

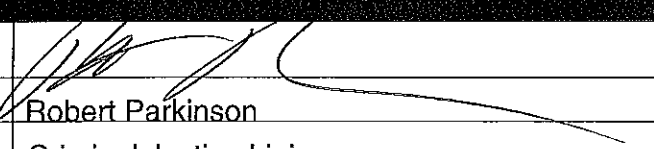
(Tab 1: Cover Page)

3.8.1 Tab 1: Cover Page

Certified Designation Letter (N/A)

APPENDIX C -- COVER PAGE FOR GRANT APPLICATION

Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant

PROPOSAL INFORMATION		
Type of Grant:	Planning Grant <input type="checkbox"/>	Implementation and Expansion Grant <input checked="" type="checkbox"/>
Project Title:	Hillsborough Forensic ImpACT Team Expansion (H-FITE)	
County(ies):	Hillsborough County	
Preferred Project Start Date:	July 01, 2019	
APPLICANT INFORMATION		
Type of Applicant	County Government <input checked="" type="checkbox"/> Consortium of County Governments <input type="checkbox"/> Managing Entity <input type="checkbox"/> NFP Community Provider <input type="checkbox"/> Law Enforcement Agency <input type="checkbox"/>	
Applicant Organization Name:	Hillsborough County Board Of County Commissioners	
Contact Name & Title:	Robert Parkinson, Criminal Justice Liaison	
Street Address	601 E. Kennedy Blvd., 24th Floor	
City, State and Zip Code:	Tampa, FL 33602	
Email:	Parkinsonr@hillsboroughcounty.org	
Phone:	(813) 276-2888	
ADDITIONAL CONTACT		
Participating Organization Name:	Gracepoint	
Contact Name & Title:	Roaya Tyson, Chief Operating Officer	
Street Address	5707 N. 22nd Street	
City, State and Zip Code:	Tampa, FL 33610	
Email:	rtyson@gracepointwellness.org	
Phone:	(813) 239-8088	
FUNDING REQUEST AND MATCHING FUNDS		
	Total Amount of Grant Funds Requested	Total Matching Funds:
Program Year 1	\$ 400,000	\$ 400,000
Program Year 2	\$ 400,000	\$ 400,000
Program Year 3	\$ 400,000	\$ 400,000
Total Project Cost	\$1,200,000	\$1,200,000
CERTIFYING OFFICIAL		
Certifying Official's Signature:		
Certifying Official's Name (printed):	Robert Parkinson	
Title:	Criminal Justice Liaison	
Date:	01/23/2019	

(Tab 2: Table of Contents)

3.8.2 Tab 2:

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(Tab 3: Statement of Mandatory Assurances)

3.8.3 Tab 3: Statement of Mandatory Assurances

APPENDIX D – STATEMENT OF MANDATORY ASSURANCES

		Initial
A.	Infrastructure: The Applicant shall possess equipment and Internet access necessary to participate fully in this solicitation.	<i>ma</i>
B.	Site Visits: The Applicant will cooperate fully with the Department in coordinating site visits, if desired by the Department.	<i>ma</i>
C.	Non-discrimination: The Applicant agrees that no person will, on the basis of race, color, national origin, creed or religion be excluded from participation in, be refused the benefits of, or be otherwise subjected to discrimination pursuant to the Act governing these funds or any project, program, activity or sub-grant supported by the requirements of, (a) Title VI of the Civil Rights Act of 1964 which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended which prohibits discrimination in employment or any program or activity that receives or benefits from federal financial assistance on the basis of handicaps; (d) Age Discrimination Act 1975, as amended which prohibits discrimination on the basis of age, (e) Equal Employment Opportunity Program (EEO) must meet the requirements of 28 CFR 42.301.	<i>ma</i>
D.	Lobbying: The Applicant is prohibited by Title 31, USC, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," from using Federal funds for lobbying the Executive or Legislative Branches of the federal government in connection with a specific grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal funds if grants and/or cooperative agreements exceed \$100,000 in total costs (45 CFR Part 93).	<i>ma</i>
E.	Drug-Free Workplace Requirements: The Applicant agrees that it will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76.	<i>ma</i>
F.	Smoke-Free Workplace Requirements: Public Law 103-227, Part C-Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library projects to children under the age of 18, if the projects are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's projects provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 per day and/or the imposition of an administrative compliance order on the responsible entity.	<i>ma</i>
G.	Compliance and Performance: The Applicant understands that grant funds in Years 2 and 3 are contingent upon compliance with the requirements of this grant program and demonstration of performance towards completing the grant key activities and meeting the grant objectives, as well as availability of funds.	<i>ma</i>
H.	Certification of Non-supplanting: The Applicant certifies that funds awarded under this solicitation will not be used for programs currently being paid for by other funds or programs where the funding has been committed.	<i>ma</i>
I.	Submission of Data: The Applicant agrees to provide data and other information requested by the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center at the Florida Mental Health Institute to enable the Center to perform the statutory duties established in the authorizing legislation.	<i>ma</i>
J.	Submission of Reports: The Applicant agrees to submit quarterly progress reports and quarterly fiscal reports, signed by the County Administrator, to the Department.	<i>ma</i>

(Tab 4: Match Commitment and Summary Forms)

3.8.4 Tab 4: Match Commitment and Summary Forms

The application must include a Match Collection Summary Report, **Appendix I**, summarizing the proportions of cash and in-kind match.

The application must include a signed Commitment of Match Donation Form, **Appendix H**, from each match donor, to verify cash and attach valuation to in-kind contributions.

Please see Appendix H and I, attached.

APPENDIX H - COMMITMENT OF MATCH DONATION FORMS
(FOR THE ENTIRE GRANT PERIOD)


TO: (name of county) Hillsborough
FROM: (donor name) 13th Judicial Circuit/Administrative Office of the Courts
ADDRESS: 800 E. Twiggs St. Room 605
Tampa, FL 33602

The following ___ space, ___ equipment, ___ goods or supplies, and ___ services, are donated to the County ___ permanently (title passes to the County) ___ temporarily (title is retained by the donor), for the period ___ to ___.

Description and Basis for Valuation (See next page)

Description	Value
(1) <u>Salaries and benefits</u>	<u>\$272,730</u>
(2) <u>Treatment, Drug Testing, Technology</u>	<u>\$927,270</u>
(3) <u>and Operating Expenses</u>	\$ _____
(4) _____	\$ _____
TOTAL VALUE \$ <u>1,200,000</u>	

The above donation is not currently included as a cost (either direct or matching) of any state or federal contract or grant, nor has it been previously purchased from or used as match for any state or federal contract.


(Donor Signature)

2/4/19
(Date)


(County Designee Signature)

2/4/19
(Date)

Appendix H (cont.)
BASIS OF VALUATION

Building/Space

- 1. Donor retains title:
 - a. Fair commercial rental value - Substantiated in provider's records by written confirmation(s) of fair commercial rental value by qualified individuals, e.g., Realtors, property managers, etc.
 - b. (1) Established monthly rental of space \$ N/A
 (2) Number of months donated during the contract N/A
 Value to the project [b.(1) X b.(2)] \$ N/A

2. Title passes to the County:

Depreciation

- a. Cost of Fair Market Value (FMV) at acquisition (excluding land) \$ N/A
- b. Estimated useful life at date of acquisition N/A yrs.
- c. Annual depreciation (a./b.) \$ N/A
- d. Total square footage N/A sq. ft.
- e. Number of square feet to be used on the grant program N/A sq. ft.
- f. Percentage of time during contract period the project will occupy the building or space N/A %
 Value to project (e./d. X f. X c.) \$ N/A

Use Allowance

- a. To be used in the absence of depreciation schedule (i.e., when the item is not normally depreciated in the County's accounting records).
- b. May include an allowance for space as well as the normal cost of upkeep, such as repairs and maintenance, insurance, etc.

Equipment

- 1. Donor retains title: Fair Rental Value
- 2. Title passes to County:
 - a. FMV at time of donation \$ N/A
or
 - b. Annual value to project (not to exceed 6 2/3% X a.) = \$ N/A

Goods or Supplies
FMV at time of donation

Personnel Services

- 1. Staff of another agency or organization:
 - Annual Salary Number of hours 2080 X to be provided = \$ N/A
- 2. Volunteer -- Comparable annual salary \$ _____
 - Annual Salary Number of hours 2080 X to be provided = \$ N/A

Appendix I - MATCH SUMMARY
(for the entire grant period)

Date - 01/31/19

County - Hillsborough

Type of Grant - DCF Reinvestment

Match Requirement Percentage - 100%

Total Match Required for the Grant \$ 1,200,000

Match Committed:

Cash	\$ <u>1,200,000</u>
In-Kind	\$ _____
Total	\$ _____

Comments: _____

Prepared By K. Amundson

Approved By [Signature]

(Tab 5: Statement of the Problem)

3.8.5 Tab 5: Statement of the Problem

Under the current criminal justice system, mental health treatment while incarcerated is either limited or non-existent. Frequently, these individuals experience insufficient access to mental health treatment well before incarceration, leading to deterioration in health and wellbeing and subsequent involvement with the criminal justice system. The difficulties experienced in attempting to access treatment, support services, and benefits including housing assistance can greatly increase the amount of time that an individual remains dependent on friends and family members. Police officers repeatedly arrest the same persons for offenses (often low-level) which can clearly be linked to their mental illness. Prosecutors charge individuals with misdemeanor nuisance crimes, knowing that they are likely to see the same individual again soon. Probation and parole staff responsible for working with persons with mental illness who have been released from jails see these individuals repeatedly rearrested for the same or similar behaviors that actually represent the symptoms of an untreated and disabling mental illness. There is growing awareness and concern regarding the unmet needs of persons with mental illness in the nation's jails and communities and the toll it exacts on these individuals, their families, service agencies and the criminal justice system. With this concern comes a growing conviction that a turning point has been reached: Effective measures must be taken to prevent these individuals from entering and re-entering the nation's jails to avoid the continuing expense and even danger.

According to over two decades of Hillsborough County jail utilization data performed by Code for Tampa Bay in 2017, the top 30 jail utilizers were incarcerated in the jail a total of 64,276 days costing more than \$8,090,735, measured in 2016 dollars, not including related expenses such as court costs, legal fees, psychotropic medications, and medical care. The majority of offenders in this group had existing diagnoses of co-occurring disorders and at least the single offender with the most days in the Hillsborough County Jail (3,517 days) had been a prior Ch. 916 F.S. client. Records dating from October 2014 to July 2016 indicate that only 264 persons booked at the jail had private insurance. Last fiscal year, the Hillsborough County Sheriff's Office (HCSO) pre-paid \$3,900,000 for off-site medical care, and an additional \$355,628.37 for their share of medical care that exceeded the contracted amount.

Trend Analysis: Average annual inmate bookings have decreased steadily every year since 2012, from a total of 56,682 in 2012 to 41,319 in 2015, a decrease of 27%. The average length of stay remained fairly stable from 2012 to 2015, with a 2015 average of 84% of individuals staying in jail 30 days or less, and only 0.21% staying longer than a year. On average, approximately two-thirds (68.16%) of inmates are there on a pre-trial status, most for felony charges. Incidents in the jail directly related to mental health issues have decreased in recent years. From FY 2014-15 through FY2015- 2016, involuntary examination referrals (Baker Act) from the Jail decreased by 27% (from 11 to 8 a month) and the average monthly census of persons with indications of mental health issues decreased by 7% (from 556 a month to 517).

These accomplishments are the result of several inter-related initiatives such as HCSO and other local law enforcement agencies' adoption and incorporation of the Crisis Intervention Team (CIT) Model for effectively addressing persons presenting with behavioral health issues and affecting community based diversion strategies (over 1037 officers trained to date). Another major contributor is the Circuit 13's Court initiative and

the County's funding of the pre and post-booking, Mental Health Jail Diversion Program for misdemeanor and ordinance offenders (served 3,411 individuals and diverted 1049 between November 2013 and March 2017) that continues still today. A third factor is the local commitments made to the provision of housing services for chronic homeless individuals. Hillsborough County appropriated funding over four years ago to add capacity to some existing shelter programs to fund Bridge Housing as the first step to permanent housing, established a 70 bed Community Solutions Program and created two, 15 bed assisted-living programs with an additional eight apartment units for chronically homeless persons with mental health or co-occurring issues. The County also continues to be a 23 apartment supported housing program through Gracepoint Wellness, Inc. (Gracepoint). Through sustaining these initiatives over time, and with the potential for funding of this proposal, it is anticipated that additional and proportionate reductions in jail time can be anticipated for clients with mental illness who are involved in the criminal justice system.

Currently, in Hillsborough County, there have been a noted increase in Chapter 916 F.S. cases. As of late January 2019, the Tallahassee office of DCF had contacted the Hillsborough County Criminal Justice & Grants Management Office requesting to present on and discuss this issue at our Public Safety Coordinating Council meeting on January 25th, 2019. At this meeting, Leah Vail Compton, the State Community Forensic Liaison of DCF, gave a presentation titled Community Forensic Services and Trends. In her presentation she stated DCF's goals of "decreasing the number of individuals committed to secure forensic facilities by increasing community capacity to serve individuals with mental illnesses involved in the criminal justice system", especially by "increasing diversions for individuals with non-violent charges per Chapter 916.145 F.S."; serving "individuals committed under Chapter 916 F.S. in least restrictive placement options, through increased diversions and conditional releases"; and to increase the utilization of community services (including FACT Teams and Forensic Multidisciplinary Teams) "for individuals who do not require commitment to a secure forensic facility and could recover successfully in the community with the appropriate services and supports". In her presentation, Ms. Vail Compton showed that statewide forensic commitments has gone up 18% between FY13-14 and FY17-18. Within Hillsborough County (Circuit 13), there were 235 people on conditional release between 7/1/17 and 6/30/18, which is about 1.1 people per 10,000 residents. Within the same timeframe, Circuit 13 diverted 67 people from state hospital, which is around 0.31 per 10,000 people. Ms. Vail Compton explained the value of multidisciplinary teams who focus on diverting "individuals, pre- and post-adjudication, from the criminal justice system, treatment facilities and other forensic programs". She provided a model including a Forensic Assertive Community Treatment (FACT) Team with a "comprehensive and recovery-oriented approach, coordinated treatment, rehabilitation and support services". The addition of resources, provided by this grant, would allow for the increase in capacity to serve restored Chapter 916 F.S. clients who are involved in the criminal justice system through the 13th Judicial Circuit's Mental Health Court. Currently, offenders in Mental Health Court who are restored Chapter 916 F.S. clients do not have access to adequate and dedicated community based treatment and services that will support their continued stabilization and meet their therapeutic needs. Clients are referred to existing community based resources which are neither timely in their availability, coordinated between providers, nor adequately available in terms of frequency nor duration. Failing to meet the diverse and sometimes

intensive needs of restored clients leads to the increased likelihood of violations or recidivism, destabilization, and increased behavioral health symptoms, thus ending up in our jails, prisons, emergency departments, or state behavioral health facilities.

According to the Office of Program Policy Analysis and Government Accountability's (OPPAGA) January 2019 report titled *Diverting Low-Risk Offenders from Florida Prisons*, Florida has the 10th highest incarceration rate in the United States with a 2018 inmate population of approximately 96,253 persons. Within Florida, between July 2009 and June 2014 they compared 48,000 low-level offenders half of whom had been sentenced to state prison and half of whom had been sentenced to community supervision. The 24,000 matched pairs were similar in types of offenses, total sentencing points, criminal history, probation violations, age, race, and sex. During OPPAGA's analysis, they found that persons sentenced to state prison had higher rates of felony recidivism and violent felony recidivism within two years of release. Within their statewide sample, post adjudication offenders who were assigned to community supervision and remained in the community were less likely to re-offend and less likely to have a violent re-offense than their counterparts sentenced to state prison. For this sample of low-level offenders, community supervision was less expensive (around 10% of the prison cost) and increased public safety (lower rates of felony recidivism and violent felony recidivism) when compared to their prison sentenced counterparts. As a secondary benefit, OPPAGA notes that "diverting offenders from prison into community alternatives involving drug and mental health treatment can result in maintaining offenders' employment, ties to family and friends, and positive contributions to society and reduce future recidivism".

Project's Geographic Environment: Located midway along the west coast of Florida, Hillsborough County has 1,048 square miles of land and 24 square miles of inland water area for a total of 1,072 square miles. The unincorporated area encompasses 909 square miles, or more than 84 percent of the total County area. Municipalities account for 163 square miles. Incorporated cities are Tampa, Temple Terrace, and Plant City. Tampa is the largest city and serves as the County seat. Ranked as the nation's 28th most populous county, Hillsborough is also the State's fourth most populous county. Growth rates have been 29%, 20% and 18% respectively the last three decades and are expected to continue at that pace. Hillsborough closely parallels Florida in age, racial and ethnic makeup. Approximately 65% are older than 25 years old; there is an even split (50/50) between males and females; 76% are Caucasian, 18% are Black, 6% other; and 26% Hispanic. Hillsborough County falls within the 2nd quartile for the percentage of the total population that falls below poverty level and percentage of the population > 25 years old without a high school diploma. Currently 15% of the residents live below the federal poverty line. Hillsborough's unemployment rate is 5%.

Target Population: For this project, Hillsborough County, in partnership with the 13th Judicial Circuit, is targeting adults age 18 or older who have a mental illness, substance abuse disorder, or co-occurring disorder who are in, or at risk of entering, the criminal justice system. Specifically, this project targets adults in the Mental Health Court who are restored Chapter 916 F.S. clients. This project intends to serve individuals pre and post adjudication who are being diverted from incarceration as well as commitment to Forensic State Mental Health Treatment Facilities (State Hospitals). This project will serve persons with serious and persistent mental illness (SPMI) who are arrested and, prior to adjudication, are referred to the program by duly authorized representatives of

local law enforcement, local courts, the State Attorney, or the Public Defender. Services provided under this grant will be used to provide appropriate community based treatment in a community supervision setting as a diversion from jail and prison and as a prevention of going to State Hospital.

Rates of serious mental illnesses (i.e., bipolar disorder, major depression, and schizophrenia) are 4 – 6 times higher in jails and 3– 4 times higher in prisons than in the general population¹. Prevalence rates of mental health disorders are high for untreated substance-involved persons, higher for persons in substance abuse treatment programs, and even higher for offenders with substance use disorders². Jail inmates with mental health problems are more likely than those without such problems to report drug use in the month before their recent arrest³. Prison inmates with mental health disorders are also more likely to have substance use disorders than inmates without mental health disorders⁴. The overrepresentation of people with co-occurring illnesses in the criminal justice system can be explained by several factors. Elevated rates of homelessness and criminogenic risk factors (e.g., criminal attitudes and peer networks, employment problems, educational deficits, and poor social supports) among persons with mental illnesses and/or substance abuse also contribute to higher rates of arrest⁵. Persons who have co-occurring illnesses are not only more likely to be arrested, they are also more likely to violate the conditions of community supervision and to commit acts of violence⁶. Although the 13th Judicial Circuit's Mental Health Court is new, we do have demographic data from the Drug Pre-Trial Intervention (DPTI) program, which has been around much longer. From July 1, 2016 until May 25, 2017, Hillsborough County's pre-trial intervention has served approximately 491 clients. Seventy-two percent of the population have been male. Approximately 60% of the participants are White and another 20% are African American, 14% have been Multi-Racial, 2% Asian, with the remaining 3% reporting as "Other". Eighty-five percent of participants reported being single, 9% were married, and 6% were divorced. The most common drug of choice was THC at 41%, 18% reported "Other" (amphetamine, synthetic drugs, hallucinogens, etc.), 12% reported Opiates, 11% reported Alcohol, 8% reported Cocaine, 6% reported Methamphetamine, 4% reported Benzodiazepines. The data in this set is based on self-report so it is possible clients under-reported or reported a drug of choice they thought was likely to lead to a lower treatment recommendation (marijuana instead of opiates) since we know the marijuana possession alone was likely not the criminal offense that led to DPTI involvement. Of the 491 cases in DPTI, 48% had a primary charge at arrest of possession of controlled substance without prescription, 28% had possession of cocaine, 17% had possession of marijuana/cannabis, 5% had "other" (grand larceny, burglary of unoccupied dwelling, fraud obtaining controlled substance), and 2% had possession of heroin.

