

**FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
CRIMINAL JUSTICE, MENTAL HEALTH AND SUBSTANCE ABUSE
REINVESTMENT GRANT- GRANT # LHZ02- Amended
Submitted by Seminole County**

1. STATEMENT OF THE PROBLEM

Seminole County is submitting this Reinvestment Grant proposal in order to create a Centralized Coordination Project, which will be built around a new Community Resource Center (CRC). This plan will develop and implement a prevention and early intervention component to complement an established jail diversion continuum. For over 15 years, Seminole County has repeatedly demonstrated its commitment to adopting or devising ways to divert adults with mental illnesses, addictions, and co-occurring disorders from arrest and incarceration, and, for those who are arrested, providing services in the jail and through post-booking diversion, Adult Drug Court, and Mental Health Court. In 1997, the Seminole County Sheriff's Office (SCSO) was one of the early adopters of Crisis Intervention Team (CIT) training as a pre-booking diversion strategy, in collaboration with the National Alliance on Mental Illness of Greater Orlando (NAMIGO) and Seminole Behavioral Healthcare (SBH), the not for profit community mental health center for the county. In 1998, the SCSO and SBH signed a Memorandum of Agreement making SBH the Single Point of Access (SPA) for all persons with mental illnesses, addictions, or co-occurring disorders who were incarcerated and who qualified for post-booking diversion. In 2003, the passage of F.S. 951.26 created Public Safety Coordinating Councils (PSCC), and the following year Seminole County became one of the first counties in Florida to appoint a PSCC. To date, over 700 officers from the SCSO, six municipal police departments, and the Orlando-Sanford International Airport police force have been trained in CIT by SBH staff, NAMIGO volunteers, and SCSO personnel.

Since its inception, the PSCC has met continuously, maintained its required statutory membership (see Attachment 1), and conducted a Strategic Planning process which resulted in the 2010 formation of a Re-Entry Task Force. The PSCC is the County-designated Planning Council for the grant, and its members include the Sheriff as Chair, an Assistant State Attorney, Public Defender, State and County Probation, Circuit and County Judges, a County Commissioner, Chief Correctional Officer, Victim Advocate, State DOC, a Substance Abuse Provider, a Psychiatrist/Addictionologist, and a Primary Consumer. A list of members is included in Attachment 1. The Council meets quarterly, and has met four times in the past year. The Council will continue quarterly meetings indefinitely. Its next meeting is scheduled for January 16, 2014.

Target Population: Adults 18 and over, with an emphasis on those 18-25, will be the target population for this project, and for the Community Resource Center.

With an already well-defined system of jail diversion services, service delivery for our adult target population will be strengthened and augmented by the addition of this project's Community Resource Center.

SBH will collaborate with the Sheriff's Office and the Public Safety Coordinating Council (PSCC) to identify individuals with substance abuse, mental illnesses, or co-occurring disorders whose criminal involvement and/or at risk behaviors began in their teens with the Juvenile Justice system, and has continued into their adulthood. 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. SBH will also identify young adults at risk due to repeated encounters with Emergency Rooms, Crisis Stabilization Units, Detox Facilities, and law enforcement. Observed risk factors in this population include use of gateway substances such as marijuana and K2, underage drinking, and driving infractions.

In terms of the Four Quadrant Model depicted in Attachment 2, with the axes being high and low criminality and high and low mental illness and/or addictions, the target population falls in Quadrant 1, low criminality and low mental illness and/or addiction, and the nature of the services to be offered through the Community Resource Center will aim toward preventing exacerbation of symptoms or more serious forms of criminality. This will afford the target population for this project a priority on par with the populations served by the jail diversion efforts developed over the course of 15 years.

