

3.8.4 Project Narrative

3.8.4.1 Statement of the Problem

Martin County seeks Florida Department of Children and Families' support to expand treatment to individuals with mental health diagnoses. Martin County's Mental Health Court became operational in 2007, and serves a caseload of approximately 25-30 people at any given time. Participants receive individualized treatment services and have their charges dropped upon successful completion of program requirements. However, poor access to treatment, lack of housing, limited employment services, and inadequate case management has limited the program's success. The Martin County Mental Health Court provides a foundation for future improvements in addressing the needs of arrestees with mental illness. Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant resources will help Martin County provide a continuum of care, improve the delivery of necessary social services, and expand the caseload to 75-100 participants.

3.8.4.1.1 Analysis of Current Jail Population

Martin County faces a jail overcrowding problem. From 2006 to 2016, Martin County's jail population grew from 525 to 696. The average jail stay is 28 days for the total population. This overcrowding is exacerbated by the increasing number of inmates diagnosed with mental illnesses and disorders. The jail averages 200 new mental health patients annually. Between 2006 to 2016, there was an 80% increase in the number of mentally ill inmates identified at booking, and an almost 105% increase in inmates Baker-Acted from 50 to 105.

Approximately 200% of inmates report receiving mental health care prior to incarceration. More than 25% of inmates report a previous mental health hospitalization. Co-occurring disorders are found in 80% of the jail population. A recent study of the Martin County Jail reveals that almost 30% of inmates housed there are taking psychotropic medications. These defendants generally have a longer stay in jail (an average of 3 to 6 months).

Jail space is limited. It is not possible to separately house the "general" and "mentally ill" populations. This often results in disruptive behaviors detrimental to inmates and requiring staff intervention.

While Mental Health Court is helping to divert some offenders, Martin County's inability to closely monitor participants and provide the needed treatment services contributes to high recidivism rates.

3.8.4.1.1.1 Screening and Assessment Process

Defendants with no prior history or a very limited prior criminal record will be allowed admission to Mental Health Court upon entry of a guilty or no contest plea to the instant

charges pursuant to the assigned Assistant State Attorney's assessment of the totality of the circumstances. Upon successful completion of the Mental Health Court program, the plea will be withdrawn and the State will dismiss charges.

Upon acceptance into Mental Health Court, individuals participate in an administrative process consisting of the collection of identifying data, determination of financial status, and signature of consent for treatment. In addition, each client participates in a clinical assessment consisting of the following: psychosocial assessment, alcohol/drug use history, discussion of an initial treatment plan, a review of program schedule, completion of appropriate release forms, as well as any legal requirements for documentation and follow-up.

3.8.4.1.1.2 Percentage of Persons Admitted to Jail with Mental Illness, Substance Abuse Disorder, or Co-Occurring Mental Health and Substance Abuse Disorders

According to the Martin County Jail Administrator, the percentage of inmates with mental illness, substance abuse disorder, or co-occurring mental health and substance abuse disorders exceeds 80%. Early intervention for mental health and substance abuse offenders provides opportunities to offer appropriate care and significantly reduce the cost of incarceration.

3.8.4.1.1.3 Analysis of Observed Contributing Factors that Affect Population Trends in County Jail

The Nineteenth Judicial Circuit continues to experience an increase in individuals charged with drug arrests and mental health related crime. The effect of which has been expanded use of court time in the form of arraignments, pleas and/or trials, sentencing and/or probation, and violations of probation. Another by-product has been an attendant increase in drug-charged and mentally ill or co-occurring disordered defendants sentenced to Martin County Jail at an average cost of \$94/day (\$120 for those on psychotropic drugs). A recent study of the Martin County Jail reveals that almost 30% of inmates housed there are taking psychotropic medications. These defendants generally have a longer stay in jail, an average of three to six months. The average offender returns to jail four additional times for 90 days each time. By breaking that cycle during the first jail term, Mental Health Courts save an average of one year in incarceration per drug offender at a savings of \$28,000 per year. The savings in probation costs, though uncalculated, could be similarly staggering. Finally, additional savings come when these individuals return to their lives as productive citizens – paying taxes instead of draining taxpayer dollars because of their addictions.

With the passage of Amendment 1, the accompanying reductions to the budgets of local government and current economic climate, local substance abuse and mental health prevention/treatment resources are experiencing significant cuts to their operating costs. With unemployment remaining high and tax revenues falling, this is a critical time for reforms like Mental Health Courts. In 2007, the Stuart News reported that the highest

incidence of drug abuse was among the unemployed. In January 2016, the unemployment rate in Martin County hit 5.2% percent, up two percentage points over 2014. According to a report in the Scripps Treasure Coast Newspapers, as unemployment rose, fatal overdoses involving Oxycodone doubled. With the closure of “Pill Mills” in South Florida, many addicts have turned to intravenous Heroin, Methamphetamine, and Fentanyl as well as a host of synthetic drugs as substitutes.