Socio-Economic Factors: The targeted population is comprised primarily of people who are unemployed or working sporadically at menial jobs that provide income at or below the poverty level. For this reason, we expect housing stability to be a concern.

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

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

³ 60% vs. 40%; Mumola & Karberg, 2006

⁴ 74% vs. 56%; Mumola & Karberg, 2006

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

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

Priority as a Community Concern: In January 2015, Hillsborough County participated in a *Cross-Systems Mapping* (SIM) exercise in which the results included a description of potential interventions at each intercept point in the Criminal Justice and Behavioral Health Systems. Gaps in service delivery and resource opportunities are identified at each intercept point. Subsequent to the completion of the Systems Mapping exercise, the assembled stakeholders began to define specific steps that could be taken to address the gaps identified in the group discussion about the systems map. Five initial priority areas were identified. These priority areas are outlined on the following pages. Subsequent to the 2015 Sequential Intercept Mapping, members of the Public Safety Coordinating Council (PSCC) coordinated a plan to address unmet needs.

Gaps, Themes, and Solutions Identified:

1. *Improve Co-Occurring Treatment Capabilities across providers.* Together, State (Department Of Corrections and DCF) and County resources are utilized to fund limited mental health and substance abuse treatment services for Drug Court and Mental Health Court's for pre-trial intervention eligible clients (DPTI & MHPTI). This proposal addresses the gap in deeper end services for participants who are restored Chapter 916 F.S. with felony charges who are diagnosed with mental health or co-occurring disorders. The Grant funding requested provides the treatment, services and supports necessary to facilitate the expansion of the Forensic Multidisciplinary Team model and makes available specialized treatment and services for offenders with serious mental illnesses or co-occurring disorders. Funding will establish new intensive treatment services and address a significant service gap in the County's continuum of diversion services.
2. *Perception: Current programs will not take persons with serious and persistent mental illnesses.* The current County funded diversion services target persons with behavioral health issues who commit misdemeanor and local ordinance offenses or who are first time offenders in either DPTI or MHPTI. Traditionally, the state (Department of Children and Families (DCF)) funded diversion services focus on persons who are incompetent to stand trial or not guilty by reason of insanity (Ch. 916 F.S.). Together, State (Department Of Corrections and DCF) and County resources are utilized to fund treatment services for Drug Court for pre-trial and post adjudicatory substance abusing offenders and the Severely Mental Illness (SMI) population in Mental Health Pre-Trial Intervention (MHPTI). The Grant funding requested provides the staffing and supports necessary to facilitate community based services for restored Chapter 916 F.S. clients in Mental Health Court and makes access available to the Court for specialized case management services and newly funded, County contracted, treatment services. The funding of this proposal establishes a special diversion alternative for restored Chapter 916 F.S. offenders and addresses a significant service gap in the Judicial Circuit 13, Hillsborough County, continuum of diversion services.
3. *Judges do not have anywhere to divert individuals to for supportive housing/65% of cases in existing diversion programs need stable housing:* Under this grant, all Program participants receive intensive case management services which include case managers' responsibilities to see that the individuals served have stable housing in the community. In support of that agenda, the Tampa Hillsborough Homeless Initiative

has committed to working with Gracepoint to leverage rapid rehousing and chronically homeless housing vouchers provided by HUD, pending eligibility. The County is also in the process of increasing the number of transitional housing beds available to residents, including participants of this program.

4. *SPMI Clients Need SOAR (SSI/SSDI Outreach, Access and Recovery) trained staff in jails:* The Health Care Services Department of Hillsborough County is currently working with HCSO to add case managers into the Jail to assist inmates with applying for SOAR. These staff have already been trained and should be operational in the Jail within the next few months. Currently, they are available to assist residents directly through the Health Care Services Department. While determining SOAR eligibility, these case managers are also screening for eligibility to the Hillsborough County Health Care Plan (HCHCP) an indigent health care program run by and paid for by the County. The Case Managers' services are available to not only support the SMI and COD population served by the project, but also to assist other diversion eligible offenders as identified by the Mental Health Court staff.
5. *Need Expanded Forensic Assertive Community Treatment (FACT) and Forensic Intensive Case Management Teams (FICM) Teams/Peer specialists to link and engage individuals into services:* All Program participants will have available to them Intensive Case Management service, with access to County funded treatment options, dedicated therapists, psychiatric services, and a peer support specialist as part of a modified ACT team. This project will also be using the Risk, Need, Responsivity Model to address criminogenic risk factors that predispose individuals to recidivism and to attain and sustain mental health and co-occurring competencies across diversion programs and service delivery systems. As a result, competencies will routinely be assessed and corrective actions planned and implemented to address drift from prevailing models.
6. *Lack of Step-down from institutional care or continuing care services/Limited supplies of medications upon release and no means to fill given prescriptions:* All participants are assisted in acquiring and maintaining health care coverage. County case managers are trained in benefits assistance, including individual enrollments in Medicaid and Hillsborough County Health Care Plan (HCHCP), with the expectation that all participants secure a primary care physician and a medical home. Success in that expectation gives participants access to medications available through the plans' formularies and Patient Assistant Plans. In addition, scripts can be provided through this project's providers, for those medications not available through other payors, prescriptions can be purchased with available contingency funds.
7. *Centralized Mental Health Court/ case management services/Limited access to services or lack of communication of available services:* Judicial Circuit 13 is presently instituting a Specialty Mental Health Court. In support of that initiative, a grant from DCF is providing for a full time Court Mental Health Liaison position to serve the Court, to match individuals with appropriate diversion options, and to facilitate linkages between the Court and the diversion case management services funded through the grant as well as other recognized diversion alternatives.

Forensic Multidisciplinary Team Expansion: The 13th Judicial Circuit Administrative Office of the Courts (AOC) established a legacy of operating problem solving courts;

dating back to 1992. This proposal supports the expansion of a coordinated care mechanism for Hillsborough County's Mental Health Court, offering new and unique mental health and co-occurring service to systematically improve a well integrated response (Court and treatment) to identify, assess, treat and monitor offenders determined as restore Chapter 916 F.S. clients who are in need of deeper end treatment and services. Currently, inadequate community based services are available with curent funding and services are not necessarily co-occurring or targetted toward clients with deep end mental health needs. Attachments A, B and D identify the existing processes deployed and desired through the local planning initiative for interventions at the various intercept points in the criminal justice system. For participants the diversion process starts with the assigned prosecutor making a determination that the defendant's combination of substance abuse and mental health underlying illnesses was the primary factor in the commision of the alleged crime and that obtaining appropriate treatment for the defendants should be the goal for resolution of the case. As soon as reasonably practical, the Court will engage the contracted community services provider to begin transition planning and establish the linkages necessary to accomplish a seamless transition into treatment services, as appropriate. Throughout the course of the participants' Court supervision, the community services provider will maintain regular communications with the Court to ensure that timely information is made available on each participants' status and their performance under their treatment plan.

3.8.5.2 Current population of the jail in the county or region, which includes:

3.8.5.2.1 The screening and assessment process for Target Population(s);

Initial phone screenings will be conducted with the Public Defender or private attorney and the State's Attorney to determine if the defendant is eligible for services under this grant. Once the Court completes the initial screen for eligibility into Mental Health Court and this project, those results will be forwarded to the community based service provider (Gracepoint) with consent forms to complete additional screening and evaluation tools. Once eligibility is determined and the client is linked to Gracepoint, participants will be screened for possible service needs. Screening will quickly identify a wide range of psychosocial issues related to behavioral health and recidivism. These issues include substance abuse, psychological factors, physical health, stress, behavioral problems, and service utilization. Included in the screening will be an assessment of past and current housing, episodes of homelessness, veteran status, availability of family support, prior mental health and substance abuse treatment, school/work problems and criminal justice involvement, as well as the individual's motivation for treatment and assistance. A comprehensive bio-psychosocial assessment instrument will be utilized to assess each participant once referred to Gracepoint to determine what diversionary treatment, housing and social support services are needed. Based on those assessments, Gracepoint will work toward further stabilizing the participant and identifying and pursuing the most appropriate treatment and housing options, and to assisting participants in accessing appropriate and available services.

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

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

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

3.8.5.2.3 An analysis of observed contributing factors that affect population trends in the county jail;

Although there are many different contributing factors related to the prevalence rate of persons with mental illness and co-occurring disorders ending up in incarceration, research has shown that elevated rates of homelessness and criminogenic risk factors (e.g. criminal attitudes and peer networks, employment problems, educational deficits, and poor social supports) among persons with mental illnesses and/or substance abuse also contribute to higher rates of arrest⁷. Persons who have mental illnesses are not only more likely to be arrested, they are also more likely to violate the conditions of community supervision and to commit acts of violence⁸. Offenders with mental illness have high levels of criminogenic⁹. The growth in the number of incompetent to proceed adjudications appears to be associated with two factors- increased in the number of felony charges filed in court, and growth in the number of persons with serious and persistent mental illness who are in community settings¹⁰. The rate at which felony defendants are adjudicated incompetent to proceed has also increased over the last few years.

Additionally, those with behavioral health needs in jails often find minimal, inadequate services with outdated medication formularies, and public mental health hospitals are resistant to serving them. Managing large numbers of SMI or COD individuals in jail settings increases the demands on an already stress-filled environment. The very nature of incarceration re-traumatizes individuals in jails. Whenever possible, the SMI or COD, non-violent offender is best served outside the jail¹¹. Even those who have committed violent offenses have often done so as a direct result of lack of appropriate treatment and support. Treatment is a must and the location of choice is in the community where these persons must learn to function.

A collaboration between the Hillsborough County's Criminal Justice Unit, Hillsborough County Sheriff's Office, Tampa Police Department, Hillsborough County Public Safety Coordinating Council, Court Administration, Office of the Public Defender, State Attorney's Office, VA, University of South Florida, Florida Department of Children and Families' Managing Entity, local behavioral health providers and local hospitals identified a fragmented behavioral health system that had an adverse impact on the criminal justice system and public safety. *The causal relationship with the overuse of jail services identified through that process was the absence of a single point of entry into the behavioral health system for assessments and appropriate placement of adult offenders eligible for diversion, specifically the capability for law enforcement and the Courts to*

⁷ Morgan, Fisher, Duan, Mandracchia, & Murray, 2010; Osher, 2013; Skeem, Nicholson, & Kregg, 2008

⁸ Balyakina et al., 2014; Corrigan & Watson, 2005; Messina, Burdon, Hagopian, & Prendergast, 2004; McCabe et al., 2012; Mueser, Drake, & Noordsy, 1998; Peters, LeVasseur, & Chandler, 2004; Wilson, Draine, Hadley, Metraux, & Evans, 2011

⁹ Skem, Nicholson & Kregg, 2008; National Resource Center, 2012

¹⁰ OPPAGA, 2008

¹¹ OPPAGA, 2019

access immediate assessment/evaluation, medication, crisis intervention, case management linkage, and other wrap around services.

Integrated services for this population are sorely lacking in many communities¹². For example, most traditional mental health and substance abuse treatment programs offer no specialized services and have only limited capacity to address the complex needs of these offenders, such as interventions to reduce "criminal thinking"¹³. The lack of specialized services contributes to high rates of dropout from treatment, re-arrest and re-incarceration, and rapid cycling among crisis centers, hospital emergency departments, jails, and prisons¹⁴.

Community reentry from jails and prisons presents significant challenges for persons who have mental illnesses. Key barriers to successful reentry include the difficulty of securing stable housing, discontinuity of medications and other treatment services, and high rates of substance use relapse and recidivism¹⁵.

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

Lurigio, et al (2004) identified five major factors contributing to the increased presence of persons with behavioral health needs in the criminal justice system as¹⁶: *Drug Enforcement* and the war on drugs have stimulated the fastest growing subpopulation in the nation's prison and parole systems. A large proportion of these have co-occurring mental illness. *Fragmented Services* and the compartmentalized nature of mental health and substance abuse treatment systems give law enforcement no other choice but to arrest persons with behavioral health needs due to the lack of referrals within the narrowly defined treatment systems. *Legal Restrictions* on procedures and criteria for admission have resulted in increased numbers of persons with behavioral health and co-occurring needs in the community who may commit criminal acts and enter the criminal justice system. *Deinstitutionalization* was never properly implemented. Although the policy provided for appropriate outpatient treatment for a large percentage of persons with mental illness, it often failed to care adequately for those who had limited financial resources or social support, especially those with the most severe and chronic mental health disorders. *Law Enforcement* strategies to emphasize the quality of life / public order has outpaced the development of diversionary program for persons with co-occurring behavioral health needs.

The key gap this project proposes to address is the absence of resources available to assist SMI and COD clients to enter an appropriate level of care for their behavioral health disorders. Their behavioral health conditions are often linked to their criminal behavior and put them at high risk for additional criminal activity as a perpetrator or a victim. Additionally, their actions often result in other high risk behaviors resulting in negative health incomes, loss of jobs, home, and family support. Families struggle with this issue and options for success at present are few. Simply incarcerating this population does not solve the problem. Our aim is to address these gaps by proposing a

¹² Supreme Court of Justice, 2007

¹³ Osher, 2008; Peters, Rojas & Bartoi

¹⁴ Council of State Governments, 2012; 2013

¹⁵ Baillargeon, Hoge & Penn, 2010; Messina et al., 2004; Osher, 2007; Peters & Bekman, 2007)

¹⁶ Lurigio et al. (2004) "The Effects of Serious Mental Illness on Offender Reentry". Federal Probation. Volume 68 Number 2.

comprehensive program to provide integrated court case management that quickly admits eligible and willing defendants into high quality intensive evidence-based treatment for co-occurring disorders including trauma informed care.

3.8.5.3.1 and 3.8.5.3.2. Projected number of individuals to be served.

This Program will focus on restored Chapter 916 F.S. clients, who are categorized as Minkoff's CCISC Quadrant II and IV, who are presently in need of intensive treatment services consistent with a, Assertive Community Treatment model for which none are currently available.

The Hillsborough Forensic ImpACT Team Expansion will focus on Mental Health Court cases with deeper end service needs that could benefit from reassessment of SMI or COD service needs and judicial intervention.

This proposed expansion to incorporate additional services into the Hillsborough County continuum of diversion treatment options would support services for a caseload of approximately 30 individuals annually, with an expected length of service around 9-18 months, depending on individual needs, with the potential of serving approximately 90 unique individuals over the three-year life of the grant (assuming an average length of services and supervision of 12 months, contingent on sentencing limits imposed by the Court). If funded, this expansion entitled "*Hillsborough Forensic ImpACT Team Expansion (H-FITE)*", will:

- Tier One- First Priority Population
 - Enhance the Judicial Circuit 13 Mental Health Court incarceration diversion for persons who have a SMI or COD, are charged with a felony and who have been approved for diversion by the State Attorney;
 - Enhance the following services: intensive outpatient treatment, comprehensive case management, access to other behavioral health services, supported housing resources, and incidental funding to cover unexpected and emergent needs; and
- Tier Two- Second Priority Population
 - Provide enhanced jail diversion services for persons who fall within Quadrant II and IV of the *SAMHSA Four Quadrant Framework for Co-Occurring Disorders* and who are a defendant in Mental Health Court, for whom lower levels of service have been deemed inappropriate.

Identified needs are consistent with the priorities of the Strategic Plan.

(See Gaps, Themes and Solutions in Section 3.8.5.1, above)

Hillsborough County has identified opportunities for integrating clinical and social supports into an expanded structure of services for Mental Health Court:

- 1) Increased intensity of services and support to systematize and enhance the current community based service array available to Mental Health Court for persons with severe behavioral health disorders accused of a felony,
- 2) Diversion pathways/services for persons with psychotic and addiction disorders requiring initial stabilization and/or detoxification,
- 3) Step down Residential and Intensive Outpatient and care coordination (through the Grant),
- 4) Service system flexibility through County and other resources to provide continuing care provided through Outpatient, Recovery Support and Aftercare services (matching funds).

(Tab 6: Project Design and Implementation)

3.8.6 Tab 6: Project Design and Implementation

3.8.6.1 Description of the planning council or committee

3.8.6.1.1 Composition of the planning council or committee

As set forth in s. 394.657(2)(a), F.S., the Hillsborough Board of County Commissioners designated the County Public Safety Coordinating Council (PSCC) established under s. 951.26. The PSCC, in coordination with the County offices of Criminal Justice, make formal recommendations to the Board of County Commissioners regarding how the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program may best be implemented within the community. The Criminal Justice Liaison's mission is to facilitate communication, encourage collaboration and advance common interests of the adult and juvenile criminal justice systems to reduce crime. Criminal Justice Unit staff work with the PSCC, established under Chapter 951.26, Florida Statutes, and its membership of high level stakeholders including Hillsborough County Sheriff's Office, Chief Judge, State Attorney, Public Defender, Clerk of Court, citizens, community treatment providers, and the criminal justice community. The PSCC has expanded the DCF Reinvestment Grant Subcommittee to include community-based mental health providers, consumers, family members, faith-based organizations, the Florida Department of Children and Families Substance Abuse and Mental Health (SAMH) Office ("Mental Health Authority"), Agency for Health Care Administration (Medicaid), managed care networks, and County health and social service planners. The subcommittee members' names and titles are listed in the table below. The full PSCC membership list is attached as Appendix K.

3.8.6.1.2 Planning Council's activities, including the frequency of meetings for the previous 12 months and future scheduling of meetings.

The Hillsborough County PSCC has met quarterly since its establishment in 2007 and will continue to meet quarterly. The PSCC functions as the planning council and consists of 22 members whose names and roles are listed in Appendix K. The PSCC was established under 952.26 F.S. and is in compliance with 394.657(2)(a) F.S. Mental health and substance abuse consumers will be called upon for their vital input in the planning and efficacy of proposed programs. The PSCC has maintained the *DCF Reinvestment Grant Subcommittee* which has been pivotal in the establishment of jail diversion, re-entry, and treatment servicing programs instituted through grant mechanisms for this population. Defining a local assessment center concept, working towards ensuring reentry and diversion services are sustainable, and implementing a cross-system pre-arrest behavioral health system promoting diversion opportunities with providers have been strategic goals for this Committee and these efforts align with the Country's strategic plan.