Services Currently Available in the Community: Adults in Seminole County have access to services through Seminole Behavioral Healthcare, South Seminole Hospital (SSH), and other private community providers. These services include psychiatrists and ARNP's who prescribe psychotropic medications; a 30 bed Crisis Stabilization Unit; a 40 bed adult psychiatric hospital unit; an intensive, 34 bed co-occurring residential treatment facility; a 12 bed Level 2 group home; 5 ALF's with Limited Mental Health licensure; 27 Shelter Plus Care units; a 12 unit 811 PRAC apartment complex; a psychosocial rehabilitation program with over 100 persons enrolled; a Clubhouse International-certified Clubhouse with over 60 members; Adult Targeted Case Management; two homeless outreach teams; a 40 bed homeless shelter; Supportive Services for Veteran Families; brief, solution-focused crisis counseling; trauma-informed, co-occurring capable services; a medical benefits office offering SOAR benefits advocacy; Patient Assistance Programs; SNAP, LIHEAP, and Medicaid enrollment; EAP services; Forensic Care Management; post-booking jail diversion; State Hospital liaison; peer support and Peer Specialists; and a Federally Qualified Health Center. The Community Resource Center will leverage many of these resources as primary or ancillary services for members of the target population.

Service Gaps in the Community: The major service gap for Seminole County is the lack of a Florida Assertive Community Treatment (FACT) Team. This highly intensive and comprehensive service is available in 31 Florida counties. Each Team has 14 members, including a full time psychiatrist, case managers, vocational specialists, and peer specialists. They serve the 100 persons in their service area who are at highest risk for institutionalization or incarceration.

Extent of the Problem: The problem, and the opportunity, is that Seminole County ranks above the State average for its percentage of adults who use services for mental health, substance abuse, and co-occurring disorders and who are arrested and incarcerated (Seminole County Data – Florida Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center, 2010), indicating a need for increased services to meet demand and provide care. Additionally, estimates place the rate of functional illiteracy in the county at as much as 18.1% (National Center for Education Statistics). Of Florida's 67 counties, Seminole ranked 15th of 67 counties in the number of Baker Act Examinations initiated (Annual Report of Baker Act Data, Summary of 2011 Data, Released January 2013, University of South Florida; Florida Mental Health Institute).

The additional support made possible by this grant will be used to develop new partners and new services through the Centralized Coordination Project, strengthening the pre-booking component of the diversion continuum (Intercept 1), which will further reduce arrests and prevent deeper penetration into the system. These new services will be housed in a new intercept point, Intercept 1.1, the Community Resource Center (CRC). The new CRC and its network of partners will comprise the Centralized Coordination Project, which will emphasize prevention and early intervention. The CRC's services will be those which are currently in need of increased emphasis in the community for the target population, including housing, employment, education, and benefits enrollment.

Geographic Environment: At 345 square miles, Seminole County is the second smallest county, by land area, in Florida (Census 2000 U.S. Gazetteer Files: Counties, 2011). Situated between Volusia County (Daytona Beach) and Orange County (Disney World), the county went from an agriculture-based economy in the 1950's to a mixed suburban county with a variety of businesses and industries, and saw an 81% growth in population from 1970 to 2010. The 2012 estimated population is 430,718, and Seminole is ranked as the 33rd fastest growing county in the country (U.S. Census Bureau 2010-2011). Much of the northern half of the county (Sanford, Geneva, Chuluota) is still rural in character.

Priority as a Community Concern: Because Seminole County, primarily through the Sheriff's Office and Seminole Behavioral Healthcare, has made services to persons with mental illnesses and co-occurring disorders who are involved or are at risk for involvement in the criminal justice system a high priority for over 15 years, influential members of the community, as well as the

community at large, are well aware of the needs of this population, and of what is being done to meet their needs. In addition, the Department of Children and Families, and more recently Central Florida Cares Health Systems, the Managing Entity for the Central Region, have led, and will continue to lead the way in helping to ensure that the target population is recognized by all segments of the community as a high priority.

