



2016 Annual Report on the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program

July 1, 2015 – June 30, 2016

Submitted by:

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Substance Abuse Technical Assistance Center

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Executive Summary

This report was prepared by the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center (CJMHSATAC), as required in Section 394.659, F.S. The CJMHSATAC provides technical assistance to entities who receive Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grants from the Florida Department of Children and Families' Substance Abuse and Mental Health Program Office (DCF-SAMH). The main report describes the activities and progress of the current nine county grantees: Alachua, Collier, Duval, Flagler, Hillsborough, Lake, Lee, Orange, and Seminole. This executive summary presents an overview of the progress made by the grantees in five broad areas.

Progress made by each grantee in meeting the goals described in their application

The county narrative summaries in the report and data presented in Appendix D contain a detailed description of each grantee's progress in meeting goals and performance measures. All of the counties report success in meeting the goals described in their individual applications, in total or in part. The DCF SAMH Program Office also reviews the goals and objectives as outlined in the Grant Agreements on a quarterly basis to ensure each county is abiding by its intended contractual goals.

Effect the grant-funded initiatives have had on meeting the needs of adults and juveniles who have a mental illness, substance abuse disorder, or co-occurring mental health and substance abuse disorder, thereby reducing the number of forensic commitments to state mental health treatment facilities.

All of the counties are implementing jail diversion and reentry programs where the majority of clients will not be committed to a state forensic treatment facility under Chapter 916, F.S. Alachua, Collier, Flagler, and Seminole counties are tracking adult forensic commitments. Alachua and Collier counties report that no program participants have been admitted to a state forensic mental health treatment facility. Flagler and Seminole counties report that two and four program participants, respectively, have been admitted to a state forensic mental health treatment facility. Hillsborough, Lake, and Lee counties report no forensic admission data at this time. Duval and Orange counties are implementing juvenile justice diversion programs with no applicable forensic admissions.

Effect of the grant program on the growth and expenditures of the jail, juvenile detention center, and prison.

All of the counties are into their final year of their three-year grant period and continue to collect data on this outcome. At this time, Alachua County has estimated a cost-savings between \$465,696 and \$693,000 based on the number of days that participants spent in jail. Specifically, participants spent a total of 8,822 days in jail in the one-year period prior to their admission, but only 3,278 days in the one-year period after their admission. At an estimated \$84 per day for a regular jail stay in Alachua County and an estimated \$125 per day for psychiatric inmates, the program appears to be a cost savings model. Collier County predicts an estimated cost-savings of \$6,091,200 over the three-year grant period. This cost savings is based on 90 days as the average length of stay in jail for Collier County's program participants and an estimated cost per day per inmate of \$94. Flagler, Hillsborough, Lake, Lee, and Seminole Counties anticipate a reduction in jail growth and expenditures due to the increase in services for program participants, but do not report cost savings expenditure data at this time. Duval and Orange Counties do not report on the growth and expenditures of juvenile detention centers.

Effect on the availability and accessibility of effective community-based mental health and substance abuse treatment services for adults and juveniles who have a mental illness, substance abuse disorder, or co-occurring mental health and substance abuse disorder, including the impact of expanded community diversion alternatives have had on reducing incarceration and commitments to state mental health treatment facilities.

All of the grantees have expanded community-based mental health and substance abuse services in their respective counties and are diverting individuals from local jails, crisis stabilization units, and state mental health treatment facilities, and prison. Details are presented in the county-specific narratives. Since the inception of the current grants (2014), county grantees have served a total of 5,712 participants in their CJMHS A Grant programs:

Grantee	Number Served
Alachua	261
Collier	225
Duval	527
Flagler	692
Hillsborough	2,278
Lake	99
Lee	1,456
Orange	95
Seminole	79
Total Served	5,712

It should be noted that the larger numbers of people diverted in Hillsborough and Lee counties are associated with central receiving (triage) programs rather than discrete case management type models in Alachua and Lake counties. There has been a significant increase in the number of law enforcement officers, correctional officers, and dispatchers trained in Crisis Intervention Teams (CIT). Since the start of the current grants, 2,231 individuals have been trained in CIT which is designed to divert adults and juveniles from jail and incarceration (see Appendix D).

How the local matching funds provided by the counties leveraged additional funding to further the goals of the grant program.

The CJMHSA Reinvestment Grant program required a 100 percent match by the county in order for the grant to be awarded. The matching funds primarily support provider services, such as screening, triage, case management, law enforcement participation in CIT training, building occupancy and other operational costs. Appendix E summarizes the local match commitment and expenditure analysis to date for each county.

For additional information, see Appendix C for historical background of the CJMHSA Reinvestment Grant and Appendix F for a statewide look at past, present, and future CJMHSA Reinvestment Grants.

The second half of the report provides detailed information on the technical assistance activities of the CJMHSA TAC. During FY2015-16, the CJMHSA TAC provided individualized, on-site technical assistance to each grantee. Needs and priorities were identified through a needs assessment survey. Moreover, technical assistance was provided to grantees during quarterly conference calls. Technical assistance topics included Motivational Interviewing, Sequential Intercept Mapping, the Risk-Need-Responsivity model, recovery-oriented care, and screening tools. In FY2015-16, CJMHSA TAC conducted four Sequential Intercept Mapping workshops (Lake, Lee, Duval, and Alachua). Refer to Appendix D for a statewide look at mappings conducted by CJMHSA TAC since 2007.

Introduction

The Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center (herein referred to as CJMHSA TAC), as required in Section 394.659, F.S., is pleased to present our 2016 Annual Report to the Governor, the President of the Senate, and the Speaker of the House of Representatives. The CJMHSA TAC is housed in the Florida Mental Health Institute (FMHI) at the University of South Florida (USF). FMHI is also part of USF's College of Behavioral and Community Sciences and encompasses the college's Department of Mental Health Law and Policy. Section 394.659, F.S., mandates the CJMHSA TAC to provide technical assistance to reinvestment grantees and the Department of Children and Families. Additionally, the CJMHSA TAC is required to submit an annual report. The report includes the following elements as specified by Florida Statute:

Annual Legislative Report

- Detailed description of the progress made by each grantee in meeting goals described in their application
- Description of the effect the grant's initiatives have had on meeting the needs of adults and juveniles who have mental illness, substance use disorder, or co-occurring disorder, thereby reducing the number of forensic commitments to state mental health treatment facilities
- Summary of the effect of the grant on the growth and expenditures of the jail, juvenile detention center and prison
- Summary of the initiative's effect on the availability and accessibility of effective community-based MH and SA services for adults and juvenile who have MI, SA, or COD. The summary shall describe how the expanded community diversion alternatives have reduced incarceration and commitments to state mental health treatment facilities
- Summary of how the local matching funds provided by the county or consortium of counties leveraged additional funding to further the goals of the grant program

In addition, the CJMHSA TAC contract with the Department of Children and Families requires the following details:

- Common Program features and models across grantee counties
- Results of satisfaction surveys completed by grantees receiving formal technical assistance site visits during prior fiscal year
- Recommendations and suggested strategies for furthering the development of the CJMHSA TAC and grant program
- Summary of all CJMHSA TAC provided during prior FY

This report is presented in two main sections. The first section presents a county-by-county profile of each grantee’s program and addresses the requirements listed above. The second section provides a summary of the CJMHSA TAC’s technical assistance efforts during the past fiscal year. The report includes the following appendices:

- Appendix A: Reporting Period by Grantee for Information Included in this Report
- Appendix B: Grantees—Historical Snapshot
- Appendix C: Reinvestment Grant Background
- Appendix D: Grantee Service Summary (through 6/30/2016)
- Appendix E: Grant Financial Report Summary (as reported through 6/30/2016)
- Appendix F: CJMHSA Reinvestment Grant Program – Past, Present, and Future (map and tables)

CJMHS A Reinvestment Grant Program: County-by-County

This section of the Annual Report provides grantee information for each individual county grantee: Alachua, Collier, Duval, Flagler, Hillsborough, Lake, Lee, Orange, and Seminole. The information presented in this section of the report is self-reported information which has been extracted from grantee applications, grantee contracts, grantee quarterly reports, and a Services Summary report provided by the Department of Children and Families Substance Abuse and Mental Health Program Office (DCF-SAMH). Information for each county grantee is organized and presented in the same manner and order. An overview of each grantee’s program is provided followed by information to address the contractual and legislative required elements.

Reporting Period for Grantees

The intent of this report is to provide an overview of grantees’ programs and progress toward meeting performance measures for the prior fiscal year (July 1, 2015 through June 30, 2016) (in this report, referred to as FY2015-16). Grantee reporting periods are unique to each grant agreement, based upon execution date and negotiated project periods. A table is provided in Appendix A to illustrate the timeframe covered for each grantee. When providing outcome information for grantees’ performance measures, the report specifies the time period for which the outcome was reported.

Seven counties have expanded and sustained services targeting adults with mental illness and/or substance use disorders involved with the criminal justice system. Alachua, Collier, Flagler, Hillsborough, Lake, Lee, and Seminole counties addressed jail diversion with Crisis Intervention Team (CIT) trained law enforcement officers, screening or triage for appropriate admissions into their case management programs, and linkage to outpatient treatment or supportive housing.

The remaining two counties serve juveniles with mental illness and/or substance use disorders involved in the juvenile and criminal justice system. Duval and Orange counties expanded their respective juvenile justice program models based upon experience with SAMHSA Comprehensive Community Mental Health Services for Children and their Families “System of Care” grants, targeting adolescents with serious emotional disorders (SED).

ALACHUA COUNTY

Alachua County's grant-funded program is called the Centrally Coordinated Criminal Justice Diversion Program (CC-CJDP). The information provided for Alachua County covers the period July 1, 2015-June 30, 2016 which covers three quarters in Year 2 and one quarter in Year 3 of the grant program.

Target Population

The target population includes young adults, ages 18-25, with high criminogenic risk factors who may be homeless and/or aged out of foster care and the juvenile justice system—all of which are frequently unable to access mental health and substance use disorder treatment.

Program Design/Model

The CJMHSA Planning Committee aimed to improve central coordination through specialized outreach and by incorporating high risk individuals prior to arrest into the CC-CJDP. The CC-CJDP incorporates all components of their prior Forensics Program. In order to increase access to treatment and prevention services, the program is coordinated with the Gainesville Community Intervention One Stop Center, known as the GRACE Marketplace (GCI), which acts as a centerpiece for services dedicated to homeless and at-risk target populations in Alachua County. At GCI, screening, assessment, and referrals are completed by Criminal Justice Mental Health and Substance Abuse Grant (CJMHSAG) staff. Co-location of these services aids in diverting individuals with substance use and/or mental health disorders from the criminal justice system prior to contact with the system.

Goals/Objectives

The overarching goals of CC-CJDP are to increase public safety and divert individuals with mental illness or substance abuse from jail or a forensic hospital. To accomplish this, the grantee proposed these objectives:

- Create a Centralized Coordination Project within eight months of the execution of the MOU.
- Assure that individuals and entities who will be working with the target population are adequately trained to identify/deliver recovery-oriented services.
- Increase access to substance abuse and mental health treatment or prevention services for program participants identified in the target population.
- Increase public safety by reducing the number of arrests for the target population.
- Increase central coordination through co-location of forensic programs at the GCI One-stop.

Evidence-based, Best, and Promising Practices Utilized

- SSSI/SSDI Outreach, Assistance and Recovery (SOAR)
- Motivational Interviewing (MI)
- Crisis Intervention Teams (CIT)
- Mental Health First Aid (MHFA)
- Cognitive Behavioral Therapy (CBT)
- Moral Reconciliation Therapy (MRT)
- Trauma-Focused Care/Trauma-Informed Therapy
- GAINS Reentry Checklist (screening tool)
- *Essentia*tm (assessment screening electronic health record)

Number Served

- CC-CJP: 641 individuals were screened in FY2015-16
- CC-CJP: 148 individuals were admitted in FY2015-16
- CIT: 83 law enforcement officers trained in FY2015-16
- MHFA: 118 individuals trained in FY2015-16

Overall Grant Cost

- Total amount awarded: \$1.2 million (three years)
- Total expenditures as of June 30, 2016: \$816,989

Performance Measures

The time period for the performance measure outcomes is not consistent across all measures; therefore, the time period is specified for each outcome presented below.

- Measure: A 60 percent reduction in the total number of arrests among program participants in the one-year period post-program admission compared to the one-year period prior to program admission.
 - Achieved: An estimated 79.6 percent (475 arrests occurred pre-admission and 97 arrests post-release) reduction in arrest percentage one-year pre-admission to one-year post-release (participants admitted between April 2014 and June 2015; the number of participants accounting for these arrests is not provided).
- Measure: Over 50 percent of program participants will report that they received increased access to comprehensive community-based behavioral health services in the one-year period post program admission compared to one-year prior to program admission.
 - Achieved: An estimated 81.3 percent (243 of 299) received increase access to services one-year pre-admission compared to one-year post-release (participants admitted between April 2014 and June 2015).
- Measure: 75 percent of participants not residing in stable housing at program admission will report living in stable housing one-year post-release.
 - Achieved: An estimated 79.9 percent (139 of 174) were living in stable housing one-year post-release (participants admitted between April 2014 and June 2015).
- Measure: 65 percent of program participants eligible for social security or other benefits have received SSI/SSDI through the SOAR process.
 - Achieved: An estimated 70.2 percent (66 of 94) of participants, who were eligible for benefits, were approved for benefits (April 2014- June 2016).
- Measure: 80 percent of the annual targeted number of CIT training and MHFA training participants shall complete the training. (The performance measure specifies *annual* target number. Although, in the county quarterly reports, the *program lifetime* number of CIT and MHFA trained individuals was reported. The percentages below were calculated using the DCF Services Summary to attain a Year 2 annual outcome number.)
 - Achieved: An estimated 156.7 percent of law enforcement officers completed the CIT training (annual target number: 60; officers trained: 94).
 - Achieved: An estimated 197.9 percent of community partners completed the MHFA training (annual target: 47; community partners trained: 93).

- Measure: 45 percent of eligible participants will be diverted from State Forensic Hospital admissions.
 - Achieved: 100 percent (217 of 217) of eligible participants were diverted from state forensic hospital admission (April 2014- March 2016).

Program Update

During program Year 2, Alachua County provided a variety of outreach activities to their community partners. The training session, “How Trauma-Informed Care Improves Criminal Justice Responses” was presented to (1) an audience at the Crisis Intervention Team Training International Conference, (2) security staff at the Florida State Hospital, and (3) court services staff.

Challenges faced by Alachua County include stable housing availability and employment for the target population. At GCI, there are 80 beds and the CJMHPA grant funds are used by the Forensic Team staff on a monthly basis to assist program participants with temporary housing, transportation, and medications. Employment opportunities available for program participants are updated weekly by interns and peer specialists.