3.8.6.2 Planning Grants Only: Provide a description and timeline for the proposed planning activities and expected milestones, including: NA

3.8.6.3 Implementation and Expansion Grants

Table 1

DCF Reinvestment Grant Subcommittee	
NAME	TITLE
Andrew Warren	State Attorney or Designee
Lawrence Lefler	County Court Judge
Gina Justice	Local Court Administrator or Designee
Sanda Murman	County Commission Chair
Chad Chronister	Sheriff or Designee
Antoinette Hayes-Triplett	Area Homeless or Supportive Housing Program Rep
Marcus Wilson	DJJ - Director of Detention Facility or Designee
Shivana Rameshwar	DCF- Substance Abuse & Mental Health Program Office Rep
Joe Rutherford	Community Mental Health Agency Director or Designee
Mary Ann Watson	Primary Consumer of Community-Based Treatment Family Member
Julianne Holt	Public Defender or Designee
Ronald Ficarrotta	Circuit Court Judge
Corlis Campbell	State Probation Circuit Administrator or Designee
Michael Farrier	County Director of Probation
Brian Dugan	Police Chief or Designee
Chad Chronister	Chief Correctional Officer
Judy Roysden	DJJ - Chief of Probation Officer or Designee
Susan Lang	Primary Consumer of Mental Health Services
Mary Lynn Ulrey	Local Substance Abuse Treatment Director or Designee
Rick Buhl	Primary Consumer of Substance Abuse Services

3.8.6.3.1 Provide the existing Strategic Plan

Please see Appendix A, attached. Although we have recently hosted another SIM (January, 2019), we have yet to receive the draft or final version of that mapping report. This SIM focused on Intercept 4 and 5 concentrating on reentry and community based

services. Discussion focused on the capacity of community behavioral health providers to serve deep end mental health clients who may or may not have COD along with general concerns over the availability of affordable housing. This proposal addresses the concerns and discussion around the perceived limited availability of deep end SMI or COD community based treatment. The resulting report should be provided to us from USF's CJMHSA TAC later in February 2019 for first review and discussion. Attached is the most recent completed SIM from January 2015, reviewed annually.

In developing the 2006 Strategic Plan, Hillsborough County utilized the Sequential Intercept Model, redone in 2015 and reviewed in fall, 2018. This Model is based on the concept that there are various "windows of opportunity" where the system intercepts with community services, and people can be "filtered" out and provided appropriate community services and supports that will interrupt the recycling process within the criminal justice system. Using the Sequential Intercept Model, the County has moved systematically through the criminal justice process, making various system and service level changes at the intercept points and creating timely interventions that could possibly prevent people from entering or penetrating deeper than necessary into the criminal justice system. The last Sequential Intercept mapping for which we have a final report was completed in January of 2015. It identified five priorities for local criminal justice and behavioral health systems; Develop a Central Receiving Facility, Expand Crisis Intervention Team training for law enforcement officers, Re-establish a short term residential diversion and step down program that had been previously closed, Improve co-occurring treatment capabilities across providers, and Re-establish a Court Liaison position. To date, stakeholders have made significant strides or achieved all but one of these priorities. Hillsborough County has yet to be able to re-establish a short term residential diversion and step down program similar to the one that closed. However, recently the County's Health Care Services Department has been working with various community behavioral health providers, the Managing Entity, and the Hillsborough County Sheriff's Office to identify potential locations and investigate service agencies who may be interested in partnering with the County to provide services in a short term residential step down facility. The addition of short term residential/step down beds would complete our goals for our last strategic plan and they are needed in order to serve our target population who may be unstably housed or in need of a more intensive treatment opportunity. We are currently moving forward with this project and expect progress within the next six months or so.

Grants from the National Institute of Mental Health (NIMH), Substance Abuse and Mental Health Services Administration (SAMHSA), and the Bureau of Justice Administration (BJA) have allowed us to map the system and develop a strategic plan as well as implement a variety of programs to divert people with mental illness, substance abuse disorders, and co-occurring mental health and substance abuse disorders away from our criminal justice system and jail. To date, programs have been developed at four of the five sequential intercepts. The funds requested will be used to expand services in Mental Health Court and work towards reducing recidivism and improving outcomes using a multi-agency approach for persons suffering with SMI or COD conditions who are at a high risk of re-offending.

3.8.6.3.2. Description of the project design and implementation:

Individuals with SMI or COD often cycle repeatedly between the criminal justice system and community services. Hillsborough County Criminal Justice has worked in

collaboration with system stakeholders and community partners to introduce and better integrate systems and implement service level changes designed to interrupt this recycling process and prevent people with behavioral health disorders from entering or penetrating the criminal justice system deeper than necessary. Using the Sequential Intercept Model, the County has moved systematically through the criminal justice process, making various system and service level changes at the intercept points and creating timely interventions that prevent people from entering or penetrating deeper than necessary into the criminal justice system.

This proposal introduces a Forensic Multidisciplinary Team (a modified Assertive Community Treatment team) to serve restored Chapter 916 F.S. individuals in Mental Health Court as part of an incarceration and State Hospital diversion program. As part of this project, the modified ACT team will have the ability to provide directly, or through affiliations, a full range of services to clients. Staff will include a licensed team leader, case managers (with specialties in forensic specialist responsibilities, housing and peer/recovery support), psychiatrist, a therapist, and an administrative assistant. Service configurations, individual treatment plans and patient matching approaches are procedurally designed to ensure that the services provided are readily accessible, delivered efficiently, and integrated into the human services network of Hillsborough County. This program is designed to support consumer driven care, consumer choice and family engagement, and to standards that validate their contribution to a service delivery approach that is individualized, recovery oriented, culturally and linguistically relevant, public safety oriented and appropriate to a participant's readiness at any time throughout the episode of care. Once enrolled in the program, clients will be transported to and from court. Staff will appear in court to provide updates on individuals' treatment progress, as permitted by law.

This project targets restored Chapter 916 F.S. clients where securing Court sanctions as necessary to initially engage recidivistic, voluntary persons with SMI or COD (identified in Quadrants II and IV earlier), and to provide for their on-going Court supervision through their return to the community. In accordance with priorities established through Hillsborough County's Sequential Intercept Mapping, the intent of the proposed treatment oriented services, a contracted Comprehensive, Continuous, Integrated System of Care and Motivational Interviewing (CCIS) Model that utilizes a multi-disciplinary team approach to clinical and support service delivery to provide the Court with a predictable, sustainable means to access and manage diversionary placements utilizing a community based services model. The Administrative Office of the Courts (AOC), will work in collaboration with the community service provider (Gracepoint) to provide appropriate services for these clients. This organizational relationship (County, AOC and contracted community service providers) will serve to ensure that the team programming is integrated into and functions in a complementary fashion with other diversion activities. This structure will also serve to facilitate the incorporation of the case management tracking and one-year follow-up documentation into the Unity Information System utilized by all community service providers to support program evaluation and contract reporting across County funded diversion programs. Services provided through this Grant will be coordinated with Central Florida Behavioral Health Network, Inc. (DCF Managing Entity), the agency responsible for the local Coordinated System of Care.

Entitled, "Hillsborough Forensic ImpACT Team Expansion" (H-FITE), the services provided under this grant will serve as a "treatment home," providing needed treatment for difficult to treat individuals who have SMI or COD, coupled with a history of offending. Participants who meet program criteria will be referred to the team and spend as little time in custody as possible. The AOC as well as the community treatment provider will coordinate services to enhance participants' opportunities for appropriate judicial disposition and assure access to the comprehensive services necessary to their successful recovery.

AOC will work with the contracted community service provider to refer clients to appropriate and available services. The treatment provider will then work with the AOC, Public Defender's Office and the State Attorney's Office to provide the Court updates. Individuals will be welcomed into a setting that offers people who have mental illness and/or co-occurring disorders hope and opportunities to achieve their full potential. The Program is designed to be more than simply a program or a social service, but a community of people who are working together to achieve a common goal. During the course of their participation, individuals gain access to opportunities to rejoin the worlds of friendships, family, employment and education, and to the services, treatment and support they may individually need to continue their recovery. The Program will provide a restorative environment for people whose lives have been severely disrupted because of their mental illness and/or substance abuse, and who need the support of others who are in recovery and who believe that co-occurring illness is treatable.

Gracepoint staff will initiate all assessments within 72 hours of the individual's admission into the program. The Team Leader will ensure that the individual's assessments are complete within 15 days of admission. The assessments will include, at a minimum: (1) psychiatric history and diagnosis, including co-occurring disorders; (2) stipulations from the individual's Court order(s); (3) mental status; (4) strengths, abilities, and preferences; (5) physical health; (6) history and current use of drugs or alcohol; (7) education and employment history and current status; (8) social development and functioning; (9) activities of daily living; and (10) family relationships and natural supports. The over-riding design of this program (forensic multidisciplinary team) is based on the conceptual framework described in the Criminogenic Risk, Need and Responsivity Model (RNR) developed by Bonta, Andrews and Wormith¹⁷. An evidence based risk assessment instrument will be administered to each participant upon admission to the program. It will specifically target those areas of risk that have been empirically determined to predispose participants to recidivism. Individual treatment planning will be subsequently and strategically focused on utilizing specific evidence based treatment models and supportive services to address those factors throughout the participant's episode of care. Although treating mental health disorders is insufficient to reduce recidivism by itself, the inclusion of behavioral health services can enhance an individual's responsivity to evidence-based treatment that can in turn reduce recidivism.

This program focuses on the importance of risk level, treatment needs, responsivity, matching supervision and treatment to offenders' level of risk and needs, as well as proximal and distal goals for different levels of risk and treatment needs. Resources will be focused on identified offenders who are assessed to be at moderate to

¹⁷ Andrews, D.A., Bonta, J., & Wormith, J.S., 2011. "The Risk-Need-Responsivity (RNR) Model: Does Adding the Good Lives Model Contribute to Effective Crime Prevention?" *Criminal Justice and Behavior* 38 (7): 435-755.

high risk for recidivism. Interventions will target the eight dynamic risk factors and tailor services to enhance engagement in evidence-based interventions. Screening and Assessments will match the level of services to the risk level for each client. The risk of recidivism will be determined using an evidence based RNR tool such as the Texas Christian University Criminal Thinking Scales and Substance Abuse Screens or the Level of Service Case Management Inventory. The dynamic risk factors include antisocial attitudes, antisocial friends and peers, antisocial personality pattern, substance abuse, family and/or marital problems, lack of education, poor employment history, and lack of prosocial leisure activities. We will also be including a screen for post-traumatic stress disorder as there is some literature to support the include of a history of trauma as a risk factor for recidivism even though it is not part of the official RNR model.

In order to translate risk assessments to service planning, treatment and supervision plans will be aligned to focus on areas of high need. Risk assessments will be re-administered based on individual needs with revisions of service goals, incentives and sanctions as needed. The higher the severity of substance use and/or mental health problems, the higher the level of treatment services will be required. Within the model, needs that are often times overlooked such as attitudes, beliefs, peer networks, social relationships, education, employment and leisure skills will be addressed. Services will be based on identified needs and risks. They may include outpatient treatment, longer duration of treatment and supervision, criminal thinking groups through the social rehabilitation outpatient program, cognitive behavioral therapy, more frequent supervision with the Court, more frequent drug testing, and proximal goals (easy first successes). Services will be evidence based, co-occurring and trauma-informed competent, bilingual when required, gender specific, life skills oriented and American with Disabilities Act (ADA) compliant.

Clients will have access to a social rehabilitation outpatient program that provides enhanced services based on each individual's needs. This service includes a community drop-in center open to members/peers to assist in skill development, gainful employment, finding quality housing, obtaining community services and continuing educational opportunities. Clients will have opportunities to work with staff and other members of the drop in center to operate the peer run services, learning job skills in the process. The drop in center is completely voluntary and can be used as an additional support for clients when they feel they need it. There are no time limits as clients are welcome to attend services as the drop in center as often as necessary.

Clients will also be part of a care coordination system. This system will allow for the implementation of deliberate and planned organizational relationships and service procedures that improve the effectiveness and efficiency of the behavioral health system by engaging in purposeful interactions with individuals who are not yet effectively connected with services to ensure service linkage. By using the care coordination approach, program staff will improve the delivery of services and recovery supports to clients and improve the outcomes among this high priority and costly population. Working as a team using care coordination, program staff will assess and address issues in behavioral health, medical, social, housing, and interpersonal problems/needs for clients.

This program will also include 24/7 crisis intervention and on-call coverage. This full time on-call system will be staffed by mental health professionals and available to clients whenever they may find themselves in crisis. Programmatic stability and

redundancies are built into this model with the inclusion of continuous availability of services and supports (Mobile Crisis Unit, Central Receiving Facility, Crisis Stabilization Unit, Pharmacy and Medication Management, Outpatient, transportation, Tampa Family Health Center's Behavioral Health Medical Home, the Agency for Community Treatment Service's collocated Addictions Receiving Facility and Medication Assisted Therapy programs, etc.).

3.8.6.3.2.1 Project goals, strategies, milestones, and key activities toward meeting the objectives outlined in Section 2.2.

2.2.4.1 Objective 1 – Establish or Expand Diversion Programs

As stated previously, the newest OPPAGA report (January 2019) show that persons sentenced to community supervision in lieu of prison were less likely to commit and subsequent felony and less likely to commit a violent felony. This program will expand an existing forensic multidisciplinary team model to include a new target population of restored Chapter 916 F.S. offenders in Mental Health Court who do not otherwise have access to appropriate and available community based treatment services. With a lack of these much needed services, these clients are likely to become unstable and end up back in the criminal justice system, hospital emergency departments or with state hospital commitments, all costly alternatives. If awarded this grant opportunity, this project would be able to serve clients within three months of final grant agreement since we would be expanding an existing program into a new target population. Within that timeframe, the County would develop and execute a service agreement with Gracepoint, work with the Court, Gracepoint, the Public Defender's Office and the State Attorney's Office to develop appropriate policies and procedures for referrals, enrollments, define successful completions, and court reporting protocols. Once completed, enrollments would commence.

2.2.4.1.1. Establishing legally binding agreements with all participating entities to establish programs and diversion initiatives for the Target Population;

A stakeholders group has already begun meeting in anticipation of this grant application and award. Once the Award has been completed, Hillsborough County BOCC will initiate a sub-awardee agreement with the Gracepoint Wellness to provide for the modified ACT team.

2.2.4.1.2 Information system to track individuals during the Program

Arrests will be tracked using existing Court systems and the Hillsborough County Sheriff's Office website. Gracepoint will utilize the existing HMIS UNITY system and their own electronic health records system to track community services provided, benefits applied for and receiving, employment and housing, among other things.

2.2.4.1.3 Implementing strategies

This Program will divert adults with SMI or COD from incarceration through a Mental Health Court pre and post- adjudication program. Participants will be intensive outpatient treatment services based on a modified assertive community treatment model through the Grant. Participants will be referred by the Court to community based evidence based treatment programs. By using an intensive forensic multidisciplinary approach, Gracepoint will be establishing buy in from the participants as they develop their service plans. The incentive for remaining compliant in the program is the avoidance of incarceration of commitment to the state hospital, which would remove clients from their neighborhoods, family and friends, disrupting their lives. Providing appropriate intensive

treatment in the community will allow clients to directly transition any new skills they learn into their everyday lives. Program staff will be able to engage and provide interventions using relevant and real life examples and situations.

2.2.4.2 Objective 2 – Collaboration

2.2.4.2.1 Participating in regular planning council or committee meetings;

Stakeholders will have regularly scheduled, at least quarterly, meetings to discuss program status, barriers, system wide issues and clients' progress.

2.2.4.2.2 Assessing project progress; and

Gracepoint will be providing the County and stakeholders with monthly reports on the status of implementation and the progress of the treatment services and clients. These reports and any pertinent issues will be discussed at the stakeholders' meetings. Gracepoint will also be providing quarterly summaries of activities and the status of the implementation and service provision. The County will incorporate this information into our report for DCF. Observations and concerns will be shared and discussed in the stakeholders' meetings. Gracepoint will have regular and frequent communication with the County and provide regular feedback on clients and treatment progress.

2.2.4.2.3 Data Sharing

Gracepoint, along with all other community based behavioral health and other service providers have access to the County's MHIS Unity system which includes all contacts and services provided to anyone in the County if the County is paying for it or linked to that service in any way. If clients receive services from another provider in the community, it will be logged into Unity and available for the County to see. Gracepoint and the County also already have a Business Associates Agreement (BAA) in place in case there is client level information we need to discuss. Whenever possible the County tries not to collect or be provided client level data, but if necessary, we do have an executed BAA.

2.2.4.2.4 Coordination with Managing Entities

The County works very closely with our Managing Entity, Central Florida Behavioral Health Network. As a condition of this grant award, they will be invited to participate in our stakeholder meetings. Representatives from DCF are already on our Reinvestment Grant Subcommittee of the PSCC. Larry Allen, the COO of our Managing Entity already sits on our Behavioral Health Task Force. We will make all efforts to include them in our progress and possible service options.

2.2.4.2.5 Necessary adjustments to implementation activities, as needed.

Adjustments will be made, as needed, based on clients' progress and identified barriers, as they arise.

2.2.4.3 Objective 3 - Development of Countywide Service Catalog

Work with County staff and community and criminal justice partners to remove the three strikes rule for disqualification from the Hillsborough County Health Care Plan so that more of the SMI or COD clients who have come into contact with the criminal justice system will be eligible for services under the County's indigent health care system. Work with same partners to identify new possible enrollees and operationalize the changes needed to include these individuals in the County's Health Plan.

2.2.4.3.2 Increase implementation of the modified ACT team to include restored Chapter 916 F.S. clients in Mental Health Court. Provide them access to the evidence based practices that are included in this model, including RNR, motivational interviewing and recovery oriented services. The LS/CMI will be used to assess RNR.

2.2.4.3.3 Removal of the three strikes (3 felony arrests in Hillsborough County) disqualification from the Hillsborough County Health Care Plan (HCHCP) will open up access to primary care, behavioral health services, medication and other services that are covered by the County under our indigent health care tax. Allowing our target population access to these services will help sustain their treatment options long after the support from this grant ends.

2.2.4.3.4 Previous/Existing policy doesn't allow for residents who have had 3 felony arrests in Hillsborough County to be eligible for the HCHCP. By changing this policy, we are opening up the opportunity for coordinated primary and behavioral health care for persons who are at or below 138% of the federal poverty level.

3.8.6.3.2.2 Organization and key stakeholder

Please refer to timeline attached, Attachment C and Appendix A.

Gracepoint is the Lead Agency for the coordination of services under the modified ACT model of the Program including developing partnerships with community treatment provider partners to the extent they are able to provide the desired services within the community. Gracepoint is responsible for managing, administering, and contracting behavioral health treatment services, to include: maintaining the utility and fidelity of the Program's information technology system and to incorporate clinical assessment, service planning, referral matching, consumer tracking, claims submissions and financial management, and coordination with community partners and resources for services, arranging, as appropriate, secure or non-secure transportation for diverted offenders to sites established to initiate needed behavioral health, healthcare and social support services, recruiting, engaging, and credentialing a panel of community treatment and support services providers, contracting with behavioral health providers who: meet credentialing standards; and to participate in the program design, data submission, and Program activities necessary to implement, monitor, refine and sustain the system of care. Specifically, those responsibilities include, but are not limited to: Utilizing Program specific clinical screening and assessment instruments, assuring community providers use appropriate screens and assessments, referral protocol and service planning and client matching and tracking activities; Securing authorization by offenders for information sharing through a Program specific, universal release of information format; referrals for treatment with varying levels of intensity that match the needs and requirements of persons served to the level of engagement required for them to remain successfully out of jail, and coordinating with available community agencies and resources to advocate and provide for social supports and the purchasing of incidentals for Program participants necessary to their success in the community (temporary medications, clothing, housing rental and utility, bus passes and cab fares, fees related to securing identification cards, direct services not covered by other payors, etc.).

Contracted community service providers will be focused primarily on treatment of participants, information availability to AOC for Court status reports, and problem resolution for cases involving co-occurring defendants. Gracepoint will provide behavioral health treatment services as indicated in each individual's plan.