Jail Data and Trends: The John E. Polk Correctional Facility (County Jail) houses a maximum capacity of 1,240 local, state, and federal inmates. In 2012, there were 15,034 incarcerations. 100% of those individuals received a healthcare screening designed to detect, among other conditions, the presence of substance abuse or mental health needs. According to the Sheriff's Office, the percentage of inmates who received a referral to the jail's Mental Health Team as a result of that screening was at 78% in 2012. Of those 11,727 inmates, 2,508, or 21%, went on to receive treatment while in the jail from the Single Point of Access (SPA) Team, which is comprised of the jail's Mental Health Team and Forensic staff from SBH (SCSO, Intake Release Services, May 2013). There will be more discussion of the SPA Team's role and composition in Section 2. From 2001-2010, 8.1% of Seminole County inmates received mental health services, 1.8% received substance abuse services, and 12.6% received services for co-occurring disorders, for a total of 22.5% for all disorders. Trends in county jail populations in Florida show a 13% decline in average census of all jails from 2007 to 2010 (Florida Department of Corrections 2010 Annual Report). During the same period, the average daily census of the Seminole County jail declined by 12%, from 1016 to 892 inmates (PSCC Quarterly Reports, 2012). Factors which place the Target Population at risk of entering or re-entering the criminal justice system include the possibility of substance abuse relapse among persons with co-occurring disorders, the likelihood that, if these individuals do not comply with community based treatment, they will experience exacerbation of symptoms contributing to dangerousness to self or others or criminal behavior, and the ongoing risk of homelessness and the associated risks of stealing, robbing, prostitution, or other illegal means of survival. This Program is designed to attack those risk factors aggressively and comprehensively.

Forensic Admissions: In 2012, there were 10 admissions to Forensic State Treatment Facilities. There were 28 admissions in 2009, 22 in 2010, and 14 in 2011. This positive trend was a contributing factor in the decision to focus on creating new resources for prevention of incarceration and early intervention for those who are incarcerated through the development of the Community Resource Center. Through strengthening the system as a whole, SBH forecasts a further reduction in Forensic admissions of 10% per year for the next three years.

2. PROJECT DESIGN AND IMPLEMENTATION

PROJECT DESIGN

Centralized Coordination Project: The Centralized Coordination Project for which Seminole County, and its Lead Agency, Seminole Behavioral Healthcare (SBH) are submitting this proposal builds upon the relationships established over the more than 15 years in which the stakeholders in jail diversion have devised and implemented strategies for pre-booking diversion (CIT), in-jail treatment (the SPA Team), and post-booking diversion (Mental Health Court and Adult Drug Court). The Project envisions a Sequential Intercept model (Attachment 3) with four intercept points:

- Intercept 1.0, takes place through pre-booking diversions, most frequently CIT, but it also incorporates other intercept points. It will divert persons - who are members of the target population, are at risk due to being high utilizers of emergency services and/or crisis services including crisis stabilization and detox, or who are homeless or precariously housed - to the Community Resource Center, which is conceptualized as Intercept 1.1.
- Intercept 2 is for those who are arrested and intercepted by the SPA Team, which was created by the 1998 Agreement between SBH and the SCSO. The SPA Team, a blend of SCSO and SBH staff, embodies the close level of collaboration which the two organizations enjoy. This collaboration is reinforced and supported by the County's Mental Health and Substance Abuse Task Force, which was created by the PSCC shortly after its formation in order to give the SPA Team and other clinical staff from SBH a regular forum from which to consider and make recommendations specific to treatment to the PSCC (for the Task Force membership, see Attachment 4). Such collaborations are often referred to in business as "boundary spanning", in which organizations "reach across borders in order to manage complex problems" ("What is Boundary Spanning?" Promoting Health Access Across Boundaries, Case Western Reserve University 2010). In this case, the primary boundary spanner is Valerie Westhead, MD, who chairs the SPA Team, and serves as both the Chief Medical Officer for SBH and the Psychiatric Consultant for the SCSO. The SPA Team serves as the bridge for re-entry into the community by way of the CRC.
- Intercept 3 includes the specialty courts for adults, the Drug Court and the Mental Health Court. They are at the heart of the post-booking diversion efforts.
- Intercept 4 is Re-Entry, which will be facilitated by the Care Managers and Peer Specialists assigned to the Community Resource Center.

Stakeholders and partners enhancing Intercept 1.0 include the Emergency Departments of Seminole County's three hospitals, South Seminole Hospital, Florida Hospital Altamonte, and Central Florida Regional Hospital; SBH's two homeless outreach teams, PATH and HOPE, which together see over 600 unduplicated adults each year; and other area hospitals and CSU and Detox

facilities in neighboring counties which often see Seminole County residents. Key staff of these facilities and programs will be trained on how to access the CRC.