The Effect of the CJMHPA Reinvestment Grant Program on Meetings Needs and Reducing Forensic Commitments

Alachua County reported the diversion of 100 percent of the total eligible participants (n=217) from state forensic hospital admissions between April 2014 and June 2016. Forensic Diversion Team services are offered in the community as well as the county jail. The intent of this outreach is to refer the client to less restrictive formal and informal services prior to arrest or re-arrest. GCI, the Alachua County Jail, the Public Defender’s Office, and when necessary, Meridian, provide on-site screening, assessment, and outreach services.

The Effect of the CJMHPA Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison

The effect of the CJMHPA Reinvestment Grant Program on the growth and expenditures of the jail, juvenile detention center, and prison is not specific for FY2015-16; however, the grantee addressed this issue for the time period April 2014 through March 2015. The effect of the grant program on the growth and expenditures of the jail are evident in the program efficacy chart (below). There was a decline in the length of stay in jail for participants. Based on the reduction of the number of days spent in jail and the per diem (\$84 per day for regular jail inmates, \$125 per day for psychiatric jail inmates), the program saved between \$465,696 and \$693,000 in averted jail costs for Alachua County.

Table 1. Program Efficacy: Alachua County Adult Jail Stays (April 2014-March 2015)

	1 Year Before Decision Date	1 Year After Decision Date
Charges	144	32
Incarceration	112	72
Jail Days	8,822	3,278

The Effect of the CJMHS A Reinvestment Grant Program on the Availability and Accessibility of Effective Community-based Services

GCI is an essential part of the CC-CJDP because the county’s services are co-located at this location and it is the critical access point for referrals. CC-CJDP staff are in charge of providing screening, assessment, and referrals for individuals who meet the criteria for services. Program participants who were admitted between April 2014 and June 2015 experienced an 81 percent increase in access to comprehensive community-based behavioral health services. In addition to the program participants, CC-CJDP continues to provide ongoing outreach and intervention services to prospective clients, pre and post-incident.

How the Expanded Community Diversion Alternatives Have Reduced Incarceration and Commitments to State Mental Health Treatment Facilities

The training of law enforcement officers and 911 emergency staff at the Alachua County Sheriff’s Office (ACSO) on Crisis Intervention Training (CIT) and Mental Health First Aid (MHFA) has contributed to lower arrest rates over the program lifetime. Since the program’s inception, there has been an 80% decrease in the number of arrests for program participants.

How the Local Matching Funds Leveraged Additional Funding to Further the Goals of the Reinvestment Grant Program

Alachua County Board of County Commissioners agreed to a three-year total cash commitment of \$1,110,000. This match helped to focus on front-end services and expand facilities for individuals with mental illness, substance abuse, and co-occurring disorders. This population will now be served before they enter the criminal justice system, therefore setting aside more funds to focus on the remaining jail populations. These funds were unavailable prior to the implementation of front end services because individuals with substance abuse and mental health disorders were flowing into the criminal justice system rather than being diverted and referred to the appropriate services and programs. As of June 30, 2016, Alachua County has expended/leveraged \$743,168 or approximately 59.1 percent of the three-year match commitment.

COLLIER COUNTY

Collier County's program is the Centralized Assessment Center (CAC) operated by the David Lawrence Center (DLC) and the Collier County Forensic Intensive Reintegration Support Team (FIRST). The information for Collier County provided in this section represents progress and activities during FY2015-16 (four quarters between July 1, 2015 and June 30, 2016) which constitutes Year 2 of the county's grant program.

Target Population

The target population is adults with substance abuse, mental health, or co-occurring disorders.

Program Design/Model

The Centralized Assessment Center (CAC) located at the DLC is a criminal justice diversion program facilitated by the Collier County FIRST project. The CAC expedites the process in which an individual with a substance abuse or mental health disorder receives treatment by providing linkages for CIT officers and FIRST. The CAC is a community-based alternative to arrest, incarceration, and forensic hospitalization. The DLC is the only designated Baker Act receiving facility, crisis stabilization unit, and detox unit in Collier County (all at one site).

Goals/Objectives

- Create a centralized coordination project within eight months of the execution of the MOU.
- Assure that individuals and entities who will be working with the target population are adequately trained in identifying or delivering recovery-oriented services.
- Increase access to mental health or substance abuse treatment for program participants identified as the target population.
- Increase public safety by reducing the number of arrests for the target population.
- Provide individualized services to engage and motivate individuals in the target population to improve their lives and avoid incarceration.

Evidence-based, Best, and Promising Practices Utilized

- SOAR (SSI/SSD Outreach Advocacy and Recovery)
- Crisis Intervention Teams (CIT)
- Mental Health Court
- Drug Court
- Forensic Intensive Reintegration Support Team (FIRST)
- Florida Assertive Community Treatment team (FACT)
- Assess, Plan, Identify, and Coordinate model (APIC)
- Daily Living Activities (DLA-20) (screening/assessment tool)

Number Served

- CIT: 67 law enforcement officers trained in Year 2 of the grant
- CAC: 3,819 individuals were screened/assessed in Year 2 of the grant (target: 1,200)
- FIRST: 105 individuals were admitted into the program in Year 2 of the grant (target: 90)

Overall Grant Cost

- Total award amount: \$853,316 (three years)
- Total expenditures through 6/30/16: \$389,410

Performance Measures

The performance measure outcomes presented below were reported by the grantee (in quarterly reports) and are based on program lifetime (June 2014 through June 2016) rather than fiscal year or grant year.

- Measure: 50 percent reduction in re-arrests among program participants in the one-year post release period compared with one-year prior to admission.
 - Achieved: An estimated 62.1 percent reduction in the re-arrest rate of participants (240 arrests prior to admission and 91 arrests one-year post-admission).
- Measure: 100 percent of program participants will receive increased access to services in comprehensive recovery-based mental health and/or substance abuse treatment services that are community based.
 - Achieved: 100 percent (225 of 225) of program participants received increased access to services.
- Measure: 80 percent change from admission to reentry into the community of program participants who reside in a stable housing environment.
 - Achieved: An estimated 97.1 percent (33 of 34) of program participants resided in stable housing at reentry.
- Measure: 80 percent increase in the number of program participants linked to social security benefits through SOAR-trained CPRS or other FIRST team members.
 - Achieved: 100 percent (31 of 31) of program participants were linked to social security benefits.

Program Update

Members of the FIRST team (DLC and Armor Correctional Health Services) met weekly to discuss candidates that may be eligible for the program and to discuss the progress of current participants. Meetings such as these, as well as meetings for all case managers at DLC and staff at St. Matthew's House (homeless shelter) proved to be helpful in improving services and communication among agencies resulting in better collaboration.

A constant barrier to Collier County's grant program is finding housing for the target population. For the most part, landlords are unwilling to accept individuals with a criminal background; however, there are exceptions but there is a limited number of available units that will accept an individual with a criminal background. The HUD housing managed by DLC has a withstanding wait list. Also, barriers to employment and financial challenges are problems for the grant program's target population.

The Effect of the CJMHPA Reinvestment Grant Program on Meetings Needs and Reducing Forensic Commitments

Since the inception of the grant, no FIRST program participants have been committed to a forensic state mental health treatment facility.

The Effect of the CJMHPA Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison

CAC indicated that since the inception of the grant, there has been an increase in the number of individuals able to be screened for substance abuse and mental health issues in the county. While not all of the individuals screened meet the criteria for the program, individuals not meeting the criteria

receive discharge planning and are referred to other resources in the community. The addition of Reintegration Specialists facilitated the increase in accessibility of services to these consumers.

According to Collier County's grant application, the average daily jail cost of an inmate is \$94. When taking into account an average-jail-stay of 90 days, the CAC-based diversions have the potential to provide a cost-savings of \$6,091,200 over three years.

The Effect of the CJMHSA Reinvestment Grant Program on the Availability and Accessibility of Effective Community-based Services

According to Collier County's quarterly reports, availability and accessibility of services has increased and there have been decreases in admissions to the jail.

How the Expanded Community Diversion Alternatives Have Reduced Incarceration and Commitments to State Mental Health Treatment Facilities

Based on the absence of admissions to state forensic hospitals by FIRST program participants, the community diversion alternatives at the CAC have reduced involuntary commitments and incarceration. For instance, for those clients who have a more serious mental illness, they will be referred to the Mental Health Court in addition to the FIRST program.

How the Local Matching Funds Leveraged Additional Funding to Further the Goals of the Reinvestment Grant Program

As of June 30, 2016, Collier County has expended/leveraged \$541,836 or approximately 63 percent of the three-year match commitment.

DUVAL COUNTY

Duval County's grant-funded program is referred to as the Centralized Coordination Project (CCP). The information presented below describing Duval County's CCP covers the period May 1, 2015 through April 30, 2016 which constitutes Year 2 of their grant (does not align with FY2015-16). Their quarterly reports do not fall on traditional quarters or fiscal year start-end dates. While this reporting period does not track the prior fiscal year exactly, it will allow for next year's annual report to cover four quarters of their progress rather than three. Next year's annual report will cover Duval County's grant activities starting May 1, 2016 through the end of their grant April 30, 2017. Information presented for Duval County's grant program was derived from the application, quarterly reports, and the DCF Services Summary.

Target Population

Duval County's Reinvestment Grant serves youth who are referred by the Department of Juvenile Justice (DJJ) and who are:

- first-time offenders;
- have a mental illness and/or substance abuse problem as indicated by the Positive Achievement Change Tool assessment (PACT);
- at risk for further involvement in the juvenile justice system (in the absence of effective interventions);
- eligible for consideration of a diversion program; and
- a low public safety risk.

Program Design/Model

Centralized Coordination Project (CCP) was implemented and operational as of November 1, 2014. The program design is focused on evidence-based assessments, referrals for services, follow-up to ensure services are received, and training to professionals who come in contact with youth who may have a mental health or substance use issue so that factors may be mitigated and managed to reduce the likelihood of premature exposure of youth to the juvenile justice system. The initial 21 days between a youth's contact with law enforcement and before the initial meeting with the State Attorney's Office was identified as an extremely critical intercept for intervention.

Youth brought to the Juvenile Assessment Center (JAC) or the detention facility are screened by juvenile probation officers using the PACT assessment and youth with a "hit" for mental health, substance abuse, trauma, or suicide will be referred to the JAC (located at the detention facility). Gateway, housed at the JAC, provides assessments and referrals for services based on assessment results. Gateway utilizes the Global Appraisal of Individual Needs assessment tool (GAIN-I) assessment tool for detailed treatment planning and referrals. The GAIN-I is a comprehensive bio-psychosocial assessment designed to support clinical diagnosis, placement, treatment planning, performance monitoring, program and economic analysis.

Three additional assessment counselors/care coordinators were hired at the JAC to implement the strategies of CCP. During the initial 21 days after law enforcement contact, the assessment counselor serves as the care coordinator to connect the youth with case managers funded through the System of Care program or Motivational Enhancement Therapy/Cognitive Behavioral Therapy (MET/CBT-5) for youth needing substance abuse services. CCP youth are eligible to be referred to and access the High

Intensity Wrap Around program for mental health services which is part of the county's System of Care program.

Goals/Objectives

- Create a Centralized Coordination Project within eight months.
- Train individuals working with the target population in identifying and delivering recovery-oriented services.
- Increase access to mental health, substance abuse treatment, or prevention services for program participants identified as the target population.
- Increase public safety by reducing the number of arrests for the target population.
- Increase the number of youth admitted into the diversion program.

Evidence-based, Best, and Promising Practices Utilized

- Motivational Enhancement Therapy/Cognitive Behavioral Therapy (5 sessions) (MET/CBT-5)
- Motivational Interviewing (MI)
- Global Appraisal of Individual Needs (GAIN-I) (assessment tool used by Gateway when the juvenile is in the JAC)
- SSI/SSDI Outreach, Access, and Recovery (SOAR)
- Crisis Intervention Team (CIT) training
- High Intensity Wrap Around (part of System of Care)
- Positive Achievement Change Tool (PACT) (assessment)

Number Served

- CCP: 371 youth screened between May 2015-April 2016 (Year 2 of grant)
- CCP: 268 youth referred for substance abuse and/or mental health treatment services in Year 2
- CIT: 225 law enforcement officers and correctional/probation officers trained in Year 2

Overall Award Amount

- Total amount awarded: \$1,200,000 (three years)
- Total expenditures through June 30, 2016: \$481,482

Performance Measures

Progress toward meeting the grantees' performance measures for grant is presented below. The outcomes for the performance measures are presented for Year 2 of the grant.

- Measure: 60 percent reduction of re-arrests among program participants.
 - Achieved: Recidivism rates for program participants one-year post-admission to the program is 31.8 percent (50/157) which is an estimated 68 percent reduction in re-arrest for these participants (data is year-to-date, at one-year post admission).
- Measure: 50% increase of program participants linked to social security or other benefits for which they are eligible.
 - Achieved: Between May 2015 and April 2016, 119 participants were not receiving benefits, of those, 20 were eligible for benefits and subsequently enrolled (100%) to receive benefits within the first six months of the program.

- Measure: 140 law enforcement officers will be CIT trained each year.
 - Achieved: 225 law enforcement and correctional/probation officers completed CIT training.
- Measure: 900 youth assessed using an evidence-based assessment during the project (target is program lifetime/three-year target). Also stated as a measure is 80 percent of the annual target of 280 CIT participants will be trained each year.
 - Achieved: 367 youth were screened in FY2015-16 (on track to exceed three-year target of 900). 367 screened in FY2015-16 equates to an estimated 131 percent achievement rate.
- Measure: 90 percent of youth assessed as needing treatment are referred for treatment.
 - Achieved: Between May 2015 and April 2016, 23 of the 367 youth assessed were already receiving services, 66 were assessed as not needing treatment services which leaves 278 youth not currently receiving services but assessed as needing services. The program referred 285 youth for treatment services which equates to more than 100% outcome (see table below). However, the DCF Services Summary indicates this performance measure as *not achieved* (89% for a slightly different period of time—of the 90% target).

Between May 2015 and April 2016:	Number of Youth
Number of youth assessed	367
Of youth assessed, the number of youth already receiving services	23
Of youth assessed, the number assessed as not needing services	66
Number assessed as needing services and not already receiving services	278
Number referred for services	285
Percentage of youth assessed as needing treatment who were referred for treatment	102.5%

- Measure: 60% of youth referred for treatment will make at least one appointment with the treatment provider.
 - Not achieved: Between May 2015 and April 2016, 138 youth made it to their first appointment (of the 285 youth referred for treatment) which is approximately 48.4% (DCF Services Summary indicates this performance measure as *not achieved* as well).
- Measure: 60% of youth referred for treatment and making at least one appointment will complete treatment.
 - Achieved: The completion rate was reported as 73 percent (Nov 2016-Jan 2016) and 40 percent (February-April 2016) for an average of 57 percent. However, the DCF Services Summary indicates this measure to be achieved at an estimated 67 percent. The successful completion rate was not noted in the May-July 2015 report or the August-October 2015 quarterly report (it was too soon to determine completion rate).