3.8.6.3.2.3-4 How the planning council or committee will participate and remain involved in Program implementation or expansion on an ongoing basis; and agency and organization communication throughout the lifetime of the project

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

Systems Level: On September 5, 2007 the BOCC passed a resolution appointing the Hillsborough County Public Safety Coordinating Council (PSCC) as the planning and advisory group for the Criminal Justice Reinvestment Grant Program; requested that the PSCC formulate project recommendations for funding consideration under the Grant Program; and authorized the County Administrator to sign and submit the non-binding grant application based on PSCC recommendations. The PSCC designated their DCF Reinvestment Grant Subcommittee to serve as the planning group for the Criminal Justice Reinvestment grant, added additional representatives to be in compliance with the membership as required by CS/CS/HB 1477, and asked the Committee to prepare this grant application and update the 2015 Strategic Plan to fit the SAMH Model. The DCF Reinvestment Grant Subcommittee is represented by consumers, advocates and family members. Consumers, advocates, and family members will participate fully and equally with all other members of the committee and their opinions will be respected as would those of any other member. Their role on the committee has been and will continue to be to promote sensitivity concerning the attitudinal and structural barriers that consumers can experience in the forensic system. Their participation will provide knowledge, reduce stigma and promote positive mental health outcomes for consumers participating in the project and, we believe, help us to transform our local system so that it is more recovery-based and client-centered.

Service Delivery Level: The key stakeholders involved in this project on the service delivery level are Hillsborough County Criminal Justice (County); Administrative Office of the Court (AOC); Public Defender's Office; State Attorney's Office; and Gracepoint Wellness, the contracted community service provider. The qualifications of each organization, the staffing pattern for the project, and the roles within the project are described herein. A project management team composed of staff of the contracted community service provider, staff from the Public Defender's Office and the State Attorney's Office and staff from AOC will meet at least once a month to review the project's progress. The management team will report the project's progress each month to the DCF Reinvestment Grant Subcommittee through the Project Director, who will also keep the PSCC apprised of the status of the project. Problems identified at the service delivery level will be brought to the attention of the DCF Reinvestment Grant Subcommittee for resolution. In particular, the Project Director will bring problems of systemic impact to the DCF Reinvestment Grant Subcommittee, such as gaps, duplications, and barriers that are identified during implementation.

In addition to the formal activities of the PSCC, the Director of Health Care Services for the County, which funds the pre-booking misdemeanor diversion case management program, convenes monthly meetings to monitor Program performance and address any barriers to Program operations or opportunities presented to enhance Program performance. That workgroup is comprised of a County Commissioner and high level operations staff of contracted community service providers, Hillsborough County Sheriff's Office jail services, the Public Defender's Office and the State Attorney's Office, the

County staff and contract managers (who will oversee this Program and manage AOC'S contract), and the Tampa Hillsborough Homeless Initiative.

3.8.6.3.2.5 The plan to screen potential participants and conduct tailored, validated needs-based assessments.

This Project targets offenders in adult Mental Health Court in Judicial Circuit 13 who have a SMI or COD and who are restored Chapter 916 F.S. clients. Potential participants will be screened for eligibility for this program based on their legal history and symptomatology. Once enrolled in the program or as otherwise identified as eligible, Gracepoint will perform the initial screening and assessment for this project and will include ASAM Criteria (2013) to determine necessary level of substance abuse placement by reviewing six ASAM dimensions in a strength-based assessment of patient needs and obstacles. The National Council for Behavioral Health/MTM Services Daily Living Activities 20 (DLA-20) is a functional assessment to identify daily living areas impacted by mental illness. The DLA-20 will be used for baseline and reassessment to guide treatment planning. Trauma needs will be identified through the SAMHSA-HRSA and SAMHSA TIP 57 recommended PTSD Checklist-Civilian (PCL-C) (Weathers, Litz, Herman, Huska, & Keane, 1993). RNR will be measured using the Level of Service/Case Management Inventory (LS/CMI). AOC will also be administering the Global Appraisal of Individual Needs-Q3 (GAIN-Q3).

Once AOC refers a participant to the program, the participant may receive a variety of evidence based biopsychosocial assessments measuring their service needs, including, housing, mental health symptoms, substance use, employment, education, relationships and history of trauma. Exact instruments will be determined by providers, with input from stakeholders at the time of contract award and execution in an effort to standardize the process. Some of the additional tools that will be used include the University of Rhode Island Change Assessment (U.R.I.C.A.); M.I.N.I. 5.0.0; Personal Safety Plan; Strengths, Needs, Abilities and Preferences (SNAP); Adverse Childhood Events (ACE); BHI-MV (Behavioral Health Index-Multimedia Version); ASI-MV (Addiction Severity Index-Multimedia Version); Simple Screening Instrument for Alcohol and Other Drugs (SSI-AOD); and Mental Health Screening Form III (MHSF-III). Information garnered from these assessments will be used to develop participants' treatment plans and assigned services.

3.8.6.3.2.6 How the Program will coordinate care to increase access to mental health, substance abuse and co-occurring treatment and support services and ancillary social services (i.e., housing, primary care; benefits, etc.);

Our current system recognizes the relationship between mental health disorders and crime. Building on that knowledge, Gracepoint will be using their screening and assessment protocol to determine which services would best meet each participant's needs, allowing for the matching of supervision and treatment to level of care and individual needs. Team members will use Motivational Interviewing, and other techniques, to develop proximal and distal goals for different levels of success and treatment needs based on each participant. Services will be co-occurring and trauma-informed competent, bilingual when required, gender specific, life skills oriented, and American with Disabilities Act (ADA) compliant care.

As Gracepoint staff identifies, screens, assesses and engages individuals to provide enhanced services based upon individual need. With the addition of intensive outpatient treatment, offenders needing deeper end co-occurring treatment will no longer have to

wait in jail for bed availability, sometimes upwards of six months, but averaging 60 days. Instead, they will spend minimal time in jail and be released to the contracted community service provider for intensive outpatient services with a step down model, depending on their individual needs and treatment plan.

Care Coordination: The proposed team will manage services through a Care Coordination approach in concert with, and inclusive of, the Court, AOC and Gracepoint. Care Coordination is the implementation of deliberate and planned organizational relationships and service procedures that improve the effectiveness and efficiency of the behavioral health system by engaging in purposeful interactions with individuals who are not yet effectively connected with services to ensure services access. The purpose of Care Coordination is to enhance the delivery of treatment services and recovery supports and to improve outcomes among priority populations. It is a collaborative effort to efficiently target treatment resources to needs, effectively manage and reduce risk and promote accurate diagnosis and treatment using consistently shared information. Care Coordination activities in the community will be addressed through a treatment team based on a thorough assessment of needs, inclusive of a level of care determination, and active linkage and communication with existing and newly identified services and supports. Gracepoint and the County will be able to leverage new, expanded and existing behavioral health, residential, transportation, medical, housing, entitlements, social and trauma informed services provided by the County, Department of Corrections, DCF, managing entities, Centers for Medicare and Medicaid, and the Court in order to enhance access to treatment, ancillary services and support services for participants. Gracepoint will regularly assess for and address behavioral health issues as well as medical, social, housing, and interpersonal problems/needs that impact the individual's status. The Care Coordination team will become the single point of accountability, engagement, standardized assessment, shared decision-making, community based services and supports in the most inclusive, responsive, accessible and least restrictive settings as possible. Coordination will be provided across a continuum of care including all aspects of health. Gracepoint will ensure compliant information sharing, effective transitions, culture and linguistically competent, outcome based care. Please refer to the attached flow chart (Attachment A and D) for a visual of the process.

As part of their services in this Program, participants will have access to screenings for the Hillsborough County Health Care Plan eligibility; SOAR; and they will be given a biopsychosocial assessment and their scores and information will be entered or updated in the county-wide HMIS Unity system where, depending on their scores, they may receive priority for housing assistance or vouchers. In addition, by matching participants to services based on needs, participants may have access to specialized services such as treatment in a women only residential treatment facility, family services, parenting groups, family reintegration, employment support, housing support, daily living skills, physical activity, and spirituality activities.

Referrals to the Program: Participants will be identified by defense council and screened by the State Attorney's Office for legal eligibility for this program. Once deemed legally eligible, participants will be given an evaluated by Gracepoint clinical staff in order to establish a treatment plan and service conditions. AOC will work with the State Attorney's Office and Gracepoint to make transfers as smooth and efficient as possible. Once the written notice of transfer is received and arrangements have been finalized, Gracepoint

will be notified by the AOC as to the date of release/transfer and provided with any and all required documents.

3.8.6.3.2.7 How law enforcement will assess their current process at intercept points, capacity, and how they intend to implement or expand diversion initiatives (e.g., processes, training, etc.); and

The Hillsborough County Sheriff's Office (HCSO), along with other local law enforcement agencies, continues to be invested and involved in educating and training staff on the importance of recognizing and being sensitive to behavioral health needs. HCSO continues to offer Crisis Intervention Training (CIT) multiple times a year to recruits, deputies and other law enforcement agencies, as space allows. This training has been offered through the Sheriff's office since at least 2010 and over 1037 people have been trained in just the last few years.

Local law enforcement has also recently been able to make community based criminal justice diversions by having the new opportunity to take a person exhibiting a behavioral health crisis directly to a community treatment provider for evaluation and stabilization rather than taking them to jail for an ordinance violation included in an existing MOU between the County and various other parties. Persons who are brought to the community treatment provider under this new diversion pathway are able to avoid going to jail and being booked and have the opportunity to receive funded behavioral and medical services through the provider and paid for by the County. Since its inception, there have been a handful of clients diverted monthly from the criminal justice system using this pathway. Currently, law enforcement can make the decision on whether to divert a participant straight from the community to the community treatment provider, bring the participant to jail but ask that they be screened to determine if they can be diverted pre-booking, in accordance with the conditions of the existing pre-booking misdemeanor MOU between the County and various other agencies, or booked into the jail and possibly diverted later because their charges or history are not consistent with the existing MOU for misdemeanor diversion.

For the purposes of this grant, participants will be already involved in the criminal justice system and be post-booking when enrolled. They will be assigned to a Court division and their referral, assessment, services and dispositions will be handled by the State Attorney's Office, public and private defense attorneys, AOC and Gracepoint. The Assistant State Attorneys, also considered law enforcement, will be assessing their current process and criteria for enrollments. Services under this Program will be able to accommodate enrolling of participants who have similar service needs but would not otherwise qualify for diversion under existing criteria and limitations. In this Program's ability to increase available deeper end services, establish a singular point of accountability and provide comprehensive Care Coordination, the State Attorney's Office will be able to serve more clients in diversion and help to lay the groundwork for participants spending less time in jail and gaining entry to treatment faster and with more regularity.

3.8.6.3.2.8 If the Applicant is a consortium of counties, describe the collaboration and the relationship between the partner counties. NA

3.8.6.3.3 A description of the strategies an Applicant intends to use to serve the Target Population

Linkages to community-based, evidence-based treatment programs for the served Target Population; and Specialized diversion programs

The goals of this project are to: increase identification of SMI and COD in court, collaborate on assessments to determine which will guide the appropriate level of care and promote recovery from SMI and COD, which if untreated can adversely affect criminal justice involvement. Objectives include utilizing evidence based practices in screening tools; developing an integrated assessment plan, and working with offenders to decrease symptoms of mental illness and reduce/eliminate misuse of prescription/illicit drugs. In order to better help offenders meet these goals, we need to address the gap in deeper end services available to participants in Judicial Circuit 13.

As such, the courtroom is a critical arena for the therapeutic process in the current Hillsborough Drug Mental Health Court. Mental Health Court was designed to be informal, often involving interaction and dialogue between the judge and the participant about problems and treatment options. The specialty court model involves a therapeutic view of the client and employs clinical terminology about symptoms and recovery, it incorporates a respectful and helpful manner toward participants, makes careful use of language that is sensitive to the issues related to substance abuse and mental illness, and is informed by an understanding of the nature and treatment of substance abuse and mental illness. Under this grant, as the 13th Judicial Circuit works to expand services under Mental Health Court, clients will be given access to new intensive outpatient services that are individually tailored and specifically address SMI and COD. The court proceedings under Mental Health Court will continue a supportive, instructive, problem-solving and understanding style in presiding over defendants with SMI or COD, and avoids threatening or punitive language, or language that might contribute to labeling or stereotyping. In other words, the informal style of the Mental Health Court docket proceedings are designed to reflect the methods of substance abuse and mental health treatment and to contribute to the improved behavioral health of its participants.

The current modified ACT team program employs a team model based on a great deal of consultation and cross-disciplinary input. Within Mental Health Court, there is no doubt that the judge is the leader of the group problem-solving that transpires and has final responsibility for all decisions. The Court personnel are not rotated into the assignment on a short-term basis, but rather are specialists in dealing with defendants with substance abuse and mental health disorders in a justice setting. In addition to the judge, Court personnel include a prosecuting attorney, a representative of the jail, the Public Defender, and the Department of Corrections. The team approach will contribute to an active courtroom that seems to have a variety of activities going on simultaneously, rather than a one-case-at-a-time orientation. The judge may be dealing with several cases simultaneously and asking various staff to investigate, interview, make calls for placements, or compile necessary information to resolve the statuses of persons appearing before him or her, some for the first time, others for regular status reviews. With each of the appropriate agencies and functions represented in the courtroom, the judge will be able to craft and implement a response and to request necessary action and follow-up on the spot.

In the expanded ACT program, understanding and communication will be viewed as part of the problem-solving process. The Court will utilize Gracepoint to respond to the treatment needs of its participants, as identified by the AOC. At the initial stages, once a

referral is made, the Public Defender staff interview the defendant. He/She will check to see if the defendant is already involved in behavioral health treatment and, if so, consults with their caseworker about the nature of their illness and treatment needs and progress. If the defendant is not already in treatment, they will be screened to determine whether they meet the restored Chapter 916 F.S. eligibility requirements.

Initial Screenings and Evaluations: Upon admission to the program, a standard intake screening and an in-depth bio-psychosocial assessment will be conducted by a clinician to obtain information regarding behavioral health issues, both past and present, to determine a participant's immediate needs and establish a plan for further assessment and treatment. A comprehensive list of screens and assessments is included in Section 3.8.6.3.3.5. The multidisciplinary treatment team will work towards further stabilizing the participant, identifying treatment and housing options, and facilitating connections to appropriate and available services.

The intake screening and bio-psychosocial assessment forms will be chosen by Gracepoint. Besides demographic data, the assessments will capture information including: presenting problems, collateral reports, living environments, ability to maintain current placement, history of living situations, source of transportation, education status and history, current employment status and history, military status, participation in recreational activities, relationships with significant others, family and friends, cultural customs, religious/spiritual beliefs for coping, gender identity, legal issues and forensic history, primary care physician information, barriers to activities of daily living skills, medical conditions including dental, current substance use, abuse and treatment, history of substance abuse and treatment, current mental health status, developmental history, current developmental status, history of trauma and effects of individual's past and present functioning, current abuse, neglect or exploitation (including screening for victims of human trafficking), stages of change, strengths, needs, barriers and preferences. They will be linked with a Licensed Clinical Social Worker or other professional allowed to evaluate, which opens up access to medical care, education, and other social services.

Services will include the provision of direct services and the coordination of ancillary services designed to: (1) Assess the participant's needs and develop a written treatment plan; (2) Locate and coordinate any needed additional services, outside of Gracepoint (i.e. medical, child care, etc.); (3) Coordinate service providers with Court expectations; (4) Provide participants access to needed services; (5) Monitor service delivery; (6) Evaluate individual outcomes to ensure each participant is receiving the appropriate services; (7) Coordinate medical and dental health care, if needed; (8) Support basic needs such as housing and transportation to medical appointments, court hearings, or other related activities outlined in the participant's treatment plan; (9) Coordinate participant's access to eligible benefits and resources; (10) Address educational service needs; and (11) Coordinate legal services and Court representation needs.

Case Management, Discharge Planning, Crisis Counseling, and Referrals: Upon admission, Gracepoint program staff will see participants to begin discharge planning. Individual sessions will focus on treatment plans and discharge plans, and address the presenting problems that caused the admission, the participant's goals during treatment, and interventions to achieve those goals. County staff are SOAR trained, competent in the use of Tampa Hillsborough Homeless Initiative's UNITY information system and

trained in linking to the Hillsborough County Health Care Plan and the State of Florida's Access system.

As part of case management, the needs of each participant will be discussed among the Gracepoint team and a case plan will be developed and implemented using a strength based approach. Participants will actively participate in selecting treatment options, developing a case plan and developing greater self-determination.

Gracepoint staff will provide an array of services including service planning, service linkage, service coordination, monitoring of service delivery and evaluation of service effectiveness. Case Managers assigned to individuals on conditional release will be responsible for monitoring compliance in accordance with the Court-ordered conditional release plan, providing early intervention to avoid revocation of conditional release and reporting to the Court on progress/compliance as required by the Court. The Case Manager will adhere to the Court-ordered plan for providing appropriate care and other treatment as needed for participants. The Conditional Release Plan will:

- Be developed with input from the team of partner providers and others as applicable
- Be a comprehensive plan and include all of the components required
- Be reviewed by the team, including the participant

The components will include:

- General conditions that apply to all participants on Conditional Release
- Specific conditions related to each participant's recovery plan
- Specific provisions for residential treatment or adequate supervision
- An agency agreement to treat
- A plan to monitor compliance
- A Statement of Understanding and Consent

The partners involved in the proposed project will utilize the following evidenced-based practices that are recognized by the National Registry of Evidence-Based Programs and Practices (NREPP) for assessment, treatment, and recovery support for the participants. The following evidence-based curricula will be utilized under the general umbrellas of Comprehensive, Continuous, Integrated System of Care and Motivational Interviewing (CCIS): Medication-Assisted Therapy (MAT), Motivational Interviewing (MI). This program will integrate substance abuse and mental health services, medical and psychiatric services, individual and group counseling, parenting interventions, family supports, child visitation, random urine drug screens, onsite GED classes and employment services, all day nutrition and shelter needs, and socialization ranging in intensity as they progress through the program and re-enter the work force. The treatment teams will work to ensure stable housing prior to discharge, as well as all necessary family support services.

The Comprehensive, Continuous, Integrated System of Care (CCIS), mentioned earlier and an EBP that will be used in this Project, is designed to improve systems of care for treatment of COD. This model is based on these principles: (1) COD are an expectation, not an exception; (2) successful treatment requires integrated care through multiple treatment episodes; (3) continuous integrated treatment requires treatment relationships that balance structure and flexibility; (4) both mental health and substance use disorders should be considered as primary disorders; (5) both mental health and substance use disorders can be characterized by parallel phases of recovery; (6) there is no single

correct COD intervention; interventions should be individualized; (7) discrete level of care assessment is required for each disorder. Analysis of the effectiveness of integrated treatment for COD among 36 studies showed that ten indicated integrated services were more effective at engaging clients in treatment, reducing use, and attaining remission (Drake, Mueser, Brunette, & McHugo, 2004).

Gracepoint will also be using Motivational Interviewing (MI) with participants. MI is used to encourage retention of clients that enter the program, motivational counseling and interviewing will be emphasized throughout treatment. Motivation is considered to be related to the probability that a person will enter into, continue, and adhere to a specific change strategy (Treatment Improvement Protocol Series: #35, Enhancing Motivation for Change in Substance Abuse Treatment, Center for Substance Abuse Treatment, 1999). In motivational counseling, client motivation is viewed as dynamic- a factor that can and does change. Motivational ambivalence is widely regarded as a primary obstacle in treatment of substance abuse (Emmelkamp & Vedel, 2006). Motivation is not a pre-requisite for treatment, but rather the collective responsibility of client and counselor. It is the counselor's responsibility to explore, understand, and help elicit a change in the client's disposition toward change and the counselor's style does influence client motivation. The highly confrontational therapeutic styles of the past have given way to contemporary research findings that contraindicate their use.

