

### 3.8.4 Project Narrative

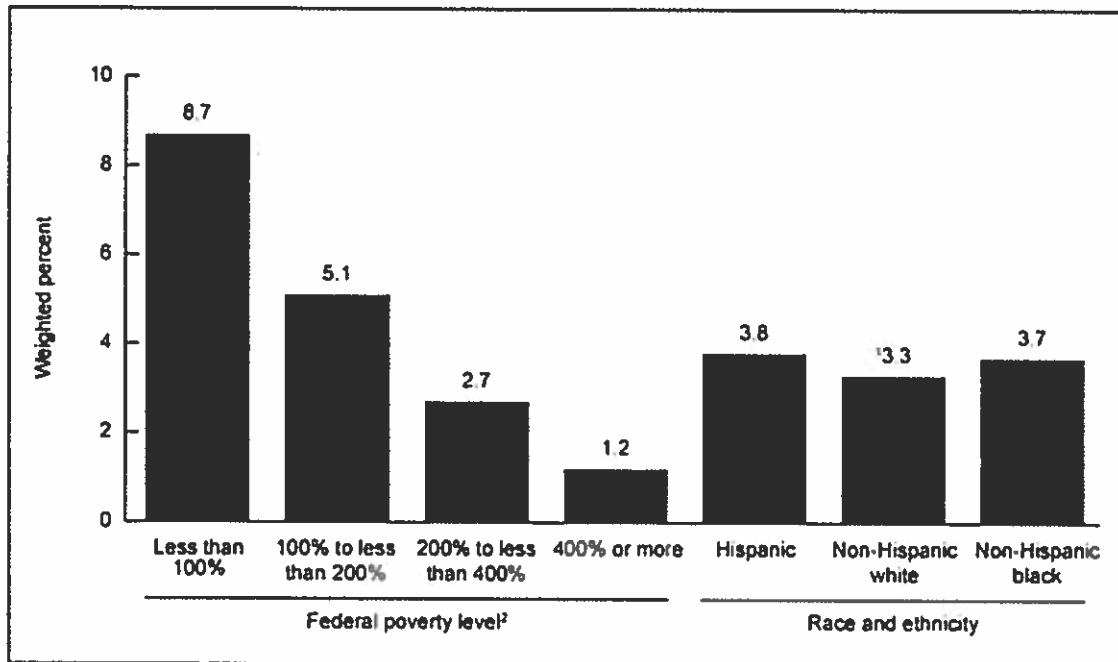
#### 3.8.4.1 Statement of the Problem

Indian River County (IRC) is located in the Treasure Coast region of Florida and was formed in 1925 from the northern portion of St. Lucie County. It was named for the Indian River Lagoon which runs through the eastern portion of the county. Indian River County comprises a land area of 617 square miles with a population of 147,919. The 2015 United States Census Bureau population breakdown by race is: 87.1% White; 9.3% Black; 5% American Indian; 1.5% Asian; 1.5% Two or More Races; with 12.1% of the overall population being of Hispanic Origin. Indian River County has a Per Capita Income of \$31,089 and a Median Household Income of \$44,645. The Poverty Rate of 14.7% reflects an increase of 1.3% from 2013; and, 22.8% of the population under the age of 65 does not have health insurance and 9.8% have a disability.

Despite the high Median income assessments, it is more accurate to interpret the County's composite financial demographics as skewed due to several isolated pockets of markedly elevated wealth. From a socio-economic perspective, Indian River County is a severely dichotomous community with the affluent population of the eastern County's coastal towns standing in stark contrast to the poverty in rural and urban parts of the County. While the Indian River County Mental Health Court (IRCMHC) facilitates the needs of mentally ill individuals with criminal justice involvement without regard for economic variables, the reality is that the financially stable population in need of help will be accessed to services that will be paid for by insurance or other means of private-payment; therefore, rendering the majority of the proposed services that will be funded by the Criminal Justice, Mental Health, and Substance Abuse (CJMHS) Reinvestment Grant program to be administered to the poor in Indian River County.

According to the **CDC's Public Health Surveillance Fact Sheet on Mental Health**, approximately 25% of all U.S. adults have a mental illness and nearly 50% of U.S. adults will develop at least one mental illness during their lifetime. In 2014, the **National Institute of Mental Health** determined there is an estimated 9.8 million adults aged 18 or older in the U.S. with Serious Mental Illness (SMI); this number represents 4.2% of all adults in the United States. **Based on the 2014 Indian River County 18 years and older adult population of 119,814, there are 5,032 adults in IRC with SMI.** And, the financially disadvantaged among this population are at the highest risk as research has determined that poverty has a deleterious effect on both the causation and opportunities for remediation of mental illness. According to the **CDC's National Health Interview Survey, 2009–2013**, a total of 8.7% of adults with income below the federal poverty level had serious psychological distress, compared with 1.2% of adults with incomes at or above 400% of the poverty level. (Serious psychological distress defined as having a score greater than or equal to 13 on the Kessler 6 (K6) nonspecific distress scale. The six-question K6 was developed to identify persons with a high likelihood of having a diagnosable mental illness and associated functional limitations, using as few questions as possible.)

**Figure 2. Age-adjusted percentage of adults with serious psychological distress, by income relative to federal poverty level and by race and ethnicity: United States, 2009–2013**



<sup>1</sup>Significantly lower than for other races and ethnicities.

<sup>2</sup>Significant decreasing linear trend by poverty level.

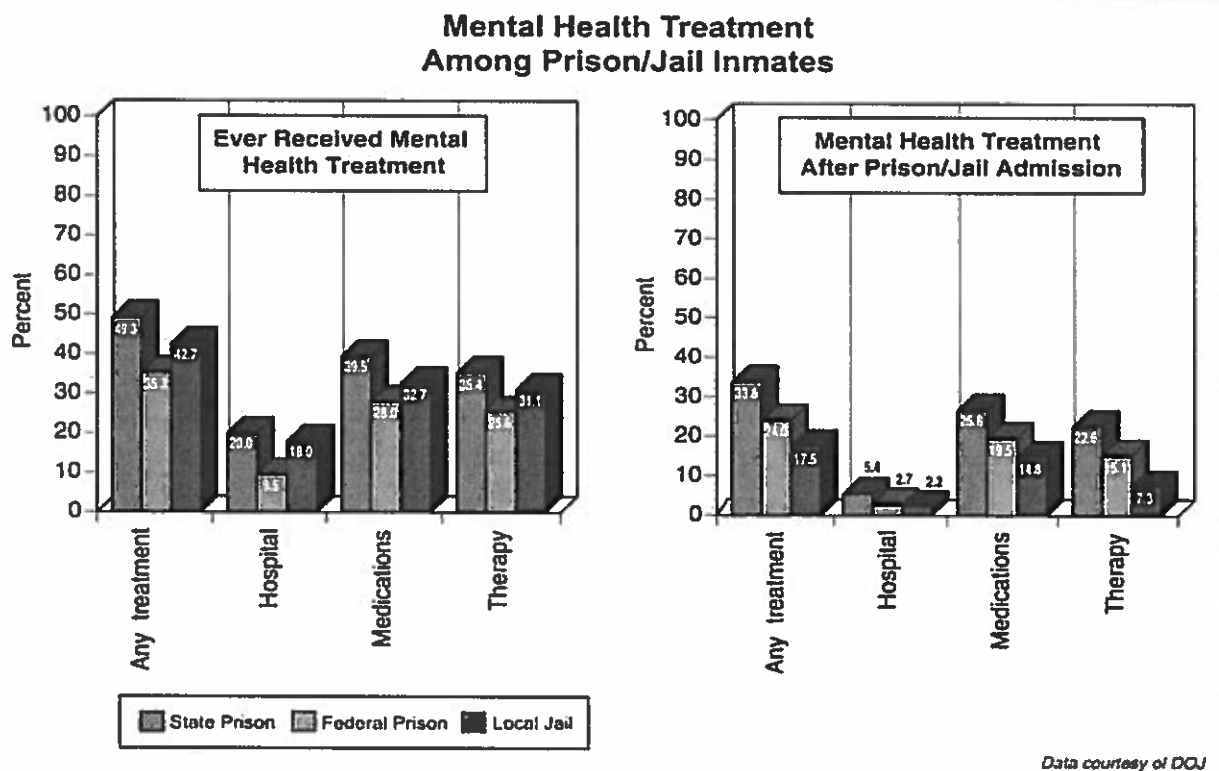
SOURCE: CDC/NCHS, National Health Interview Survey, 2009–2013.

It is a continually presenting fact that a significant segment of the adult population interfacing with the criminal justice system, many of whom live in poverty, have an undiagnosed and untreated mental health, substance abuse or co-occurring disorder. Many of these individuals and their families are unaware of how to obtain services for their conditions, and their only options to receive treatment are by accessing care through some of the costlier and less efficient points of entry into the healthcare delivery system including emergency rooms, acute crisis services, and ultimately the adult criminal justice system. These individuals have often had unsuccessful educational experiences and are unemployed, both of which are factors often leading to homelessness or housing instability, nutritional insecurity and limited access to transportation; and so, when this population is released back into the community they are at significant risk of reentering the facilities that have previously proven ineffective in assisting with their overall challenges. This revolving door pattern accomplishes very little and often contributes to increased recidivism for this population while draining the community's limited financial resources that could instead represent funding for more appropriate and effective mental health services.

Life circumstances become particularly difficult for individuals cycling in and out of the jails as these institutions were never designed, equipped or funded to deal with the behaviors associated with serious mental illness. It is documented that mentally ill offenders typically spend twice as long in jail as non-mentally ill offenders, adding to what is already a costly and inefficient way to address the needs of this population. In addition to high costs, it is important to recognize that this de facto approach to dealing with such a compromised population does not reflect principled values of treating individuals

humanely whether they have either physical or behavioral health challenges. Mental Health America, the oversight agency for Mental Health Courts, states that numerous jurisdictions across the United States have created Mental Health Courts to respond to the increasing number of defendants with serious mental health conditions caught up in the criminal justice system. Mental health courts hold offenders accountable while linking them to the treatment services they need to address their mental illness. In addition to being more compassionate, monitoring and treating offenders with SMI in a mental health court is more effective, efficient and less expensive than the remedies available through traditional justice system approaches.

Evidencing the lack of effective behavioral health services for the incarcerated population who have mental health challenges, the Department of Justice's **Survey of Inmates in State and Federal Correctional Facilities (2004)** and **Survey of Inmates in Local Jails (2002)** indicate that the rate of mental health problems also differs by the type of correctional facility. In this study, a mental health problem was defined as receiving a clinical diagnosis or treatment by a mental health professional. Inmates in local jails had the highest prevalence of mental problems, with nearly two thirds of jail inmates (64.2 percent) satisfying the criteria for a mental health problem currently or in the previous year. The same Department of Justice surveys also indicate: that fewer than half of inmates who have a mental health problem have ever received treatment for their problem; a third or fewer received mental health treatment after admission; and, that these rates differ depending upon the type of correctional facility with local jails having the lowest post-incarceration treatment enrollments.