Currently, individuals who would otherwise qualify for inclusion in Drug Court and Mental Health Court are unable to do so without the funding needed to participate in initial assessment, counseling, drug testing and mental health counseling/screening. As a result, participation in Mental Health Court is only available, at present, to those select few who either have funds and/or insurance available to pay for services which will enable the individual to successfully complete Mental Health Court. This does not offer equal opportunity to all possible participants.

In 2001, the Florida Legislature enacted House Bill No. 199, implementing treatment-based drug court programs in each judicial circuit in an effort to reduce crime and recidivism, abuse and neglect cases, and family dysfunction by breaking the cycle of addiction which is the most predominant cause of cases entering into the justice system. Unfortunately, no funding for services followed this mandate.

The Community Mental Health Act of 1963, intended to discharge individuals with mental illness from state mental institutions into community-based care, received through federally-funded Community Mental Health Centers. However, funding never materialized and, as a result, jails and prisons have become de facto psychiatric facilities in the United States, typically housing and treating more people with severe mental health disorders than the state mental hospitals in their jurisdiction.

In the absence of adequate community-based services, individuals with mental health disorders often behave in ways that entangle them with the criminal justice system. Jail and prison often present the only opportunity to receive some form of mental health and/or substance abuse treatment.

3.8.4.1.1.4 Data and Descriptive Narrative of Specific Factors that Put Target Population At-Risk of Entering or Re-Entering Criminal Justice System

Crime rates are increasing in Martin County. Between 2014 and 2015, arrests rose 1.3% in Martin County (from 6,508 to 6,954). In particular, Martin County saw a spike in violent crimes of 8.8% during the last year (from 251.7 to 273.9).

According to the President and CEO of the Florida Council for Community Mental Health Centers, the State of Florida ranks 49th per capita in mental health spending with \$39 per day per person budgeted. Additionally, 50% of lifetime mental illness diagnosed in Florida begins by age 14; and, only 42% of adults with severe/persistent mental illness and 18% of children who are at-risk of emotional disturbance have their needs

met. Florida also ranks 3rd nationally for homeless population and 2nd in the number of children in detention facilities. Forensic commitments are the fastest growing segment of mental health consumers and commitments are up 72% in the State of Florida since 1999.

Martin County's problem is America's problem. Last summer, *The Atlantic Monthly* reported that at least 400,000 inmates now behind bars in the United States suffer from some type of mental illness. And the National Alliance on Mental Illness estimates that between 25 and 40 percent of all mentally ill Americans will be incarcerated at some point in their lives. Often, they're poor.

A number of factors limit the Mental Health Court's ability to effectively serve participants, and increases the risk of incarceration and recidivism in Martin County, including:

- There is little treatment currently available for individuals re-entering the community. The needs of Martin County Mental Health Court clients have exceeded the available resources and left those with substance abuse issues waiting excessive amounts of time for mental health services.
- Case management is limited, and does not enable the Mental Health Court to monitor participants' progress.
- Random drug and alcohol testing is not adequate due to slow laboratory testing. An on-site lab is needed to provide more reliable and frequent testing.
- There is a serious lag time in developing and directing client treatment plans.
- Martin County Mental Health Court collaborates with established service providers to assist clients and facilitate their return to the community. Although many of these collaborations are established, the quantity and quality of service is insufficient in some instances, and the collaborations often are not formalized.
- Few Martin County police officers have received Crisis Intervention Team (CIT) training to avert arrest through better understanding of mental health and substance abuse disorders.
- There is limited transitional housing in Martin County, which provides opportunities for participants with a co-occurring disorder and no appropriate or available housing to obtain outpatient substance abuse treatment within a structured living environment.
- Those who have mental illness and also identify themselves as being homeless have difficulty entering Mental Health Court as it is difficult to access transitional housing in Martin County.
- Medication access is a challenge for the uninsured and underinsured.
- Medication management is missing for those who receive services from private providers and the court must rely, for the most part, upon client self-reporting.
- There are limited employment service providers who can help place Mental Health Court participants into jobs.
- Martin County has no in-patient mental health facility in the area. There is a plan to develop an in-patient mental health center at the Sheriff's jail facility.

3.8.4.1.2 Analysis of Target Population

The Martin County Mental Court's target population includes those offenders charged with a misdemeanor or felony offense who are mentally ill, and desire to be considered for admission into the program, and are approved by both the victim (where applicable) and by the State Attorney's office. Upon a determination of competency, the State Attorney uses Misdemeanors and Felonies criteria to determine whether the case should remain in the Mental Health Court. If it is determined that the offender should not be admitted into Mental Health Court, the case is transferred back to the original division. Participation in Mental Health Court is entirely voluntary.

The Martin County Mental Health Court serves a caseload of approximately 25-30 people at any given time. With Florida Department of Children and Families' support, Martin County will expand the caseload to 75-100 participants.

A Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant will help Martin County fulfill the goals of its Strategic Plan. Specifically, State funding will support:

- CIT training of police officers to effectively assess and respond to calls where mental illness may be a factor.
- Provide more defendants with pretrial release options and effective substance abuse treatment.
- Monitor medication access and management.
- Facilitate participants' sustained engagement in treatment, mental health and supportive health services, and stable housing with improved case management.