Gracepoint will have access to Medication-Assisted Treatment (MAT) through a County funded program. To address a significant gap in service, this Program will implement MAT, in accordance with *Medication-Assisted Treatment for Opioid Addiction, Treatment Improvement Protocol 43 (TIP 43)*. Under the guidance of TIP 43, a spectrum of services is recommended for this population, including medical management, comprehensive assessment, psychosocial counseling, and drug testing. This treatment protocol describes significant research findings that support the application of MAT for adults who suffer from opioid addiction, such as those included in the Target Population for this Project. SAMHSA approved best practices for methadone can be found in the TIP 43: Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs for SAMHSA's best practices for the use of buprenorphine, refer to TIP 40: Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction. In addition, SAMHSA partnered with the National Institute of Drug Abuse (NIDA) to provide guidance for the use of medication-assisted treatment with extended-release injectable naltrexone for the treatment of an opioid use disorder. The *Clinical Use of Extended-Release Injectable Naltrexone in the Treatment of Opioid Use Disorder: A Brief Guide*. This brief guide includes a summary of the key differences between extended-release injectable naltrexone, methadone, and buprenorphine. It covers key information on assessing the patient's need for treatment, initiating MAT, monitoring patient progress and adjusting the treatment plan, and deciding whether and when to end MAT. In this Program, MAT may be used to treat opioid or alcohol use disorders.

Trauma informed care or trauma informed services will be included within the services provided as part of this Program. One program that may be used is Seeking Safety. Seeking Safety is a treatment method for Post-Traumatic Stress Disorder (PTSD) and substance abuse (Najavits, 2002). The manual addresses: Finding & Recreating Safety, When Substances Control You, Asking for Help, Detaching from Emotional Pain, Setting Boundaries, Getting others to Support Your Recovery, Commitment, Recovery Thinking,

Coping with Triggers, Healing from Anger, and Life Choices. The Seeking Safety manualized treatment is empirically supported as efficacious for impoverished female populations with COD and a history of trauma (Gatz, et al., 2007; Hien, Cohen, Litt, Miele, & Capstick, 2004). The Seeking Safety treatment has been shown to reduce substance use (Hien, et al., 2004), trauma symptoms (Najavits, Schmitz, Gotthardt, & Weiss, 2005), and symptoms of PTSD (Gatz, et al., 2007) among male and female populations. Participants may be engaged in treatment using Milkman's Criminal Conduct and Substance Abuse Treatment, equine therapy, Housing First, Motivational Enhancement Therapy, Cognitive Behavioral Therapy as well as techniques from the Criminal Conduct and Substance Abuse manual and the Suncoast Practice and Research Collaborative manual (SPARC).

Strategies to achieve these objectives include providing linkages to housing options for after discharge, job training, job opportunities, access to benefits and health care such as: Social Security, Medicaid, Medicare, and Veterans benefits, medication monitoring, supportive therapy, individual and family psycho-education, self-help groups, and life skills training. Gracepoint staff will be cognizant of trauma recovery and empowerment techniques incorporating motivational interventions based on the stage of change of the participant. Linking people with needed aftercare services reduces the likelihood that they will reappear in the justice system which reduces the impact on the local jail and court systems.

Gracepoint will develop, within 30 calendar days of admission, a Recovery Plan, along with the participant, based on assessment data; identifying the participant's clinical, rehabilitative and quality of life/enrichment service or recovery needs; the strategy for meeting those needs; documented treatment and recovery goals and objectives; criteria for terminating the specified interventions; and documented progress in meeting specified goals and objectives. The plan will be reviewed every 30 calendar days or less.

Linkage to Supportive Housing: Gracepoint will provide linkage to housing for participants. Participants who are in need of housing services will be screened and their information will be entered into the County-Wide HMIS Unity system. Tampa Hillsborough Homeless Initiative (THHI) has offered to assist participants who are homeless by helping them determine eligibility for permanent supportive housing vouchers or transitional housing beds. THHI supports the Housing First Model, an evidence based approach to ending homelessness that centers on providing people experiencing homelessness with housing as quickly as possible and then providing services as needed. This approach has the benefit of being consistent with what most people experiencing homelessness want and seek help to achieve. Although there are not specific units set aside for participants of this Program, individuals receive housing services priority for available resources based on their VI-SPDAT scores. During treatment, Gracepoint will be working with participants to obtain stable housing through family reintegration, entitlements and using existing community resources. Participants will have stable housing identified before they are discharged from treatment.

Employment: Gracepoint staff will help participants link to job training and job readiness preparation, skills identification and assessment. Gracepoint will have a resource directory of employers that are willing to hire the population served. There are often many available partners in the community ready to help with employment.

Education: Participants will be helped to develop not only basic skills but also a realistic plan for furthering their education. They can be provided with continuing education opportunities and financial aid information. If ready for college, grant and scholarship information is important and will be provided. Linkage to GED testing is available; Gracepoint staff will help the participant resolve this and other barriers to continued education efforts (such as poor time management).

Strategies to achieve these objectives include providing linkages and assistance in obtaining services such as to housing, job training, job opportunities, access to benefits and health care such as: Social Security Medicaid, Medicare, and Veterans benefits, medication monitoring, supportive therapy, individual and family psycho-education, self-help groups, and life skills training. Gracepoint will be cognizant of trauma recovery and empowerment techniques, incorporating motivational interventions based on the stage of change of the participant.

Regardless of other referrals to behavioral health services provider(s); it is expected that the utilization of Care Coordination will include:

- Increased sense of empowerment and personal responsibility of persons served as they partner in a process rather than being directed;
- Individualized care plans and increased follow through with identified services;
- Effective service coordination and utilization and engagement in community services and supports;
- Improved social functioning, use of natural supports, and community integration; and
- Increased individual benefits including stability, self-efficacy, and self-management.

3.8.6.4 Performance Measures

Identified performance measures under this Grant will be regularly monitored to determine the success of the Program and the effectiveness of the diversion on recidivism and obtaining applicable needed services for participants. Gracepoint, the sub-recipient, will be responsible for providing monthly and quarterly reports to the County including, but not be limited to, information on each of the identified performance measures during each time period. The information included in these reports will be disseminated to stakeholders and used to monitor the progress of the diversion Program and to problem solve any deficiencies as needed. The sub-recipient will also undergo an annual formal monitoring process by the County where a participant and Program level evaluation will be performed. Progress on these performance measures will be included in the County's quarterly reports to the grantor.

Gracepoint will be responsible for data collection and performance assessment. Gracepoint staff will obtain informed consent, explain the program, and collect extensive co-locator information from the clients along with permission to contact others who may know the individual's whereabouts.

3.8.6.4.1 Process for collecting performance measurement data

Performance measurement data will be collected by Gracepoint and the County. Gracepoint will collect and track outcome information and report to the County on a monthly and quarterly basis during the term of the grant. Arrest data will be collected using the on-line arrest inquiry available through the Hillsborough County Sheriff's Office website. Hillsborough County has a central intake point for all municipal law enforcement

agencies who have placed a person under arrest. The central intake point is run by our Sheriff's office and information on all persons booked into that location are recorded in their system and available on-line. Gracepoint will be using this resource to determine which participants have been arrested while in the Program and at one year after Program discharge (performance measures 2.4.2.1 and 2.4.2.2).

At enrollment into the Program, Gracepoint will complete an extensive questionnaire including multiple methods to contact each participant. Program staff will clearly explain the follow up requirements to all participants so they expect to be contacted for six month and 12 month follow up.

Gracepoint will be collecting information about participant homelessness at Program entry and throughout their involvement with the Program. This information will be recorded in the Tampa Hillsborough Homeless Initiative's HMIS Unity data system (Unity) that is used and shared by all homeless community service providers in Hillsborough County. Gracepoint will be using these two systems to record housing and housing stability information for their participants during the Program and will be using this information to determine what percentage of participants who were not residing in stable housing at Program admission, are residing in stable housing after 90 days in the Program (performance measure 2.4.2.3). One of the purposes of this grant is to get participants linked to appropriate community based ongoing services for ongoing care. As participants continue services, even after discharge from the diversion Program, their housing and housing stability will continue to be updated in the Unity system. Gracepoint will report previously homeless participants' housing stability at one-year post discharge using the Unity system and follow up from AOC staff. If current housing stability information is not included in the Unity system for specific participants at one-year post discharge, Gracepoint will then make their best efforts to complete a diligent search for each participant missing updated information to determine their updated housing stability status. Since this Program is expected to serve approximately 30 participants a year, and not all of them are expected to have housing needs, efforts needed to locate and determine housing stability post discharge are expected to be feasible within the staffing resources of AOC and Gracepoint (performance measure 2.4.2.4). A limitation to this would be for participants who complete the Program and move away without forwarding contact information. We do not expect this to be a significant problem.

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

As part of the services provided under this grant, contracted community service providers will be offering eligible participants screenings for SOAR, Medicare, Medicaid and the County's own indigent health care coverage, the Hillsborough County Health Care Plan

(HCHCP), along with any other appropriate benefits or entitlement assessments. When each participant enters the Program, screening for these and other types of benefits will be completed. Their eligibility and application status are recorded and regularly updated in the Unity data system. Gracepoint provides updated statuses of participant's eligibility and applications in each monthly and quarterly report provided to the County and shared with stakeholders (performance measure 2.4.2.7).

The participants enrolled in services through this Program will be Felons with SMI or COD who consent to the Program in lieu of incarceration or prevention of future State Hospital admission. In general, our participants will already be Chapter 916 F.S. clients as they will be restored. However, should our participants decompensate during the Program or later change their competency status, they will again be Chapter 916 eligible. For those participants who are competency restored, the support and services provided under this grant will help in keeping them stabilized and preventing decompensation, therefore keeping these participants out of a State Mental Health Treatment Facility. The Program will be able to address the acute needs of participants and thus potentially stabilize them and prevent them from having to go to a State Mental Health Treatment Facility again (performance measure 2.4.2.8).

Gracepoint will measure successful completions of this program. Gracepoint will consistently work with AOC, the State Attorney's Office and the Public Defender's Office to track the status of participants enrolled in the Program. Success in this program may be measured by not returning to State Hospital or being Baker Acted for each participant within six months of admission. Gracepoint will regularly re-evaluate participants and report changes on participants' status to the County on a monthly and quarterly basis. This information will be shared with stakeholders and used to determine the ability of this Program and services to support participants (performance measure 2.4.2.9).

3.8.6.4.2 Proposed targets and methodologies

2.4.2.1 40% of participants will be arrested or re-arrested while enrolled in the Program. Since all participants will be entering the program with an arrest, we expect that less than 40% of Program participants will have an additional arrest based on a new charge while enrolled in the Program. We will measure arrests using the information provided by the Hillsborough County Sheriff's Office.

2.4.2.2 60% of participants will be arrested or re-arrested within one year following Program discharge. We will compare the number of participants arrested one year prior to entry into the Program with one-year post discharge for new offenses using the information provided by the Hillsborough County Sheriff's Office.

2.4.2.3 60% of participants not residing in a stable housing environment at Program admission will reside in stable housing within 90 days of Program admission. Participants who are not stably housed will be identified at Program admission. Within 90 days of admission, 60% of those identified as needing stable housing will have been provided access to it. Gracepoint will be working to determine which participants have had access to stable housing within the first 90 days of the Program. If the participants are receiving intensive outpatient treatment, obtaining stable housing will be a priority of that treatment.

2.4.2.4 35% of participants who were unstably housed at Program admission will reside in stable housing at one-year post Program discharge. Participants will be

followed for one-year post discharge to determine if they maintained stable housing. Gracepoint will be tracking participants and will be recording this information.

2.4.2.5 10% of participants who were not employed at Program admission, will be employed full or part time within 180 days of Program admission. Gracepoint will work with the capable participants to achieve gainful employment as part of the services offered under this Program. Employment status will be reviewed at 180 days post enrollment, but changes will be recorded throughout their enrollment in the Program.

2.4.2.6 7% of participants who were not employed at Program admission will be employed full or part time at one-year post Program discharge. Employment status will be reviewed at 12 month post enrollment by Gracepoint, but changes will be recorded throughout their enrollment in the Program.

2.4.2.7 Grantee will assist 85% of eligible Program participants in obtaining social security or other benefits for which they may be eligible but were not receiving at Program admission. All participants will be offered SOAR and other benefit and entitlement screens by the contracted community service providers upon entry into the Program. Those who are screened eligible will be offered assistance with applying. Each contracted community service provider has SOAR trained staff available to assist.

2.4.2.8 50% of Program participants will be diverted from a State Mental Health Treatment Facility. All participants who are admitted into the Program will have SMI or COD. Based on competency, charges and Court proceedings, each participant could be sent to a State Mental Health Treatment Facility under Ch. 916 F.S.. Therefore, it is possible that each participant in this program could be a diversion, not just from jail, but from a State Mental Health Treatment Facility. At admission, participants will be screened for histories of previous treatment at State Mental Health Treatment Facilities. While enrolled in the Program, information on participants receiving treatment at State Mental Health Treatment Facilities will be tracked and recorded. While enrolled in the Program, no participants will be receiving treatment at a State Mental Health Treatment Facility.

2.4.2.9 40% of enrolled participants will successfully complete the program and be discharged. This will be measured by Gracepoint.

3.8.6.4.3 Additional proposed performance measure

Gracepoint will measure successful completions of this program. Gracepoint will consistently work with AOC, the State Attorney's Office and the Public Defender's Office to track the status of participants enrolled in the Program. Success in this program may be measured by not returning to State Hospital or being Baker Acted for each participant within six months of admission. Gracepoint will regularly re-evaluate participants and report changes on participants' status to the County on a monthly and quarterly basis. This information will be shared with stakeholders and used to determine the ability of this Program and services to support participants (performance measure 2.4.2.9).

2.4.2.9 40% of enrolled participants will successfully complete the program and be discharged. This will be measured by Gracepoint.

3.8.6.5 Capability and Experience

3.8.6.5.1 Capability and experience of the Applicant

Capability of Applicant: Hillsborough County, the applicant, is a political subdivision within the state of Florida. County government is guided by an elected Board of County

Commissioners (BOCC) that sets overall policy for the County and appoints a County Administrator, who serves as the County's chief executive officer. The County Administrator is responsible for carrying out BOCC decisions, policies, ordinances and motions, overseeing all County administrative departments, and preparing the County's annual operating budget. Criminal Justice is under the County Administrator. The Criminal Justice Liaison was established in 1991 to facilitate communication, encourage collaboration and advance common interests of the adult criminal justice systems to reduce crime. The department's 5-member staff represents County interests at the Public Safety Coordinating Council, Acute Care Advisory Committee, Hillsborough County Anti-Drug Alliance, Juvenile Justice Board, and Domestic Violence Task Force, among others. Its staff oversees a budget of \$15 million, which includes a mix of federal, state, and local dollars. Criminal Justice has worked with local stakeholders and community partners to establish jail diversion programs and services for many years and in many capacities. Hillsborough County was one of six sites selected to receive an AXT technical assistance grant from the NIMH in 2005. That grant enabled the County to develop a System Map and a prioritized Action Blueprint, and to establish work groups (Co-Occurring, Case Management, Housing, Transportation, Data Link) that continue to meet to coordinate jail diversion efforts. In 2006, Hillsborough County received a Targeted Capacity Expansion grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) for jail diversion. To date, that grant has enabled the County to: 1) develop a Strategic Plan; 2) develop a Memorandum of Understanding which was signed by key stakeholders and community partners; and, 3) to establish and implement the County's first FICM program. The timing of the NIMH grant coincided with various other jail diversion activities being undertaken by Criminal Justice and the DCF Substance Abuse and Mental Health Program Office, and served as a catalyst for further jail diversion efforts. The Brief Mental Health Screen was adopted for use with all jail inmates. A Healthy Start In-Reach Program was implemented for pregnant women being discharged from the jail. A Health In-Reach Program was developed to enroll eligible inmates in the Hillsborough County Health Care Plan upon discharge and jail medical will provide a prescription for a 30-day supply of current medications. Anti-Gang Ex-Offender Re-entry services were launched. FICM1 was implemented. The County was also the recipient of the DCF Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant in 2013. This award was used to establish a misdemeanor and ordinance violation jail diversion program that is still active today. Under this grant, the County was able to establish a collaborative advisory committee that meets regularly to monitor the success of the program and problem solve and systemic barriers. The program has served 3,411 people and trained 1015 law enforcement officers in the CIT Model. The program was originally set up to be a pre-bookings diversion, but after requests for similar services and opportunities from the State Attorney's Office and the Public Defender's Office, the program was expanded to serve post booking and then direct community diversion clients. The grant expired in March, 2017, but the County has already committed to continue these fruitful efforts for another two years funded by the County.

The County was also the recipient of the DCF Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant in 2016. This grant is currently being used to support the development and service provision for pre-sentencing diversion under a new Mental Health Court as part of Judicial Circuit 13. The grant was used to establish a

treatment home and care coordination for offenders with severe mental health disorders who are eligible for the Mental Health Pre-Trial Intervention (MHPTI). This specialty docket court meets twice a month under the Chief Judge. Court members and treatment providers are specially trained to understand and work with the special needs of defendants with severe mental health disorders.

Capability of Participating Organizations:

Gracepoint Wellness will serve as the contracted lead agency for the H-FITE Program. In the implementation of the Program, Gracepoint will engage needed community treatment providers to work with to provide needed services and intensive outpatient treatment consistent with a modified ACT model for eligible defendants with SMI or COD in adult Mental Health Court. Gracepoint has a long history of collaborating with other agencies to develop innovative programs. Gracepoint has been a key player as a community co-occurring and trauma-informed treatment provider, active in the design and implementation of multiple services, including recently the Hillsborough Centralized Receiving Facility (CRF) and the Forensic Multidisciplinary Team. Through their efforts and services, participants will have available to them the Care Coordination Unit at the CRF. Gracepoint was also instrumental in the collaboration that brought about the Medicaid Waiver to offer a more cost effective program for providing community based mental health services. Gracepoint's leadership and community involvement demonstrates their experience and ability to provide the deliverable services as described in this application. Their Forensic ImpACT Team is already in operation and we are requesting support, through this grant, to expand their existing success to a new high need target population.

Under the leadership of the Trial Court Administrator, the AOC is dedicated to assisting the Chief Judge in carrying out constitutional and administrative duties. The Director of Court Programs provides supervision to all Court Program Managers, including the Director of Problem Solving Courts, who is responsible for managing Adult Pre-Trial Intervention and six other Problem Solving Court programs: Adult Post-adjudication, Adult Expansion, Juvenile Drug Court, Veteran's Treatment Court, Family Dependency Treatment Court and Marchman Court. Therapeutic Courts were first established in this circuit more than two decades ago, beginning with Adult Post-adjudication Court. This year marks the 23rd anniversary of Juvenile Drug Court, which was the first juvenile drug court in Florida and the fifth in the nation. Throughout this time, the AOC has demonstrated experience with enhancing programs and implementing new programs through grant revenue, including multiple SAMHSA and BJA awards and proven sustainability with a bi-furcated budget of both County and state revenue. The AOC strives to include key staff members that are diverse, well trained in cultural competency, and bi/multi-lingual, providing training in trauma-informed care, and mental health first aid. The success of these courts is rooted in adhering to the key components of the Therapeutic Court Model, as forging partnerships among courts, public agencies and community-based organizations is one of the key components that enhances court program effectiveness, as identified by the National Association of Drug Court Professionals.