Despite the known systemic inadequacies, it is estimated that 125,000 individuals with mental health disorders are booked into Florida jails and prisons each year. Data concerning the jail population in Indian River County reflects this trend with at least 45% of the jail population reporting a mental health disorder and 30% of them receiving treatment with psychotropic medications. In IRC jails in 2015, there were 1,724 mental health clinical evaluations and 1,411 mental health orders received; and, a total of 215 inmates were placed on withdrawal protocol upon entering jail. Many have still not been properly diagnosed because they refuse to cooperate with mental health staff and, therefore, cannot be properly assessed. And, in addition to the high occurrence rate of mental illness, it is estimated that a minimum of 55% of all IRC inmates have a substance abuse problem. Indian River County, being a smaller community, historically lacked the necessary collaborative behavioral health and judicial infrastructure to divert individuals requiring mental health services from entering the criminal justice system. Almost two years ago, it was determined that a reliably viable solution would be to implement a Mental Health Court- a system that has been successfully implemented in other counties in Florida and throughout the United States. The Indian River County Mental Health Court (IRCMHC) pilot program began in January 2015 and has served a total of 108 individuals to date, with 81 of them still actively enrolled and 12 graduations. **The success rate for IRCMHC is 44%; with the proposed funding allocation from this grant application, SEFBHN will work with local provider and stakeholder agencies to increase these already substantial positive outcomes.**

The Criminal Justice, Mental Health, and Substance Abuse (CJMHS) Reinvestment Grant program will help Indian River County serve more adults with a mental illness, substance abuse disorder or co-occurring disorders in the criminal justice system who have been recommended for Mental Health Court. **The CJMHS Implementation and Expansion grant will enable the IRCMHC to serve 175 clients per year.** It was anticipated at the outset that the IRCMHC would have 35-50 participants, with the program originally designed to serve a maximum of 60 clients; with the current case load of 81 clients exceeding the established ceiling, the need for IRCMHC is substantially greater than estimated. The currently forecasted number of 175 is believed to more accurately reflect the need.

The CJMHS grant will help the IRCMHC meet their goals by diverting individuals from the criminal justice system and linking them to community-based services and supports in order to address root causes of criminal behavior through effective services intervention. The primary needs and circumstances of the majority of this population are as follows: often identifying as homeless or in need of stable housing; lacking transportation; lacking a support system; unemployment and underemployment; uninsured or underinsured; lacking stable financial resources; and, presenting mostly with one or more of the following diagnoses- schizophrenic disorder, depression, bipolar affective disorder, substance use disorder, co-occurring disorders of mental illness and substance use disorder, and post-traumatic stress disorder. SEFBHN will help improve the accessibility and effectiveness of treatment services which will in turn increase public safety and avert increased spending in the criminal justice systems.

Incorporating the target population to be served by this grant application, SEFBHN's overall priority population guidelines include: adults with a serious mental illness (SMI),

substance use disorder (SUD), or co-occurring disorders who demonstrate high utilization of acute care services, including crisis stabilization, inpatient, and inpatient detoxification services (for the purposes of this document, high utilization is defined as: adults with three (3) or more acute care admissions within 180 days; or, adults with acute care admissions that last 16 days or longer); adults with a SMI awaiting placement in a state mental health treatment facility (SMHTF) or awaiting discharge from a SMHTF back to the community; persons with a SMI, SUD, or co-occurring disorders who have a history of multiple arrests, involuntary placements, or violations of parole leading to institutionalization or incarceration; caretakers and parents with a SMI, SUD, or co-occurring disorders involved with child welfare; and, individuals identified by SEFBHN, network providers, or the Department, as potentially high risk due to concerns that warrant care coordination.

Providing further definition of the target population specific to this grant application, the eligibility guidelines for the IRCMHC are as follows:

- A. A defendant who is adjudicated incompetent to proceed, or not guilty by reason of insanity and /or placed on conditional release will be transferred to Mental Health Court. A defendant committed to a forensic facility for competency restoration or treatment for insanity may be transferred to the Mental Health Court upon agreement of the assigned Judge, State Attorney and defense counsel.
- B. A defendant charged with a criminal offense (excluding driving or boating under the influence) who is mentally ill, intellectually or developmentally disable or autistic may be transferred to Mental Health Court, if the defendant and State Attorney agree to the transfer.
- C. A defendant who is mentally ill, intellectually disable or autistic who is placed on probation and/or who is granted a downward departure sentence may be transferred to Mental Health Court for monitoring or as a condition imposed by the court in lieu of incarceration.
- D. A defendant who is charged with a criminal offense and who is mentally ill, developmentally or intellectually disable or autistic may be supervised by Mental Health Court as a condition of bond, ROR, or pretrial supervision upon order of the originating Court while awaiting disposition of case.

Eligibility and participation in Mental Health Court will be terminated in the following circumstances: Cases transferred into Mental Health Court when a defendant is placed on probation may have the defendant receiving instruction from the trial court that the condition of probation is successful completion of mental health court. That defendant will attend regular court hearings as ordered by the Court, participate in continued assessment and treatment, and engage in discharge planning as directed by the Mental Health Coordinator, team and/or Court. An unsuccessful termination from Mental Health Court may be considered a violation of probation. Also, if the Mental Health Court judge finds that the defendant is either determined not to be mentally ill, intellectually disable or autistic, the defendant is no longer eligible for the Mental Health Court and will be transferred back to the referring court. Additionally, if the Court determines that the defendant is no longer participating or benefitting from the Mental Health Court, or that they possess a threat to public safety, the defendant is no longer eligible for the Mental

Health Court and will be set for sentencing or other disposition. If the defendant is found to violate probation and is arrested for a new offense, the defendant may no longer be eligible for the Mental Health Court and the case will be transferred back to the referring court.

### 3.8.5 Project Design and Implementation

The composition of the Indian River County Public Safety Coordinating Council (PSCC) demonstrates compliance with s.394.657(2)(a) F.S. by having the chairperson of the Board of County Commissioners serve as its chairperson and including the following members:

1. The state attorney, or an assistant state attorney designated by the state attorney.
2. A public defender, or an assistant public defender designated by the public defender.
3. A circuit judge designated by the chief judge of the circuit.
4. A county court judge designated by the chief judge of the circuit.
5. The chief correctional officer.
6. The sheriff, if the sheriff is the chief correctional officer, or a person designated by the sheriff.
7. The police chief, or a person designated by the local police chief's association.
8. The state probation circuit administrator, or a person designated by the state probation circuit administrator.
9. The local court administrator, or a person designated by the local court administrator.
10. The chairperson of the Board of County Commissioners, or another county commissioner designated by the chairperson; or, if the planning council is a consortium of counties, a county commissioner or designee from each member county.
11. The director of any county probation or pretrial intervention program, if the county has such a program.
12. The director of a local substance abuse treatment program, or a person designated by the director.
13. The director of a community mental health agency, or a person designated by the director.
14. A representative of the substance abuse program office and the mental health program office of the Department of Children and Families, selected by the substance abuse and mental health program supervisor of the district in which the county is located.
15. A primary consumer of mental health services, selected by the substance abuse and mental health program supervisor of the district in which the primary consumer resides. If multiple counties apply together, a primary consumer may be selected to represent each county.
16. A primary consumer of substance abuse services, selected by the substance abuse and mental health program supervisor of the district in which the primary consumer resides. If the planning council is a consortium of counties, a primary consumer may be selected to represent each county.
17. A family member of a primary consumer of community-based treatment services, selected by the abuse and mental health program supervisor of the district in which the family member resides.

18. A representative from an area homeless program or a supportive housing program.
19. The director of the detention facility of the Department of Juvenile Justice, or a person designated by the director.
20. The chief probation officer of the Department of Juvenile Justice, or an employee designated by the chief probation officer.

**See Appendix K for list of members.**

On July 12, 2016, the Indian River County Board of Commissioners (the "Board") authorized the County's Attorney's Office to monitor the membership of the Public Safety Coordinating Council (PSCC) consistent with the requirements of Section 394.657, F.S. The Board also authorized SEFBHN to file a Notice of Intent to Submit an Application to the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant (CJMHSAs) to the Florida Department of Children and Families (DCF).

On September 8, 2016, the Council met and discussed the CJMHSAs grant program. The Council voted unanimously to apply for the Grant and that the Program may be best implemented in Indian River County by primarily using the Grant funds to meet the diversionary goals of the mental health court using such tools as (including but not limited to): peer counseling, therapists, and Crisis Intervention Team expansion, as appropriate for the maximum benefit of the clients. Also, the PSCC voted that the funds should be secondarily used for other needs such as housing for clients.

The application will be for \$400,000 for three years. The Implementation and Expansion grant under the Program requires a local match equal to the amount of the grant. A cash match of five percent in the first year of the program, ten percent in the second year of the program and fifteen percent in the third year of the program is required; and, as the balance of the match may be made "in-kind", Indian River County Sheriff's Office and Indian River County's funding of Mental Health Court can both be used to provide the in-kind services match. Indian River County will thus be required to contribute \$20,000, \$40,000 and \$60,000 in years, one, two and three, respectively.

Prior to the July 2016 meeting, the PSCC had not met in the previous 12 months; however, they have now agreed to meet quarterly. With the CJMHSAs grant, SEFBHN will encourage collaboration among key stakeholders in implementing and providing ongoing oversight and quality improvement activities. We will help develop MOU's with agencies, create sub-committees with regular meetings to assess progress, review goals and make any necessary adjustments to the implementation of the program.

#### **3.8.5.3.1 For the current Strategic Plan, see Appendix A**

The Indian River County Mental Health Collaborative (the Collaborative) was formed in 2004 to create a local coalition of top law enforcement, court officials, funders, mental health care providers, community leaders and government organizations who were interested in finding solutions to the unmet behavioral health needs within the community. The Collaborative convenes on a quarterly basis. Four strategic planning groups were developed with specific objectives in mind:



- **Mental Health Promotion** – Working on reducing stigma and promoting mental health and well-being;
- **Integrated Care** – Working to increase access to mental health care by integrating behavioral and primary health care;
- **Mental Health Connections** – Working to develop a centralized access point for information, referral, and care coordination around mental health services;
- **Diversion Strategies** – Working on solutions and alternatives for the mentally ill in the criminal justice system.

As the Diversion Strategies group began their assessment of the community, it was quickly realized that a Mental Health Court was critically needed to increase access, decrease client recidivism and facilitate county wide support surrounding incarcerated individuals who present with mental health issues. Strategic planning to implement a Mental Health Court Program in Indian River County began in 2009 under the leadership of Judge Cynthia Cox of the Circuit Court of the Nineteenth Judicial Circuit and Indian River County Sheriff Deryl Loar. The Indian River County Mental Health Court began operations on January 27, 2015, and the plan is reviewed quarterly. In the first year, IRCMHC served 108 individuals when the capacity was set for 60. As a result of the Mental Health Court pilot, there have been some improvements in the continuum of care and services to the incarcerated. However, due to the higher than expected number of referrals, timely coordinated access to mental health and substance abuse services has not yet fully realized. Some of the biggest challenges, other than funding, that IRCMHC faces are: the coordination of care, timely access to services, and the ability to track services and outcomes for individuals throughout their involvement and up to one year after discharge from the program and housing. SEFBHN excels in these areas and, with this increased funding, we will be empowered to more rigorously implement our coordination of care strategies to most effectively serve this fragile and challenging population.