At Intercept 1.1, the Community Resource Center offers target population members Care Management from Forensic staff and Peer Specialists both on-site and as a community based transition to Intercept 4, Re-Entry. On-site supports at the CRC will include computer kiosks where clients can search for housing, employment (Workforce Central Florida), education (Seminole State College), and benefits. The CRC will be co-located with SBH's Medical Benefits Office, where staff trained in SOAR will assist clients who may qualify for SSI and/or Medicaid with the application process. In Year 2 of the Project, short term Shelter beds will be brought on line for clients entering the CRC who have been homeless and will need a brief respite while the Care Managers secure more permanent housing.

Dispositions from the Community Resource Center to Intercept 4 involve another constellation of partners including the State Attorney and Public Defender (Assisted Outpatient Treatment, Post Booking Diversion, Mental Health Court and the Veteran's MH Court docket), VA services (through the Supportive Services for Veteran Families housing program), and other SBH housing options offered in partnership with the Homeless Services Network, to include Shelter Plus Care, a Level 2 Residential Treatment Facility, an intensive residential program for persons with co-occurring disorders, and short-term Shelter beds scheduled to come on line in Year 2 of the grant. The Community Resource Center will also offer support to family members, through SBH educational initiatives, marriage and family counseling, and partnerships with NAMI for Family to Family and Peer to Peer trainings.

PROJECT IMPLEMENTATION

Goal, Objectives, and Tasks, Accomplishment of Which is the Responsibility of Seminole Behavioral Healthcare

Goal: Divert members of the target population from arrest, prosecution, or incarceration, to substance abuse and/or mental health treatment or prevention services.

Objectives:

Objective 1. Create a Centralized Coordination Project within eight months of the execution of the MOU, to include creation of a Community Resource Center.

Tasks

- a. Establish an MOU with all participating law enforcement agencies outlining the transportation plan, and the roles and responsibilities of each party (see Attachment 5, the Baker Act Transportation MOU currently in effect).

- b. Establish an MOU with the local Homeless Coalition outlining planning strategies and available housing alternatives in the community (see attached MOU in Letters of Commitment section).
- c. Hire and train relevant staff, including Peer Specialists. Establish a collaborative relationship between the Community Resource Center and law enforcement, judicial personnel, families, and consumers of substance abuse and/or mental health services, and substance abuse and mental health providers.
- d. Screen potential Program participants using the Ohio Risk Assessment System (ORAS), and the Daily Living Activities – 20 (DLA-20). These evidence-based screening tools, along with employment of the Target Population criteria, will ensure that SBH has a complete picture of the needs and potentials of the persons selected for the Program (see Attachment 6, ORAS information). The DLA-20 measures 20 dimensions of performance in daily living skills, and was selected by the National Council for Community Behavioral Healthcare for use in a nationwide study in which SBH was a participating agency. (See Attachment 7.)

Objective 2. Assure that individuals and entities that will be working with the Target Population are adequately trained in identifying or delivering recovery-oriented services.

Tasks

- a. Train law enforcement and other community partners in the principles of Crisis Intervention Teams (CIT).
- b. Participating law enforcement agencies will use CIT training, and training on the role and purpose of the Community Resource Center, to identify and respond to incidents involving mentally ill offenders.
- c. Develop a 16 hour CIT refresher course for the 700 officers in Seminole County who have already completed CIT training (see Attachment 6, Training Plan).
- d. Offer Mental Health First Aid training to all Community Resource Center staff and law enforcement officers.
- e. Engage families and other natural supports to reduce the likelihood of subsequent crises.

Objective 3. Increase access to mental health and/or substance abuse treatment or prevention services for program participants identified in the Target Population.

Tasks

- a. Create an information system for identifying those individuals who receive Program services and how they will be followed for at least one year.
- b. Work with the agencies involved in the Centralized Coordination Project to assure that individuals are receiving coordinated substance abuse and/or mental services, identifying the nature and extent of those services, and payer sources.