3.8.6.5.2 Availability of resources for the proposed project;

The County, through this Grant application, is proposing to expand treatment services for defendants in Mental Health Court who are restored Chapter 916 F.S. clients to include

intensive outpatient services using a modified ACT model for persons with SMI or COD. Currently, AOC is funding outpatient services for these clients. Infrastructure and support for the Mental Health Court is currently funded through AOC. Once this Program is implemented, participants will have access to a continuum of services starting with intensive outpatient treatment and ending with other ancillary services that support stability. In addition to the resources provided by AOC, the Hillsborough County Alternatives to Incarceration Contract with ACTS, DACCO and Tampa Crossroads that purchases Episodes of Treatment for court involved Adults with behavioral health problems, will serve as a potential source for additional funded treatment and ancillary services for the H-FITE Program. Additionally, any and all third party fees through Medicaid and commercial plans will be billed accordingly and serve as additional resources and support for Program operations.

Tampa Hillsborough Homeless Initiative (THHI), Hillsborough County's Housing and Urban Development designated Continuum of Care organization, will continue to manage existing community resources and the HMIS Unity data system for housing services, including housing vouchers to support their mission of ending homelessness. Program participants will be screened using the VI-SPDAT, among other instruments, and those scores will be entered into Unity to determine priority for existing resources.

3.8.6.5.3 Role of Advocates, peer specialists, family members and partners

Advocates, peer support specialists and persons with lived experience are members of the stakeholders group and the PSCC subcommittee assigned to oversee the development and implementation of DCF Reinvestment Grant projects. They currently are actively involved in these groups and are integral in the design and development of our programs and project relating to DCF Reinvestment Grants. Peer Specialists are also involved in the service plan and provision of services in this project. Although we are not requesting funding for this position, peer support specialists are involved and participate in the Forensic Multidisciplinary Team services, assisting in clients' successful compliance with program and court obligations. As part of the modified ACT model, clients' family members will be invited, with the clients' permission, to engage and participate in the various treatment modalities. Family reunification is one of the goals of the AOC and this program. Other community behavioral health organizations may participate in this project through the offering of various ancillary services to clients. Gracepoint will be the lead and primary service organization, but clients are free to choose their service provider as long as the services are appropriate and there are the means to access them. Various primary care facilities will also be providing services to clients as medical needs are identified. Gracepoint will assist clients in obtaining and maintaining medical assistance if needed.

The Program will utilize peer advocates who will raise awareness through education and training of Program staff and council members. Peer advocates will serve on the planning council and offer input for policy development, intervention strategies, and Program development; provide information on linkages to support, treatments, and services; serve as a mediator; and promote the protection of rights. A key peer advocacy role is raising awareness and educating the stakeholders such as service professionals, decision makers, and government officials about mental health matters. This includes informing stakeholders about issues and disparities that affect individuals with mental illness, substance use disorders, and co-occurring disorders. Having personal experience and

direct insight into challenges that might be encountered by the population they are representing, peer advocates provide an invaluable voice to represent consumers. The power of awareness can have a significant impact on policy and implementation of procedures. Peer advocates can also contribute to training curricula for service providers or other professionals. On the individual support level, peer advocates provide participants with knowledge, skills, and resources to overcome barriers and sustain a healthy quality of life. Peer advocates can enhance skills and share strategies from personal experience as well as provide linkages with community services. They can also educate participants on their rights and directly mediate and advocate for participants.

3.8.6.5.4 Proposed Staff, key personnel and subcontractors

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

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

In order to expand Gracepoint's existing Forensic Multidisciplinary Team program, the County will be contracting with Gracepoint as a sub-awardee and using resources from this grant to partially support a Program Manager, Case Manager, Psychiatrist, Program Supervisor and Licensed Therapist. Gracepoint will be responsible for all reporting to the County, providing data and updates to stakeholders about the progress of the program/services, and providing treatment to the clients. Gracepoint's Forensic Multidisciplinary Team already exists. We will be providing partial support for all of the positions except the two case managers. They will be dedicated to our clients and this project. Gracepoint will begin the hiring process and identifying potential case managers once the County is announced as an award recipient and we execute an agreement with Gracepoint to provide services. In the meantime, Gracepoint will be able to be engaging clients and working with the County to implement the program using their existing Forensic Multidisciplinary Team.

Gracepoint Grant Funded Staff:

Program Manager (0.05 FTE)- Ensure that the assigned program is in compliance with state license regulations, Joint Commission, DCF/ADM contract requirements, Gracepoint policies and program level operational procedures. Responsible for the operations, management, and development of assigned program. Functions include program planning, implementation and evaluation; supervision all program staff and activities; supervision of line staff and support staff; preparation and management of budgets; interviewing, hiring, and delegation of responsibilities to staff; preparing administrative reports and grant proposals; coordinating program activities with other community agencies. Minimum of a Bachelor's degree in Human Services related field

from an accredited college or university. Four to six years of Human Service/Behavioral Health experience. A Masters degree can substitute for two years of related experience. Prefer applicants who are licensed or are licensed eligible.

Program Supervisor (0.25 FTE)- Advanced professional position responsible for daily operation of the Program, supervision of direct service staff, and training and consultation. Reports to and functions under the direction, instruction, and supervision of the Program Manager. Minimum of a Bachelor's degree in Human Services related field from an accredited college or university. Four to six years of Human Service/Behavioral Health experience. A Masters degree can substitute for two years of related experience. Prefer applicants who are licensed or are licensed eligible.

Case Manager (2.0 FTE)- Provides advocacy, coordination and continuity of evidence-based care for individuals and families in need through a collaborative process of triage, assessment, planning, and communication. Participates as a member of a multidisciplinary treatment team. Reports to the unit/department supervisor. Bachelor's degree in a Human Services related discipline and at least 1 year experience in the mental health field.

Psychiatrist (0.20 FTE)- Manages the mental health care and provides appropriate treatment services to diagnose and assist persons with mental illness. Holds a current Florida Medical License and is certified or eligible for certification by the American Board of Psychiatry and has satisfactorily completed resident training of three years in psychiatry at a recognized institute and has a valid DEA License.

Licensed Therapist (0.6 FTE)- Providing direct therapeutic services to identified mental health and substance abuse clients. Responsible for maintaining patient care in accordance with program guidelines and external standards (Joint Commission, Medicaid, etc.). Provide clinical services to the following populace: individual, family and group therapy to children, adolescents, and adults. Must have Florida License (LMHC, LCSW, LMFT). Bilingual (English-Spanish) is recommended.

3.8.6.6 Evaluation and Sustainability

3.8.6.6.1 Describe how the project's effectiveness will be demonstrated,

Gracepoint will gather data for each outcome identified in this proposal and will establish a baseline level for each outcome for the Program. They will also measure the baseline for psychiatric symptoms and substance use for each participants at the time of entry into the Program. Data gathered for each outcome will be reported in a narrative summary explaining the accomplishments or failures in attaining the targeted outcome. These processes will be captured through the agency's case management system and/or the HMIS Unity System. These systems capture relevant data and use it to generate reports for Program management/improvement, provision of information for required reporting, as well as to investigate Program process and outcomes. The availability and means of collection for needed data elements shows that some data elements will be collected by Program staff and others will need to be obtained from other sources, such as archival data sources, including HCSO jail data, FDLE statewide arrest data, USF Health Care Navigator and Baker Act exam data. The Tampa Hillsborough Homeless Initiative has developed a system, the HMIS Unity system, for collection and input of data on service utilization, demographic, diagnoses, and eligibility for various programs, among other things that capitalizes on efforts from Program staff and other community service providers to collect this information, and that can be sustainable in the future. Developers

of this project have extensive experience with similar service programs that focus on persons with mental illness and/or substance abuse disorders involved in the criminal justice system. This experience has been gained through data management and analysis for multiple DCF, SAMHSA and BJA funded projects. The Program will utilize the evidence based assessments to assess the participants at intake. The Program will employ a Locator Form and a protocol for administering six month and 12 month follow up assessments. Data collected by the staff will be monitored more frequently early in the grant implementation to ensure proper collection and adherence to the grant design. Gracepoint's Program Manager will be responsible for monitoring the integrity of the data collection, data entry, data cleaning in preparation for data analysis and reporting within their case management data system.

Data Collection: Data collection and reports will be entered into agency databases, with the goal of having data collected as part of the screening, intake and implementation process organized efficiently to create reports for management and evaluation. The chart below provides a summary of key measurement tools used for the project.

Table 3

Assessment Instruments	
Data Collection Instruments Type & Description	Details
Screening Form, ASAM Criteria, GAIN-Q3	Brief form used to collect demographic, criminal justice and mental health, substance abuse information on individuals screened. Determines necessary level of a substance abuse placement by reviewing six ASAM dimensions in a strength based assessment of patient needs and obstacles.
Intake DLA-20, biopsychosocial, provider specific screenings and evaluations	Demographics, used at baseline and reassessments to guide treatment planning; Screen performed on people at time of acceptance
Process Data	Service referrals/linkages, SOAR/success of SOAR, housing, and employment. Entered by Gracepoint.

In addition to the instruments listed above, other forms of data collection will be necessary to check the progress of the participants and assist with administrative aspects of managing the Grant. Gracepoint will collect these data report them to the County, as appropriate.

Table 4

Other Data Collection Measurements Type & Description	Time Intervals
LS/CMI: Used for the purpose of monitoring participant criminogenic risk.	Intake and throughout the Program as needed.
Length of stay in Program. Days in treatment & Program completion measures will be used for measuring retention.	Clinical records.

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

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

Data Management: The goal over the three years is to develop a system for Program staff to input data into an electronic system that has reports developed to use for Program monitoring and evaluation.

Data Analysis: Descriptive reports will be created of screening, intake and process data. The focus of analysis will be on a) Program process (volume and flow of participants, characteristics of people screened in relation to those enrolled in the Program, etc.), b) service provision and satisfaction (engagement with treatment/services, nature of changes to key life domains such as employment and housing) and c) identified performance outcomes. Effectiveness in promoting public safety will be measured by the reduction of recidivism and jail time, and the use of timely and appropriate treatment services for participants. Recidivism will be measured using the number of arrests and criminal justice involved incidents from a year before entry into the Program to a year post-discharge from Program. The administration of timely and appropriate services will be reported in the change of symptomology and behavioral health conditions of

participants while enrolled in the Program. Access to services and supports will also be measured by the number of participants enrolled in the Program and the existence of any waiting lists or wait times for services. Cost analysis will be done by working with County staff to put metrics to services received and logic to costs averted because of engagement to arrive at cost figure savings.

In sum, results from the analysis will allow for the assessment of progress in meeting the goals of the project, as well as review of the impact on the process and outcome measures as defined by the grant. Process components will include adherence to the implementation plan, types of deviations, what led to the deviations, what effect deviations had on the project and what was the cost of services.

Data Reporting: Outcomes and Program updated will be presented quarterly at project meetings. There, stakeholders will also discuss Program fidelity and present recommendations for future action. The project will present a final report at the conclusion of the Grant. Updates will be made quarterly to the Public Safety Coordinating Council.

3.8.6.6.2 Effect of proposed project on the Target Population related to the budget

3.8.6.6.2.1 Estimate of how the Program will reduce the expenditures

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

- A recent meta-analysis examined specialty courts in four jurisdictions and found that participants were less likely to be arrested, had a larger reduction in arrest rate, and spent fewer days incarcerated during the 1.5 years of follow-up after program entry compared to people with similar profiles who only went to jail.
- Court diversion often reduces jail stays for those with COD and therefore can save correctional facilities and local governments significant costs. Research has shown that specialty court participants spend less time in jail than comparison groups.
- Court diversion also helps reduce the risk that people with mental illness spend time in prison.
- Treatment and services offered under this Program will work to stabilize acute co-occurring participants who will in turn be less likely to be re-arrested for offenses related to their SMI or COD symptoms.

3.8.6.6.2.2 Methodology to measure the defined outcomes and savings

Performance measurement data will be collected by the sub-recipient, Gracepoint, and the AOC and reported to the County on a monthly and quarterly basis during the term of the Grant. Arrest data will be collected using the on-line arrest inquiry available through the Hillsborough County Sheriff's Office website. Gracepoint will use this resource to determine which participants have been arrested while in the Program and at one year after Program discharge. The reduction in arrests and days incarcerated will be used to determine the financial savings to the jail. Financial savings to the jail will also be determined by the reduced time defendants reside in jail waiting for treatment availability. An average length of wait time will be determined for clients sentenced to incarceration before the Grant services begin, using recent historical data. This will be compared to the number of days that participants are incarcerated before they are allowed on community supervision once the services under this Grant have commenced.

Gracepoint will be collecting information about participant homelessness at Program entry and throughout their involvement with the Program and will report previously homeless participants' housing stability at one-year post discharge. Recent Hillsborough County based research has shown that for a sample of 17 chronically homeless persons now living in a Housing First program, including similar services to the Program proposed in this application (integrated health, mental health, housing and substance abuse services) and run by Gracepoint, there was a cost savings of \$484,844.72, \$158,700 of which was for emergency room usage alone¹⁸. Averted costs in terms of ending or preventing immediate homelessness will be calculated in terms of length of time housed through this Program versus expected costs, for similar time periods, under services provided by the County's homeless services providers.

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

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

It is estimated that jailing individuals with co-occurring disorders costs the County at least \$2,579,147 annually. Additional costs tied directly to this population include medications, which are estimated at \$79,157 per year. At an average of 35 such bookings a week, the jail spends approximately \$2,185,310 on this population annually. Therefore, based on expectations of 35 bookings a week, the continued booking and jailing of the substance abuse and mental health populations together account for an annual expense to the County of approximately \$4,843,614 ($\$2,579,147 + \$79,157 + \$2,185,310$).

A longitudinal analysis of over two decades of jail utilization data performed by Code for Tampa Bay recently showed that the top 30 jail utilizers, during that time period, were incarcerated in the jail a total of 64,276 days costing more than \$8,090,735, measured in 2016 dollars, which does not include related expenses such as court costs, legal fees, psychotropic medications, and medical care. The majority of offenders in this group had existing diagnoses of co-occurring disorders. Additionally, records dating from October 2014 to July 2016 indicate that only 264 persons booked at the jail had private insurance. Last fiscal year, HCSO pre-paid \$3,900,000 for off-site medical care, and an additional \$355,628.37 for their share of medical care that exceeded the contracted amount.

By realizing these projected savings to the County and HCSO by getting eligible participants into SMI and co-occurring based treatment as part of a criminal justice diversion program, a portion of the saved money can potentially be spent on expanding existing mental health and substance abuse treatment programs offered by the County to community service providers. The County currently has agreements to provide co-located primary and behavioral health services, substance abuse services, residential

¹⁸ Sumerau, Winston & Geller, 2015

treatment services and supported housing services to our indigent and chronically homeless populations. However, our current service availabilities are not keeping up with the increases in demands for these and other similar types of services needed in our communities. By saving money on not incarcerating those mental health and co-occurring participants who would be better served in a treatment based environment, we may be able to fund prevention and service models provided by our community partners that better address the underlying challenges and symptomology of these residents.

The County has already made great strides to use cost savings as a way to sustain successful behavioral health treatment programs. Our recently concluded DCF Reinvestment Act grant has been used to provide CIT training to over 1015 law enforcement officers and to develop a program where residents who are taken into custody for certain misdemeanor or ordinance violations can be diverted, many pre-booked, to a community service provider for treatment. This grant expired in March 2017. The County has committed to continued funding of this program for the next two years, at which time it will be re-evaluated for effectiveness and continued funding.

3.8.6.6.2.3 Reduce the number of individuals judicially committed to State Hospital

In general, our participants will be restored Chapter 916 F.S. clients. However, should our participants decompensate during the Program or later change their competency status, they would again be Chapter 916 F.S. eligible. For participants, the support and services provided under this grant will help in keeping them stabilized and preventing decompensation, therefore keeping these participants out of a State Mental Health Treatment Facility. The Program will be able to address the acute needs of participants and thus potentially stabilize them and prevent them from having to go to a State Mental Health Treatment Facility as part of their felony prosecution. Averted costs will be calculated for each participant based on if they have a history of State Mental Health Treatment Facility commitment. Number and duration of previous commitments will be compared to commitments and stays during enrollment in the Program.

Gracepoint will measure and track the reductions in psychiatric symptoms and substance use of participants. Since symptoms of co-occurring disorders can often lead to arrests and incarcerations, the value of averted costs will be determined by the amount of time each participant spends incarcerated while in the Program and up to a year post discharge compared to a similar time period before enrollment. Information about the number of days incarcerated is available through the HCSO website.

3.8.6.6.3 Sustainability

Sustainability will be contingent not only upon the effectiveness demonstrated by the evidence-based practices we implement but also on how well the community collaborates and supports systems change throughout the award. We enjoy a high level of collaboration among key stakeholders and community-based service providers as evidenced by the existing strategic plan and MOUs. Hillsborough County Health Care Services and the DCF-SAMH, Suncoast Region, have established a strong working relationship through Criminal Justice and they have expressed a continued commitment to these efforts to provide sustainability if this project is successful. For instance, the Hillsborough County Health Care Plan or Medicaid are viable alternatives for some of the service delivery. Hillsborough County's Board of County Commissioners have committed to continue funding the current basic services of the existing misdemeanor mental health, substance use and co-occurring jail diversion program and it is expected that the Board

would expand funding based on this proposal's demonstration of cost effectiveness in funding more intensive services for a select, more seriously impaired population. The Strategic Planning Committee will continue to look at the system in its entirety to see how well evidence-based practices are integrated throughout each intercept and to identify any organizational changes needed to support further integration of the criminal justice and community based service delivery system, including but not limited to mental health and substance abuse treatment, to facilitate effective and efficient service delivery. Additionally, the Strategic Planning Committee will look at the results of the project on an on-going basis. Continued efforts to share data among partners and collecting and reporting data will support continuity of care, identification of additional system efficiencies, reduce duplication of services, and further minimize any gaps in service that lead to higher utilization or more costly services. We will not overlook other financial resources that may be needed to support the continuation of services. Equal focus will be on the integration of evidence-based practices, collaboration, and political/organizational changes necessary to achieve long-term change and sustainability.

Since the idea for the expansion of services for this program was first proposed by the Public Defender's Office, and has the buy in and support of the Chief Judge for the 13th Judicial Circuit, the Drug Courts Judges, the AOC, State Attorney's Office and other stakeholders, continuation of the expanded services in an otherwise stable and experienced specialty court is expected to continue after the conclusion of this Grant. Using this Grant as a pilot project, the Court will be able to determine what services and resources are most needed and most effective; develop processes and policies for how the services will be administered; and develop the necessary relationships with other stakeholders and community service providers needed to have available appropriate services to support future clients and the Court.

(Tab 7: Project Timeline)

3.8.7 Tab 7 Project Timeline

Project Timeline

The estimated start date of the Program is July 1, 2019. The Program builds upon Hillsborough County's 30 years of capacity building experience with community, statewide and federal planning bodies. Gracepoint and County key staff now serve on multiple planning and advisory bodies and will participate in refining the Program's implementation plan during the first 90 days following the Grant award. Monthly implementation meetings will be held to review Program expectations, outcomes, and data collection procedures. During these meetings, AOC and Gracepoint will assist the County to ensure positive outcomes and improved systems planning. Hillsborough County has participated in extensive planning and consensus development with area stakeholders to delineate roles and responsibilities of key players to ensure project implementation no later than four months after grant award. These professional contracts and/or MOUs will be executed at project start-up.