The SEFBHN coordination of care goals will directly impact the overall strategic plan for creating positive outcomes for the individuals and the greater community served by this grant award. The short-term goals of implementing care coordination are to: improve transitions from acute and restrictive to less restrictive community-based levels of care through education and training of network providers and activities by the SEFBHN Coordination of Care and Quality Teams; increase diversions from state mental health treatment facility admissions; decrease avoidable hospitalizations, inpatient care, incarcerations, and homelessness; and, increase the focus on coordination of care activities that support community integration and whole health and wellness and empowering self-direction. And, the long-term goals of implementing care coordination are to: shift from an acute care model of care to a recovery model; offer an array of services and supports to meet an individual's chosen pathway to recovery; through coordination of care activities and collaboration with network providers and stakeholders, identify opportunities for enhancing or modifying services and supports that promote recovery oriented care.

Sustainable changes are possible through access to timely, appropriate and monitored services. One of the most significant impediments to the target population is mental illness and/or co-occurring substance abuse, and the lack of access to social services and

treatment for these issues, particularly for individuals facing homelessness and without medical insurance. Through active engagement with our network of providers and our online data portal, SEFBHN is able to track each consumer's overall participation in services creating opportunities to intervene with adaptive strategies when necessary in order to achieve our paramount objective of increasing positive outcomes for the high-risk consumer and the greater IRC community. SEFBHN operates with a broad scope and an expansive network of behavioral health agencies, allowing for comprehensive care coordination services that remain fluid and reactive to the progressing or regressing needs of the individuals in need of services. A consumer's successes are acknowledged and we build on what is working, furthering the individual's functionality in society; while, conversely, downward trending is identified and addressed as swiftly as possible in order to augment care options with the targeted aim of redirecting the consumer towards a successful outcome.

The primary goal of the CJMHSA Reinvestment grant is the expansion of the Indian River County Mental Health Court program. SEFBHN will work in partnership with Indian River County's Public Safety Coordinating Council, the Indian River County Sheriff's Office and the Connections Center via Indian River Mental Health Collaborative to help implement best practices and expand the Indian River County Mental Health Court (IRCMHC) program. The purpose of this expansion program is: to increase public safety; avert increased spending on criminal justice; and, to improve the accessibility and effectiveness of treatments for adults with a mental illness, substance abuse disorder or co-occurring disorders who are in or at risk of entering the criminal justice system. The community providers note that in order to accomplish their desired outcomes they need a better coordinated response and an improved delivery system for behavioral health services for this target population. The program will focus on achieving the following objectives:

**Objective 1** – Establish programs and diversion initiatives that increase public safety, avert increased spending on criminal justice and improve accessibility and effectiveness of treatment services for the clients in IRC Mental Health Court. The proposed program will:

- A. Increase the number of partnerships formed as demonstrated by formal Memoranda of Understanding (MOU) or other mechanism, including partnerships about the exchange of information and data related to our clients in MHC.
- B. Implement our new web-based Coordination of Care data module that will track all MHC clients during their involvement with the program and for at least one year after discharge. The system will track all mental health and substance abuse services received, including arrests, receipts of benefits, employment and stable housing.
- C. Implement Peer-Based Recovery Support which will utilize the Wellness Recovery Action Plan (WRAP), an evidence-based practice along with Whole Health Action Management (WHAM) an integrated approach developed by the SAMHSA-HRSA Center for Integrated Health Solutions.

- D. Increase the number of Crisis Intervention Team (CIT) trained law enforcement officers responding to mental health related crisis calls.

**Objective 2** – To create and encourage collaboration among the key stakeholders, such as the Public Safety Planning Council in implementing and providing ongoing oversight and quality improvement activities for the CJMHSa grant program.

- A. SEFBHN will meet quarterly with PSPC to assess the progress and review performance measures and timelines associated with the CJMHSa grant program and make necessary adjustments to implementation as needed.
- B. Develop sub-committees that will meet monthly to provide oversight, collaboration and continuous quality improvement.

**Objective 3** – Create a Coordination of Care model specific for the IRCMHC.

- A. Reduce access time to mental health and/or substance abuse treatment services by providing immediate access (within 24 hours) to assessments with our network providers.
- B. Increase the number of SSI/SSDI approvals through SOAR applications.
- C. Increase connections to housing, employment and/or educational resources

SEFBHN will help IRCMHC meet their diversionary goals by developing and overseeing a collaborative effort among key stakeholders with an array of services, and using the Connections Center as the community access point. With SEFBHN's unique position as an oversight agency and major funder for the network of local behavioral health agencies, we can assure a comprehensive and consistent continuum of care that implements the best evidence-based practices for all individuals. We will work to best address the overall needs of the clients by coordination across the full spectrum of social services, behavioral and physical health services, case management, housing, education and employment. We emphasize and facilitate effective transitions and warm hand-offs between our provider agencies preventing gaps in services which can derail effective treatment and successful integration or reentry. One of the most significant impediments to our incarcerated population is mental illness and/or co-occurring substance abuse, and the lack of access to social services and treatment for these issues, particularly for individuals facing homelessness and without medical insurance. SEFBHN has the capability to best serve the needs of the criminal justice population who face these challenges by coordinating our extensive network of service providers ensuring the most comprehensive and effective levels of care for this high-risk population.

In its commitment to improve services and outcomes for their program participants, the Mental Health Court proposes to use the "Sequential Intercepts for Change Model" which identifies intercept points which reduce the criminalization of persons with Mental Disorders. This model was developed as a collaboration between Summit County Alcohol, Drug Addiction and Mental Health Services Board, and the National GAINS Center for the People with Co-occurring disorders in the Justice System. The various Intercept points are as follows:

- Intercept 1 – Law Enforcement / Emergency services
- Intercept 2 – Initial detention / Initial court hearings

Intercept 3 – Jails / courts

Intercept 4 – Re-entry

Intercept 5 – Community corrections / Community support

It was determined for the startup of IRCMHC that the best intercept point to affect change would be post booking at Intercept 2; and, at any time thereafter, through Intercepts 3, 4, and 5. Intercept 2 became the focus, because: (1) established collaborations and cooperation already existed with agencies that were involved with mentally ill *after* they had been arrested; and, (2) the personnel who were interacting with the mentally ill after the booking process were better trained to identify and divert the mentally ill from the traditional court setting. Therefore, IRCMHC Program intercepts arrested persons primarily at jail bookings, initial detention and initial hearings, and through attorney referrals.

Law Enforcement is interactive with potential MHC participants at Intercept points 1 and 2; therefore, will assess the individuals and implement or expand diversion initiatives in the following ways:

**Intercept 1 – Law Enforcement / Emergency services:**

Indian River County Sheriff's Office would like to increase their number of Crisis Intervention Team (CIT) trained officers to help them decrease the number of arrests of individuals with mental illness. CIT trains officers to understand mental illness and provides them with tools needed to assess, de-escalate and refer/transport people experiencing crisis to stabilization centers. The predictive impact with having more officers CIT trained is:

1. Crisis response is immediate.
2. Officers are better trained and educated in verbal de-escalation techniques.
3. Officer and consumer injuries during crisis events decline.
4. Underserved consumers are identified by officers and provided with care.
5. Increase in pre-arrest diversion of mentally ill from the criminal justice system.

Indian River County currently has 267 law enforcement officers trained and certified. The breakdown includes: Indian River Sheriff's Office (185); Vero Beach Police Department (50); Sebastian Police Department (28); and, Fellsmere Police Department (4). One of the goals with this project will be to provide CIT training for 30 law enforcement officers each year of the grant; adding a total of 90 additional CIT trained officers in Indian River County.

Mobile Crisis Team (MCT) can be utilized at both Intercept 1 and Intercept 5 to divert mentally ill from the criminal justice system. \*See Intercept 5 for details on our local MCT.

**Intercept 2 – Initial detention / Initial court hearings:**

**Rapid identification and referral** – Identification and referral of potential clients to the MHC occurs at several junctures post booking, beginning with arrest and first appearance and then continuing throughout the criminal justice process:

1. Arresting officer may note on the arrest affidavit that the offender appears to have a mental illness.

2. Booking officer may note an indication of mental illness.
3. Jail medical staff evaluates offenders within 24 hours of booking and may identify a client.
4. First appearance staff the Assistant Public Defender may identify a client.
5. Mental health professionals (including those receiving a daily list of new arrivals) with knowledge of a client's arrest may refer the case to MHC.
6. Family member of defense attorney may make a referral

**Assessment and identification of needs** – There are two steps to the IRCMHC assessment process: 1. Pre-screen and 2. Forensic Assessment. The Pre-screen is completed at the beginning of the referral process, prior to entry, to determine if the candidate has a serious and persistent mental illness and, therefore, meets the qualifications to participate in MHC. This can be completed either at the jail, if the person is incarcerated; or, in the community if the person is out of jail on bond or conditional release. The Forensic Assessment is completed upon entry into MHC as a tool to identify needs. These MHC case managers assess each participant's needs and make recommendations to the Court, based on this individual assessment. Timely access to a MHC Case Manager is essential to assuring the success of the participants and accelerating their return to the community.

IRCMHC will continue to work collaboratively with the IRC Sheriff's Office and other local law enforcement agencies to assure rapid screening, identification and ease of handoff for all identified cases being referred to MHC. The expansion plan would implement the validated *Referral Decision Scale (RDS) – Brief Jail Mental Health Screen* to replace an in-house tool. The Brief Jail Mental Health Screen (BJMHS) consists of eight items that can be answered as yes or no. The BJMHS is organized into two sections: the first section includes six items that ask about the occurrence of mental health symptoms in the past six months; the second section of the BJMHS includes two items that address whether a detainee was ever hospitalized for emotional or mental health problems and whether he or she is currently taking psychotropic medication.

Ongoing identification of needs, with outlined opportunities and procedures for supportive and referent actions, present through the following Intercept points:

**Intercept 3 – Jails / courts:**

**Court monitoring** – Clients in the MHC are under an *Order Allowing Defendant to Be Released ROR with MHC Conditions*, and following discussion with their attorneys, have agreed to and signed a "*Conditions of Mental Health Court Agreement*", which includes a minimum of 6 month participation in MHC. Supervision typically includes status hearings with the MHC judge and monitoring by mental health staff and probation officers. Initially, a client is required to appear in court weekly. As he/she demonstrates progress through the program, required court appearances may become less frequent. It is an important beneficial feature of IRCMHC that clients are sincerely praised for doing well and sanctioned when appropriate. Sanctions may include verbal reprimand, community service hours, more frequent court appearance, and, less frequently, incarceration. Highly restrictive conditions that cause more frequent minor violations are avoided when

possible. Eligible MHC clients have been shown to respond favorably to the immediate attention, positive support and recognition that this supportive MHC setting provides.