Program Update

Strategies to overcome barriers to screening and treatment were identified and are being addressed through collaborations with DJJ. Strategies include environmental changes, JAC process alterations, and efforts to increase family involvement. The location in which the GAIN-I is administered transitioned from being administered in the JAC, youth's home, schools, libraries, etc., to designated space in the State Attorney's Office. The State Attorney's Office agreed to include treatment recommendations in the diversion paperwork that the juvenile must complete and, if the GAIN-I assessment indicates treatment, treatment is included as part of the diversion sanctions.

The Effect of the CJMHSA Reinvestment Grant Program on Meetings Needs and Reducing Forensic Commitments

The target population of Duval County's CJMHSA grant-funded program is juveniles; therefore, there were no adult forensic commitments.

The Effect of the CJMHSA Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison

Information to address this issue was not specified. Year 2, Quarter 4 report indicates it will be reported in Year 3, Quarter 1 report but that report indicates it will be reported in the next quarterly report. It is anticipated that it will be included in the final report to DCF.

The Effect of the CJMHSA Reinvestment Grant Program on the Availability and Accessibility of Effective Community-based Services

Information to address this issue was not specified. Year 2, Quarter 4 report indicated that this measure is not applicable at this time. However, the grantee indicated that they are increasing access to mental health and substance abuse treatment by increasing the number of partnering mental health and substance abuse treatment organizations—Gateway Community Services, Daniel Kids, BAYS, and Florida and River Region Human Services.

How the Expanded Community Diversion Alternatives Have Reduced Incarceration and Commitments to State Mental Health Treatment Facilities

The target population of Duval County's CJMHSA grant-funded program is juveniles and forensic commitments would involve adults. Incarcerations into adult prison and forensic commitments would not be expected with a juvenile population.

How the Local Matching Funds Leveraged Additional Funding to Further the Goals of the Reinvestment Grant Program

As of June 30, 2016, Duval County has expended/leveraged \$649,994 or approximately 54 percent of their three-year match commitment.

FLAGLER COUNTY

Flagler County's grant-funded program is called the Crisis Triage and Treatment Unit (CTTU). The information for the CTTU provided below reflects FY2015-16 which covers three quarters in Year 2 and one quarter in Year 3 of their grant.

Target Population

The target population includes adults in mental health crisis who reside in Flagler County.

Program Design/Model

Flagler County, in conjunction with Stuart-Marchman-Act Behavioral Healthcare (SMA), created a Crisis Triage and Treatment Unit (CTTU). The CTTU provides screening, transportation, and continuous care to individuals in Flagler County who are committed to treatment under the Baker Act by Flagler County law enforcement. CTTU provides crisis screening and acts as a transportation hub from noon to midnight where law enforcement officers can transport individuals in mental health crisis under protective custody. SMA staff are present 16 hours a day to assess, determine appropriate clinical disposition, and refer individuals to services. Staff also provide transportation to appropriate receiving facilities when necessary in Volusia, Orange, and Duval Counties. Also, CTTU provides training in Crisis Intervention Team (CIT) and Mental Health First Aid (MHFA).

Goals/Objectives

1. Create a centralized Coordination Project within eight months of the execution of the MOU.
 - A CTTU is operational serving Flagler County no later than May 1, 2014
 - Individuals requiring admission to a Baker Act receiving facility in Volusia County will be transported to the receiving facility by CTTU staff.
 - Upon discharge from a Baker Act receiving facility individuals will be transported and linked with continuing mental health services in Flagler County
 - Individuals will be monitored by CTTU staff for a period of one year.
2. Assure that individuals and entities who will be working with the target population are adequately trained in identifying or delivering recovery-oriented services.
3. Increase access to mental health, substance abuse treatment, or prevention services for program participants identified as the target population.
4. Increase public safety by reducing the number of arrests for the target population of individuals in mental health crisis.
5. The CTTU will divert 75 individuals experiencing a mental health crisis from arrest or placement in a crisis stabilization unit during Year 1; 100 individuals during Year 2; and 120 individuals during Year 3.

Evidence-based, Best, and Promising Practices Utilized

- SSI/SSDI Outreach, Access, and Recovery (SOAR)
- Crisis Intervention Training (CIT)
- Mental Health First Aid (MHFA)

Number Served

- CTTU: 296 individuals served in Year 2
- CIT: 103 officers trained in FY2015-16

- MHFA: 111 individuals trained in FY2015-16

Overall Grant Cost

- Total award: \$1.2 million (three years)
- Total expenditures through 06/30/16: \$805,188

Performance Measures

Time periods for the outcome data are not consistent across performance measures. Therefore, the time period is noted for each outcome. Outcomes noted as FY2015-16 were calculated based on numbers reported in four quarterly reports.

- Measure: 85 percent of participants referred to the CTTU under a Baker Act will not be re-referred under Baker Act in the succeeding 12-month period.
 - Achieved: An estimated 91.4 percent of clients referred to the CTTU under a Baker Act were not re-referred under Baker Act (448 of 490) (April 2014 through June 2016).
- Measure: 75 percent reduction in the total number of arrests among program participants in the one-year period post program admission compared to the one-year period prior to program admission (this measure is the number of arrests, not the number of participants who were arrested).
 - Achieved: An estimated 75.2 percent reduction in total number of arrests (299 arrests pre-admission and 74 arrests post-admission) (April 2014-June 2016).
- Measure: 90 percent of program participants will receive increased access to comprehensive community-based behavioral health services in the one-year period post program admission compared to the one year prior to program admission.
 - Achieved: An estimated 95.5 percent of participants reported receiving increased access to comprehensive community based behavioral health services (301 of 315) for FY2015-16.
- Measure: 80 percent of program participants who were not residing in stable housing at the time of admission will report living in stable housing one-year post program admission.
 - Not Achieved: An estimated 61.2 percent of program participants reported living in stable housing one-year post program admission (41 of 67) (FY2015-16). The DCF Services Summary reports this outcome as *achieved* at 86%.
- Measure: 100 percent of program participants who were eligible for social security or other benefits but not receiving them at the time of program admission will report that they have been linked to benefits within six months of admission.
 - Achieved: 100 percent of program participants who were eligible for benefits were linked to benefits within six months of program admission (65 of 65) (reporting period not specified).
- Measure: 100 percent of the annual targeted number of CIT and MHFA training participants will complete training in the fiscal year (target is 100 for CIT and 100 for MHFA for Year 2, targets for FY were not specified).
 - Achieved: 100 percent of law enforcement officers completed the CIT training (103 of 103) in FY2015-16.
 - Achieved: 100 percent of community partners completed MHFA training (111 of 111) in FY2015-16.

Program Update

Challenges faced by Flagler County include a lack of community resources related to housing, medical care, and residential substance abuse facilities. However, CTTU staff continue to work earnestly to link clients to social service agencies for assistance with medical costs and to collaborate with other agencies in order to secure assistance with transportation to and from treatment services.

The Effect of the CJMHSA Reinvestment Grant Program on Meetings Needs and Reducing Forensic Commitments

To date, the program has recorded only four forensic commitments to the State Mental Health Treatment Facility. In FY2015-16, the CTTU program diverted 87 clients from Baker Act processing and 60 clients from Marchman Act processing. Specifically, the CTTU diverted 296 individuals who were experiencing a mental health crisis from arrest or placement in a crisis stabilization unit during the second year of operation.

The Effect of the CJMHSA Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison

In Flagler County, case managers funded through the grant have acted as mediators and advocates for their clients experiencing substance use or mental health issues. Meetings between case managers, public defenders, prosecutors, and the director of the Flagler County Inmate Facility are held in an attempt to expedite the judicial process for these clients. Furthermore, case managers are able to provide transportation for these individuals, allowing law enforcement officers to remain in their jurisdictions and respective communities.

The Effect of the CJMHSA Reinvestment Grant Program on the Availability and Accessibility of Effective Community-based Services

The availability and accessibility of effective community-based services has resulted in the diversion of two clients from forensic commitment and incarceration in CTTU grant Year 2. Notably, transportation played a key role in the accessibility of effective community-based services. In FY2015-16, the CTTU staff provided 342 clients transportation to inpatient treatment and 137 transports for case management services.

How the Expanded Community Diversion Alternatives Have Reduced Incarceration and Commitments to State Mental Health Treatment Facilities

Information to address this issue was not specified in the Flagler County quarterly reports, although it is expected to be reported in the final report as a DCF deliverable.

How the Local Matching Funds Leveraged Additional Funding to Further the Goals of the Reinvestment Grant Program

As of June 30, 2016, Flagler County has expended/leveraged \$715,981 or approximately 60 percent of the three-year match commitment.

HILLSBOROUGH COUNTY

Hillsborough County's Reinvestment Grant program is referred to as the Mental Health Jail Diversion-Pre-Arrest Intercept Program (JDP-PIP). The information reported in this section for Hillsborough County covers the period FY2015-16 (7/1/2015 through 6/30/2016) which constitutes three quarters of Year 2 and one quarter of Year 3 of their grant.

Target Population

The target population for JDP-PIP includes individuals at least 18 years of age who have a serious or severe and persistent mental illness or co-occurring mental health and substance abuse disorder and, in the absence of intensive intervention for treatment and support services, are determined to be at high risk of further involvement with the criminal justice system.

Program Design/Model

JDP-PIP offers a single point of entry into the behavioral health system for screenings/assessments and linkages/referrals to appropriate placements for adult individuals experiencing a crisis. The program provides immediate assessment and evaluation, medication education and treatment, crisis counseling, case management linkage, and other wrap around services. Crisis Intervention Team (CIT) training is a component of the county's grant program. The Agency for Community Treatment Services (ACTS), a non-profit substance abuse and mental health provider, facilitates collaboration between community providers for treatment services. Temporary housing is offered through ACTS' Amethyst Respite Center (ARC) and county-funded emergency "bridge housing" through the Drug Abuse Comprehensive Coordinating Office (DACCO) (10 beds for program participants).

Goals/Objectives

The overarching goal of the JDP-PIP is to provide for the management of a system of recovery-oriented reception, screening, assessment, intervention, triage, referral, and case management services for individuals who:

- exhibit mental health or co-occurring mental health and substance use disorders, and
- are believed to have violated local ordinances or committed misdemeanor offenses, and
- are deemed eligible by reason of behavioral disorders for diversion from incarceration and prosecution.

JDP-PIP is also aimed at increasing public safety, averting increased spending relative to this population and the criminal justice system, and improving the accessibility and effectiveness of treatment services for adults who have a mental illness, substance use disorder, or co-occurring disorders, and who are in or at risk of entering the criminal justice system.

Evidence-based, Best, and Promising Practices Utilized

- Critical Time Intervention (CTI) and Motivational Interviewing (MI) (utilized by case managers to drive delivery of services [linkage, advocacy, and coordination of care])
- SSI/SSDI Outreach, Access, and Recovery (SOAR)
- Crisis Intervention (CIT) Training
- Level of Care Utilization System (LOCUS) for Psychiatric and Addiction Services (psycho-social assessment) (utilized by ACTS)

- Stages of Change Model (assessment to match needs with service/service provider) (utilized by ACTS)

Number Served

- JDP-PIP: 1,105 individuals were screened and assessed in FY2015-16; in Year 2 of the grant (which does not coincide with the fiscal year), JDP-PIP served 1,191 individuals which substantially exceeded the Year 2 target of 750.
- JDP-PIP: 305 individuals were enrolled in FY2015-16.
- CIT: 254 officers were trained in FY2015-16; in Year 2 of the grant (which does not coincide with the fiscal year), 292 officers received CIT training which substantially exceeded the Year 2 target of 200.

Overall Grant Cost

- Total amount awarded: \$1,184,902 (three years)
- Total expenditures as of June 30, 2016: \$652,948

Performance Measures

Outcome data for the performance measures reported below were extracted and aggregated from four quarterly reports and the DCF Services Summary. Some of the measures include outcomes for FY2015-16 or Year 2 of the grant (or both).

- Measure: Serve 750 individuals in Year 2.
 - Achieved: 1,191 individuals were served (screened/assessed) (158.8% of target) in FY2015-16.
- Measure: Train 200 law enforcement officers in CIT during Year 2.
 - Achieved: 292 officers were trained by the Sheriff's Office Training Department (146% of target) in Year 2.
 - Achieved: 254 law enforcement officers received CIT training in FY2015-16.
- Measure: Attain 35 percent reduction in rearrests.
 - Achieved: An estimated 36 percent reduction in rearrests (36.29%) 12-months post-initial enrollment is demonstrated in data provided by the independent evaluator of the grant program.
 - The DCF Service Summary indicates a 24 percent reduction in rearrests as of June 30, 2016.
- Measure: 75 percent of participants will receive increased access to recovery-based mental health services or community-based substance abuse treatment services.
 - Not Achieved: In FY2015-16, approximately 66.5 percent (203 of 305) participants received increased access to services.
 - Regarding the access to services outcome, ACTS (treatment provider) revised the calculation of this measurement effective September 2016 to more accurately reflect client access to behavioral health services. Every enrollee (100%) in the jail diversion program has immediate access to behavioral health services; is screened for mental health, substance abuse, and medical needs; and is connected with a case manager.

- Measure: 50 percent of participants who did not reside in stable housing at the time of admission will reside in stable housing upon reentry.
 - Not Achieved: In FY2015-16, an estimated 47.9 percent (81 of 169) participants resided in stable housing upon reentry.
 - Regarding the stable housing outcome, the measurement includes clients that abscond immediately following enrollment and clients that decline placement in transitional housing. Moreover, ACTS began reporting on housing status at discharge rather than at the time of admission in April 2016. When clients do not have stable housing at the time of admission, case managers work diligently to link the individual with stable housing; however, this cannot always be accomplished the same day of admission.
- Measure: 80 percent of participants will be offered an SSI/SSDI Outreach, Access, and Recovery (SOAR) preliminary assessment to determine eligibility for benefits.
 - Achieved: An estimated 80 percent of adult participants were offered a preliminary assessment to determine eligibility (FY2015-16).
- Measure: 75 percent of participants who were eligible for SSI/SSDI benefits will be linked to benefits upon reentry.
 - Achieved: In FY2015-16, an estimated 75.9 percent (79 of 104) participants were linked to SSI/SSDI benefits.

Program Update

- Key community stakeholders met on a monthly basis to problem-solve and monitor the project. Their primary areas of focus were increasing enrollments by 50 percent by allowing law enforcement officers to execute community diversions and ensuring that persons with more acute behavioral health diagnoses are linked to appropriate services.
- As of November 1, 2015, the criteria for diverting people on a post-booking basis was expanded—individuals do not need to meet the requirements in the MOU related to prior and current charges in order to be diverted. Individuals may be diverted upon agreement between staff of the Office of Public Defender, the State Attorney Office and the First Appearance Court Judge. This expands the pool of individuals who are eligible for diversion which provides an opportunity for these individuals to receive needed services.
- The Public Defender’s Office provides significant assistance with the program via their secondary screenings, Baker Act diversions, and enrollments. They continue to identify individuals who were booked and yet may have been eligible.
- The Agency for Community Treatment Services (ACTS) continues to collaborate and communicate with community providers on such topics as the ACTS Jail Diversion Program/Amethyst Respite Center (ARC)(temporary housing/shelter); revising monthly outcomes and census reporting requirements; and executed UNITY system updates (for data). Each of the lead agency case managers at ACTS completed training to use the evidence-based Social Security Outreach Access & Recovery (SOAR) method to assist individuals with accessing benefits.
- A Behavioral Health Court Liaison was identified as a critical need in the county’s Sequential Intercept Model mapping workshop (January 2015) and, therefore, the county moved forward with a recommendation for this position to be included in the budget and it was approved by the BOCC. A Senior Court Program Specialist functions in that capacity. The county designated

an office adjacent to the booking area where eligible participants can be linked to services. Hillsborough County continues to convene Jail Diversion Stakeholders meetings on a monthly basis.

