernando County, and collecting data, and tracking achievement of the goals and objectives of the project according to the stated timeline.

Other resources include the in-kind services and resources to be provided by:

- **Veda Ramirez, Hernando County Health and Human Services Manager**, who will coordinate meetings of the Public Safety Coordinating Council, serve on the Needs Assessment Steering Committee and the Planning Grant Committee, and play a key role in supporting the activities of the grant. Ms. Ramirez will serve as a resource to the Project Coordinator who will be housed in the Health and Human Services offices at the county.
- **Office space for the Project Coordinator** within the county administration building which will facilitate access to key county and criminal justice officials. Meeting space is also being contributed by the county to meet the objectives of the grant.
- **Jeff Weller, CEO, WellFlorida Council, Inc.**, who will devote 104 hours of in-kind services above and beyond the work of Well Florida Council in conducting the needs assessment. Mr. Feller will participate in planning grant meetings, provide technical assistance during the course of the planning grant and assist with the evaluation.
- **Time, perspective, and expertise contributed by the various Public Safety Coordinating Council members and community stakeholders** who have committed (please see list in TAB 6) to participating in the needs assessment, SIM workshop, and strategic plan development.

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▪ **Anticipated role of advocates, family members, and responsible partners; and**

Two consumers and a family member who is also the executive director of NAMI are official members of the Hernando Public Safety Coordinating Council (please see their letters of commitment in TAB 6). Through this process, they now have an equal voice on the council as well an opportunity to impact the direction of planning and implementation efforts as advocates of individuals with mental illness, substance abuse or co-occurring disorders. Given the fact that 1 in 5 individuals is affected by a mental health or substance abuse disorder, the likelihood of other PSCC members being advocates, family members, consumers, or responsible partners is significant, even though they may not officially identify themselves such. In their letters, the consumers, family member and other PSCC members will be:

- Actively participating in PSCC quarterly meetings and support the activities of the PSCC in accordance with Florida Statutes s. 951.26 F.S. and s. 394.657 F.S.
- Serving as a source of subject matter expertise in planning actions.
- Participating in the Sequential Intercept Mapping (SIM) workshop to be conducted by Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center through the University of South Florida, Florida Mental Health Institute (USF-FMHI) as well as any other technical assistance provided to Hernando County as a CJMHSR grantee.
- Participating in the development of a strategic plan to initiate system change for the identification and treatment of individuals who have a mental illness, substance abuse disorder, or co-occurring mental health and substance abuse disorder and who are in, or at risk of entering the criminal justice system.
- Making formal recommendations to the Board of County Commissioners regarding how the Criminal Justice, Mental Health, and Substance Abuse Re-investment grant resources may be best implemented.
- Assisting in deriving methodologies for collecting, reporting and sharing data among partners, including the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center (FMHI, University of South Florida).
- Assist in conducting a performance assessment of the planning actions and providing critical oversight and direction to this project.

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April Johnson, Community Engagement Coordinator for the Dawn Center, an organization that has been providing support to survivors of domestic and sexual violence in Hernando for nearly 30 years, also provided a letter of commitment (please see TAB 6) to contribute to the needs assessment, the SIM mapping process and to participate in the developing of the comprehensive strategic plan.

As an advocate of survivors of domestic and sexual violence, Ms. Johnson noted:

“In our field we understand that mental health and substance abuse is often co-occurring with victims of violence. Many of our program participants have become substance abusers to cope with the trauma they have suffered from the abuse. Some batterers use substance abuse as a way to gain power and control over their victims and thus leaving those victims addicted to alcohol and narcotics. Trauma from domestic violence and sexual assault can cause a variety of mental health issues such as PTSD, depression, anxiety, and suicidal thoughts. Often times these participants need supportive clinical services and they are scarce in our county. We provide an eight-week emergency shelter program. Lack of resources can leave graduates of the program with no alternative other than to go back to their abusive environment. Some of the reasons for this unfortunate situation is due to lack of funding, treatment options, and transitional housing. A spiraling effect can take place which can lead to theft and other criminal activity and ultimately the criminal justice system. Considering the fact that victims and perpetrators can suffer from mental health and substance abuse issues we will have valuable input into the mapping project.”