- c. Use Evidence-Based Practices such as Motivational Enhancement Therapy and Cognitive Behavioral Skills Training, and employ co-occurring capable services, as measured by the Co-Morbidity Program Audit and Self-Survey (COMPASS), and the Co-Occurring Disorders Educational Competency Assessment Tool (CODECAT). These constitute essential elements in the recovery-oriented system of care at SBH (see Attachment 8, Co-Occurring Action Plan).

Objective 4. Increase public safety by reducing the number of arrests for the Target Population.

Tasks

- a. Demonstrate that there is an active and updated Strategic Plan for the Program in the community and that the Planning Council meets on a regular basis to implement elements of the plan. The PSCC will begin a new Strategic Planning cycle in January, 2014. The Plan will incorporate the goals of this Project.
- b. Provide individuals with interventions associated with reduced criminal justice recidivism in the Target Population, using the CRC to implement those interventions.
- c. Have available, through the Community Resource Center, a system to track arrests of individuals prior and subsequent to their involvement with the Project for at least one year.
- d. Law enforcement agencies participating in the Project will continuously assess current practices and capacity by participating in Program evaluation activities, and in the ongoing trainings offered as part of the CRC. By so doing, they will expand arrest diversion opportunities.

Objective 5. Assist Program participants in locating and engaging in educational, employment and housing opportunities which will further their recovery.

Tasks

- a. Create a Community Resource Center available to all Program participants on the Sanford campus of SBH, which, in partnership with SBH's Public Receiving Facility, will receive referrals from law enforcement, community partners, and SBH programs and staff.
- b. The CRC will have computer kiosks available, along with Peer Specialists and Care Managers, to assist Program participants in enrollment in GED and college courses, job searches, and access to supportive and independent housing.

Key Stakeholders and Partners: The Department of Children and Families, the Managing Entity for the Central Region (Central Florida Cares), Law Enforcement Agencies, the Public Safety Coordinating Council and its committees, Seminole Behavioral Healthcare, the SPA Team and the jail, NAMIGO, hospitals, Seminole County Government, municipalities, chambers of commerce, news media, the judiciary, and the County Commission are among

the key partners whose interests include the health, safety, and wellbeing of all the citizens of Seminole County, especially those with disabilities which include mental illnesses and substance abuse disorders.

Ongoing involvement of the PSCC as the Planning Council: Sheriff Eslinger will ensure that reports from SBH on the Reinvestment Grant's progress toward its goals, objectives, and tasks are a standing agenda item at each PSCC meeting. SBH will ensure that the PSCC receives timely, accurate, and comprehensive data on all aspects of the Program.

Communications, Meetings, and Decision-Making: SBH will ensure that all stakeholders as well as the community at large have regular reports and reminders of the activities, problems, and successes experienced by the Program, and will make presentations at meetings of the County Commission, civic groups, and other interested parties to impart information, answer questions, and hear and address suggestions and concerns. Major decisions about the Program will be a matter of public record.

3. CAPABILITY AND EXPERIENCE

Capability of the Applicant to Meet Program Objectives: Seminole County and its partner organizations have been among the leaders in the State in jail diversion initiatives for over 15 years. The objectives of this grant are a natural fit for the enhancement of those existing initiatives.

Proposed Collaboration Structure: Seminole County, as the applicant for this grant, has designated Seminole Behavioral Healthcare as the Lead Agency that will provide the required services under the grant. For details on SBH see Attachment 9, Corporate Resume. SBH is pleased to work in collaboration with the Seminole County Sheriff's Office, which is the lead Law Enforcement agency for this project. Letters of Commitment from both agencies are attached. SBH was founded in 1969 as Seminole Community Mental Health Center, Inc., and in the ensuing 44 years it has established a reputation for both innovation and fiscal responsibility. SBH is accredited by CARF, and it has been awarded pilot projects by the National Council for Community Behavioral Healthcare. Its current CEO, COO, and CFO have combined experience of over 60 years. They recognized early on the need to help adults with substance abuse, mental illnesses, and co-occurring disorders that are caught up in the criminal justice system to receive treatment, access alternatives to incarceration, and engage in meaningful community supports. They found a willing ally in the SCSO, and in Sheriff Don Eslinger, who became Sheriff in 1991. Only a few years after he assumed office, the SCSO and SBH began collaborating on the pre-booking and post-booking jail diversion initiatives which have been described in this proposal, and Sheriff Eslinger, working with his Department, the County Commission, and the other members of the Public Safety Coordinating Council, launched other