- Hillsborough County's Sheriff's officers continue to receive 40-hour Memphis CIT Model course training which is followed by an abbreviated refresher course.
- Obtaining affordable housing continues to be a challenge with some program participants. The county continues to fund emergency "bridge housing" through the Drug Abuse Comprehensive Coordinating Office (10 beds for program participants).
- Also challenging for the county is accessing available deep-end mental health services.

The Effect of the CJMHSA Reinvestment Grant Program on Meetings Needs and Reducing Forensic Commitments

JDP-PIP screened and assessed approximately 1,105 individuals for enrollment in the JDP-PIP program during FY2015-16. Of those 1,105 individuals, 305 were enrolled into the program and diverted from incarceration and deeper involvement in the criminal justice/forensic system.

The Effect of the CJMHSA Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison

Hillsborough County's *application* indicates that for every one percent (1%) decrease in recidivism, the county will save \$250,000. No additional information regarding growth and expenditures is provided in the quarterly reports; however, it is expected to be included in the final report to DCF.

The Effect of the CJMHSA Reinvestment Grant Program on the Availability and Accessibility of Effective Community-based Services

The program's screening process better identifies an individual's needs which results in efficient use of the grant funds. The Agency for Community Treatment Services (ACTS) continues to collaborate and communicate with community providers on such topics as the ACTS Jail Diversion Program/Amethyst Respite Center (ARC) presented at the CIT training in April; revising monthly outcomes and census reporting requirements; and executed UNITY system updates (for data). Each of the lead agency case managers at ACTS completed the training to use the evidence-based Social Security Outreach Access & Recovery (SOAR) method to assist individuals with accessing benefits.

How the Expanded Community Diversion Alternatives Have Reduced Incarceration and Commitments to State Mental Health Treatment Facilities

The county reports that 75 percent of the individuals served by the program received increased access to comprehensive community-based behavioral health services one-year post-program admission. By receiving increased access to needed services, individuals are diverted from incarceration and further involvement in the criminal justice/forensic system.

How the Local Matching Funds Leveraged Additional Funding to Further the Goals of the Reinvestment Grant Program

In Fall 2015, Hillsborough County received a federal SAMHSA grant award for a Veterans Treatment Court and earlier in the year (January 2016), the county received SAMHSA funding for a Marchman Court. The county will be implementing a Mental Health Court in early 2017. Moreover, the county continues to plan for sustainability beyond the duration of this Reinvestment grant through:

- Designing and utilizing empirically sound assessment and screening processes.
- Demonstrating the value of diversion for the target population rather than incarceration
- Developing a menu of existing core services covered by local, state, and federal funding streams such as the Hillsborough County Health Care Plan, DCF, and Medicaid.

As of June 30, 2016, Hillsborough County has expended/leveraged \$1,213,384 or approximately 101 percent of the three-year match commitment for their CJMHSAs Reinvestment grant. Hillsborough County has exceeded their match obligation.

LAKE COUNTY

Lake County's reinvestment grant program is the Centralized Coordination Project and Forensic Community Services Team (CCP-FCST). The information for Lake County provided below reflects the period July 1, 2015 through June 30, 2016 which includes three quarters of Year 2 and one quarter of Year 3.

Target Population

As stated in Lake County's grant application the target population includes:

- Adults with behavioral health and criminal justice involvement who have high service needs.

Lake County's quarterly reports state the target population to be:

- Justice-involved individuals with a serious mental illness or co-occurring disorder who are at a moderate to high risk of recidivating, or
- Adults with mental illness or co-occurring disorders, involved in the criminal justice system at the misdemeanor and non-violent felony level who reside in Lake County.

Program Design/Model

Lake County, in conjunction with Lifestream Behavioral Healthcare, merged the Forensic Community Services Team (FCST) into the grant's Centralized Coordination Project (CCP). The FCST serves justice-involved individuals with acute mental illness or co-occurring substance use disorders referred by law enforcement officers, correctional officers, and the courts. The program allows participants to be referred at pre-booking, post-booking (before or immediately following first appearance), or at reentry (from state forensic hospital beds through conditional release). The CCP-FCST acts as the central point of contact. The CCP-FCST offers an alternative to law enforcement for resources to individuals diverted prior to arrest. Services include crisis counseling; linkage to housing, food programs, and natural supports; and access to medication for individuals diverted from the justice system. When appropriate, these individuals are screened for enrollment into CCP-FCST.

Goals/Objectives

- Increase public safety by successfully diverting individuals with behavioral health disorders from incarceration through improving the accessibility and effectiveness of treatment services for adults who have a mental illness or co-occurring disorder and who are involved in the criminal justice system at the misdemeanor and non-violent felony level.
 - Establish a Central Coordination Project as an expansion of the Forensic Community Services Team within eight months of the execution of the MOU.
 - Assure that individuals and entities who will be working with the target population are adequately trained in identifying or delivering recovery-oriented services.
 - Increase access to substance abuse and mental health treatment or prevention services for program participants identified as the target population.
 - Increase public safety by reducing the number of arrests for the target population.
 - Reduce barriers to successful diversion and community integration for the target population.

Evidence-based, Best, and Promising Practices Utilized

- Assertive Community Treatment (ACT)
- SOAR (SSI/SSD Outreach Advocacy and Recovery)
- Motivational Interviewing (MI)
- Cognitive Behavioral Therapy (CBT)
- Risk-Needs-Receptivity framework (R-N-R)
- Ohio Risk Assessment System (ORAS)
- Texas Christian University (TCU) Drug Screen
- Global Appraisal of Individual Needs (GAINS SS)
- Post-traumatic Stress Disorder (PCL-5) screening tool
- Forensic Community Services Team (FCST)
- Forensic Intensive Case Management (FICM)
- Crisis Intervention Training (CIT)
- Trauma-Informed Therapy
- Enhancement Therapy

Number Served

- CCP-FCST: 145 individuals screened/assessed in FY2015-16
- CCP-FCST: 52 individuals enrolled in FY2015-16
- CIT: 73 law enforcement officers were trained in FY2015-16

Overall Grant Cost

- Total award amount: \$1.2 million (three years)
- Total expenditures through 06/30/16: \$840,342

Performance Measures

The timeframe for the outcome data provided for the performance measures in this section is not consistent, therefore it is specified for each outcome. The outcomes with the time period listed as FY15-16 were hand-calculated based on the numbers reported in quarterly reports.

- Measure: 70 percent reduction in the total number of arrests among program participants in the one-year period post-program admission compared to the one-year period prior to program admission.
 - Achieved: An estimated 80.9 percent reduction (131 arrests one-year prior to admission and 25 arrests one-year post admission) (April 2014-June 2016). This is a reduction in the number of arrests not the number of individuals who were arrested.
- Measure: 100 percent of program participants will report increased access to comprehensive community-based behavioral health services in one year.
 - Achieved: 100 percent (358 of 358) of program participants received increased access to comprehensive community based behavioral health services (FY2015-16).
- Measure: 80 percent of participants not residing in stable housing at the time of admission will report living in stable housing one-year post-program admission.
 - Achieved: - 100 percent of program participants in need of stable housing at program admission secured stable housing (specific numbers not provided, only percentage).

- Measure: 30 percent of program participants who were eligible for social security or other benefits but not receiving them at program admission will be linked to benefits within six months of admission.
 - Achieved: 100 percent of participants have been linked to social security or other benefits within six months (numbers not provided, only percentage).
- Measure: 75 percent of the annual targeted number of CIT Training participants shall complete the training (Year 2 target is to train 13 individuals).
 - Achieved: 100 percent of law enforcement officers who attended the CIT training completed the CIT training (55 officers trained in Year 2; 73 trained in FY2015-16). The number of individuals who *started* CIT training is not specified and that number would be helpful in determining the completion rate. The grantee reported 73 individuals completed but the number who started training or the number of non-completers is not provided.

Program Update

During Year 2 of the grant program, CCP-FCST conducted a Sequential Intercept Mapping with the assistance of the CJMHTA TAC. As a result, the Public Safety Coordinating Council updated the 2013 strategic plan to address the five intercept areas as discussed during the 2016 mapping. The grantee plans to focus on these areas:

- maintain and enhance public safety,
- reduce recidivism, and
- improve access to behavioral health integrated care promoting recovery.

The CCP-FCST developed a schedule for all jail correctional officers to complete CIT training by the end of the three-year grant period. A challenge faced in Lake County is the need for additional crisis beds for individuals who are homeless coming from the jail or entering into the program. Additionally, transportation from jail to the community and the receiving facility is a challenge.

The Effect of the CJMHTA Reinvestment Grant Program on Meetings Needs and Reducing Forensic Commitments

According to the county's quarterly reports, any person that did not meet the criteria for the FCST program was referred to another program that may better serve their needs. A waiting list is utilized for appropriate referrals seeking treatment.

The Effect of the CJMHTA Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison

Information regarding expenditures was not reported in Lake County's quarterly reports, although it is expected to be included in the final report as a DCF deliverable.

The Effect of the CJMHTA Reinvestment Grant Program on the Availability and Accessibility of Effective Community-based Services

In order to gauge the effectiveness of the treatment program, the CCP-FCST supervisor has been gathering data on levels of treatment to determine the variables that may impact the success rate of consumers. Collecting data such as number of appointments attended with a therapist or case manager may be beneficial in assessing the availability and accessibility of community-based services.

How the Expanded Community Diversion Alternatives Have Reduced Incarceration and Commitments to State Mental Health Treatment Facilities

Specific information regarding reductions in forensic commitments and incarceration was not reported.

How the Local Matching Funds Leveraged Additional Funding to Further the Goals of the Reinvestment Grant Program

As of June 30, 2016, Lake County has expended/leveraged \$1,096,567 or approximately 91 percent of the three-year match commitment.

LEE COUNTY

Lee County's grant-funded program is the Bob Janes Triage Center/Low Demand Shelter. The information provided below reflects the period July 1, 2015 through June 30, 2016 which includes three quarters in Year 2 and one quarter in Year 3.

Target Population

The target population for the Bob Janes Triage Center is adults who are:

- Exhibiting symptoms of a behavioral health issue (substance abuse or mental health disorder),
- At risk of arrest for low-level minor offenses, and/or
- Inappropriately utilizing hospital emergency rooms.

Program Design/Model

The Bob Janes Triage Center/Low Demand Shelter offers an alternative to arrest and/or incarceration when law enforcement officers encounter individuals who may be impacted by a behavioral health disorder. The program offered at the shelter is a 30-day diversion program *without* ongoing case management once the 30-day period has ended. All individuals admitted into the Triage Center are offered nursing services, a bio-psychosocial assessment, and case management services.

Goals/Objectives

- Lee County shall continue to operate the existing Centralized Coordination Program at the Triage Center as described in their county application.
- Lee County shall assure that individuals and entities who will be working with the target population are adequately trained in identifying or delivering recovery-oriented services.
- Lee County shall endeavor to increase access to mental health treatment, substance abuse treatment, or substance abuse/mental health prevention services for program participants identified as the target population.
- Lee County shall endeavor to increase public safety by monitoring the impact of Triage Center services and related initiatives identified in the Lee County Public Safety Coordinating Council (PSCC) strategic plan to reduce the number of individuals with behavioral health disorders involved in the criminal justice system.
- Lee County shall establish a formalized process for follow up and tracking of individuals who received case management services while residing at the Triage Center and were discharged into a participating Lee County Continuum of Care (CoC) program or other supportive housing program.

Evidence-based, Best, and Promising Practices Utilized

- Crisis Intervention Training (CIT)

Number Served

- Bob Janes Triage Center: 804 individuals served in FY2015-16 (unduplicated count)
- Bob Janes Triage Center: 886 individuals served in FY2015-16 (duplicated count)

Overall Grant Cost

- Total award: \$825,000 (three years)
- Total expenditures through 06/30/16: \$598,775

Performance Measures

Performance measure outcomes presented below are reported for FY15-16.

- Measure: 15 percent reduction in number of arrests among individuals admitted to Triage Center services in the one-year period post-program admission compared to the one-year period prior to program admission.
 - Achieved: An estimated 24.5 percent reduction in the number of arrests (739 active participants with 368 arrests prior to admission compared with 278 arrests one-year post admission). The DCF Services Summary reports a 20 percent reduction in arrests as of 6/30/2016.
- Measure: 20 percent of participants will report increased access to community-based comprehensive mental health and/or substance use treatment services in one year.
 - Achieved: An estimated 88.1 percent (651 of 739) received increased access to services.
- Measure: 25 percent of participants not residing in stable housing at the time of admission will exit the program into a stable housing environment and will be followed for one year to track success.
 - Achieved: An estimated 32.1 percent of participants who did not reside in stable housing at the time of admission did have stable housing one-year post admission. 704 of 739 participants (95%) did not live in stable housing at the time of admission and, one-year post admission, 226 of those 704 participants (32.1%) did reside in stable housing.
- Measure: 10 percent of participants who were eligible for social security benefits but not receiving them at admission will be receiving or be linked to Social Security benefits at exit.
 - Achieved: An estimated 12.9 percent (94 of 729) increase in the number of participants who were receiving or linked to Social Security benefits at six-months post-admission. The figure 729 is reported as the number of “active participants” and is not specified as the number of “active participants who were eligible for benefits”.

Program Update

Throughout the year, the Lee County Public Safety Coordinating Council met quarterly to discuss the safety and general welfare of the citizens of Lee County. At the most recent meeting, the county’s Sequential Intercept Mapping was discussed as well as options for the expansion of referral services at the Triage Center.

A barrier expressed in the grantee’s quarterly reports is the ability to sustain their grant program objectives. The Bob Janes Triage Center, a 30-day diversion shelter with case management services, does not provide case management once an individual is discharged. Therefore, it becomes difficult to track the progress of participants. Due to the transient nature of the target population and despite efforts made by staff to follow up with individuals, staff are often unable to locate or maintain contact with participants after they leave the shelter. Identifying valid costs associated with the criminal justice system once released from jail, such as diversion programs, has also been a problem.

While it is not a performance measure for their grant program, Lee County reported that 66 law enforcement officers received the 40-hour Memphis Model CIT training and 127 correctional officers received the 26-hour CIT training in FY15-16.