**Graduation** –When a client has progressed successfully through the program by gaining insight into his mental illness, establishing a stable environment, and maintaining sobriety, he/she graduates from MHC. Graduation includes a certificate, recognition and a courtroom ceremony that includes family and friends. The participant also may be eligible for dismissal of charges.

**Intercept 4 – Re-entry:**

Re-entry into the community is a critical time for intervention because mortality rates are elevated during the weeks following release from a correctional facility. Upon entry into MHC, a Case Manager helps the client either reestablish or implement client-centered mental health services as quickly as possible. If a client already has services available to him, the Case Manager assures that those services are not client-resistant and then helps reestablish those services that may have been interrupted while he was incarcerated. If indicated, the Case Manager makes an immediate appointment for the client to see a psychiatrist prior to their release from jail. These appointments are critical in that the jail only provides three days of medication when releasing a client. It currently takes 4-6 weeks to get appointments for mental health and substance abuse services for MHC clients.

**Intercept 5 – Community corrections / Community support:**

One of SEFBHN's goals would be to educate and access the community to the services provided by the Mobile Crisis Teams in order to: create opportunities to divert mental health clients prior to any criminal justice involvement; and, to assist in avoiding further decompensation of existing behavioral health services participants experiencing a crisis. Often preventing incarceration, SEFBHN can intervene to provide a responsive safety net for the mentally ill or substance-impaired population by calling in an MCT who will de-escalate the situation and supportively access the consumer to stabilizing, recovery-oriented services.

**Mobile Crisis Team:** Crisis intervention and stabilization services are available to individuals who are experiencing an urgent or emergent mental health crisis. On a 24/7 basis, via mobile field response and/or by telephone, the multi-disciplinary Crisis Team staff provide rapid mental health services that are supportive and strength-based in nature with an emphasis on assisting the individual to remain in the most appropriate, least restrictive level of care possible. The two Mobile Crisis Teams operating out of New Horizons respond to all of the communities throughout Indian River County, working to close gaps in the system of care and reduce unnecessary hospitalizations and incarcerations. Focused on successful outcomes, the MCTs assist individuals and families to de-escalate crisis situations, facilitate linkage to therapeutic services and other needed resources, and unburden our emergency rooms and local law enforcement.

The MCTs manage a toll-free crisis phone line which serves as the access point to the area's community-based behavioral health system. They address not only crisis matters, but also general information inquiries and less-urgent requests from those seeking to enroll in behavioral health services. Follow-up, outreach, support and linkage to needed

services are critical components of the MCT's mission. Those clients who are at risk of "falling through the cracks" after their crisis situation has passed are followed closely and the MCT continues to engage with them to facilitate connection to services which will help them to avoid and better manage future mental health crises. Referrals are individually customized to ensure that appropriate cultural and linguistic needs are accommodated.

Mobile mental health services are short-term, face to face services designed to restore a person's functioning level to pre-crisis levels, helping people develop individualized strategies for their future concerns. The benefits include: helping an individual to maintain independence by learning to apply their coping skills; building confidence and skills which help build resiliency; and, preventing recidivism into deeper end criminal justice or medical services.

The purpose of CJMHSA grant expansion plan is to expand and improve access to treatment and benefits, provide comprehensive evidence-based services, and expand supportive services that help sustain recovery, such as supportive housing, education, supportive employment and peer support. SEFBHN will implement a Coordination of Care plan to improve transitions from jail to less restrictive community-based levels of care through education, training and activities by our Care Coordination Manager. We will increase diversions and decrease avoidable hospitalizations, inpatient care, incarcerations and homelessness. We will increase the focus on Coordination of Care activities that support community integration, whole health and wellness and empowering self-direction.

In partnership with IRCMHC, Indian River County Sheriff's Office, the Connections Center, Legacy Behavioral Health, Mental Health Association, New Horizons of the Treasure Coast and Substance Awareness Council of Indian River County, we will cultivate a professional staff to provide an array of behavioral health services. All of our behavioral health agencies provide trauma-informed approaches in programs, services, and systems, including trauma-informed interventions that are designed to address the consequences of trauma in the individual and to facilitate healing. This may include assessments and interventions for emotional, sexual and physical abuse. The program components described below will add additional services and personnel necessary to match both the capacity needed to increase the number MHC cases, and to deliver the scope of services necessary to maximize potential success for the MHC client.

At SEFBHN, our staff and all contracted provider agencies utilize the most current and appropriate tools and techniques when engaging with the mentally ill population involved in the criminal justice system, with specific SEFBHN administered trainings and monitored requirements for criminogenic assessments and motivational interviewing in order to most effectively identify the higher-risk individuals while concurrently determining the most appropriate dosage and intensity of services. SEFBHN will ensure the delivery of these services through the Care Coordination Manager, directly employed by SEFBHN, who will coordinate with the IRCMHC staff and the team directly funded by this grant to include the Program Manager, Licensed Therapist, Care Manager and Certified Peer Specialists, employed by contracted provider agencies; all of whom will be supported by the greater SEFBHN management and staff. SEFBHN trains and monitors all contracted provider agencies with regard to their required implementation and fidelity to the appropriate Evidence-Based Practices (EBPs). The key EBPs to be utilized in fulfillment of this grant

are: Sequential Intercept Model; Brief Jail Mental Health Screen (BJMHS); the Wellness Recovery Action Plan (WRAP); and, Cognitive Behavioral Therapy (CBT). For a complete listing of EBPs that will be utilized by the contracted provider agencies in fulfillment of this grant, please see **Appendix B**.

During the post-crisis or post-release transition periods, the consumer is at higher risk of decompensation and engaging in behaviors which may require law enforcement intervention. Immediate access to social services, which SEFBHN will initiate during the transition period, is critical to stabilize this population and set them on a path for recovery and wellness. Applying a detailed analysis of the consumer's assessment, a Care Manager will work directly with the consumer in a client-centered approach to establish a treatment plan. Components of this plan will include the following services, as deemed appropriate: mental health and substance abuse treatment, recovery orientated support groups, medical screening, WHAM, vocational training, family counseling, anger management, peer support, WRAP, SOAR enrollment in social security disability and other relevant assistance benefits. Creating recovery-oriented, supportive therapeutic opportunities is essential for the success of the program participants and SEFBHN will ensure availability and access to these opportunities.

The Care Manager acts as liaison for the consumer, families and other related agencies involved in the transition process; provides information and support; assists consumers in completing various forms and obtaining documents for transition, training, education and employment; provides interventions when necessary; conducts a variety of risk/needs assessments with consumer; and, participates in collaborative meetings with staff and agencies to provide information and recommendations. Certified Peer Specialists assist individuals to successfully transition back into the community following crises or incarceration. The Certified Peer Specialist engages the individual while still incarcerated or they can travel out in the field with the MCT, initiating contact and establishing rapport. They participate in discharge planning and assist the person in identifying community-based services and support needs while also helping them to build self-directed recovery tools, such as a Wellness Recovery Action Plan (WRAP). They then continue to actively provide support as the consumer transitions back into society.

The SEFBHN Care Coordinator will maintain responsibility for all aspects of the SEFBHN Care Coordination Program, ensuring grant and contract compliance, data entry, evaluation measures and the collaborative coordination of care with our network of provider agencies. They will participate in the development of a Responsive Action Plan enhancing the community's efforts in preventing incarceration and recidivism.

The SEFBHN Care Coordination plan will start when a client is admitted into Mental Health Court by effectively beginning to track, engage and link offenders with the appropriate behavioral health services. As part of the Care Coordination plan, we will have a block of open appointments to ensure MHC clients will receive a formal assessment within 24-48 hours of referral. Later this month, SEFBHN will be rolling out a new Coordination of Care computer module that will enable us to follow a client's progress, review assessments and recommendations, and track service events or missed appointments. The integrated web-based system will reduce phone time; and, with greater efficiency, it will be secure and password protected which will facilitate



communication, allowing for the collaborative development of the best possible treatment plan.

As there currently exist a variety of systemic obstacles to successful community-based behavioral health service referral follow-up in Indian River County; SEFBHN will seek to overcome these obstacles with practical and effective, short- and long-term solutions at the individual, provider agency and systems level, positively impacting the recipients of services and the community as a whole. The most immediate logistical obstacles for individuals in need of referred, ongoing behavioral health services are: transportation to and from provider agencies for services; access to services due to cost, as well as limited agency capacities, bottlenecks in care and the resulting long wait times for treatment engagement; and, the lack of safe, supportive housing needed to establish a level of foundational domestic stability conducive to successful treatment participation and longer-term positive outcomes. From a systems perspective, collaboration with local law enforcement agencies will allow for earlier and more direct engagement with mentally ill or substance use impaired individuals, directing them into the most suitable setting and facilitating the most appropriate, least restrictive level of care for these populations.

Evidence-based screening and assessment processes will be conducted and case management services will be established to best identify and address the individual's needs in order to increase their level of ongoing commitment and length of time for participation in follow-up services. As the oversight and funding agency for over 40 local behavioral health agencies, SEFBHN's guiding participation in the implementation of the proposed grant activities will have a strong positive determination on the availability of services at the time of need. Collaborating with the partnering stakeholder agencies and the contracted behavioral health providers will greatly enhance the current coordinated system of care within Indian River County; and, will best augment law enforcement and judiciary efforts.

SEFBHN will employ a full time Care Coordination Manager who will be located at the Connection Center. The Care Coordination Manager will work closely with the entire IRCMHC team and our behavioral health providers to improve transitions from jail to less restrictive community-based levels of care. They will assist in navigating across systems, link them to needed services and help remove any barriers to treatment. They will work closely with SEFBHN Quality Improvement Staff to monitor provider data to ensure appropriate and consistent diagnoses that support recommended and provided levels of care. The Care Coordination Manager will also provide technical assistance and education for our providers.

There will be a Program Manager who will provide leadership, guidance and administrative supervision to the MHC Case Managers, Licensed Therapist, Care Manager and the Peer Specialists. The Program Manager's responsibilities will include: responsibility for ensuring quality services are provided in all assigned programs, and that program operations are in compliance and running efficiently; providing direct clinical services to MHC clients, including biopsychosocial evaluations, treatment planning, individual, group and multi-client counseling activities for clients with co-occurring disorders; and, maintaining clinical and administrative documentation for assigned clients as prescribed by agency policy and procedure and by governing law. This position will require a Master's Degree and a current Florida license in Social Work, Mental Health or

Marriage and Family Counseling, will be employed by Legacy Behavioral Health and will be located within Mental Health Court offices.

Two Case Managers employed by the IRC Sheriff's office will do both the Pre-screen and the Forensic Assessments; and, based on their assessments, they will make a determination of each person's needs and make recommendations to the Court. They will also conduct an orientation that will include: the MHC program requirements, available services and resources; and, carefully explain the Court's expectation that the client signs an agreement to comply with the conditions stipulated in the *Order Allowing Defendant to Be Released* ROR with MHC Conditions. In addition, they will make the initial appointment with the behavioral health care service providers through the Connections Center; they will problem solve any barriers to services, follow up after the appointment to determine future steps, and coordinate with the service provider in cases that require more intervention and planning.