- **Proposed staff, including Project 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.**

Role	Level of effort	Primary responsibility
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<p>Project Coordinator - Contracted Hernando County resident with a minimum of 2 year's work experience in criminal justice/ behavioral health</p>	<p>16 hours per week X 50 weeks</p>	<p>Execution of Planning Grant objectives, including coordination, communication, and sharing of information among partners.</p> <p>Overall supervision of the project to be provided by Christine Cauffield, Psy.D. – Executive Director of LSF Health Systems</p>
<p>Veda Ramirez, Health and Human Services Manager – Hernando County</p>	<p>.15 FTE – in-kind match</p>	<p>Coordinate meetings of the Public Safety Coordinating Council, serve on the Needs Assessment Steering Committee, participate in Planning Grant Meetings, and play a key role in supporting the activities of the grant.</p>
<p>LSFHS Interns</p>	<p>15 hours per week X 38 weeks – Bachelor's or Master's Level Interns in the field of social work, public health, or mental health counseling.</p>	<p>administrative support to the Project Coordinator as follows: developing a comprehensive resource guide for individuals with behavioral health needs in Hernando County, completing administrative tasks (agenda development, preparing minutes, reports, forms, and presentation materials), assisting with data research for the needs assessment, and tracking the goals and objectives of the grant. The interns do not receive any</p>

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		compensation for their time
LSFHS Director of Resource Development	Provided in-kind (though not eligible toward local match requirement) .15 FTE. Master's Degree in Clinical Psychology. 15 years of experience in fund development for behavioral health non-profits.	Research and screen funding opportunities; prepare opportunity summaries and evaluation matrix for review by Planning Grant. Provide time and resources for development and submission of grant applications.
Well Florida Council	Well Florida is one of Florida's 11 local health planning councils, as created in Florida Statute 408.033. Well Florida serves 16 north central Florida counties, including Hernando. The needs assessment will comply with the scope of the RFA.	Comprehensive Needs Assessment
USF-FMHI TA Center	1.5 -2 day workshop plus final report. Funded by the Department of Children and Families	Conduct Sequential Intercept Mapping (SIM) and other Technical Assistance.
Jeff Feller, CEO -Well Florida Council	104 hours of in-kind technical assistance over 12-month period	Participate in planning grant meetings, provide technical assistance during the course of the planning grant and assist with the evaluation.

**H. EVALUATION AND SUSTAINABILITY (24 pts)**

**Evaluation**

- Describe how the project's effectiveness will be demonstrated, including

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**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).**

Please see pages 49-55 for a detailed discussion of these areas in the Performance Measures section of the proposal.

**Sustainability**

- **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 efforts will be measured and evaluated against the comprehensive strategic plan to ensure that the goals and objectives are achieved. The Public Safety Coordinating Council will continue to review quarterly reports to monitor progress beyond the life of the planning grant and make recommendations to the Board of County Commissioners on how to best implement future reinvestment implementation grant and other available funding resources.

Based on its success sustaining the efforts of the workgroups that were implemented to advance the five priorities identified by the Duval Sequential Intercept Mapping (SIM) process in 2015, LSF Health Systems (LSFHS) will provide the support and resources necessary to sustain the results of the Hernando SIM strategic planning workshop beyond the life of the grant. LSFHS will: 1) promote the development of workgroups to carry forward the implementation of the top diversion priorities identified by community stakeholders; 2) provide support and coordination of workgroup meetings to be continued at a minimum quarterly beyond the life of the grant.

These workgroups will continue to include key representation of all those who participated the collaborative strategic planning process, to include government agencies, law enforcement, the criminal, juvenile, and civil justice systems, mental health and substance use service providers, transportation programs, housing assistance programs, and intervention programs. Legally binding agreements established with at least 3 partner agencies during the course of the grant period will continue to guide collaborative efforts and will be expanded to include additional partnerships identified as critical to sustain the project.