The Effect of the CJMHSA Reinvestment Grant Program on Meetings Needs and Reducing Forensic Commitments

Information regarding forensic commitments was not provided by Lee County, although it is expected to be included in the final report to DCF.

The Effect of the CJMHSA Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison

Individuals referred to the Bob Janes Triage Center are typically at imminent risk of arrest for low-level minor offenses, at risk of future involvement with the criminal justice system, or have been incarcerated previously. Approximately 29 percent of referrals from law enforcement between April and June 2016 were made as alternative to incarceration. Approximately 63 percent of the individuals served by the Bob Janes Triage Center from April to June 2016 were previously involved in the criminal justice system.

The Effect of the CJMHSA Reinvestment Grant Program on the Availability and Accessibility of Effective Community-based Services

As stated in the performance measure outcome, an estimated 88.1 percent of participants reported increased access to services.

How the Expanded Community Diversion Alternatives Have Reduced Incarceration and Commitments to State Mental Health Treatment Facilities

Information regarding community diversion alternative and reduced incarceration and commitments to state mental health treatment facilities was not provided.

How the Local Matching Funds Leveraged Additional Funding to Further the Goals of the Reinvestment Grant Program

As of June 30, 2016, Lee County has expended/leveraged \$765,144 or approximately 47 percent of the three-year match commitment.

ORANGE COUNTY

Orange County's program is an expansion and enhancement of Wraparound Orange (WAO). The information presented below describing Orange County's program covers the period 7/1/2015 through 6/30/2016 which constitutes three quarters of Year 2 and one quarter of Year 3 of their grant.

Target Population

The target population includes juvenile offenders (14 years and younger) with mental health, substance use, or co-occurring disorders who present low risks to public safety but who are at-risk for deeper penetration into the juvenile justice system in the absence of positive, effective intervention. This project serves youth who have not been arrested. The target population includes:

- youth arrested and brought to the Orange County Juvenile Assessment Center (JAC),
- youth admitted to the Juvenile Addictions Receiving Facility (JARF),
- youth issued a Civil Citation by law enforcement, and
- youth enrolled in Teen Court, on probation with the Department of Juvenile Justice (DJJ), and/or other diversion programs.

Program Design/Model

Orange County's CJMHSR Reinvestment Grant funded an expansion and enhancement of Wraparound Orange (WAO), a federally and locally funded initiative. In 2009, WAO was designed to make a youth's first contact with the juvenile justice system their last contact. WAO is a Centralized Coordination Project for youth ages 12 and younger who are in or at risk of entering the juvenile justice and child welfare systems. For this population, WAO has the aim of shifting the target population's care and treatment to the behavioral healthcare systems rather than the juvenile justice or child welfare systems. The CJMHSR Reinvestment grant allowed Orange County to expand the WAO to add three new wraparound teams and to increase the age of the target population to include youth who are 13 to 14 years of age. WAO is based, in part, on the Central Receiving Center (CRC) model with its continuum of services to support it. The project is designed for each wraparound team to serve an average caseload of 10 to 12 youth for an average length of stay of 12 to 16 months.

WAO and the CRC share a common governing board to ensure integration of services across adult and juvenile continuums and to promote efficiencies and a reduction in duplication of systems. The Orange County Board of County Commissioners designated the CRC government board as the Criminal Justice, Mental Health, and Substance Abuse council/committee to serve as the identified "planning council" for WAO. The day-to-day operations of WAO is conducted by a management team comprised of 32 leaders from various child-serving entities across Orange County. The Youth Mental Health Commission (18 members) supports the efforts of the governing board/planning council.

WAO is designed to change the system of care for at-risk children and their families through leadership, coordination, and combining resources (federally, state, local). It is a system of care focused on engaging community-wide collaboration between child-serving systems to meet the multiple and changing needs of youth and their families. A wraparound team consists of a wraparound specialist (Masters level clinician) and an in-home peer support worker referred to as a Family Partner. The teams serve the youth and the family. Assessments are conducted using the Child and Adolescent Needs and Strengths – Comprehensive tool (CANS-C). Youth are assessed at intake, three months, six months, twelve months, and at discharge. The youth and family enrolled in WAO is served by the "family team"

who collectively develop, implement, and monitor the Family Care Plan and Crisis Plan. The average length of service is 12 to 16 months, with each team serving a caseload of 10 to 12 youth and their families. All personnel serving the youth are trained in identifying and delivering recovery-oriented services. Personnel receive the following training:

- 24 hours in wraparound services
- 6 hours in CANS (assessment tool)
- 12 hours in motivational interviewing

Goals/Objectives

- Create a Centralized Coordination Project within eight months of MOU execution (completed)
- Assure that individuals and entities working with the target population are trained in identifying or delivering recovery-oriented services (completed and ongoing)
- Increase access to mental health and substance abuse treatment or prevention services for program participants (ongoing)
- Increase public safety by reducing the number of arrests for program participants (ongoing)
- Increase the percentage of eligible youth diverted into the DJJ Civil Citation Program (ongoing)
- Increase youth/family functioning across multiple life domains (living situation stability, school, social function, etc.) based on the needs of the youth/family as identified by the CANS-C (ongoing)

Evidence-based, Best, and Promising Practices Utilized

- SSI/SSDI Outreach, Access, and Recovery model (SOAR)
- Motivation Interviewing
- Crisis Intervention Teams-Youth (CIT-Y) Training
- Child and Adolescent Needs and Strengths – Comprehensive tool (CANS-C) (assessment includes six dimensions/domains and is utilized at initial assessment and re-assessments every 90 days)

Number Served

- WAO: 74 families enrolled in the program in FY15-16 (the program is on track to meet or exceed the target to serve 48 families per year and 144 over three years). In the second year of the grant, the program served 64 families (target was 48) and in the third year of the grant, the program has served 17 of the 48 target.
- CIT-Y: 157 law enforcement officers trained in FY15-16
- CIT-Y: 123 community members trained in FY15-16

Overall Grant Cost

- Total award amount: \$1,193,880 (three years)
- Total expenditures through 6/30/2016: \$616,239

Performance Measures

Unless specified, the outcomes for these performance measures reflect FY2015-16 and were extracted and aggregated from the grantee's quarterly reports.

- Measure: 50 percent reduction in the total number of arrests from the one-year period prior to enrollment compared with one-year post intake into the program (inclusion criteria: attend at

least three family team meetings and either successfully transitioned or has received services for at least six months). Twenty-nine (29) youth met the inclusion criteria:

- Achieved: The program reports an estimated 41.3 percent reduction in the number of arrests.
- However, the methodology for deriving the 41.3 percent reduction includes 17 youth who had never been arrested. To include youth with no arrests prior to program intake may be misleading. Below is an alternative methodology for calculating the change in arrest percentages which yields an estimated 25.3 percent *increase* in arrests.
 - 29 youth met the inclusion criteria
 - 17 youth had no prior arrests
 - 12 youth had at least one prior arrest and accounted for 21 charges
 - Of the 12 youth who had been arrested prior to the program, eight (8) youth had been rearrested (accounting for 21 charges).
 - Including only youth who had been previously arrested to calculate the “reduction” in arrests yields an increase of 25.3 percent (41.4% were arrested prior to the program and, of those, 66.7% were rearrested after receiving services).
- Measure: 90 percent of program participants will receive increased access to community-based behavioral health services when comparing one-year prior to program intake and one-year post-program intake.
 - Achieved: 100 percent of the 24 families (and youth) who have been in the program one year and/or transitioned reported having received access and linkages to needed behavioral health services. Note: the quarterly report does not provide details on the level of services received prior to the program and the level of services received post-program intake to derive a specific level of increase in services.
- Measure: 90 percent of program participants not residing in stable housing at admission will report living in stable housing one year after program admission.
 - Achieved: 100 percent of the 24 *youth and families* reported living in stable housing.
- Measure: 75 percent of participants eligible for social security will receive benefits through SOAR or another benefit program.
 - Achieved: 100 percent (23 youth out of 23 youth) enrolled in the program for one year had qualifying benefits at transition (discharge). The 24th youth/family is working on immigration issues and not eligible for benefits).
- Measure: 80 percent of the annual targeted CIT-Youth training participants will complete training.
 - Achieved: 100 percent of the participants who began the training completed it.

Program Update

- The governing board (planning council) met quarterly to review activities, services in the continuum, assess outcomes and needs, and provide direction as needed to various components.
- Use of the civil citation system continues to fluctuate month to month. Project leaders indicate that a shift in the culture of punishment as well as further educating and informing stakeholders will need to occur before the civil citation system will be utilized to a greater extent. Civil

citations averaged 16 percent in the first six months of 2015 compared to an estimated 41 percent in the first six months of 2016.

- In the last quarterly report for FY2015-16, the grantee reported CANS assessment outcomes of youth who had been successfully transitioned or, if still in the program, completed at least three family team meetings. There were 29 youth who were included in the comparison of CANS outcomes from the intake assessment with either the six-month reassessment or the 12-month reassessment. The report does not distinguish between outcomes for youth where the comparison included a six-month reassessment or a 12-month reassessment (the latter would imply that youth reassessed after 12 months would have received more services and for a longer duration). CANS reports “actionable needs” across each of the six domains or dimensions. At intake, 29 youth accounted for 392 actionable needs and at reassessment (either six or twelve months), actionable needs decreased to 213 (45.7% reduction).
- WAO continues their collaborations with law enforcement, school personnel, judicial personnel, families, providers, and other stakeholders. Attendance at a 2016 community meeting included representatives from the Youth Mental Health Commission Implementation Team, CRC Governing Board (planning council), and the Orange County Juvenile Justice Advisory Board Meeting (Civil Citation).

The Effect of the CJMHSA Reinvestment Grant Program on Meetings Needs and Reducing Forensic Commitments

This program serves a juvenile population and forensic commitments would not be applicable for juveniles.

The Effect of the CJMHSA Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison

The grantee reports no effect (“none”) at this stage of grant implementation.

The Effect of the CJMHSA Reinvestment Grant Program on the Availability and Accessibility of Effective Community-based Services

All program participants (24 families and youth) who have been in the program one year and/or transitioned reported having received access and linkages to needed behavioral health services. The reduction in “actionable needs” as identified through baseline assessments and follow-up assessments (at six or twelve months) demonstrates a 45.7 percent reduction in unmet needs for families participating in Orange County’s WAO program.

How the Expanded Community Diversion Alternatives Have Reduced Incarceration and Commitments to State Mental Health Treatment Facilities

The grantee reports not applicable because the program serves a juvenile population.

How the Local Matching Funds Leveraged Additional Funding to Further the Goals of the Reinvestment Grant Program

As of June 30, 2016, Orange County has expended/leveraged \$1,182,547 or approximately 70 percent of the three-year match commitment.

SEMINOLE COUNTY

Seminole County's Reinvestment Grant program, Centralized Coordination Program with a Community Recourse Center (CRC), became operation June 1, 2014. CRC is prevention and early intervention component that compliments Seminole County's established jail diversion continuum.

The information presented below describing Seminole County's grant and progress covers the period 5/1/2015 through 4/30/2016 which constitutes Year 2 of their grant. Their quarterly reports do not fall on traditional quarters or fiscal year start-end dates. While this reporting period does not track the prior fiscal year exactly, it will allow for next year's Legislative Annual report to cover four quarters of their progress rather than three. Next year's annual report will cover Seminole County's grant activities between 5/1/2016 through the end of their grant 4/30/2017.

Target Population

The target population is adults 18 years and older, with an emphasis on 18-25 year olds who have substance abuse, mental illness, or co-occurring disorders and who are involved in the criminal justice system and/or at-risk behaviors.

Program Design/Model

Seminole County's CRC provides opportunities for diversion at several key points in the system as well as providing services during reentry. Aspire Health Partners-Seminole (Aspire) is the community mental health provider and one of the primary collaborators for CRS along with the Seminole County Sheriff's Office (SCSO), the Adult Drug Court, the Mental Health Court, and the National Alliance on Mental Illness of Greater Orlando (NAMIGO). The CRC was designed to augment the existing system of adult jail diversion services in Seminole County.

The CRC accesses individuals at four points/intercepts in the criminal justice system:

- Pre-booking diversion (CIT)
- In-jail treatment (Single Point of Access (SPA) Team) (description of a SPA team is provided below)
- Post-booking diversion (Mental Health Court and Adult Drug Court)
- Reentry (assistance with housing, employment, education, and benefits [SOAR])

SPA Teams are a close collaboration between Aspire and SCSO and is supported by the Planning County's Mental Health and Substance Abuse Task Force. CRC services are provided by case managers, care managers, peer specialists, and forensic staff.

In order to reach the greatest possible number of individuals needing assistance, individuals are eligible for the program regardless of whether their primary diagnosis is mental health or substance abuse, and whether or not they have a co-occurring disorder. Aspire also identifies young adults who are at risk as a result of repeated encounters with hospital emergency rooms, crisis stabilization units, detox facilities, and law enforcement. Risk factors for this population include marijuana, K2, underage drinking, and driving infractions. The CRC serves individuals who are at low risk for criminality and mental illness or substance abuse; therefore, services are aimed toward preventing exacerbation of symptoms or more serious forms of criminality.

Goals/Objectives

CRC's overarching goal is to divert members of the target population from arrest, prosecution, or incarceration, to substance abuse and/or mental health treatment or prevention services. To accomplish this goal, CRC proposed five objectives with a variety of associated tasks. CRC's objectives include:

- Create a Centralized Coordination Project within eight months of the execution of the MOU, to include creation of a Community Resource Center.
- Assure that individuals and entities that will be working with the Target Population are adequately trained in identifying or delivering recovery-oriented services.
- Increase access to mental health and/or substance abuse treatment or prevention services for program participants identified in the Target Population.
- Increase public safety by reducing the number of arrests for the Target Population.
- Assist Program participants in locating and engaging in educational, employment and housing opportunities which will further their recovery.

Evidence-based, Best, and Promising Practices Utilized

- CIT
- SOAR
- Motivational Enhancement Therapy and Cognitive Behavioral Skills Training
- Co-Morbidity Program Audit and Self-Survey (COMPASS) (tool)
- Ohio Risk Assessment System (ORAS) (screening assessment)
- Daily Living Activities (DLA-20) Functional Assessment (tool)
- Mental Health Court
- Drug Court
- Co-occurring Disorders Educational Competency Assessment Tool (CODECAT) (This tool is mentioned in the grantee's application but is not referenced in quarterly reports; it may not be in use by the grantee)

Number Served

- 59 served in Year 2 (target 50)
- 117 CIT trained in Year 2 (target 25)
- 21 MHFA trained in Year 2 (target 15)

Overall Grant Cost

- Total award amount: \$1,200,000 (three years)
- Total expenditures through 6/30/2016: \$845,321

Performance Measures

The outcomes for the measure presented below were extracted and aggregated from four quarterly reports and the DCF Services Summary and reflect progress for Year 2 of the grant (unless noted otherwise).