There will be one Care Manager employed and located at the Connections Center. The Care Manager will conduct a comprehensive needs assessment and make recommendations to client and/or MHC Team. They will make the initial appointment with the behavioral health care service providers through the Connections Center and problem solve any barriers. The Care Manager will follow-up to ensure services are obtained, determine future steps, and coordinate with the service provider in cases that require more intervention and planning. Care Manager will meet with their clients regularly, often weekly, to monitor their well-being, address their questions or concerns, and connect them with resources. They will help with transportation issues, housing, supported employment, education and any other appropriate referrals. They will provide advocacy and may also recommend support groups for clients or family members to help them cope with their behavioral health issues. The Care Manager will maintain the appropriate documentation with detailed notes of their visits with clients, noting their long-term progress.

There will also be a part-time Administrator at the Connections Center who will work with the providers to maintain an on-going block of assessments, work with the case managers to book appointments and place reminder calls about the appointment. The Administrator will track the success of filling each appointment and the percentage of attended appointments which will help measure the success of the program.

The assessments will be done with a Licensed therapist (LMHC/LCSW/LMFT) provided by Legacy Behavioral Health and may be done at one of their 3 locations throughout Indian River or at the Connections Center in Vero Beach. The Therapist will conduct outpatient services which may include individual, family or group therapy such as anger management and art therapy. Legacy Behavioral Health will also conduct psychiatric evaluations and medication management for IRCMGC clients. Legacy Behavioral Health utilizes evidence-based practices such Cognitive behavioral therapy (CBT) and Motivational Enhancement Therapy (MET). See Appendix B for details.

For those clients that require a Substance Abuse Assessment, they will be referred to Substance Awareness Council of Indian River County (SAC). For those clients that are eligible for medicated-assisted-treatment, SAC will be partnering with the Treasure Coast Community Health Center to offer Vivitrol through the FADAA/OSCA Vivitrol Project (Application is in process). SAC currently performs all drug testing that is required for MHC and will continue to do so. SAC will continue to provide outpatient substance abuse

treatment services to the MHC clients. They also have a transitional living facility which provides a safe, clean, sober home. The program primarily serves women of little or no income, most frequently referred by the judicial system or the county jail re-entry program. In addition to providing a stable living arrangements, the program includes, counseling, social support, responsibility and accountability, structure and recovery integration. The lack of safe, affordable, local housing is a continuous barrier for MHC clients and through this grant SEFBHN will be looking to expand the current capacity.

Peer Specialists will also be part of the Care Coordination team. The Mental Health Association of Indian River County will employ two part-time Peer Specialists to work with the IRCMHC clients. The Peer Specialists will be trained in SOAR (SSI/SSDI Outreach, Access, Recovery) so that they can begin to engage with the MHC client at Intercept 2. They will meet with the MHC client for an initial consultation to determine if they meet the criteria to obtain SSI/SSDI benefits. If yes, they move forward immediately with all SSA required forms and requests for medical evidence. They will finalize and submit the application online and copy, mail, drop off or fax all documents to SSA. The Peer Specialist will then begin the follow through with DDS representative throughout this process and going forward, and the Peer Specialist creates a relationship with participant and follows up with participant regularly regarding the status of the claim.

Peer Specialists provide recovery support services, designed to improve access to and retention in services delivered by people with lived experience in recovery from mental illness and/or substance abuse. The Peer Specialists will use evidence-based practices such as Well, Recovery, Action Plan (WRAP) and/or Whole Health Action Management (WHAM). The Peer Specialist functions as a role model to peers by exhibiting competency in personal recovery and use of coping skills. They serve as a consumer advocate, providing consumer information and peer support for clients in outpatient and inpatient settings. The Peer Specialist performs a wide range of tasks to assist peers in regaining independence within the community and mastery over their own recovery process. On both a one-to-one bases and in group sessions, they will assist consumers in identifying and creating goals and also in developing recovery plans utilizing the relevant skills, strengths, supports and resources necessary to aid them in achieving those goals. They assist clients in working with their Case Manager or treatment team in determining the steps he/she needs to take in order to achieve these goals and self-directed recovery. The Peer Specialists share common problems in daily living and methods they have employed to manage and cope with these problems. As one who has availed themselves of behavioral health services, they will share their own experiences and identify for the participant what skills, strengths, supports and resources they have successfully employed. As much as possible, the Peer Specialist will share their own recovery story and demonstrate how they have directed their own recovery. They help consumers locate and join existing self-help and 12 step groups, they support their vocational choices, and they help with transportation.

The IRCMHC Staffing Team also includes jail personnel, judiciary, local mental health agencies, SAMH, State Attorney, Public Defender, local substance abuse agency, and transitional housing partner. SEFBHN will be the lead on the CJMHSA grant; however, the implementation and tasks associated with this project will be the result of the collaboration of many stakeholders including Mental Health Collaborative of Indian River County, Indian River County Mental Health Court, law enforcement, the criminal justice

system, behavioral health service programs and other community stakeholders. It is critical that all organizations involved have frequent and reliable communications. The MHC staffing and CJMHSA program team will meet bi-weekly to reviews cases, troubleshoot barriers, and assess progress to ensure successful implementation.

SEFBHN will meet quarterly with PSPC to assess the progress and review performance measures and timelines associated with the CJMHSA grant program and make necessary adjustments to the implementation as needed. We will also develop sub-committees that will meet monthly to provide oversight, collaboration and continuous quality improvement as previously

Opportunities exist in Indian River County to expand the existing collaborative practices currently implemented between the stakeholder and provider agencies involved in the IRCMHC and the CJMHSA grant in order to increase jail diversion services; in addition, new opportunities exist to initiate and establish collaborative practices with additional community stakeholders and agencies to best serve individuals experiencing behavioral health crises. The relevant stakeholders, including law enforcement, community behavioral health providers, the court system, and public officials, must continue to develop a sentiment of joint ownership of these challenges with the committed intention of pursuing viable means by which to establish expanded remedies. The strategic plan in this grant proposal can work to address the overarching multi-facility and multi-agency “systems” deficiencies by developing tangible solutions that will help keep large numbers of mentally ill and substance impaired individuals who are in crisis out of our jails.

#### **3.8.5.4 Performance Measures**

SEFBHN recognizes that accurate data collection is essential to assessing the efficacy of the program funded by this grant. We are well positioned to gather the required data due to the infrastructure provided by our existing electronic data collection system. SEFBHN has an established electronic data collection system that is currently used by all of our contracted network providers. The system is maintained through a contractual relationship with Concordia Behavioral Health and has been designed to capture data required for SAMHSA Block Grant funding. SEFBHN has incorporated the National Outcome Measures from Substance Abuse and Mental Health Block Grants into all of our provider contracts, as well as the Performance Measures attached to our General Revenue funding (GAA). Performance outcomes are established in each provider contract, reporting is done on a monthly basis and the monitoring of these outcomes is done through reports, the Continuous Quality Improvement process, Quality Assurance process, and contract monitoring. SEFBHN takes a very proactive approach to monitoring the performance of our network providers by providing technical assistance throughout the year if a provider’s data indicates they are not meeting their performance measures.

The following performance measures and targets will be monitored for the CJMHSA Reinvestment grant:

- 40% of arrests or re-arrests among Program participants while enrolled in the Program.

- 30% of arrests or re-arrests among Program participants within one year following Program discharge.
- 67% of Program participants not residing in a stable housing environment at Program admission who reside in a stable housing environment within 90 days of Program admission.
- 90% of Program participants who reside in a stable housing environment one year following Program discharge.
- 10% of Program participants not employed at Program admission who are employed full or part time within 180 days of Program admission.
- 24% of Program participants employed full or part time one year following Program discharge.
- 65% of Program participants the Grantee assists in obtaining social security or other benefits for which they may be eligible but were not receiving at Program admission.
- 15% of Program participants diverted from a State Mental Health Treatment Facility.
- 50% of Mental Health Court participants diverted from the Criminal Justice system, referred to, entering, completing and graduating from the Program.

The SEFBHN Data Collection System provides reports on utilization management and performance measures which will enable ongoing analysis of the project funded by the grant. We will be able to drill down to the services provided to individual consumers in addition to monitoring each performance measures referenced above for the project as a whole. Reports can be accessed from the SEFBHN Data Collection System on a daily basis, if needed. It is anticipated that reports will be provided on a quarterly basis to our collaborative partners, subcontracted providers and to the Public Safety Coordinating Council. Reports will include the number of consumers served in the reporting period both active and discharged, the services that have been provided during the reporting period and current performance relating to the identified performance measures. SEFBHN will then provide an analysis of both strengths and opportunities for improvement to the collaboration, along with any technical assistance that may be needed. An example of this would be that the project is having success coordinating and scheduling services but the individuals may not be showing up and that additional case management efforts are needed to engage them in the program.

### **3.8.5.5 Capability and Experience**

#### **Southeast Florida Behavioral Health Network**

Southeast Florida Behavioral Health Network (SEFBHN) is a non-profit agency that began operations in October 2012 as the Managing Entity for Behavioral Health Services in Palm Beach, Martin, St. Lucie, Indian River and Okeechobee counties. SEFBHN oversees a budget of more than \$55,000,000.00 and contracts with over 40 private and non-profit service agencies to ensure that quality services and best practices are provided to eligible consumers and families. SEFBHN network providers employ principles of recovery including: choice, hope, trust, personal satisfaction, life sustaining roles, interdependence and community involvement. As the Managing Entity, we maintain an

oversight role in which we safeguard that each of our network providers responsibly fulfill the terms of their individual contracts while ensuring that they maximize their coordinated potential within our overall integrated system of care. We accomplish this through multiple activities including: on-site contract validation that includes chart reviews and interviews with staff & consumers, on-going review of provider's performance and utilization data, contract negotiation that can result in changes to funding and the types of services that will be included in the contract based on their prior performance, use of Corrective Action Plans to improve deficiencies in a provider's performance, and regularly scheduled Continuous Quality Improvement meetings with provider staff.

SEFBHN is headed by a Chief Executive Officer (CEO) and governed by a Board of Directors. The Board is comprised of representatives from community stakeholder agencies and provider agencies. SEFBHN directly employs 21 staff to provide Network/Contract management, Quality Assurance & Improvement Guidance & Oversight, Fiscal & Budget Oversight, Collaborative Program Development, Information Management, various Human Resources functions and Coordination of Training Activities, Incident Reporting & Consumer Satisfaction Surveys. We have staff with extensive expertise and experience that includes Mobile Crisis Response, Child Welfare, Medicaid Regulations, Criminal and Juvenile Justice, Intensive Mental Health Treatment, Substance Abuse Treatment, Prevention Services, SOAR and Wraparound Case Management. Our CEO has over 20 years of experience in all facets of human services that has allowed her to develop productive professional relationships statewide. A contract with Concordia Behavioral Health provides Data Management and Invoicing Services. SEFBHN is fully insured with coverage that includes general, automobile, umbrella, and cyber liability.