Please see Attachment C

Attachment C

Project Timeline

Goals	Objectives	Key Activities	Milestones	Responsible Partners	Start and Completion date
<p>Establish processes for enrollment and expanded service provision</p>	<p>Develop Specific Program Design, Implementation Plan, Data Collection</p>	<p>Set regular monthly meetings with stakeholders to design how Gracepoint will work with the Court to identify, enroll and evaluate potential participants. Chose types of evidence based interventions to utilize Select screening and evaluation tools Train relevant staff on evidence based tools and treatments</p>	<p>Selection of evidence based practices and tools Execute contract with Gracepoint Gracepoint hire relevant staff All relevant staff are trained in the evidence based models and tools to be used in the Program Data collection systems are ready to record participant level information for this Program</p>	<p>Program Manager, Project Director, All stakeholders, PSCC, Gracepoint</p>	<p>Completed within 90 days of execution of DCF contract</p>

Goals	Objectives	Key Activities	Milestones	Responsible Partners	Start and Completion date
Design Program evaluation	<p>Design how information will be gathered and recorded,</p> <p>Get access to all relevant sources for evaluation data,</p> <p>Evaluate design</p>	<p>Attend meetings with appropriate stakeholders to design the evaluation process</p> <p>Develop plans to record and monitor performance outcomes</p> <p>Develop plan to track participants and the services they will receive</p>	<p>Evaluation Plan finalized</p> <p>Data Systems available to record evaluation and performance outcomes</p> <p>All relevant staff trained on participant data tracking systems (EHR and Unity).</p>	<p>Program Manager, Project Director, All stakeholders, Gracepoint</p>	<p>Completed within 90 days of execution of contract</p>
Initiate expanded services in Mental Health Court	<p>Begin enrollments in expanded program services</p> <p>Implement Service Design</p>	<p>Public Defender and Gracepoint working to identify participants and evaluate needs</p> <p>Gracepoint staff familiar with the Court processes and requirements</p> <p>Work with State Attorney's Office and the Public Defender's Office, and private attorneys to educate them about the inclusion of participants with SMI and COD into the expanded services treatment program</p>	<p>Services identified and available</p> <p>First screening</p>	<p>AOC, State Attorney's Office, Public Defender's Office, Gracepoint</p>	<p>Expected start date of 7/1/19. Services will be on-going</p>

Goals	Objectives	Key Activities	Milestones	Responsible Partners	Start and Completion date
Effective Program implementation and start up	Enroll appropriate participants and provide needed services in a timely and effective manner	Review process to date and make service or process modifications as appropriate Ongoing Program recruitment, referrals, staff training and services Examine early data collection for accuracy and completeness	Refined Program model Successful enrollments and treatment Effectively utilize data collection systems	Program Manager, Project Director, All stakeholders	Starting at 90 days after first enrollment and completed by 180 days post first enrollment
Participants begin to receive services	Participants continue to be enrolled Gracepoint continues to work collaboratively with stakeholders	Provide summary of data of enrollments and service use to date Provide summary of service and compliance reporting to Court, as required	Summary provided to stakeholders Provide responses to Gracepoint feedback survey to stakeholders	Program Manager, Project Director, All stakeholders	Starting at 90 days after first enrollment and completed by 180 days post first enrollment
Program is providing appropriate services and support to participants	Participants are being regularly enrolled Participants are receiving needed services	Review process to date and make service modifications as appropriate Continue regular meetings of stakeholders to review processes and available resources Begin to look at trends in outcomes and performance measures	Service Modifications, as needed All stakeholders are comfortable with the Program and Court processes Participants are receiving expedited and appropriate services based on their needs	Program Manager, Project Director, All stakeholders, PSCC	Review starting at 180 days after first enrollment and completed by 360 days post first enrollment

Goals	Objectives	Key Activities	Milestones	Responsible Partners	Start and Completion date
		Ongoing Program outreach, recruitment, referrals, Program training and services Add additional Evidence-based Protocols, as needed/identified Ensure linkages to ancillary services and provide continuing care services	Analyze data and outcomes report to staff & stakeholders, create Dashboard Report Report 1 st years findings to stakeholders		
Program sustainability	Develop plan to increase available services and advocate for Program sustainability opportunities	Seek additional resources for project continuation Identify additional service funding opportunities Engage additional or new community service providers	Identified viable sustainability opportunities Existence of additional services and resources than previously available	Program Manager, Project Director, All stakeholders	Beginning at 360 days post contract execution and continuing for the duration of the grant
Continue services and necessary Program refinements	Program continues to run smoothly and provide appropriate diversions and services	Evaluate community indicators for success, look for emerging trends	Protocol and Policies and Procedures established and reviewed annually	Program Manager, Project Director, All stakeholders	Beginning Year 2 of the Program, continuing for the duration of the grant

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

(Tab 8: Letters of Commitment)

3.8.8 Tab 8: Letters of Commitment

The application must include a summary list of all organizations that will be involved in the implementation of the proposed project and a letter of commitment from each organization reflecting the specific role of the individual or organization, signed by the Chief Executive Officer or equivalent for each organization.

Summary list of all organizations that will be involved in the implementation of the proposed project:

- Hillsborough County Public Safety Coordinating Council
- Administrative Office of the Courts, Thirteenth Judicial Circuit of Florida
- Gracepoint

Please see attached for Letters of Commitment from each organization.

Public Safety Coordinating Council



Hillsborough County, Florida

Tanya Preza, Coordinator
P.O. Box 3371, Tampa, Florida 33601
Phone: 813-247-8303 – FAX 813-242-1881
Email: tpreza@hcsso.tampa.fl.us

January 25, 2019

Robert Parkinson, Criminal Justice Liaison
601 E. Kennedy Blvd., 24th Floor
Tampa, Florida 33602

Ref: Application for the Department of Children and Families (DCF) Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant (RFA112818HSET1)

**Julianne Holt, Public Defender
Chair**
**Chad Chronister, Sheriff
Vice-Chair**

Member Organizations:

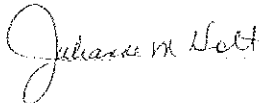
Sheriff
Clerk of the Circuit Court
Chief Judge, 13th Judicial Circuit
State Attorney
Public Defender
Board of County Commissioners
Hillsborough County
Neighborhood Watch
Hillsborough County Branch,
NAACP
Florida Dept. of Corrections,
Parole and Probation Services
Director, County Probation
Tampa City Council
Chief, Tampa Police Department
Florida Dept. of Juvenile Justice
Hillsborough County Legislative
Delegate
Drug Abuse Comprehensive
Coordinating Office, Director
County Court Judge
League of United Latin American
Citizens
Superintendent, Hillsborough
County School Board
Chamber of Commerce
Hillsborough County Anti-Drug
Alliance
Hillsborough County Criminal
Justice
USF Police Department

Dear Mr. Parkinson,

On behalf of the Public Safety Coordinating Council (PSCC), I am pleased to support Hillsborough County's application for a DCF Criminal Justice, Mental Health, and Substance Abuse Reinvestment Act Grant to execute the Hillsborough Forensic ImpACT Team Expansion (H-FITE) project in partnership with Gracepoint Behavioral Health. The PSCC has been designated by the Hillsborough County Board of County Commissioners to engage in criminal justice system planning, problem-solving, and issues related to the DCF Reinvestment Grant Program. The H-FITE project will be a collaborative effort to increase public safety by providing comprehensive behavioral health services for those individuals who have successfully participated in Mental Health Court, had their charges dismissed, or have been adjudicated, and are at risk of criminal justice system recidivism. Efforts will prioritize the coordination of system resources for persons who are accessing multiple services including hospital emergency departments, jails, and mental health crisis services. Those individuals are often at highest risk for recidivism and often disengage from traditional services. The key project partners will include the County's Criminal Justice Office, Gracepoint Behavioral Health, and PSCC member agencies.

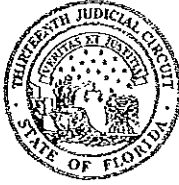
It is clear that with funding of the H-FITE application, access to continuing services for persons with behavioral health disorders at risk of criminal justice recidivism will be significantly enhanced. We appreciate your ongoing efforts to improve the Hillsborough Criminal Justice System and wish you the best of success with your application. The PSCC will continue to provide oversight and engage in collaborative problem solving, as appropriate. We look forward to hearing the outcome of the application when the awards are announced.

Sincerely,

A handwritten signature in cursive script that reads "Julianne M. Holt".

Julianne M. Holt
Chair, Public Safety Coordinating Council

JMH/TP



ADMINISTRATIVE OFFICE OF THE COURTS
THIRTEENTH JUDICIAL CIRCUIT OF FLORIDA

December 21, 2018

RONALD N. FICARROTTA
CHIEF JUDGE

GINA JUSTICE
COURT ADMINISTRATOR

Michael S. Merrill, County Administrator
601 E. Kennedy Blvd., 26th Floor
Tampa, Florida 33602

RE: Florida Department of Children and Families (DCF) Criminal Justice, Mental Health, and Substance Abuse Reinvestment Act Grant Application (RFA 03H17GN2)

Dear Mr. Merrill,

On behalf of the judges and staff within the Thirteenth Judicial Circuit, it is with great enthusiasm that I offer this letter of support for Hillsborough County's application for a Criminal Justice, Mental Health, and Substance Abuse Reinvestment Act Grant to expand substance abuse treatment capacity for adult drug court and Pre-Trial Intervention. As you know, the Administrative Office of the Courts has an extensive history in developing, implementing and sustaining highly effective drug court programs.

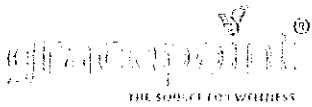
Funding for this proposal will allow many more offenders the opportunity to become successful in their recovery with the evidence-based treatment practices for substance-abusing clients with co-occurring disorders. I understand that many times that substance abuse may be the primary diagnosis but many also have mental health issues, which are key to successful treatment.

The justice partners in our circuit have a great history of collaboration and I am confident that we can work together to address this critical need. Over two decades ago, we implemented our first Problem Solving Court: Pre-trial Intervention Drug Court. Today we have expanded to serve other populations, juveniles, families and veterans. We are proud of what we have accomplished but we also know that we can do better. We realize the importance of leveraging existing treatment funding for outpatient services so that we can offer a continuum of care with both residential and intensive outpatient services with established community providers in our Problem Solving Courts. We need the infrastructure and system wide stakeholder support that this grant will provide to increase each service provider agency's ability to be co-occurring treatment capable for this criminal justice involved population.

We look forward to participating in this collaborative effort.

Best regards,

Ronald N. Ficarrotta
Chief Judge
Thirteenth Judicial Circuit



5707 North 22nd Street | Tampa, FL 33610
www.gracepointwellness.org
Phone: 813-272-2244

January 17, 2019

Mr. Michael S. Merrill
County Administrator
Hillsborough County
601 E. Kennedy Boulevard
County Center 26th floor
Tampa, FL 33602

RE: Florida Department of Children and Families Reinvestment Grant

Dear Mr. Merrill,

Gracepoint is pleased to support Hillsborough County's grant application for funding through the DCF reinvestment grant. As demonstrated in the past, Hillsborough County has been instrumental in collaborating with community agencies to address forensic system needs. The award of this grant will provide much needed jail diversion, increase the quality and quantity of services through coordination of care and recovery support services and improve access to mental health and substance abuse treatment.

Gracepoint commits to providing mental health and substance abuse screening, psychiatric medication management, substance abuse treatment, case management and care coordination based upon the needs of the referred individual.

The successful implementation of a comprehensive jail diversion system will ultimately increase quality of life for participants, increase community safety and reduce incarceration recidivism. This project would be an essential component of a cost-effective and responsive public health safety net for persons with mental health and substance use disorders involved in the criminal justice system. If you have any questions regarding our commitment to this project, please feel free to call me at 813.239.8083.

Sincerely,

Joe Rutherford, MBA, MA
CEO



(Tab 10: Appendices)

APPENDIX A - STRATEGIC PLAN FORMAT

Implementation and Expansion Grants

Strategic Plan

Cover Page

Statement of the Problem or Critical Issues - Under the current criminal justice system, serious mental illness and co-occurring treatment while incarcerated is either limited or non-existent. Frequently, these individuals experience insufficient access to treatment well before incarceration, leading to deterioration in health and wellbeing and subsequent involvement with the criminal justice system. For these consumers, the difficulties experienced in attempting to access treatment, support services, and benefits including housing assistance can greatly increase the amount of time that an individual remains dependent on friends and family members. Law enforcement officers repeatedly arrest the same person for offenses which can clearly be linked to their mental illness or co-occurring disorders. Prosecutors charge individuals knowing that they are likely to see the same individual again soon. Probation and parole staff responsible for working with persons with serious mental illnesses or co-occurring disorders who have been released from jails see these individuals repeatedly rearrested for the same or similar behaviors that actually represent the symptoms of an untreated and disabling illness. There is a growing awareness and concern regarding the unmet needs of persons with serious mental illness or co-occurring disorders in the nation's jails and communities and the toll it exacts on these individuals, their families, service agencies and the criminal justice system. With this concern comes a growing conviction that a turning point has been reached: Effective measures must be taken to prevent these individuals from entering the nation's jails in the first place to avoid continuing expense and even danger.

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

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

Gaps, Themes, and Solutions Identified:

1. *Improve Co-Occurring Treatment Capabilities across providers.* Together, State (Department Of Corrections and DCF) and County resources are utilized to fund limited mental health and substance abuse treatment services for Drug Court and Mental Health Court's for pre-trial intervention eligible clients (DPTI & MHPTI). This proposal addresses the gap in deeper end services for participants who are restored Chapter 916 F.S. with felony charges who are diagnosed with mental health or co-occurring disorders. The Grant funding requested provides the treatment, services and supports necessary to facilitate the expansion of the Forensic Multidisciplinary Team model and makes available specialized treatment and services for offenders with serious mental illnesses or co-occurring disorders. Funding will establish new intensive treatment services and address a significant service gap in the County's continuum of diversion services.
2. *Perception: Current programs will not take persons with serious and persistent mental illnesses.* The current County funded diversion services target persons with behavioral health issues who commit misdemeanor and local ordinance offenses or who are first time offenders in either DPTI or MHPTI. Traditionally, the state (Department of Children and Families (DCF)) funded diversion services focus on persons who are incompetent to stand trial or not guilty by reason of insanity (Ch. 916 F.S.). Together, State (Department Of Corrections and DCF) and County resources are utilized to fund treatment services for Drug Court for pre-trial and post adjudicatory substance abusing offenders and the Severely Mental Illness (SMI) population in Mental Health Pre-Trial Intervention (MHPTI). The Grant funding requested provides the staffing and supports necessary to facilitate community based services for restored Chapter 916 F.S. clients in Mental Health Court and makes access available to the Court for specialized case management services and newly funded, County contracted, treatment services. The funding of this proposal establishes a special diversion alternative for restored Chapter 916 F.S. offenders and addresses a significant service gap in the Judicial Circuit 13, Hillsborough County, continuum of diversion services.
3. *Judges do not have anywhere to divert individuals to for supportive housing/65% of cases in existing diversion programs need stable housing:* Under this grant, all Program participants receive intensive case management services which include case managers' responsibilities to see that the individuals served have stable housing in the community. In support of that agenda, the Tampa Hillsborough Homeless Initiative has committed to working with Gracepoint to leverage rapid rehousing and chronically homeless housing vouchers provided by HUD, pending eligibility. The County is also in the process of increasing the number of transitional housing beds available to residents, including participants of this program.
4. *SPMI Clients Need SOAR (SSI/SSDI Outreach, Access and Recovery) trained staff in jails:* The Health Care Services Department of Hillsborough County is currently working with HCSO to add case managers into the Jail to assist inmates with applying for SOAR. These staff have already been trained and should be operational in the Jail within the next few months. Currently, they are available to assist residents directly through the Health Care Services Department. While determining SOAR eligibility, these case managers are also screening for eligibility to the Hillsborough County Health Care Plan (HCHCP) an indigent health care program run by and paid for by the County. The Case Managers' services are available to not only support the SMI and COD population

served by the project, but also to assist other diversion eligible offenders as identified by the Mental Health Court staff.

5. *Need Expanded Forensic Assertive Community Treatment (FACT) and Forensic Intensive Case Management Teams (FICM) Teams/Peer specialists to link and engage individuals into services:* All Program participants will have available to them Intensive Case Management service, with access to County funded treatment options, dedicated therapists, psychiatric services, and a peer support specialist as part of a modified ACT team. This project will also be using the Risk, Need, Responsivity Model to address criminogenic risk factors that predispose individuals to recidivism and to attain and sustain mental health and co-occurring competencies across diversion programs and service delivery systems. As a result, competencies will routinely be assessed and corrective actions planned and implemented to address drift from prevailing models.
6. *Lack of Step-down from institutional care or continuing care services/Limited supplies of medications upon release and no means to fill given prescriptions:* All participants are assisted in acquiring and maintaining health care coverage. County case managers are trained in benefits assistance, including individual enrollments in Medicaid and Hillsborough County Health Care Plan (HCHCP), with the expectation that all participants secure a primary care physician and a medical home. Success in that expectation gives participants access to medications available through the plans' formularies and Patient Assistant Plans. In addition, scripts can be provided through this project's providers, for those medications not available through other payors, prescriptions can be purchased with available contingency funds.
7. *Centralized Mental Health Court/ case management services/Limited access to services or lack of communication of available services:* Judicial Circuit 13 is presently instituting a Specialty Mental Health Court. In support of that initiative, a grant from DCF is providing for a full time Court Mental Health Liaison position to serve the Court, to match individuals with appropriate diversion options, and to facilitate linkages between the Court and the diversion case management services funded through the grant as well as other recognized diversion alternatives.

Regional Partnership Strategic Planning Process and Participants – The Hillsborough County Criminal Justice Liaison works with the Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant Subcommittee of the Public Safety Coordinating Council (PSCC) , established under Chapter 951.26, Florida Statutes, and its membership of high level stakeholders including the Hillsborough County Sheriff's Office, Chief Judge, State Attorney, Public Defender, Clerk of Court, Administrative Office of the Court, citizens, substance abuse treatment providers, and the criminal justice community. The PSCC expanded the subcommittee to include community-based mental health providers, consumers, family members, faith-based organizations, and County health and social service planners.

Planning for this grant application was done through a collective effort with the stakeholders listed above. The County engaged in an informal needs assessment and identified a couple central themes based on requests for services. Once the need for increased deeper end treatment services for Mental Health Court participants was identified, the County worked with representatives from the Administrative Office of the Court, Public Defender's Office and community service providers to develop a strategy on how to accomplish these goals in a cohesive and meaningful way. All identified stakeholders have committed time and resources towards the fruition of this plan. The County and stakeholders see the potential cost savings in behavioral health criminal justice system diversions and as such have been

able to capitalize on leveraging additional and new funding to provide for the additional treatment and services for participants under this grant. Participants will have the ability to receive access to various new and existing community based services including, but not limited to, dedicated therapists, psychiatric services, and intensive outpatient services and a modified ACT team.

Vision - To establish programs and diversion initiatives that increase public safety, avert increased spending on criminal justice, and improve the accessibility and effectiveness of treatment services for the Target Population(s). The goal of this project is to divert eligible seriously mentally ill or co-occurring restored Chapter 916 F.S. clients, arrested based on conditions of their deteriorating behavioral health status, from the criminal justice system as quickly and efficiently as possible so as not to traumatize them with jail and prison time when treatment and community diversion services are more appropriate. The County expects to realize the projected cost savings of community diversion treatment versus jail time.