- Measure: 80 percent reduction in rearrests among program participants (pre-program compared with post-program)
 - Achieved:
 - Year 1 outcome: an estimated 20% were rearrested (4/20)
 - Year 2 outcome: an estimated 7.9% were rearrested (10/79)
 - Since Inception: an estimated 17.7% were rearrested (14/79)
- Measure: 90 percent of program participants will demonstrate successful engagement with identified services
 - Achieved: 100 percent of participants reported successful engagement with services
- Measure: 70 percent of participants who did not have stable housing upon admission to CRC will have stable housing at reentry (grantee's application states this performance measure to be 90 percent; however, the DCF Services Summary shows it to be 70 percent)
 - Achieved: an estimated 75 percent of participants who entered the program without stable housing have been discharged with stable housing
- Measure: 100 percent of participants who did not have SSI/SSDI benefits upon admission and who meet the criteria will receive SOAR assessments.
 - Achieved: 100 percent of participants who did not have SSI/SSDI benefits received SOAR assessments
- Measure: 70 percent of participants who receive SOAR assessments will begin receiving benefits during the grant period (note: grantee's application states this performance measure to be 75 percent but DCF's Services Summary shows it to be 70 percent)
 - Achieved: 100 percent of participants recommended for benefits based upon a SOAR assessment reported being linked to benefits
- Measure: Serve 50 at-risk participants (who meet the ORAS and DLA-20 screening criteria) (note: the application indicates this measure as serving 125 over three years)
 - Achieved: Served 59 in Year 2 (served 79 in Years 1 and 2)
- Measure: Train 25 officers in CIT and train 15 participants in Mental Health First Aid (MHFA) (note: the grantee's application states this performance measure as: 100 of the 700 law enforcement officers, trained in CIT, will complete the 16-hour CIT Refresher Training; the last quarterly report in year 2 states the measure and target as training 90 participants in MHFA and CIT core and refresher courses)
 - Achieved: 117 participants CIT trained in Year 2
 - Achieved: 21 participants MHFA training in Year 2

Program Update

- MOUs were established with participating law enforcement agencies, the Children's' home Society of Florida's Health Families of Seminole, and Sanford Outreach Rescue Mission.
- Collaborative relationships are in place with law enforcement, the judiciary, state attorneys, and public defenders.

- The Public Safety Coordinating Council convened meetings in April 2015, January 2016, and April 2016.
- Aspire utilizes an electronic health record information system called Anasazi.
- Aspire contracts with the University of Central Florida as a third party evaluator to design data collection protocols and software to track participants' arrest activity for a period of one-year post enrollment in the grant program.
- During Year 2, the grantee enhanced services by creating a new Intensive Outpatient Counseling program. The county's contract with Aspire was amended to include co-occurring outpatient groups, individual counseling, and drug testing.
- Referrals continue to be received from law enforcement, state attorneys, public defenders/defense attorneys, community partners, Aspire programs (crisis stabilization unit, Turning Point, Seminole Center for Co-occurring Disorders), the Children's Home Society of Florida's Health Families of Seminole,

The Effect of the CJMHPA Reinvestment Grant Program on Meetings Needs and Reducing Forensic Commitments

During the first twelve months of the grant program, the number of individuals sent from Seminole County to the forensic state hospitals increased from 10 to 18. This reinvestment grant targets individuals with low-level criminal activity, primarily misdemeanors, less severe behavioral health concerns, and those who have not penetrated very far into the criminal justice system. In general, individuals going to the forensic state hospital have multiple previous arrests and more serious mental health concerns. It has been previously reported that activities and services provided under this grant may potentially help decrease the number of individuals going to the state hospital over the next year (more long term) as CRC is able to divert individuals towards more pro-social activities and services. Between June 2014 and June 2015 there were a total of 19 Forensic commitments to state mental health treatment facilities. From June 2015 to April 2016, there have only been a total of five (5) forensic commitments to state mental health treatment facilities.

The Effect of the CJMHPA Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison

The holistic services provided by Aspire Health Partners Seminole and other community partners address the co-occurring effects of substance abuse, mental illness and criminal justice involvement by providing intervention services that account for the complex needs of these individuals. By keeping individuals out of jail and in a supportive community environment, individuals are able to maintain family bonds, employment and education opportunities that would have otherwise been interrupted and fractured their continuity of care that is crucial to their successful treatment. Keeping these individuals in the community in a supportive and supervising environment where they are held accountable reduces their involvement in jails and slows the growth of jail populations. Ten out of 79 participants have recidivated, which accounts for an estimated 7.9 percent which is lower than the national average of 60 percent recidivism within the first year of release. By comparison, a recent evaluation of the expansion of a local drug court program to include co-occurring clients found that only 53 percent of co-occurring clients completed the drug court program successfully. After two years, the current program is demonstrating better outcomes than might be expected. There has been an increase in the use of Problem-Solving Courts with 26 current participants (there were nine successful graduates in the last two months) in Mental Health Court and approximately 35 in Veteran's Court.

The Effect of the CJMHSA Reinvestment Grant Program on the Availability and Accessibility of Effective Community-based Services

The grantee reported that 100 percent of the program's participants self-reported successful engagement with services.

How the Expanded Community Diversion Alternatives Have Reduced Incarceration and Commitments to State Mental Health Treatment Facilities

Services are readily available for all qualifying individuals through the reinvestment grant funding for the CRC, Aspire, and partnering organizations. Dual-diagnosis substance abuse treatment can be utilized by individuals with a substance use disorder and/or co-occurring mental health disorder. Historically, this level of care was available only for individuals who were able to attend residential treatment. In October 2015, Aspire started an Intensive Outpatient Program to address the needs of individuals with co-occurring disorders who may not require residential treatment. Outpatient medical clinic services are also available, which include medication services and day treatment for those with mental health disorders. Entitlement services are also available for qualifying individuals utilizing Aspire's medical benefits team. The crisis stabilization unit is also on the property, which allows for short-term psychiatric stabilization for individuals who are experiencing a crisis. With the exception of the crisis stabilization unit, all services are available to participants through the Community Access Center, where the initial assessments are completed. Once an assessment is completed, referrals to other programs, including the CRC are possible. As these programs work closely with law enforcement partners, there is a strong continuum of care, with the purpose to increase health and wellness and reduce incarcerations.

Services provided by Aspire Health Partners Seminole are centrally located in areas that are accessible by public transportation and includes residential capabilities on site. This makes access to services easier for the population of individuals with mental health and substance use issues, who are often destitute. We also have a close network of service providers who work together to ensure accessibility to prevent individuals from being denied care to the necessary services. Since grant inception, only 14 of 79 (18%) have experienced issues related to recidivism since beginning services. Four of 20 clients in Year 1 were arrested, and 10 of the 79 total clients have been arrested in Year 2.

How the Local Matching Funds Leveraged Additional Funding to Further the Goals of the Reinvestment Grant Program

As of June 30, 2016, Seminole County has expended/leveraged \$ 697,108 or approximately 58 percent of the three-year match commitment.

The CJMHTA Technical Assistance Center

This section summarizes the CJMHTA TAC's technical assistance during FY2015-16. Technical assistance activities include assisting counties in projecting and monitoring the effect of grant-funded interventions on the criminal justice system and acting as a clearinghouse for disseminating information on best practices and other information relevant to the criminal justice system; the juvenile justice system; and mental health, substance abuse and co-occurring disorders.

Common Program Features and Models Across Grantees

Based on the implementation of the 2014-17 CJMHTA Reinvestment Grant Program, several common program features have emerged among the nine grantees.

- The beneficial impact that the Sequential Intercept Mapping process can have on strategic planning at the community level.
- The increased emphasis placed on screening individuals in need of treatment which will lead to increased diversion rather than incarceration.
- The use of central receiving and triage systems to divert individuals from the criminal justice system.
- The implementation of Forensic Intensive Case Management and juvenile justice "wraparound" community-based programs.

Table 2, presented on the following page, presents a snapshot of some of the common program features by grantee including evidence-based, best, and promising practices, intercepts, and overall model types.

Table 2. Common Program Features for 2014-2017 CJMHS A Reinvestment Grantees

County	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices, Best, and Promising Practices	Type of Model
Alachua	A	1, 2, 3	CBT, CIT, <i>Essentia</i> [™] , GAINS Reentry Checklist, MRT, MHFA, MI, SOAR, Trauma- Focused Care	Diversion Model: Centrally Coordinated Criminal Justice Diversion Program (CC-CJDP)
Collier	A	1, 4, 5	APIC Model, CIT, DLA-20, FACT, FIRST, MI, SOAR	Diversion/Reentry Model: Centralized Assessment Center (CAC) operated by the Collier County Forensic Intensive Reintegration Support Team (FIRST)
Duval	J	1, 2, 3	CIT, GAIN, High Intensity Wrap Around, MET/CBT-5, MI, PACT, SOAR	Diversion Model: Centralized Coordination Project (CCP)
Flagler	A	1, 2, 4, 5	CIT, MHFA, SOAR	Diversion Model: Crisis Triage and Treatment Unit (CTTU)
Hillsborough	A	1, 2, 3	CIT, LOCUS, SOAR, Stages of Change Model	Diversion Model: Mental Health Jail Diversion-Pre-Arrest Intercept Program (JDP-PIP)
Lake	A	1, 2, 3, 4	ACT, CBT, CIT, FCST, FICM, GAINS Reentry Checklist, MI, ORAS Screening Tool, R-N-R Model, SOAR, TCU Screening Tool, Trauma-Informed Therapy, Trauma Screening PCL-5	Diversion/Reentry Model: Centralized Coordination Project and Forensic Community Services Team (CCP-FCST)
Lee	A	1, 2, 4	CIT	Diversion/Reentry Model: Bob Janes Triage Center/Low Demand Shelter
Orange	J	1	CANS-C Assessment Tool, CIT-Y, SOAR, PACT Assessment Tool, WRAP	Diversion Model: Wraparound Orange (WAO)- Centralized Coordination Project
Seminole	A	1, 2, 3, 4	CIT, COMPASS, DL-20 and ORAS Assessment Tool, SOAR	Diversion/Reentry Model: Centralized Coordination Program with a Community Resource Center (CRC)

Results of Satisfaction Surveys Completed by Grantees Receiving Formal Technical Assistance Site Visits

All nine current grantees received on-site technical assistance in FY2015-16. The CJMHSA TAC exceeded the satisfactory benchmark of 80% by achieving 100% satisfaction in Alachua, Collier, Duval, Flagler, Hillsborough, Lake, Lee, and Orange Counties and 93.3% satisfaction in Seminole County. The table below displays the satisfaction survey results.

Table 3. Summary of Grantee Satisfaction Survey Results

Grantee County	Date of On-site TA	Satisfaction Survey Results
Alachua	5/26/16-5/27/16	100%
Collier	11/12/15	100%
Duval	5/19/16-5/20/16	100%
Flagler	12/09/15	100%
Hillsborough	5/13/16	100%
Lake	3/31/16	100%
Lee	4/21/16-4/22/16	100%
Orange	11/16/15	100%
Seminole	3/10/15-3/11/15	93.3%

Recommendations and Suggested Strategies for Furthering the Development of the CJMHSA TAC and the Reinvestment Grant Program

The CJMHSA TAC offers the following recommendations for quality improvement in the existing CJMHSA Reinvestment Grant programs as well as for future grantees.

County-level/Program-level Strategies

- Follow up on Sequential Intercept Mapping action planning
- Increased involvement by CJMHSA planning councils
- Clearly identify county leadership including county/circuit courts, health and human services staff, substance abuse and mental health providers, advocates, and individuals responsible for implementing the strategic plan
- Increased use of evidence-based strategies and implementation with fidelity tolls
- Develop concrete sustainability plans

DCF/State-level Strategies

- Alignment of reporting periods for grantees (fiscal year; quarters)
- Increased involvement by managing entities at the state, regional, and county levels
- Encourage CJMHSA planning in the DCF Northwest Region

- Revise future CJMHSA Request for Applications (RFAs) based on lessons learned in reviewing and awarding the FY2016-19 round of grants

CJMHSA Technical Assistance Center Strategies

- Reorganize the CJMHSA TAC website for increased user navigation and ease of use by grantees
- Explore the feasibility of alternate conference call platforms (e.g., webinar)
- Facilitate an annual meeting of CJMHSA Reinvestment Grant program grantees
- Coordinate a better system of collecting and validating performance measure and outcome data by grantees with DCF

Summary of Technical Assistance Provided During Prior FY (7/1/15-6/30/16)

The CJMHSA TAC provides assistance in-person (site visits), via electronic mail, and telephonically (quarterly conference calls). As stated previously, each of the nine grantees received an on-site technical assistance visit from the CJMHSA TAC during the previous fiscal year. FY2015-16 on-site technical assistance was delivered on a number of topics, including but not limited to: recovery-oriented care, screening and assessment tools, the Risk-Need-Responsivity model, motivational interviewing, and wellness recovery planning. Moreover, the CJMHSA TAC conducted four Sequential Intercept Mappings last fiscal year. The following pages provide a summary of the assistance provided by the CJMHSA TAC. The narrative is following by a table that provides an at-a-glance look at technical assistance and several appendices, including a look at the past, present, and future of the CJMHSA Reinvestment grant program as depicted in a map accompanied by two tables (Appendix F).

Activities and Accomplishments

On July 20, 2015, all grantees were sent an electronic needs assessment survey to report their respective needs for FY2015-16. By October 2015, the CJMHSA TAC received completed needs assessment survey responses from all nine grantees. All grantees received on-site technical assistance during FY2015-16. The top three priorities identified in the needs assessment surveys were:

- Sequential Intercept Mapping (SIM)
- Motivational Interviewing
- Supportive Housing

Quarterly Conference Calls

Summaries of the four quarterly conference calls convened by the CJMHSA TAC and attended by the grantees are provided below.

Quarter 1 Call: September 29, 2015

On September 29, 2015, the conference call focused on "Principles, Practices and Implementation of Recovery-Oriented Care." Jim Winarski, USF CJMHSA TAC subject matter expert and expert on Recovery-Oriented Care conducted the call. The topics were organized into four areas: 1) Understanding the Concept: Recovery from Serious Mental Illness; 2) Evidence in Support of Recovery-Oriented Services; 3) What's Different About Recovery-Oriented Services?; and 4) Implementing Mental Health Services that Support Recovery: SAPT Recovery Implementation Tool. Presentation materials were emailed to each grantee contact prior to the call and included a copy of the self-assessment/planning tool. Additionally, grantees were provided a Q&A session with the subject matter expert. Along with CJMHSA TAC staff, all nine grantees were represented on the call.

Quarter 2 Call: November 24, 2015

On November 24, 2015, the conference call focused on the Risk-Need-Responsivity (RNR) Model and was led by Dr. Fred Osher, a nationally known psychiatrist from the Council of State Governments and an approved CJMHSA TAC subject matter expert. The telephonic presentation, "Addressing a National Crisis: Too Many Individuals with Mental Illnesses in Our Jails," provided (a) a detailed explanation for each part of the RNR model and (b) resources explaining how to effectively implement the model. Presentation materials were emailed to grantees prior to the call. Additionally, counties were provided a Q&A session with the subject matter expert. Also included during the call were CJMHSA Reinvestment grant updates presented Mark Engelhardt, the CJMHSA TAC Director. All nine grantees and CJMHSA TAC staff were represented on the call.