### **Indian River County Sheriff's Department**

The mission of the Indian River County Sheriff's Department is to serve the public with dignity, integrity and professional service while enhancing their partnership with the community in order to protect life and property, prevent crime and solve problems. Indian River County Sheriff Loar has been part of the planning, development and launch of the Indian River County Mental Health Court program. He's conferred and collaborated with Judge Cynthia Cox, who successfully launched the St. Lucie County Mental Health Court program, prior to planning and implementing the IRCMHC. Sheriff Loar brings the capabilities and experience gained through his work with the comparable St. Lucie County program, along with an extensive base of forensic knowledge, to the Indian River County program implementation. He notes that that the IRC Sheriff's department is "only one of eleven Sheriff's Offices in the state to be CALEA, FCAC and CFA accredited."

### **Legacy Behavioral Health Center, Inc.**

Legacy Behavioral Health Center, Inc. is a community mental health center that has been serving residents of Martin, Okeechobee, St. Lucie, Indian River and Palm Beach Counties since 2005. They are committed to improving the quality of life and level of performance of emotionally and behaviorally challenged infants, children, adolescents, families and adults through an array of evidence based and diverse services. Legacy Behavioral Health has staff psychiatrists who provide psychiatric evaluations, medication management. They have licensed clinicians trained in Mental Health and Substance

Abuse Services; Therapeutic Behavior On-Site Services; Therapeutic Behavioral Support Services On-Site; and Targeted Case Management. Additionally, having the license and ability to provide psychological testing and evaluations, Legacy Behavioral Health is well-prepared to be a partner on this diversion project.

### **Mental Health Association of Indian River County**

Mental Health Association (MHA) of Indian River County utilizes two formats to provide services to the Indian River Community. The walk-in is center designed to meet emerging and imminent mental health needs of individuals and families in the community. The Center provides crisis intervention and individual therapy services to children, adults and families; case management, self-help groups, psycho-educational groups and group therapy. The Mental Health Association also facilitates Drop-In Centers which are available 365 days of the year and designed to empower consumers to change their lives. The Drop-In Centers' are peer-operated, recovery oriented environments in the community that provide an accessible, safe, supportive and confidential place for care and recovery. The Drop-In program already operates as part of the Mental Health Court support network. A client shared that he regularly attends the Mental Health Association's Drop-In Center and is looking forward to graduating from the program so he can pursue employment. He was grateful for support he could depend on, so he could make better choices in his life. The MHA has a long standing commitment and a vested interest in diverting individuals with mental health disorders and substance abuse issues, away from the criminal justice system and towards effective treatment programs and service providers who can more effectively identify and treat the underlying causes that lead to criminal behavior.

### **Mental Health Collaborative of Indian River County - The Connections Center**

Mental Health Collaborative of Indian River County / The Connections Center has formed a partnership between local philanthropists and the University of Florida College of Medicine to establish the UF Center for Psychiatry and Addiction Medicine in Vero Beach. This Collaborative is increasing community awareness of the importance of mental health through education efforts directed at local government organizations and positioning itself to serve as a resource. It also has been exploring the issue of the lack of housing options for the mentally ill in Indian River County. Through efforts generated in this Collaborative, the Mental Health Court was developed. The MHCIRC has chosen to expand services and the Connections Center created. The Connections Center is a collaboration of the service providers and various other social service entities and is designed to support existing, effective billable services. The Connections Center is designed to ensure access to mental health and substance abuse services, while removing barriers to services for other social determinants that impact optimal mental health and sobriety. A final hallmark of the Connections Center, as a central point of access, is the provision of an ongoing unmet needs assessment. A data tracking system will be put in place so that the following data can be gathered in real-time. This data will include but not be limited to: Populations seeking services, identified service needs not currently available within the county, Services with long wait times or insufficient capacity, Gaps in culturally diverse service availability, Social determinant needs, Training & education needs.

### **Mental Health Court**

Mental Health Court is the hub for agencies providing Mental Health Court services. Since January 27, 2015, The Mental Health Court has been diverting suspects away from incarceration to a program that has been successful in turning lives around diagnosed with mental health and / or substance abuse. After successfully implementing the same diversion program in St. Lucie county Florida, Judge Cynthia Cox launched the program in Indian River County. This program, which strives to keep participants out of jail by providing mental health treatment has already graduated participants who have successfully complete the six-month program. Exhibiting Collaboration within systems, clients are referred to the court by the Sheriff's Office. A treatment plan is generated for each client, which can include therapy sessions, drug or alcohol treatment or even residency programs.

### **New Horizons of the Treasure Coast**

New Horizons of the Treasure Coast delivers accessible behavioral and primary health care services to children, adults and families to achieve mental and physical wellness, thereby improving the quality of life in our community. New Horizons of the Treasure Coast operates the Mobile Crisis Teams that respond to all of the communities throughout Indian River County, working to close gaps in the system of care and reduce unnecessary hospitalizations and incarcerations. They provide Mental Health, Substance Abuse, Primary Care and Crisis Support services, such as crisis stabilization units, detox, all levels of residential treatment, outpatient and case management services. New Horizons of the Treasure Coast has years of experience working with all the Mental Health Courts in Indian River, Martin and St. Lucie Counties.

### **Substance Abuse Council of Indian River County**

Substance Abuse Council of Indian River County mission is to lead the community toward a healthier lifestyle by reducing the incidence of substance abuse in Indian River County, through prevention, treatment and recovery support. Their services include Housing, Drug Testing, LifeSkills Training, and Outpatient Counseling. The Center operates two houses for women in recovery, where clients receive housing, outpatient counseling and support. SAC is part of the current IRCMHC staffing team and provides discounted drug testing and a substance abuse assessment for all referred MHC clients. For clients that are eligible for medicated-assisted-treatment, SAC will be partnering with the Treasure Coast Community Health Center to offer Vivitrol through the FADAA/OSCA Vivitrol Project (Application is in process). SAC currently performs all drug testing that is required for MHC and will continue to do so.

The Care Coordination Manager, the Care Manager and the Peer Specialists will be the principle advocates for the participating clients and their family members. These team members will work with the involved parties to help the clients achieve a positive outcome. The IRC Connections Center will be the central access point for supporting the behavioral health needs of the community and engaging consumers with underlying mental health and/or substance use disorders who are experiencing quality of life issues and having difficulty navigating appropriate services in the community. The Connections Center's objective is to help consumers and their families get enrolled in the right service, with the right provider, the first time; thereby, reducing inefficiencies and any duplication of



services. The Connections Center is designed to ensure access to mental health and substance abuse services, while removing barriers to services for other social determinants that impact optimal mental health and sobriety. The Connections Center is a collaboration of the service providers and various other social service entities and is designed to support existing, effective billable services.

### **3.8.5.6 Evaluation and Sustainability**

As a result of reducing the population of mentally ill individuals in the Indian River County Jail, it will reduce the average length of incarceration for their overall inmate population due to the fact that mentally ill inmates have demonstrably longer incarceration periods. Mentally ill inmates are also a costlier population due to the following reasons: special needs related to psychotropic medications; episodic stabilization requirements; their high propensity towards co-occurring substance abuse disorders and the requisite withdrawal management services upon arrival; and, all other physical and mental health care related services that result from the decompensation triggered by incarceration. Redirecting this population to the more suitable path provided by the IRCMHC, will provide methodologies (see section 3.8.5.4) to track and measure outcomes for this diversion population; those outcomes can be analyzed, in tandem with the estimated cost savings that will be tracked by SEFBHN, as a means by which to establish future support in the IRC community for sustainable funding for the continuation of the program.

SEFBHN will collect the data from the collaborating agencies on a monthly basis to ensure the success of the program. The performance measures will be tracked through the Care Coordination module. The success of the program will be measured by the aforementioned performance measures including successful graduation from IRCMHC and less recidivism. Tracking systems are established and ready to be implemented.

The demonstration of success and cost savings in the IRCMHC since inception has prompted the Indian River County Sheriff to dedicate increased resources to the program. By expanding and enhancing the services through the funding provided by this proposed grant award, even greater success will be demonstrated and the funding needed from stakeholder agencies to sustain the IRCMHC when the grant funding ends will be justified. The SEFBHN data system allows us to track the utilization of services and the exact dollar costs of those services per person across all agencies. We will be able to cross reference this with the realized savings for the Indian River County Jail and local crisis services which will be calculated each year of the program based on the aggregate costs of those services during the tracked time period.

In addition to the beneficial cost savings for the criminal justice system, there will be concurrent benefits to IRC's mental health and substance abuse systems due to increased funding that this proposed grant award will allocate for those services. The strategic plan for this program will expand the behavioral health infrastructure of Indian River County; and, it will also enhance the efficacy and efficiency of care through the improved functionality of the Coordination of Care system in the community. Greater collaboration, and the resulting improvements from the increased partnering and communication between agencies, will benefit the consumers as well as reduce duplicated or ineffective service provision. This improvement in care will allow for high risk utilizers to benefit from improved community-based services, reducing the numbers

of individuals requiring commitment to a state mental health treatment facility. Recidivism of consumers back into the state facilities will also be reduced through improvements in community-based care and through the implementation of intervening practices by SEFBHN which provide a safety-net for the high risk consumer. Strong positive outcomes for the overall program, the various stakeholder and provider agencies, as well the individual consumers will motivate additional funding and provide the impetus for long-term community support.

### 3.8.5.6.3 Project Timeline

Objectives	Month to begin	Implementation	Responsible Party
<b>Objective 1</b> – Establish programs and diversion initiatives that increase public safety, avert increased spending on criminal justice and improve accessibility and effectiveness of treatment services for the clients in IRC Mental Health Court.	Month 1	Hire and train staff	SEFBHN, IRCMHC, IRC SO, partners
Increase the number of partnerships formed as demonstrated by formal Memoranda of Understanding (MOU) or other mechanism, including partnerships about the exchange of information and data related to our clients in MHC.	Month 1 and ongoing	MOU template Identify partners Establish MOU	SEFBHN, IRCMHC, IRC SO, partners, Indian River Mental Health Collaborative
Implement our new web-based Coordination of Care data module that will track all MHC clients during their involvement with the program and for at least one year after discharge. The system will track all mental health and substance abuse services received, including	Month 2 and ongoing	Module completed Train staff Collect Data Use tracking to ensure clients are	SEFBHN, Connections Center

arrests, receipts of benefits, employment and stable housing.		receiving timely services	
Implement Peer-Based Recovery Support which will utilize the Wellness Recovery Action Plan (WRAP), an evidence-based practice along with Whole Health Action Management (WHAM) an integrated approach developed by the <u>SAMHSA-HRSA Center for Integrated Health Solutions</u> .	Month 1 Month 2 Month 6 and ongoing	Train staff Implement practice Evaluate results	MHAIRC, Connections Center
Increase the number of Crisis Intervention Team (CIT) trained law enforcement officers responding to mental health related crisis calls.	Month 3	Add additional training sessions	IRCSO
<b>Objective 2</b> – To create and encourage collaboration among the key stakeholders, such as the Public Safety Planning Council in implementing and providing ongoing oversight and quality improvement activities for the CJMHSa grant program.	Months 1-3 and on-going	Convene meetings	SEFBHN, Connections Center
SEFBHN will meet quarterly with PSPC to assess the progress and review performance measures and timelines associated with the CJMHSa grant program and make necessary	Month 2 and on-going	Provide reports for subcommittees and Council	SEFBHN

adjustments to implementation as needed.			
Develop sub-committees that will meet monthly to provide oversight, collaboration and continuous quality improvement.	Month 3 and on-going	Convene quarterly meetings and Establish subcommittees  Establish goals for subcommittees  Convene meetings	Public Safety Coordinating Council
<b>Objective 3</b> – Create a Coordination of Care model for the IRCMHC.	Month 1 and on-going	Completed	MHC Partners
Reduce access time to mental health and/or substance abuse treatment services by providing immediate access (within 24 hours) to assessments with our network providers	Month 2 and on-going	Establish treatment resources  Establish schedule of appointments coinciding with Mental Health Court hearings	SEFBHN
Increase the number of SSI/SSDI approvals through SOAR applications	Month 1 and on-going	Train Peer Specialists and case managers  Process applications  Track applications and approvals	SEFBHN,  MHAIRC
Increase connections to housing, employment and/or educational resources	Month 3 and on-going	Identify resources  Link to resources  Utilize partnerships to increase resources	SEFBHN, case managers, connections center
Begin to analyze data and measure performance	Month 6	Utilizing the Care Coordination Module look at initial outcome data	SEFBHN, Public Safety Council