programs which expanded pre-trial diversion, created Drug Court and Mental Health Court, and reduced the jail population (seminolesheriff.org, June 2013). Detective Shannon Seiple, CIT Coordinator for the SCSO, will serve as the Liaison for this project representing the Sheriff. Charlotte Giuliani, SBH Project Director, will serve as SBH Liaison. Two groups form the mandatory collaboration structure for the project. The first, Seminole County's Public Safety Coordinating Council, established under section 951.26, F.S., has been designated as the planning council for this grant. In turn, the PSCC created the second group, which is the Re-Entry Task Force, in 2010 in order to devote particular attention to the Project's target population and ensure their successful transition from the Community Resource Center to the community. Most of the members of the PSCC are also on the Task Force, but the Task Force incorporates a broader cross section of community leaders who are interested in the successful return to the community of persons coming out of the jail. Those leaders represent the University of Central Florida, Seminole State College, the Seminole County School Board, the VA Medical Center, Hope & Help, which is the HIV/AIDS Ryan White lead agency for central Florida, Northland Church and First United Methodist Church, Goodwill, and the Seminole Prevention Coalition (See Attachment 10, Re-Entry Task Force roster). Reports on the Reinvestment Grant's progress will be standing agenda items for both the PSCC and the Task Force, and the SBH Project Director, Charlotte Giuliani, already serves on the PSCC, and will continue to do so. Dr. Valerie Westhead will continue to serve on both the PSCC and the Task Force. The PSCC will also consider nominating one of the Peer Specialists assigned to the project to serve on the Council. The PSCC retains the ultimate role of Planning Council for the Project.

Role of Consumers, Advocates, and Family Members: SBH has welcomed and encouraged the full participation of consumers, family members, and advocates in helping to improve existing programs and plan new services. Their participation was instrumental in bringing clubhouse services to SBH in 2006, and in making the SBH Clubhouse, "Sedona," a Clubhouse International (formerly ICCD) certified Clubhouse in 2008. NAMI of Greater Orlando (NAMIGO) offers a full array of support groups and educational offerings which will be made available to the clients of this project (See Attachment 11). NAMIGO's Letter of Commitment for this project is attached. Once Project clients have been identified and enrolled, and if they are willing to sign releases, their families will be contacted and invited to participate in the services offered by NAMIGO and by the CRC. For several years, SBH has provided space on its main campus for NAMIGO to hold their trainings and meetings, and Project clients and their families will be encouraged to attend. The participation of consumers on the PSCC in meetings of the leadership at SBH will be vital to the success of this project, as they bring their perspectives on the quality and relevance of the supports offered at the CRC, and the services provided by SBH to the project through other departments such as Residential, Psychosocial Rehabilitation, and Outpatient Medical Services.

Availability of Resources for the Project: Seminole Behavioral Healthcare has facilities on its main campus in Sanford to house the Community Resources Center and its staff. There are no zoning barriers associated with including the CRC on campus. SBH also brings the fiscal, HR, administrative, and programmatic infrastructure required for a program of this size and scope.

Staff and Subcontractors Participating in the Project: Seminole County's Resource Management Department will administer this grant. Angela Singleton, the Department's Financial Administrator, will be the grant Point of Contact, and will be responsible for finalizing project contracts, submitting grant progress and financial reports and monitoring the progress of the project.