Quarter 3 Call: March 15, 2016

On March 15, 2016, the conference call focused on the National Alliance on Mental Illness (NAMI) and was led by Carol Weber, NAMI Florida Program Director and approved CJMHSA TAC subject matter expert. The telephonic presentation, "National Alliance on Mental Illness: The Nation's Voice on Mental Illness," focused on providing an introduction to NAMI and detailed descriptions of lessons for Family-to-Family and Peer-to-Peer. Additionally, several resources were provided on the effectiveness of these trainings. Presentation materials were emailed to all grantees prior to the call. Moreover, grantees were provided a Q&A session with the subject matter expert. Finally, CJMHSA Reinvestment grant updates were presented by Jimmers Micallef, DCF SAMH Program Office Contract Management and Mark Engelhardt, CJMHSA TAC Director. Seven of the nine grantees and the CJMHSA TAC staff were represented on the call.

Quarter 4 Call: May 24, 2016

On May 24, 2016, the conference call focused on "Effectively Integrating Law Enforcement into a Crisis Care Continuum," was led by nationally recognized expert, Dr. Hank Steadman, GAINs Center and Policy Research Associates and approved CJMHSA TAC subject matter expert. The topic included a discussion of "Beyond CIT" or crisis systems that are designed to support people at various intercept points. Dr. Steadman emphasized response to "situations" rather than full blown "crises". Dr. Steadman discussed the importance law enforcement's role during the planning stages of acute care systems. He also described a number of national examples and several grantees provided county-level examples as well. Further, grantees were provided a Q&A session with the subject matter expert. Eight of the nine grantees and the CJMHSA TAC staff were represented on the call.

On-Site and Off-Site Grantee Technical Assistance

The following section presents summaries of on-site and off-site technical assistance provided by the CJMHSA TAC during FY2015-16 organized by grantee.

Alachua County

On May 26-27, 2016, CJMHSA TAC staff, Mark Engelhardt and Katelind Halldorsson, and CJMHSA TAC subject matter expert Jim Winarski and conducted a Sequential Intercept Mapping in Alachua County. During the event, the participants and facilitators drafted a mapping of the current system and developed a set of priorities and an action plan. Participants identified the following priority areas:

1. Develop diversion options in intercept one,
2. Establish a central receiving system,
3. Expand services upon re-entry, and
4. Expand supportive housing.

After the mapping event, CJMHSA TAC staff collaborated with key leaders to finalize the report and map of the system.

Collier County

On October 6 and 7, 2015, planning calls with CJMHSA TAC subject matter expert Dr. Roger Peters and CJMHSA TAC staff took place to discuss the on-site training on screening tools.

On November 12, 2015, Dr. Roger Peters conducted an on-site technical assistance training on “Screening Tools” for the grantee.

Duval County

On September 2, 2015, a planning call was conducted by CJMHSA TAC staff (Mark Engelhardt and Jessica Mitchell) to discuss the Sequential Intercept Mapping for the juvenile justice system in Duval County. Also, follow-up emails took place prior to the mapping scheduled for May 2015.

On May 19-20, 2016, Mark Engelhardt, Dr. Kathleen Moore, Karen Mann, and Katelind Halldorsson conducted a Sequential Intercept Mapping on the juvenile justice system in Duval County. During the event, the participants and facilitators drafted a mapping of the current system and developed a set of priorities and an action plan. Participants in the mapping session identified five priority areas:

1. Formalize a behavioral health diversion system in lieu of arrest/incarceration,
2. Reestablish the Early Delinquency Intervention Program (EDIP),
3. Establish a juvenile justice Community Action Team (CAT),
4. Develop a plan for aftercare services and reentry, and
5. Expand comprehensive assessments at the Juvenile Assessment Center (JAC).

After the mapping event, CJMHSA TAC staff collaborated with key leaders to finalize the report and map of the system.

Flagler County

On September 3, 2015, a planning call was conducted by CJMHSA TAC staff, Mark Engelhardt and Jessica Mitchell, to discuss the on-site grant development technical assistance scheduled for December 2015.

On December 9, 2015, Dr. Scott Young (CJMHSA TAC subject matter expert) and Mark Engelhardt facilitated the on-site technical assistance event which focused on grant development. The on-site technical assistance visit was convened in Bunnell, FL.

Hillsborough County

On May 13, 2016, Dr. Roger Peters (CJMHSA TAC subject matter expert) provided on-site technical assistance on the topic of assessing risk for persons with behavioral health needs involved in the criminal justice system. Specifically, Dr. Peters discussed the importance of risk level, treatment needs, and responsivity in designing interventions for substance-involved offenders, the relationship between

mental disorders and crime, the process of matching supervision and treatment to offenders' level of risk and needs, and the proximal and distal goals for different levels of risk and treatment needs.

Lake County

On November 16, 2015, a planning call was conducted by CJMHSA TAC staff, Mark Engelhardt and Jessica Mitchell, to discuss the Sequential Intercept Mapping scheduled for March 2016. Follow-up emails occurred prior to and in preparation for the scheduled mapping.

On March 31, 2016, Mark Engelhardt, Jim Winarski, and Melissa Barongi conducted a Sequential Intercept Mapping (SIM). A final report was submitted to Lake County prior to April 30, 2016. During the event, the participants and facilitators drafted a mapping of the current system and developed a set of priorities and an action plan. After the mapping event, CJMHSA TAC staff collaborated with key leaders to finalize the report and map of the system. The participants identified their top priorities as:

1. Integrate jail diversion activities with the new Central Receiving Facility,
2. Continue to expand CIT training and pursue a provider based mobile crisis team,
3. Establish system navigators and peer specialists,
4. Establish discharge planning from the jail, and
5. Examine supportive housing options and expansion.

Lee County

On September 3, 2015, a planning call was conducted by CJMHSA TAC staff, Mark Engelhardt and Jessica Mitchell, to discuss the Sequential Intercept Mapping scheduled for April 2016.

On April 21-22, 2016, Mark Engelhardt, John Petrila (USF Health), and Katelind Halldorsson conducted a Sequential Intercept Mapping in Lee County. A previous mapping had been completed in 2010 by the CJMHSA TAC in Lee County; however, due to changes and turnover in the system, it was beneficial to conduct a re-mapping to update the information. During the event, the participants and facilitators drafted a map of the current system and developed a set of priorities and an action plan. The participants identified the following priorities:

1. Sustain and expand the Bob Janes Triage Center,
2. Expand supportive housing for the target population,
3. Develop residential treatment programs,
4. Utilize the Acute Care Committee to examine heavy user data, and
5. Expand specialty courts and related services.

After the mapping event, TA Center staff worked together with key leaders to finalize the report and map of the system.

Orange County

On September 16 and October 14, 2015, planning calls were conducted by CJMHSA TAC staff, Mark Engelhardt and Jim Winarski, to discuss the upcoming on-site training on Motivational Interviewing for adolescents scheduled for November 2015.

On November 16, 2015, Jim Winarski conducted an on-site technical assistance training on Motivational Interviewing for adolescents in Orange County.

Seminole County

On September 8, 2015, a planning call was conducted by Sandra McQueen Baker (CJMHSa TAC subject matter expert) and Mark Engelhardt to link the grantee with Ms. McQueen Baker, who will be facilitating their on-site training in March 2016.

On March 10-11, 2016, Sandra McQueen Baker, CEO of Fresh Start Miami and nationally recognized consumer leader, led the two-day Wellness Recovery Action Planning (WRAP) training for the grantee's on-site technical assistance.

Additional Technical Assistance (non-grantee)

On February 18-19, 2016, under the Executive Order #15-175 (system coordination) and at the request of DCF SAMH Director, April May, a Sequential Intercept Mapping was conducted in Pinellas County by CJMHSa TAC staff, Mark Engelhardt and Jessica Mitchell, and CJMHSa TAC subject matter expert Dr. Kathy Moore. There was consensus that a re-activated CJMHSa planning committee could take the lead in initiating several objectives and report back to the Public Safety Coordinating Council (PSCC). Subsequent to the completion of the Sequential Intercept Mapping process, the stakeholders began to define specific steps that could be taken to address the gaps identified in the group discussion about the systems map. A Pinellas County Substance Abuse Mental Health Leadership Committee has been formed.

Table 4 (on the following page) presents a snapshot of technical assistance provided by the CJMHSa TAC during FY2015-16.

For comments or clarification, please contact Mark Engelhardt at mengelhardt@usf.edu or call 813.974.0769, Karen Mann at kem2@usf.edu, or Katelind Halldorsson at katelind@usf.edu.

Sponsored by the Department of Children and Families (DCF), Office of Substance Abuse and Mental Health under contract #LH289.

Table 4. FY2015-16 Technical Assistance Overview

Date	County	TA Subject Area	Facilitator(s) & TAC Staff	Satisfaction	Type of TA
09/29/2015	9 of 9 Grantee Counties	“Principles, Practices, and Implementation of Recovery-Oriented Care”	J. Winarski M. Engelhardt	N/A	Quarterly Conference Call
11/12/15	Collier	Screening Tools	R. Peters M. Engelhardt	100%	On-site TA
11/16/15	Orange	Motivational Interviewing	J. Winarski M. Engelhardt	100%	On-site TA
11/24/15	9 of 9 Grantee Counties	Risk-Need-Responsivity (RNR) Model	F. Osher M. Engelhardt	N/A	Quarterly Conference Call
12/9/15	Flagler	Grant Development	M. Engelhardt S. Young	100%	On-site TA
3/10-11/16	Seminole	Wellness Recovery Action Planning (WRAP) Training	Sandra McQueen Baker (CEO of Fresh Start Miami)	93.3%	On-site TA
3/15/16	7 of 9 Grantee Counties	“National Alliance on Mental Illness” (NAMI)	C. Weber M. Engelhardt	N/A	Quarterly Conference Call
3/31/16	Lake	Sequential Intercept Mapping (SIM)	M. Engelhardt J. Winarski M. Barongi	100%	On-site TA
4/21-22/16	Lee	Sequential Intercept Mapping (SIM)	M. Engelhardt J. Petrila K. Halldorsson	100%	On-site TA
5/13/16	Hillsborough	Risk Assessment for Persons with Behavioral Health Needs in the CJS	R. Peters	100%	On-site TA
5/19-20/16	Duval	Juvenile Sequential Intercept Mapping (SIM)	M. Engelhardt K. Moore K. Mann K. Halldorsson	100%	On-site TA
5/24/16	8 of 9 Grantee Counties	“Effectively Integrating Law Enforcement into a Crisis Care Continuum”	H. Stedman M. Engelhardt	N/A	Quarterly Conference Call
5/26/16	Alachua	Sequential Intercept Mapping (SIM)	M. Engelhardt J. Winarski K. Halldorsson	100%	On-site TA

Appendix A: Reporting Period by Grantee for Information Included in this Report

Grantee/County	Period Covered in this Report	Quarterly Report Timeframes	Grant Year
Alachua Flagler Hillsborough Lake Lee Orange	7/1/2015-6/30/2016	7/1/15 - 9/30/15 (Yr2) 10/1/15 - 12/31/15 (Yr2) 1/1/16 - 3/31/16 (Yr2) 4/1/16 - 6/30/16 (Yr3)	Year 2 (3 quarters) Year 3 (1 quarter)
Collier	7/1/2015-6/30/2016	7/1/15 - 9/30/15 (Yr2) 10/1/15 - 12/31/15 (Yr2) 1/1/16 - 3/31/16 (Yr2) 4/1/16 - 6/30/16 (Yr2)	Year 2 (4 quarters)
Duval Seminole	5/1/2015-4/30/2016	5/1/15 - 7/31/15 (Yr2) 8/1/15 - 10/31/15 (Yr2) 11/1/15 - 1/31/16 (Yr2) 2/1/16 - 4/30/16 (Yr2)	Year 2 (4 quarters)

Appendix B: Grantees—Historical Snapshot

Grantee	Award Period		Contract #	Type:
				Planning Implementation Expansion
Alachua	3/28/2008	3/27/2011	LHZ09	Implementation
Alachua	3/17/2011	3/16/2014	LHZ33	Expansion
Alachua	1/4/2014	3/31/2017	LHZ45	Expansion
Broward	5/14/2008	5/13/2011	LHZ06	Implementation
Charlotte	3/28/2008	3/27/2009	LHZ08	Planning
Charlotte	12/1/2011	11/5/2014	LHZ26	Implementation
Citrus	3/28/2008	3/27/2009	LHZ02	Planning
Collier	2/24/2011	6/30/2014	LHZ25	Implementation
Collier	1/7/2014	6/30/2017	LHZ46	Expansion
Duval	9/5/2008	8/5/2009	LHZ21	Planning
Duval	10/2/2011	9/2/2014	LHZ31	Implementation
Duval	1/5/2014	4/30/2017	LHZ43	Implementation
Flagler	4/24/2008	4/23/2009	LHZ18	Planning
Flagler	4/2/2011	3/2/2014	LHZ34	Implementation
Flagler	1/4/2014	3/31/2017	LHZ38	Expansion
Hillsborough	5/5/2008	6/30/2011	LHZ20	Implementation
Hillsborough	1/4/2014	3/31/2017	LHZ40	Expansion
Lake	4/16/2008	4/15/2009	LHZ16	Planning
Lake	2/22/2011	2/21/2014	LHZ30	Implementation
Lake	4/16/2014	3/31/2017	LHZ39	Expansion
Lee	7/4/2008	6/4/2011	LHZ10	Implementation
Lee	1/13/2011	12/1/2014	LHZ28	Expansion
Lee	1/4/2014	3/31/2017	LHZ44	Expansion
Leon	1/5/2008	6/30/2011	LHZ19	Implementation
Marion	3/28/2008	3/27/2009	LHZ03	Planning
Marion	2/28/2011	2/27/2014	LHZ32	Implementation
Martin	3/28/2008	3/27/2009	LHZ05	Planning
Miami-Dade	4/15/2008	6/30/2011	LHZ15	Implementation
Miami-Dade	1/31/2011	6/30/2014	LHZ27	Expansion
Monroe	10/4/2008	9/4/2009	LHZ12	Planning
Monroe	4/22/2011	6/30/2014	LHZ37	Implementation
Nassau	3/28/2008	3/27/2011	LHZ07	Implementation
Orange	4/16/2008	4/15/2011	LHZ17	Implementation
Orange	10/2/2011	9/2/2014	LHZ29	Expansion
Orange	1/4/2014	3/31/2017	LHZ42	Expansion
Osceola	4/15/2008	4/14/2009	LHZ14	Planning

Grantee	Award Period		Contract #	Type: Planning Implementation Expansion
Osceola	1/4/2011	3/31/2014	LHZ24	Implementation
Palm Beach	5/20/2008	5/19/2009	LHZ22	Planning
Palm Beach	3/29/2011	6/30/2014	LHZ36	Implementation
Pinellas	6/30/2008	6/29/2011	LHZ23	Implementation
Pinellas	2/22/2011	2/21/2014	LHZ35	Expansion
Polk	10/4/2008	6/30/2011	LHZ13	Implementation
Seminole	1/5/2014	4/30/2017	LHZ41	Implementation
St. Lucie	10/4/2008	6/30/2011	LHZ11	Implementation
Sumter	3/28/2008	3/27/2009	LHZ01	Planning
Volusia	3/28/2008	3/27/2009	LHZ04	Planning

Appendix C: Reinvestment Grant Background

The Florida Legislature enacted Florida’s Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Act in 2007. This legislation laid the foundation for community leaders to plan, create, and expand innovative services to shift the care of individuals with mental illnesses and/or co-occurring substance use disorders from the most expensive, deep-end treatment settings and jails to community-based programs. The grants have enabled counties to expand community mental health and substance abuse services, establish local planning councils, and engage in strategic planning.