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

**PLEASE PRINT**

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## Appendix A – Strategic Plan Format

Adults who interface with the criminal justice system often have Substance Abuse Disorders, Mental Health Disorders, or Co-Occurring Disorders go undiagnosed or untreated. Many of these individuals and their families are unaware of ways to obtain services for their conditions, and their only options to receive treatment is by accessing care through some of the more costly and inefficient points of entry into the healthcare delivery system; including emergency rooms, acute crisis services, and ultimately the adult criminal justice systems. These individuals have often had unsuccessful educational experiences and are unemployed, leading to housing instability, nutritional insecurity, and limited access to transportation. As a result, upon release and return to the community, they are at significant risk of reentering these facilities. This accomplishes very little and often contributes to increased recidivism for this population while draining the limited resources that do exist.

This becomes particularly difficult for individuals cycling in and out of the jails as these institutions were never designed, equipped, or funded to deal with the behaviors associated with serious mental illness. Indian River County being a smaller community lacked the infrastructure to divert individuals requiring mental health services from entering the criminal justice system. It is estimated that 125,000 individuals with mental health disorders are booked in to Florida jails and prisons each year. Data concerning the jail population in Indian River County reflects this trend. At least forty-five (45) percent of the jail population has a mental health disorder and thirty (30) percent of them are on psychotropic medications. Mentally ill offenders typically spend twice as long in jail as non-mentally ill offenders adding to what is already a costly and inefficient way to address the needs of this population. It must also be stated that in addition to high cost, this de facto approach to treating this population, does not reflect our values of treating individuals humanely with either physical or behavioral health challenges. It was determined that a very viable solution would be to implement Mental Health Courts, as had been successfully implemented in other Florida counties and throughout the United States. Those successfully operational Mental Health Courts hold offenders accountable, while linking them to treatment services needed to address their mental illness. Monitoring and treating offenders with Serious Mental Illness (SMI) in a mental health court is more effective, efficient, and less expensive than the remedies available through traditional justice system approaches.

□ **Regional Partnership Strategic Planning Process and Participants** - The Mental Health Collaborative of Indian River County, formed in 2004, is composed of funders, mental health care providers, community and governmental organizations and community leaders. The collaborative convenes people and organizations interested in finding solutions for the unmet behavioral health needs within the community.

Meeting on a quarterly basis, the collaborative offers guidance and administrative support to facilitate the discussions and plans related to the solutions for the unmet needs. Four strategic planning groups were developed, as a result of the work of the collaborative, in order to address the overall needs of the community relating to behavioral health that include:

- **Mental Health Promotion** – Working on reducing stigma and promoting mental health and well-being
- **Integrated Care** – Working to increase access to mental health care by integrating behavioral and primary health care
- **Mental Health Connections** – Working to develop a centralized access point for information, referral, and care coordination around mental health services
- **Diversion Strategies** – Working on solutions and alternatives for the mentally ill in the criminal justice system

The Diversion Strategies workgroup actively started planning in 2009 and was co-chaired by Judge Cynthia Cox of the 19<sup>th</sup> Judicial Circuit and Indian River County Sheriff Deryl Loar. Workgroup members include Jeff Luther, PIO, Indian River County Sheriff's Office; Katharine Hammond, Judge Magistrate, 19<sup>th</sup> Judicial Circuit; Chief Michelle Morris, Sebastian Police Department; Chief David Currey, Vero Beach Police Department; Chief Keith Touchberry, Fellsmere Police Department; Chief Mike Jacobs, Indian River Shores Police Department; Tom Bakkedahl, Chief Assistant State Attorney, 19<sup>th</sup> Circuit; Chris Taylor, Assistant State Attorney, 19<sup>th</sup> Circuit; Lisa Fonteyn, Client Services Coordinator, Public Defender, 19<sup>th</sup> Circuit; Katie Alonzo, Assistant Public Defender, 19<sup>th</sup> Circuit.

Judge Cox had already been presiding over the Mental Health Court in St. Lucie County since 2006 and had thus seen first-hand the benefits to the offenders and the community. She reported that recidivism for individuals whose cases were handled in Mental Health Court is 8.9% as opposed to 78% for those in the traditional court system. In addition to St. Lucie program, the Diversion Strategies Workgroup also considered the recommendations of a Florida Supreme Court multi-branch task force which provided strategies for counties in Florida to implement Mental Health Courts.

Judge Cox and Sheriff Loar sent letters and made presentation to the Indian River Board of County Commissioners outlining the advantages of Mental Health Court. They noted the cost savings, additionally, stating its positivity to the community. An Administrative Order authorizing the formation of a Mental Health Court in Indian River County was entered on November 26, 2014 and Mental Health Court became operational on January 27, 2015.

Funding for Mental Health Court was leveraged through the reduction in jail costs – from an average of \$9400.00 per 111-day period of confinement, to \$2000.00 a year for community support and treatment. Additional costs are further noted to be offset by the individual's SSA/SSI benefits and Medicaid. The Indian River County Sheriff's Office also provided funding for Case Management Staff to work directly with the Mental Health Court.

□ **Vision** - To offer a recovery focused alternative to jail for individuals who have committed a low level criminal offense and who are struggling with severe and chronic mental illness or co-occurring mental illness and substance abuse disorder in order to increase involvement in the community while at the same time reducing recidivism through the criminal justice system.

□ **Mission Statement** - To serve the community and increase public safety by monitoring, supporting and holding accountable justice-involved individuals with mental illness in accessing treatment and improving their quality of life

□ **Values –**

Respect for Others – by being open and direct and receptive to all opinions and needs of all participants.

Transparency & Accountability – by maintaining a culture of honesty and by sharing information openly.

Responsive & Adaptive – by constantly assessing the needs of consumers and ensuring services meet those needs. When they do not – being willing to make changes along the way.

Compassion – by maintaining an awareness of the needs of others and act to meet those needs in a non-judgmental manner.

Recovery is Attainable – by believing that everyone can benefit from services and can make significant changes in their lives even when it may not happen immediately.

□ **Service Model(s)** –As noted, the Model proposed by the Diversion Strategies Workgroup is the Implementation of a Mental Health Court in Indian River County. This model allows for referrals of individuals to Mental Health Court to be made at any Intercept Point in the criminal justice system which includes Pre-arrest; Booking and First Appearance; Jails/Court; Re-entry from Jails, Prisons, Hospitals; and Community Corrections/Community Support. If the individual agrees to participate in Mental Health Court they are placed on probation. As part of their probation they referred for an assessment to determine the appropriate types of treatment they need. A Case Manager makes the necessary referrals and follows up on the individual's progress. They will also appear in court on a regular basis which allows the judge to closely monitor the individual's compliance.

Mental Health Court is a true team effort between the judge, the public defender, the state's attorney, police and probation officers, and the case managers along with the individual being served. Many of these individuals have never had the benefit of coordinated efforts to provide them with the appropriate treatment they need for their behavioral health disorders. The Program has been very successful. The initial caseload was projected at 60 and has reached 120. The overall goal is to expand it and to include additional services to support the recovery of the individuals being served.



Appendix A - Continued

Goal: Mental Health Court (MHC) is primarily a voluntary diversion program with the goal of increasing access to and engagement of treatment for persons with eligible Mental Health and Substance Abuse disorders who are residents of Indian River County and are charged with certain eligible criminal offenses. The program shall provide evidence-based mental health treatment that will primarily address risk factors associated with criminal conduct: antisocial/pro-criminal attitudes, values, belief systems, pro-criminal associations, temperament, and personality factors.

Objective #1 Officially establish Mental Health Court within Indian River County				
	TASK	Performance Measure	Lead Person of Organization	Projected Completion Date
1.1	Educate the Criminal Justice Community and the Indian River Board of County Commissioners about Mental Health Court and the benefits to the community	Provide at least 3 educational/informational events that can include official correspondence or presentations to stakeholders.	The Indian River Mental Health Collaborative Diversion Strategies Workgroup	November, 2014
1.2	Authorize Mental Health Court through an Administrative Order	Completed and Signed Administrative Order	Judge Cynthia Cox	November 26, 2016
1.3	Hire staff who will be working within Mental Health Court	Program Coordinator and Case Manager staff are hired	Indian River County Sheriff's Office	January 27, 2015

Objective #2 Mental Health Court will have the capacity to enroll 60 individuals within the first year of operation				
	TASK	Performance Measure	Lead Person of Organization	Projected Completion Date
2.1	Referral to Mental Health Court must be made pursuant to the eligibility requirements outlined in Administrative Order 2014-11 – Mental Health Court Program issued November 26, 2014.	Documentation of the individuals enrolled in Mental Health Court	Mental Health Court Presiding Judge and State's Attorney	January 27, 2016
2.2	Increase CIT training of law enforcement officers within each Law Enforcement agency, which, by increasing knowledge of mental health and substance abuse issues will result in appropriate referrals to Mental Health Court	Increase the number of law enforcement officers receiving CIT training by 2 per Law Enforcement Agency	Each Respective Law Enforcement Agency	January, 2016 and Ongoing

<b>Objectively #3 Effectively divert and treat people with mental illness substance use disorders, or co-occurring disorders who are in, or at risk of entering, the criminal justice systems.</b>				
<b>TASK</b>				
3.1	Identify and use an Evidence Based Assessment tool for all individuals served by Mental Health Court	Documentation that assessment tool is validated and found to be evidence based.	Mental Health Court Personnel in collaboration with the Diversion Strategies Subgroup	January, 2015
3.2	Utilize Evidence Based Practice Treatments for individuals enrolled in Mental Health Court based on the results of their assessment	Documentation of all Treatment options that are provided to individuals enrolled in Mental Health Court	Mental Health Court Case Managers	Ongoing
3.3	Reduce Recidivism for individuals enrolled in Mental Health Court	Achieve a 20% reduction in recidivism for individuals enrolled in Mental Health Court during the first year of operation compared to the recidivism rate in traditional court	Mental Health Court Personnel	January 2016