Seminole Behavioral Healthcare as a Subcontractor Providing Commodities/Units of Services Overview: In accordance with the standard service industry practice for behavioral healthcare organizations, SBH will provide subcontractor units of service for grant funding and as in-kind match in accordance with the Unit Cost Method of Payment, also known as the Florida DCF Substance Abuse and Mental Health Performance Contracting System which has been in existence since the early 1990's and stated in the Florida Administrative Code (65E-14) since 2002. Rather than reimbursing agencies for specific staff time or expenditure cost reimbursement, rates are negotiated based on the various services that are provided in the continuum of care. Each client enrolled in the Project will receive services tailored to his or her individual needs at a frequency and duration justified by clinical necessity. This a la carte approach ensures that each enrolled client receives the necessary services, at the proper time, and in the required amount, in order to achieve optimal outcomes. Estimates of how the allocations may be utilized are illustrated in the Estimated Allocation charts attached to the Budget Section. SBH intends to utilize Charlotte Giuliani, CAP, as an Outreach Care Manager acting in the capacity of Project Director for the programmatic functions of the Community Resource Center, and serving as the Liaison representing SBH in the collaboration with SBH and the County. In her more than 20 years with SBH, Ms. Giuliani has served as the SBH law enforcement liaison; she serves on the State Attorney's Crisis Response Team; and she has been a lead instructor for CIT training for over 15 years. Her background in overseeing programs for the treatment of co-occurring disorders, in concert with her experience in law enforcement, make her ideally suited for this re-assignment. SBH intends to utilize Valerie Westhead, MD, as a board certified adult psychiatrist and addictionologist consultant for this project, as part of her duties with SBH and the SCSO. She will provide additional time for staffing cases with the Project Care Managers and Peer Specialists and will consult with the Project Director on medical and clinical needs and issues involving Project clients. Resumes for Ms. Giuliani and Dr. Westhead are available upon request.

SBH intends to carry out the major portion of its subcontracting grant funding by providing Outreach Care Management services. The units of service will be

delivered by existing SBH staff re-assigned to this Project or through outside recruitment of individuals with experience working with Forensic populations. Duties will include administration of the DLA-20 and ORAS screening instruments, assistance with Community Resources Center operations, and linkage to services and supports in the community. In addition, SBH intends to carry out some of the Outreach Care Management services by utilizing Peer Specialists, either as independent contractors or employees of SBH. For some time, several SBH clients have been preparing for this role in hopes that funding would become available. They will work under Ms. Giuliani's leadership to help oversee CRC operations, link clients to community resources, and assist in NAMIGO's Peer to Peer and Family to Family trainings. It is hoped that one of the Peer Specialists will be nominated to serve on the PSCC to consult on the Project's progress and serve as another voice for consumers on that Council. Other key services to be provided by either grant funding or as match provided by SBH as a subcontractor are described in detail in the SBH Rate Table and SBH Rate Table Service Descriptions contained in the Budget Section of this proposal.

4. EVALUATION AND SUSTAINABILITY

Seminole County considers this project to be of critical importance to the safety and quality of life of Seminole County residents. It will mark yet another enhancement to a continuum of criminal justice diversion components first undertaken in the mid-1990's by Seminole Behavioral Healthcare, the Seminole County Sheriff's Office, and the Public Safety Coordinating Council. Seminole County residents who are adults over 18, particularly those aged 18-25, and who have demonstrated that they are at risk for incarceration deserve a new emphasis on prevention and early intervention which incorporates benefits enrollment, educational, vocational, housing, and treatment options offered through a one-stop Community Resource Center. Therefore, setting credible indicators for project success, so that continuous improvements can be made and lessons can be learned, is vital for today and for the future. Seminole County will engage a recognized external evaluator for the project with experience in mental health and criminal justice collaborations.

EVALUATION

Measures of Effectiveness:

1. Stakeholder surveys will be conducted with members of the target population, and, as applicable, their families, as to their satisfaction with services received. The stakeholders identified in the Sequential Intercept graphic (Attachment 3) that will receive training on the Community Resource Center's

- criteria and services will be surveyed as to whether they referred persons who became part of the target population, and if so, whether they were satisfied with the process and outcome. Stakeholders who receive referrals from the CRC (Intercept 4) will be surveyed as to the appropriateness of the referrals and the quality of the information they received.
2. Service coordination will be assessed by way of surveys of the members of the PSCC and Re-Entry Task Force regarding the degree to which the CRC has successfully engaged law enforcement, criminal justice, and community partners in the project, as well as opportunities for improvement.