The Reinvestment Grant Act initially created two types of grants—planning and implementation—to assist communities in developing and/or expanding treatment alternatives to jails, prisons and state forensic hospitals (treatment facilities). The grantee applicant was restricted to local government entities (counties). The initial grants were awarded to 23 counties in 2007.

In November 2010, the Florida Legislature appropriated funding that allowed the Department of Children and Families Office of Substance Abuse and Mental Health (DCF-SAMH) to award new grants, resulting in nine new implementation grants and five expansion grants. Grants were awarded competitively and funds were matched by the counties, thereby maximizing available resources. The final execution of contracts between DCF-SAMH and each county was in the spring of 2010 and ended in the spring of 2014 according to the executed date by county.

In March 2014, nine counties were awarded reinvestment grants and new grantee contracts were executed by June 2014. This report addresses the progress of the current nine grantees and CJMHSA TAC activities for FY2015-16.

By statute, these grants may be used to fund initiatives including, but not limited to, mental health courts; diversion programs; alternative prosecution and sentencing programs; crisis intervention teams; treatment accountability services; specialized training for criminal justice, juvenile justice, and treatment services professionals; service delivery of collateral services such as housing, transitional housing and employment services; and re-entry services focused on mental health and substance abuse services and supports. Some of the counties receiving implementation grants have used the funding to expand existing programs. Other grantees have used the funds to create new programs from the service menu in the authorizing legislation.

The Future--In October 2016, DCF-SAMH awarded 21 new grants: seven planning grants and 14 implementation/expansion grants. All applicants who responded to the 2016 Request for Applications for the 2017-2020 Reinvestment Grant Program were awarded a grant. The 21 new grants are in the process of being executed and, therefore, will be represented in the FY2016-17 Annual Legislative Report. Of the nine current grantees, eight counties applied and were awarded a new grant.

Appendix D: Grantee Service Summary (through 6/30/2016)

County	Grant Number	Begin Date	Service Target Description	PROGRAM YEAR 1 Completed			PROGRAM YEAR 2 Completed			PROGRAM YEAR 3 In Progress			PROGRAM LIFETIME		
				Year 1 Target	Year 1 Actual	Year 1 Percentage	Year 2 Target	Year 2 Actual	Year 2 Percentage	Year 3 Target	Year 3 Actual	Year 3 Percentage	Lifetime Target	Lifetime Actual	Lifetime Percentage
Flagler	LHZ38	4/1/14	Persons Served	180	363	202%	300	329	110%	300			780	692	89%
			CIT Training Participants	100	156	156%	100	104	104%	100			300	260	87%
			MHFA Training Participants	100	114	114%	100	212	212%	100			300	326	109%
Lake	LHZ39	4/16/14	Persons Screened	N/A	98	N/A	N/A	125	N/A	N/A			N/A	223	N/A
			Persons Admitted	50	46	92%	50	53	106%	50			150	99	66%
			CIT Training Participants	13	52	400%	13	55	423%	13			39	107	274%
Hillsborough	LHZ40	4/30/14	Persons Served	750	1087	145%	750	1191	159%	750			2250	2278	101%
			CIT Training Participants	200	434	217%	200	292	146%	200			600	726	121%
Seminole	LHZ41	5/16/14	Persons Served	20	20	100%	50	59	118%	30			100	79	79%
			CIT Training Participants	25	48	192%	25	117	468%	25			75	165	220%
			MHFA Training Participants	15	26	173%	15	21	140%	15			45	47	104%
			Program Evaluation	4	4	100%	4	4	100%	4			12	8	67%

Appendix D: Grantee Service Summary (through 6/30/2016) continued

County	Grant Number	Begin Date	Service Target Description	PROGRAM YEAR 1 Completed			PROGRAM YEAR 2 Completed			PROGRAM YEAR 3 In Progress			PROGRAM LIFETIME		
				Year 1 Target	Year 1 Actual	Year 1 Percentage	Year 2 Target	Year 2 Actual	Year 2 Percentage	Year 3 Target	Year 3 Actual	Year 3 Percentage	Lifetime Target	Lifetime Actual	Lifetime Percentage
Orange	LHZ42	4/30/14	Persons Served	48	31	65%	48	64	133%	48			144	95	66%
			CIT Training Participants	288	183	64%	144	148	103%	144			576	331	57%
Duval	LHZ43	5/1/14	Persons Served	200	156	78%	300	371	124%	400			900	527	59%
			CIT Training Participants	140	76	54%	140	225	161%	140			420	301	72%
Lee	LHZ44	4/28/14	Persons Served	500	699	140%	500	757	151%	500			1500	1456	97%
Alachua	LHZ45	5/29/14	Persons Screened	233	408	175%	233	641	275%	234			700	1049	150%
			Persons Admitted	93	117	126%	93	144	155%	94			280	261	93%
			CIT Training Participants	60	77	128%	60	94	157%	60			180	171	95%
			MHFA Training Participants	46	100	217%	47	93	198%	47			140	193	138%
Collier	LHZ46	7/1/14	Persons Screened	1200	3602	300%	1200	3819	318%	1200			3600	7421	206%
			Persons Admitted	90	120	133%	90	105	117%	90			270	225	83%
			CIT Training Participants	60	103	172%	60	67	112%	60			180	170	94%

Appendix E: Grant Financial Report Summary (as reported through 6/30/2016)

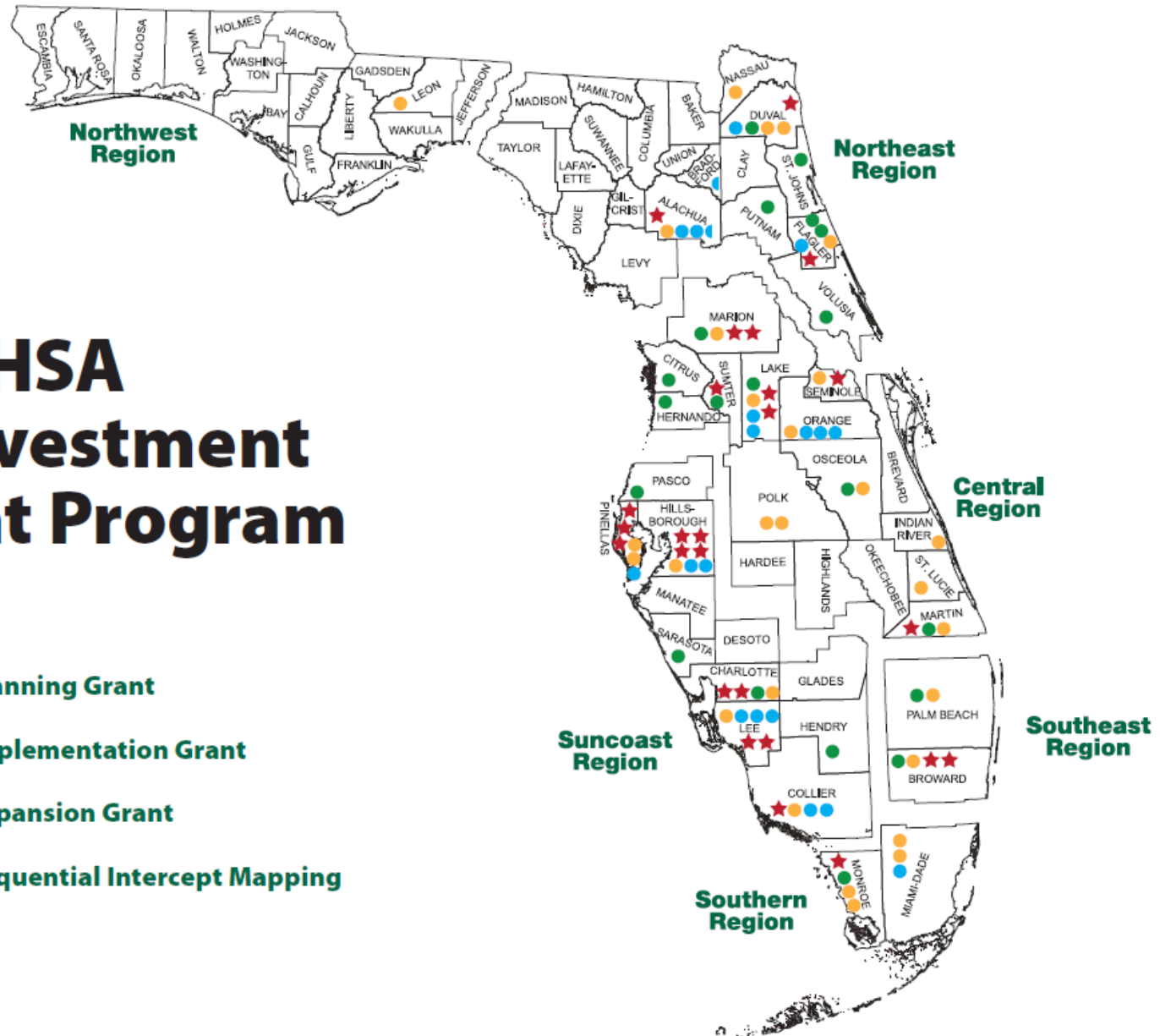
County	Grant Award Number	Beginning Date	Ending Date	3-Year Total Grant Award Amount	3-Year Total County Match Funds	Grant Award Expenses Reported	Match Funds Expenses Reported
Alachua	LHZ45	05/29/14	03/31/17	\$ 1,200,000.00	\$ 1,258,530.01	\$ 816,989.44	\$ 743,167.64
Collier	LHZ46	07/01/14	06/30/17	\$ 853,316.71	\$ 862,337.99	\$ 389,410.29	\$ 541,835.72
Duval	LHZ43	05/01/14	03/31/17	\$ 1,200,000.00	\$ 1,200,000.00	\$ 418,482.42	\$ 649,993.62
Flagler	LHZ38	04/01/14	03/31/17	\$ 1,200,000.00	\$ 1,200,000.00	\$ 805,188.80	\$ 715,980.82
Hillsborough	LHZ40	04/30/14	03/31/17	\$ 1,184,902.00	\$ 1,200,000.00	\$ 652,948.44	\$ 1,213,383.70
Lake	LHZ39	04/16/14	03/31/17	\$ 1,200,000.00	\$ 1,200,000.00	\$ 840,342.91	\$ 1,096,566.54
Lee	LHZ44	04/28/14	03/31/17	\$ 825,000.00	\$ 1,611,820.57	\$ 598,775.30	\$ 765,144.22
Orange	LHZ42	04/30/14	03/31/17	\$ 1,193,880.00	\$ 1,695,802.00	\$ 616,239.53	\$ 1,182,547.29
Seminole	LHZ41	05/16/14	04/30/17	\$ 1,200,000.00	\$ 1,200,000.00	\$ 845,321.62	\$ 697,107.64
GRANT TOTALS				\$ 10,057,098.71	\$11,428,490.57	\$5,983,698.75	\$7,605,727.19
CJMHTSA Technical Assistance Center Contract							
USF / FMHI	LH245	12/13/13	06/30/16	\$ 838,235	N/A	\$ 667,006.61	N/A
PROGRAM TOTALS				\$ 10,895,333.71	\$11,428,490.57	\$ 6,650,705.30	\$ 7,605,727.19
<p>*Counties report grant expenses and match quarterly based upon actual disbursements. Typically, county accounting procedures create a lag in quarterly reporting. USF's CJMHTSA TAC submits fiscal year expenditures. The expenditures shown for USF's CJMHTSA TAC are from 12/13/13 through 6/30/2016 and includes \$238,235 which was provided for work related to Executive Order #15-175.</p>							

Appendix F: CJMHSAs Reinvestment Grant Program – Past, Present, and Future

(The tables on the following page accompany this map)

CJMHSAs Reinvestment Grant Program

- P** Planning Grant
- I** Implementation Grant
- E** Expansion Grant
- M** Sequential Intercept Mapping



CJMHSА Reinvestment Grant Program

2008, 2011, 2014 Grantees		
County Grantee	Type of Grant	SIM
Alachua	I, E, E	M
Broward	I	M, M
Charlotte	P, I	M, M
Citrus	P	
Collier	I, E	M
Duval	P, I, I	M
Flagler	P, I, E	M
Hillsborough	I, E	M, M, M, M
Lake	P, I, E	M, M
Lee	I, E, E	M, M
Leon	I	
Marion	P, I	M, M
Martin	P	M
Miami-Dade	I, E	
Monroe	P, I	M
Nassau	I	
Orange	I, E, E	
Osceola	P, I	
Palm Beach	P, I	
Pinellas	I, E	M, M, M
Polk	I	
Seminole	I	M
St. Lucie	I	
Sumter	P	M
Volusia	P	

2017 Grantees	
County Grantee (2017 grantees may be a local government entity, a provider, a managing entity, or consortium)	Type of Grant
BayCare Behavioral Health, Inc. (Pasco)	P
Broward Behavioral Health Coalition (Broward)	P
Centerstone of Florida, Inc. (Sarasota)	I
City of Jacksonville (Duval)	E
Collier County Board of County Commissioners	E
Guidance Care Center, Inc. (Monroe)	I
Hanley Center Foundation (Hendry)	P
Hanley Center Foundation (Putnam)	P
Hillsborough County Board of County Commissioners	E
Lee County Board of County Commissioners	E
Lifestream Behavioral Health Center, Inc. (Lake)	E
Lutheran Services Florida Health Systems (Hernando)	P
Martin County Board of County Commissioners	I
Meridian Behavioral Healthcare, Inc. (Alachua & Bradford)	E
Miami-Dade County Board of County Commissioners	I
Orange County Health Services	E
Pinellas County Board of County Commissioners	I
Polk County Board of County Commissioners	I
Southeast Florida Behavioral Health Network (Indian River)	I
Stewart Marchman Act Behavioral Health Services, Inc. (Flagler)	P
Stewart Marchman Act Behavioral Health Services, Inc. (St. Johns)	P