<b>Objectively #4 Expand the Capacity of Mental Health Court</b>				
<b>TASK</b>				
4.1	Improve community education regarding mental illness and mental health by proactively speaking to community and stakeholder organizations	Provide at least 5 presentations per year.	The Mental Health Collaborative of Indian River County Diversion Strategies Workgroup	On-Going
4.2	Leverage funding to expand # of people who can be served by Mental Health Court by applying for local and state grants	Increase funding for another Judge and Case Manager for Mental Health Court	The Mental Health Collaborative of Indian River County Diversion Strategies Workgroup	November, 2016

**Description of Strategic Plan:**

Strategic planning to implement a Mental Health Court Program in Indian River County began in 2009 under the leadership of Judge Cynthia Cox of the Circuit Court of the Nineteenth Judicial Circuit and Indian River County Sheriff Deryl Loar. The first Mental Health Court began operations on January 27, 2015. The plan is reviewed quarterly. Due to the higher than expected number of referrals in the first 18 months, the greatest challenge to the program's implementation is the lack of capacity and the need to increase staff to ensure fidelity to the model. {Mental Health Court was serving 108 individuals with a staff scheduled to serve capacity set at 60}. Efforts are in place to explore additional funding sources for the needed expansion of the Indian River Mental Health Court.

## APPENDIX B

**Cognitive Behavioral Therapy (CBT)** Cognitive behavioral therapy (CBT) is perhaps one of the most frequently used psychotherapeutic orientations, with considerable research supporting its effectiveness and adaptability in clinical practice. As the name implies, CBT integrates the rationale and techniques from both cognitive therapy and behavioral therapy, taking advantage of their complimentary relationship.<sup>1</sup> For example, as cognitive therapy seeks to change behavior by challenging maladaptive thoughts, behavioral therapy employs more direct, yet complimentary methods, such as pairing reinforcing stimuli with a desired behavior or aversive stimuli with an undesired behavior.<sup>1–3</sup> While the efficacy of CBT has been firmly established in the treatment of a variety of disorders and problems, its history and utility are deeply rooted in the treatment of anxiety and depression symptoms.<sup>3</sup> Aaron T. Beck<sup>4</sup> is recognized as the father of CBT, and his theory evolved from helping depressed patients recognize their faulty automatic thoughts that negatively affect their behavior. In contrast to other forms of psychotherapy, CBT aims to quickly resolve maladaptive thoughts or behaviors without necessarily delving too deeply into why they may occur. Thus, effective courses of therapy might be as short as a single session, or as long as a lifetime, depending on the specific needs of the individual.<sup>1</sup> CBT helps individuals deal with their difficulties by changing their thinking patterns, behaviors, and emotional responses.

**Legacy Behavioral Health, Substance Awareness Center of Indian River County, Public Defenders Office Circuit 19**

**Dialectical Behavior Therapy (DBT)** Dialectical Behavior Therapy is a cognitive-behavioral treatment approach with two key characteristics: a behavioral, problem-solving focus blended with acceptance-based strategies, and an emphasis on dialectical processes. "Dialectical" refers to the issues involved in treating patients with multiple disorders and to the type of thought processes and behavioral styles used in the treatment strategies. DBT has five components: (1) capability enhancement (skills training); (2) motivational enhancement (individual behavioral treatment plans); (3) generalization (access to therapist outside clinical setting, homework, and inclusion of family in treatment); (4) structuring of the environment (programmatically emphasis on reinforcement of adaptive behaviors); and (5) capability and motivational enhancement of therapists (therapist team consultation group). DBT emphasizes balancing behavioral change, problem-solving, and emotional regulation with validation, mindfulness, and acceptance of patients. Therapists follow a detailed procedural manual.

<http://www.behavioraltech.org>

**New Horizons of the Treasure Coast, Public Defenders Office Circuit 19**

**Illness Management and Recovery (IMR)** Illness Management and Recovery (IMR) is an evidence-based psychiatric rehabilitation practice. IMR is a step-by-step approach that assists people to set meaningful goals for themselves, make informed decisions about their treatment, acquire information and skills to develop greater mastery over the symptoms of their psychiatric illness, and make progress toward their own personal recovery. As an evidence-based practice, IMR is incorporated into the foundation of

## APPENDIX B

principles and practices central to a recovery-oriented, person-centered system of community mental health services. These approaches are found at Minnesota's recognized community mental health organizations delivering Rehabilitation Option Services. <http://store.samhsa.gov>

### **New Horizons of the Treasure Coast**

**Living in Balance (LIB):** Moving from a Life of Addiction to a Life of Recovery is a manual-based, comprehensive addiction treatment program that emphasizes relapse prevention. LIB consists of a series of 1.5- to 2-hour psychoeducational and experiential training sessions. The manual includes 12 core and 21 supplemental sessions. LIB can be delivered on an individual basis or in group settings with relaxation exercises, role-play exercises, discussions, and workbook exercises. The psychoeducational sessions cover topics such as drug education, relapse prevention, available self-help groups, and sexually transmitted diseases (STDs). The experientially based or interactive sessions are designed to enhance the client's level of functioning in certain key life areas that are often neglected with prolonged drug use: physical, emotional, and social well-being, adult education opportunities, vocational development, daily living skills, spirituality/recovery, sexuality, and recreation/leisure. These sessions include a large amount of role-play with time to actively process personal issues and learn how to cope with everyday stressors. <http://www.hazelden.org/bookstore>

### **Substance Awareness Center of Indian River County**

**Motivational Interviewing (MI)** is a goal-directed, client-centered counseling style for eliciting behavioral change by helping clients to explore and resolve ambivalence. The operational assumption in MI is that ambivalent attitudes or lack of resolve is the primary obstacle to behavioral change, so that the examination and resolution of ambivalence becomes its key goal. MI has been applied to a wide range of problem behaviors related to alcohol and substance abuse as well as health promotion, medical treatment adherence, and mental health issues. Although many variations in technique exist, the MI counseling style generally includes the following elements: Establishing rapport with the client and listening reflectively; Asking open-ended questions to explore the client's own motivations for change; Affirming the client's change-related statements and efforts; Eliciting recognition of the gap between current behavior and desired life goals; Asking permission before providing information or advice; Responding to resistance without direct confrontation. (Resistance is used as a feedback signal to the therapist to adjust the approach.); Encouraging the client's self-efficacy for change; •Developing an action plan to which the client is willing to commit. <http://www.motivationalinterviewing.org>

### **New Horizons of the Treasure Coast**

**Motivational Enhancement Therapy (MET)** is an adaptation of motivational interviewing that includes normative assessment feedback to clients that is presented and discussed in a non-confrontational manner. Motivational interviewing is a goal-oriented, client-

## APPENDIX B

centered counseling style for facilitating behavior change by helping clients to resolve ambivalence across a range of problematic behaviors. MET uses an empathic and strategic approach in which the therapist provides feedback that is intended to strengthen and consolidate the client's commitment to change and promote a sense of self-efficacy. MET aims to elicit intrinsic motivation to change substance abuse and other behaviors by evoking the client's own motivation and commitment to change, responding in a way that minimizes defensiveness or resistance. <http://www.motivationalinterviewing.org>

**New Horizons of the Treasure Coast, Legacy Behavioral Health**

**Seeking Safety** is a present-focused treatment for clients with a history of trauma and substance abuse. The treatment was designed for flexible use: group or individual format, male and female clients, and a variety of settings (e.g., outpatient, inpatient, residential). Seeking Safety focuses on coping skills and

psychoeducation and has five key principles: (1) safety as the overarching goal (helping clients attain safety in their relationships, thinking, behavior, and emotions); (2) integrated treatment (working on both posttraumatic stress disorder (PTSD) and substance abuse at the same time); (3) a focus on ideals to counteract the loss of ideals in both PTSD and substance abuse; (4) four content areas: cognitive, behavioral, interpersonal, and case management; and (5) attention to clinician processes (helping clinicians work on countertransference, self-care, and other issues).

<http://www.seekingsafety.org>

**Substance Awareness Center of Indian River County**

**New Horizons of the Treasure Coast**

**Whole Health Action Management (WHAM)** is a training program and peer support group model developed by CIHS to encourage increased resiliency, wellness, and self-management of health and behavioral health among people with mental illnesses and substance use disorders. The training and associated Participants Guide were informed and driven by individuals with mental illnesses and substance use disorders and founded in principles from existing research and programs in chronic disease management such as the Health and Recovery Peer (HARP) Program and the Relaxation Response, developed by the Benson-Henry Institute for Mind Body Medicine at Massachusetts General Hospital. A powerful program intended to strengthen the peer workforce's role in healthcare delivery, WHAM provides peer support professionals and volunteers a format for peer support meetings in which consumers engage in 8-week WHAM groups to support one another as they work toward, achieve, and engage in self-maintain whole health goals. The skills learned in WHAM help participant's management and crystalize goals to achieve better whole health and wellness. Information can be found <http://www.integration.samhsa.gov/health-wellness/wham>; and

<http://www.thenationalcouncil.org/training-courses/whole-health-action-management/>

**Mental Health Association of Indian River County**

## APPENDIX B

**Peer Support Services** are delivered by individuals who have common life experiences with the people they are serving. People with mental and/or substance use disorders have a unique capacity to help each other based on a shared affiliation and a deep understanding of this experience. In self-help and mutual support, people offer this support, strength, and hope to their peers, which allows for personal growth, wellness promotion, and recovery. Research has shown that peer support facilitates recovery and reduces health care costs. Peers also provide assistance that promotes a sense of belonging within the community. The ability to contribute to and enjoy one's community is key to recovery and well-being. Another critical component that peers provide is the development of self-efficacy through role modeling and assisting peers with ongoing recovery through mastery of experiences and finding meaning, purpose, and social connections in their lives.

### **Mental Health Association of Indian River County**

**SOAR (SSI/SSDI outreach, Access and Recovery)** SOAR key components help the disability determination process move more smoothly and quickly by providing assistance to SSA and DDS. (Disability Determination Service) Using these key components, case managers play a central role in gathering complete, targeted, and relevant information for SSA and DDS, and submit a high-quality SSI/SSDI application. SOAR "Process": SOAR helps case managers to form collaborative relationships with SSA, DDS, community providers, and other key stakeholders, such as hospitals. The SOAR Process is negotiated within the state or community with the relevant SSA office. If agreed upon by SOAR in their state, case manager faxes a SOAR Consent to Release Information to the local SSA office and this establishes the protective filing date. Case managers use electronic filing of SSA forms when available; these are accessed on the SSA website. Complete application packets are submitted within 60 days after establishing protective filing date. Case Manager Is Central SOAR prepares case managers to assume a central role.