Mission Statement - to offer a single point of entry and accountability into the behavioral health system for assessments and appropriate placement of adult individuals experiencing a crisis who are restored Chapter 916 F.S. clients assigned to Mental Health Court.

Values - Individuals with serious mental illness or co-occurring disorders often cycle repeatedly between the criminal justice system and community and emergency services. Hillsborough County Criminal Justice has worked in collaboration with system stakeholders and community partners to introduce and better integrate systems and implement service level changes designed to interrupt this recycling process and prevent people with mental illness, substance abuse disorders, and co-occurring disorders from entering or penetrating the criminal justice system deeper than necessary.

Service Model(s) – The Forensic Multidisciplinary Team model (modified ACT team) using Risk-Need-Responsivity framework will serve as the overarching philosophy of the program and will serve to organize and guide the delivery of the interventions and services made available participants. The GAIN-Q3 will be utilized to assess each participant once referred to Mental Health Court for behavioral health and incarceration diversionary services. Upon admission to treatment, a standard intake screening and an in-depth bio-psychosocial assessment is conducted by a clinician to obtain information regarding behavioral health issues, both past and present to determine an individual's immediate needs and establish a plan for further assessment and treatment. Gracepoint Wellness will provide Intensive Outpatient Treatment and a modified ACT team to each participant based on their individual needs.

All clinical staff, under this Program, adhere to the Comprehensive Continuous Integrated System of Care (CCISC) model based on the awareness that co-occurring disorders occur frequently and both disorders can be successfully treated. It is recognized that co-occurring or substance abuse problems are not homogeneous as they differ in intensity, duration, effects, and other important dimensions. The primary purpose of community based services is to improve the functioning or prevent further deterioration of persons with co-occurring problems. This is accomplished by assisting consumers to move toward an abstinent lifestyle with sufficient community involvement to promote recovery and resiliency. Treatment services are individualized, with different types and intensities tailored to the consumer's presenting problem(s) and characteristics within the array of services offered by the team. The need for additional treatment is continually evaluated based on the

individual's performance. When subsequent treatment recommendations are made, the consumer's preferences are considered in placement discussions. The team utilizes the Motivational Enhancement Therapy (MET), and Motivational Interviewing (MI). The MET approach views motivation for change as a key component in addressing substance abuse, is consumer centered, and focuses on the consumer's strengths. Cognitive Behavioral Therapy (CBT) is also used by therapists trained in this modality in conjunction with Role Recovery.

Furthermore, at admission, the U.R.I.C.A. is completed to determine the stage of change the person is in. Programming utilizes Seeking Safety in gender specific groups to resolve trauma issues. Each person completes a Personal Safety Plan (PSP) and a Strength, Needs, Abilities, and Preferences (SNAP) questionnaire, and the Adverse Childhood Events (ACE) trauma screening tool with corresponding goal is added to their individualized treatment plan. Cognitive Behavioral Therapy (CBT) strategies assist individuals to correct distorted thinking patterns and is based on the Criminal Conduct and Substance Abuse manual. The Suncoast Practice and Research Collaborative (SPARC) manual educates individuals on the interrelation of substance abuse and mental disorders and focuses on relapse prevention skills for both disorders. Intensive strength-based case management; assistance with SSI/SSDI benefit applications/reinstatements (SOAR approach) facilitates the person served to move towards independency and self-sufficiency. To address the special challenges of the chronic relapsing individual, MAT can be implemented that includes an ongoing VIVITROL Pilot Program.

Goals, Objectives & Tasks

See next page.

Goal #1: To divert persons who are restored Chapter 916 F.S. clients with serious mental illness or co-occurring disorders from incarceration into community supervision and prevent further involvement in the criminal justice system

Objective #1:	Expand services for an existing modified ACT program and diversion initiatives that increases public safety, averts increased spending on criminal justice, and improve the accessibility and effectiveness of treatment services for the Target Population(s) within three (3) months of execution of the final Grant Agreement.			
Task	Performance Measure	Lead Person or Organization	Projected Completion Date	
1.1	Establish legally binding agreements with all participating entities to establish programs and diversion initiatives for the Target Population.	Within 90 days of execution of a grant agreement, the County and appropriate stakeholders shall enter into binding agreements.	County, Gracepoint Completed within 90 days of grant agreement execution	
1.2	Provide, directly or by agreement, an information system to track individuals during their involvement with the Program and for at least one year after discharge, including but not limited to, arrests, receipt of benefits, employment, and stable housing.	Within 90 days of the execution of a grant agreement, the Program will have an information system that is capable of tracking participants and services on a minimum of arrests, benefits, employment and stable housing. Tracking in the system will be able to follow the participants for a minimum of one year post-discharge.	Gracepoint, Tampa Hillsborough Homeless Initiative, County Completed within 90 days of grant agreement execution	
1.3	Implement strategies that support post-adjudication alternatives to incarceration.	Expand services under existing forensic multidisciplinary team jail diversion program to provide deeper end treatment services for participants with SMI or COD. Provide appropriate services to new expanded target population so as to prevent recidivism.	AOC, Public Defender's Office, State Attorney's Office, Gracepoint Begin enrollment and service provision of clients with SMI or COD participants within 90 days of grant agreement	

1.4	Implement strategies that support a specialized diversion programs	Begin to enroll participants and provide them with appropriate services. Establish regularly scheduled meetings with stakeholders to discuss barriers, successes and trends in the Program.	AOC, County, State Attorney's Office, Public Defender's Office, Gracepoint	Enrollment of participants will happen within 90 days of execution of grant agreement. Establishment of stakeholder meetings will happen within 60 days of grant agreement.
1.5	Implement strategies that provide linkages to community-based, evidence-based treatment programs for the served Target Population	Gracepoint will serve as the Lead Agency to a group of community service providers utilizing various evidence based practices for individualized treatment plans. Regular meetings scheduled between treatment providers to coordinate participant care.	AOC, Gracepoint	Within 90 days of execution of the grant agreement, Gracepoint will have executed all agreements with various community providers for services.

Objective #2: Create and encourage collaboration among key stakeholders in implementing and providing ongoing oversight and quality improvement activities of the Grantee's project.				
	Task	Performance Measure	Lead Person or Organization	Projected Completion Date
2.1	Participate in planning council or committee meetings regularly	County staff and stakeholders will regularly attend Public Safety Coordinating Council (PSCC) meetings to provide updated on the Program and services development. County staff and stakeholders will attend monthly Program Advisory Committee meetings to discuss success, barrier and trends in the Program. Gracepoint staff will regularly schedule and attend monthly meetings with community service providers to discuss emergent issues with client care and treatment.	AOC, County, Public Defender's Office, State Attorney's Office, Gracepoint	PSCC meetings are held quarterly and will be attended by all stakeholders beginning on award of this grant agreement. Program Advisory Committee meetings will be scheduled within 60 days of the execution of the grant agreement. Community service provider meetings will be scheduled within 90 days of execution of the grant agreement, to discuss coordination of care.

2.2	Assesses progress of the project based on established timelines and review attainment of goals	Gracepoint will provide monthly and quarterly reports to the County on all performance measures and tracking information for participants. Stakeholders will review these reports to determine if the Program is on target, and if it is meeting its goals. System barriers and deviations will be discussed for resolution.	AOC, County, Public Defender's Office, State Attorney's Office, Gracepoint	Gracepoint's first monthly report will be due to the County 45 days after services begin, around 4.5 months after execution of grant agreement. The County will then present the information at the next Program Advisory Committee meeting for discussion. Updates will be provided to the PSCC at their quarterly meetings.
2.3	Makes necessary adjustments to implementation activities, as needed	Gracepoint will provide monthly and quarterly reports to the County and stakeholders that contain information about success, barriers and deviations from the Program or processes. The Program Advisory Committee will problem solve to determine if adjustments need to be made to the Program design or service delivery to better fit with the needs of the Court or to better serve the participants. Changes will be made in a timely manner with as minimum of disruption to services as possible.	AOC, County, Public Defender's Office, State Attorney's Office, Gracepoint	Program Advisory Committee members will begin scheduling to meet within 60 days of execution of the grant agreement. Immediately stakeholders will be examining the existing system and how to best serve participants. Changes may be made throughout the grant term but are not prescribed at any specific point.

Objective #3: <i>Work with County staff and community and criminal justice partners to remove the three strikes rule for disqualification from the Hillsborough County Health Care Plan so that more of the SMI or COD clients who have come into contact with the criminal justice system will be eligible for services under the County's indigent health care system. Work with same partners to identify new possible enrollees and operationalize the changes needed to include these individuals in the County's Health Plan.</i>			
	Task	Performance Measure	Lead Person or Organization
3.1	Removal of the three strikes (3 felony arrests in Hillsborough County) disqualification from the Hillsborough County Health Care Plan (HCHCP).	Stakeholder attendees may include, but not be limited to, community service providers, designated receiving facilities, and the County.	County, community mental health and substance abuse service providers, Gracepoint
			Projected Completion Date
			Initial program information and discussions will begin within 90 days of the execution of the grant agreement.

3.2		Stakeholders will provide timely feedback, when asked, on the design and implementation of operationalizing new eligibility criteria.	County, community mental health and substance abuse service providers	The timeline of the development and implementation of the new eligibility criteria is decided by the BOCC. However, stakeholders will begin to offer input and design ideas and feedback within 60 days of the execution of a grant agreement.
3.3	Begin to enroll new qualifying clients	Stakeholders will provide subject matter expertise and guidance in the development of a process for identifying and referring newly eligible clients	County, community mental health and substance abuse service providers,	Stakeholder involvement in the development of new eligibility criteria and identifying new clients, will begin within 90 days of the execution of a grant agreement.

Appendix J - CHECKLIST OF MANDATORY APPLICATION CRITERIA

Mandatory Criteria Checklist for: RFA112818HSET1– CJMHSR Reinvestment Grant Program

Print Applicant's Name: Hillsborough County Board of County Commissioners	County(ies): Hillsborough
Print Name of Department Reviewer (Procurement Manager):	
Signature of Department Reviewer:	Date:
Print Name of Department Witness:	
Signature of Department Witness:	Date:

Was the application received by the date and time specified in the RFA and at the specified address?

YES/Pass NO/Fail

Did the County or their designee submit a Notice of Intent to Submit an Application by the date and time specified in the RFA?

YES/Pass NO/Fail

Does the Application include the following?		Yes Pass	No Fail
1.	Tab 1: Cover Page Completed form, including requested funding and match funds, signed/dated	<input type="checkbox"/>	<input type="checkbox"/>
2.	Tab 1: County Designation Letter, if applicable For Applicant's submitting on behalf of a county	<input type="checkbox"/>	<input type="checkbox"/>
3.	Tab 3: Statement of Mandatory Assurances		
	a. Infrastructure	<input type="checkbox"/>	<input type="checkbox"/>
	b. Site Visits	<input type="checkbox"/>	<input type="checkbox"/>
	c. Non-discrimination	<input type="checkbox"/>	<input type="checkbox"/>
	d. Lobbying	<input type="checkbox"/>	<input type="checkbox"/>
	e. Drug-Free Workplace Requirements	<input type="checkbox"/>	<input type="checkbox"/>
	f. Smoke-Free Workplace Requirements	<input type="checkbox"/>	<input type="checkbox"/>
	g. Compliance and Performance	<input type="checkbox"/>	<input type="checkbox"/>
	h. Certifications of Non-supplanting	<input type="checkbox"/>	<input type="checkbox"/>
	i. Submission of Data	<input type="checkbox"/>	<input type="checkbox"/>
	j. Submission of Reports	<input type="checkbox"/>	<input type="checkbox"/>
4.	Tab 4: Commitment of Match Donation Form and Match Commitment Summary Report Completed forms for each match donation committed to the project, indicating sufficient matching commitment, signed and dated	<input type="checkbox"/>	<input type="checkbox"/>
5.	Tab 5 & 6: Statement of Problem and Project Design Implementation Description of the services to be provided	<input type="checkbox"/>	<input type="checkbox"/>
6.	Tab 7: Detailed Project Timeline Project timeline for each funding year proposed	<input type="checkbox"/>	<input type="checkbox"/>
7.	Tab 8: Letters of Commitment Summary list of all organizations and letter of commitment from each organization	<input type="checkbox"/>	<input type="checkbox"/>
8.	Tab 9: Budget and Budget Narrative Completed budget summary form, including budget narrative	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX K CJMHS REINVESTMENT GRANT PLANNING COUNCIL OR COMMITTEE

PLEASE PRINT

Andrew Warren
STATE ATTORNEY OR DESIGNEE

Julianne Holt
PUBLIC DEFENDER OR DESIGNEE

Ronald Ficarrotta
CIRCUIT COURT JUDGE

Lawrence Lefler
COUNTY COURT JUDGE

Brian Dugan
POLICE CHIEF OR DESIGNEE

Chad Chronister (Sheriff is designated by County)
SHERIFF OR DESIGNEE

Corlis Campbell
STATE PROBATION CIRCUIT ADMINISTRATOR

Gina Justice
LOCAL COURT ADMINISTRATOR

Pat Kemp
COUNTY COMMISSION CHAIR

Stephen J. Hogue
COUNTY DIRECTOR OF PROBATION

Mary Lynn Ulrey
LOCAL SUBSTANCE ABUSE TREATMENT
DIRECTOR

Joe Rutherford
COMMUNITY MENTAL HEALTH AGENCY
DIRECTOR

April May
DCF - SUBSTANCE ABUSE PROGRAM OFFICE
REPRESENTATIVE

Susan Lang
PRIMARY CONSUMER OF MENTAL HEALTH
SERVICES

Rick Buhl
PRIMARY CONSUMER OF SUBSTANCE ABUSE
SERVICES

Mary Ann Watson
PRIMARY CONSUMER OF COMMUNITY-BASED
TREATMENT FAMILY MEMBER

Antoinette Hayes-Triplett
AREA HOMELESS PROGRAM REPRESENTATIVE

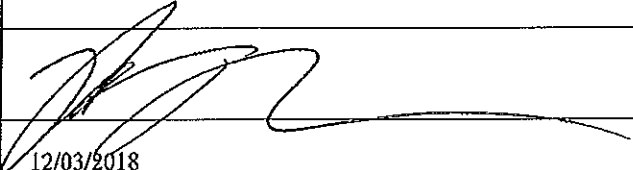
Marcus Wilson
DJJ - DIRECTOR OF DETENTION FACILITY

Judy Roysden
DJJ - CHIEF OF PROBATION OFFICER

APPENDIX L - NOTICE OF INTENT TO SUBMIT AN APPLICATION

Hillsborough County BOCC _____ (Applicant Name) wishes to inform the Florida Department of Children and Families of its intent to respond to the solicitation entitled "Criminal Justice Mental Health and Substance Abuse Reinvestment Grant," RFA112818HSET1.

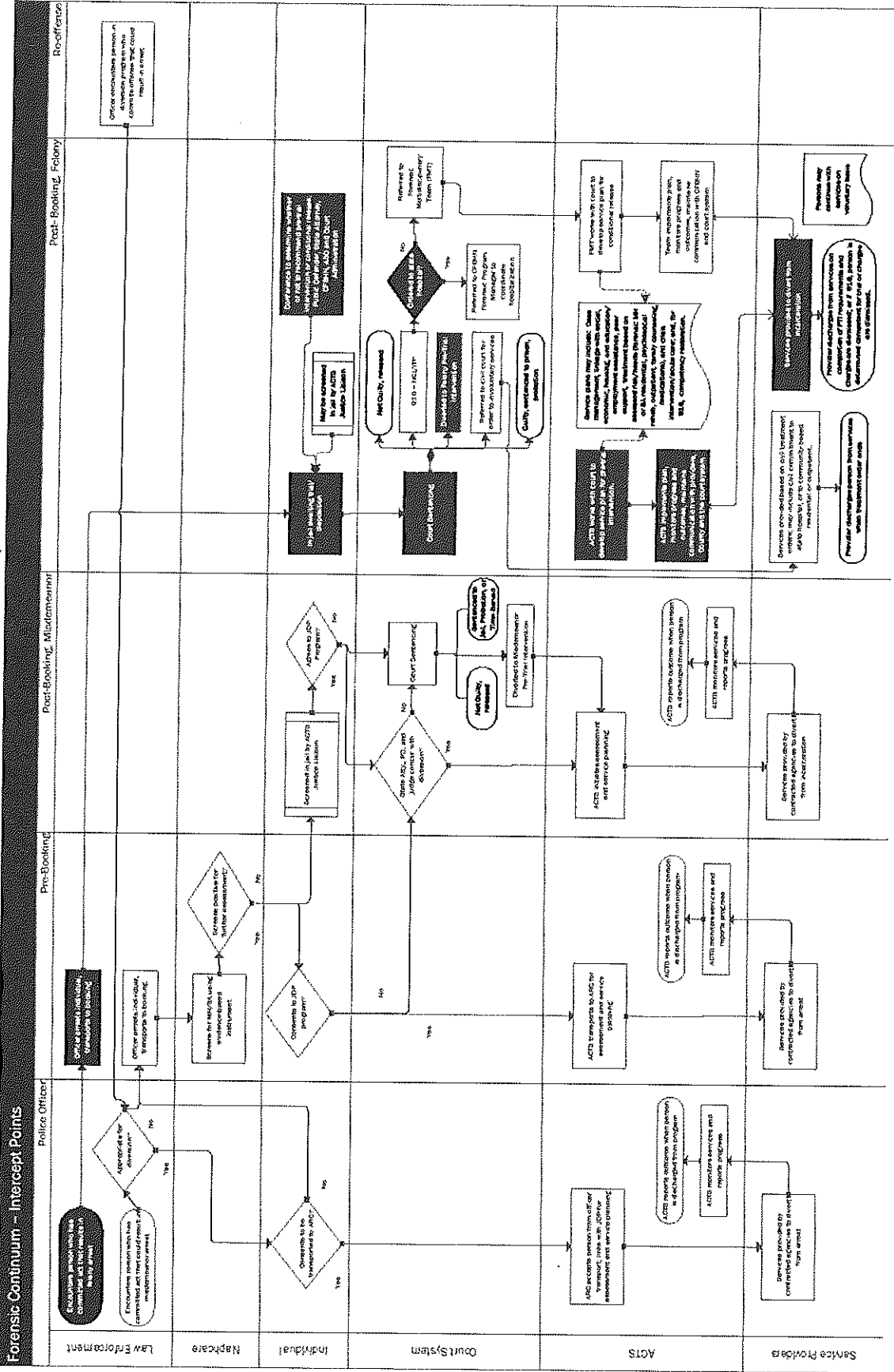
PLEASE PRINT OR TYPE REQUESTED INFORMATION

Name of Authorized Official:	Robert Parkinson
Title of Authorized Official:	Criminal Justice Liaison
Signature of Authorized Official:	
Date:	12/03/2018
Address:	601 E. Kennedy Blvd. 24th Floor
City, State, Zip:	Tampa, FL 33602
Telephone No:	813-276-2888
Website:	www.hillsboroughcounty.org
E-mail Address:	parkinsonr@hillsboroughcounty.org

Type of Grant Applying for: Planning
 Implementation and Expansion Grant

Attachment A

Existing Diversion System Flow Map and Description:



Attachment B

Diversion Intercept Points Narrative Grid

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

Attachment D

Therapeutic Court System Flow Map