Performance Measures:

1. Percentage reduction of re-arrests among project participants will be 80%. Arrests pre and post project participation will be compared. Because the project is targeting young adults who may not have a significant number of arrests, that factor will be taken into account and disclosed when project results are published.
2. Increased access to comprehensive community-based recovery services: Project clients will receive comprehensive assessments and individualized treatment plans which will identify needed services, and client surveys conducted quarterly will demonstrate that 90% of clients show successful engagement with all identified services.
3. The percentage change from admission to the Community Resource Center (Intercept 1.1) to Re-Entry (Intercept 4) of clients who reside in stable housing: At least 90% of CRC clients who were documented to be homeless or precariously housed upon admission will have stable housing when they achieve re-entry.
4. Social Security benefits: 100% of project clients who were without benefits upon admission and who appear to meet criteria for benefits will receive SOAR assessments, and at least 75% of those will be awarded benefits during the grant period.

Deliverables:

1. Target number of individuals to be served by the project: Over the course of 3 years, at least 125 at-risk clients who meet ORAS and DLA-20 screening criteria will be served.
2. Role of CIT officers: Of the over 700 officers trained in CIT, at least 100 will complete the 16 hour CIT Refresher training over the 3 years of the grant as evidenced by SCSO training records, and post training surveys will show that at least 90% of officers will state that the training improved their effectiveness in responding to calls involving persons with mental illnesses, addictions, or co-occurring disorders
3. Reduced admissions to Forensic State Treatment Facilities: Admissions from SBH have been trending down for the last 4 years, and that trend will continue by at least 10% per year through the continued use of community

alternatives and through collaborations with criminal justice partners to identify and enforce alternative community sanctions.

Project Evaluation Methodologies: Seminole County's Resource Management Department will be responsible for filing progress, financial, and evaluation reports in a timely manner with the Department of Children and Families, in accordance with the Project Timeline. These include:

- Quarterly Program Status Report
- Quarterly Financial Report
- Final Program Status Report
- Final Financial Report

SBH will collect, compile, and report data as outlined above on the Project's Performance Measures and Deliverables, and its Financials, through its established and extensive resources for reporting results to Federal, state and local funding sources, licensing authorities, and regulators. As a CARF accredited organization, SBH has a well established Quality Improvement structure supported by a meaningful-use certified electronic health record (Anasazi) and a robust MIS platform. Seminole County and SBH have experience with SAMHSA grants and SBH has experience with national research projects awarded by the National Council for Community Behavioral Healthcare, all of which entailed extensive data gathering and reporting. SBH is fully prepared for, and fully capable of, exemplary performance in carrying out the activities of this project.

SUSTAINABILITY

This project, as previously stated, affords Seminole County and Seminole Behavioral Healthcare the chance to enhance SBH's jail diversion continuum, which already represents a signature accomplishment. Sustaining the project beyond 2013 will therefore be a high priority for the county and the agency. Since the 2010 Reinvestment grantees have the opportunity to compete for this grant cycle for funding in order to continue the work they are doing, the County and SBH will, if awarded this project, approach it with the idea that if, in 2016, a new reinvestment grant is put out for bid and the County and SBH have the chance to compete for it, that is a powerful incentive to produce the best results possible in the coming 3 years. Regardless, SBH will prepare a case for support based on its successful record of achievements in every program it has instituted, its impeccable reputation for high quality and fiscal responsibility, and its determination to constantly find new and better ways to serve persons with mental illnesses, addictions, and co-occurring disorders, to work with its Board, its state and local elected officials, and its community to find ways to maintain this program in Seminole County.

5. DISCLOSURE REGARDING SEMINOLE BEHAVIORAL HEALTHCARE

On June 5, 2013, the Center for Drug Free Living and Lakeside Behavioral Healthcare, two large and well-respected central Florida behavioral healthcare organizations, along with Seminole Behavioral Healthcare, announced plans to merge and operate under the new corporate name Aspire Health Partners. The merger will occur in phases over the course of the next three years. Should Seminole County be awarded this grant, SBH will still be the Lead Agency under its current 501 (c) 3 designation until the next funding cycle. Aspire will eventually assume responsibility for this project contract, and all other contracts currently held by the three parties to the merger.