BRIEF JAIL MENTAL HEALTH SCREEN

Section 1

Name: _____ <small>First MI Last</small>	Detainee #: _____	Date: ___/___/_____	Time: _____ AM PM
---	-------------------	---------------------	----------------------

Section 2

Questions	No	Yes	General Comments
1. Do you <i>currently</i> believe that someone can control your mind by putting thoughts into your head or taking thoughts out of your head?			
2. Do you <i>currently</i> feel that other people know your thoughts and can read your mind?			
3. Have you <i>currently</i> lost or gained as much as two pounds a week for several weeks without even trying?			
4. Have you or your family or friends noticed that you are <i>currently</i> much more active than you usually are?			
5. Do you <i>currently</i> feel like you have to talk or move more slowly than you usually do?			
6. Have there <i>currently</i> been a few weeks when you felt like you were useless or sinful?			
7. Are you <i>currently</i> taking any medication prescribed for you by a physician for any emotional or mental health problems?			
8. Have you <u>ever</u> been in a hospital for emotional or mental health problems?			

Section 3 (Optional)

Officer's Comments/Impressions (check <i>all</i> that apply):			
<input type="checkbox"/> Language barrier	<input type="checkbox"/> Under the influence of drugs/alcohol	<input type="checkbox"/> Non-cooperative	
<input type="checkbox"/> Difficulty understanding questions	<input type="checkbox"/> Other, specify: _____		

Referral Instructions: This detainee should be referred for further mental health evaluation if he/she answered:

- YES to item 7; OR
- YES to item 8; OR
- YES to at least 2 of items 1 through 6; OR
- If you feel it is necessary for any other reason

Not Referred

Referred on ___/___/_____ to _____

Person completing screen _____

INSTRUCTIONS ON REVERSE

MARTIN COUNTY HEALTH & HUMAN SERVICES
ADMISSIONS/SCREENING PROFILE

CLIENT INFORMATION

Date: _____ Client name: _____ Client #: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth/Age: _____ S.S. #: _____

Sex: M ___ F ___ Ethnicity/Race: _____ Religion: _____ Citizenship: _____

Student (grade and school/suspended or expelled for offense) _____

Occupation: _____ Status: Full Time Part Time Unemployed Not in labor force

Employer: (name, address, phone #) _____

Marital Status: married single divorced widow(ed) separated Are you a Veteran? ___ Yes ___ No

Who do you live with and their relationship to you (include all parties living in the home and for adolescent not living with biological parents/why?) _____

Contact information in case of emergency: (name, relationship, & phone #)

HEALTH INSURANCE/SOCIAL WELFARE/FINANCIAL INFORMATION

Health Insurance Company: _____ Medicaid: _____ Medicare: _____

Monthly Income: _____ Unemployment benefits: _____ SSDI: _____ Food stamps: _____

PRESENTING PROBLEM

Who referred you: _____

Why were you referred: (what happened) _____

What service is to be provided: Mental Health Assessment Substance Abuse Evaluation Screening

Assessment Type: _____ Initial _____ Update/Amendment

Program component: ADC JDC DDC MC School/Diversion Court U-refer Baker act Marchman act

STAFF USE ONLY-DIAGNOSIS/TREATMENT RECOMMENDATIONS/COMMENTS

MARTIN COUNTY HEALTH & HUMAN SERVICES

ASSESSMENT

Client Name: _____ Date: _____

LEGAL

Present arrest/legal status/currently incarcerated:

Do you have an attorney? (name, address, & phone #)

Legal/criminal history & disposition

Are you on probation, with whom and why?

Are you eligible or do you have a valid driver's license? (explain) _____

Are you a US citizen, here on Visa, undocumented immigrant? (explain) _____

DRUG/ALCOHOL

Age of first alcohol use _____ last use _____ frequency of use & amount _____

Have you ever experienced: (circle all that apply) loss of control, blackouts, hallucinations, seizures, hangovers, withdrawal, drank more than intended, done and/or said things under the influence you would not normally had you not been under the influence, place yourself or someone else in danger by your behavior under the influence (explain circled answers) _____

Have you had any period of abstinence from alcohol (explain) _____

Have you ever had any alcohol related problems (explain) _____

other drug use	age/first use	last use	frequency	periods of abstinence
----------------	---------------	----------	-----------	-----------------------

marijuana	_____	_____	_____	_____
-----------	-------	-------	-------	-------

cocaine	_____	_____	_____	_____
---------	-------	-------	-------	-------

opiates	_____	_____	_____	_____
---------	-------	-------	-------	-------

benzodiazepines	_____	_____	_____	_____
-----------------	-------	-------	-------	-------

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

Drug/alcohol-continued

Have you ever taken someone else's prescription medicine or obtained these from someone other than a doctor (explain) _____

Have you ever mixed one drug with another or with alcohol (explain) _____

Ever had any problems when you quit using any substance _____

What is your longest period of abstinence in the last two years (why) _____

What is your substance of choice (includes alcohol) _____

Last use of any substance _____

How long do you feel substances have been a problem _____

Has use of alcohol/drugs affected your work performance, advancement, or employment? (circle)

Ever missed work because of drinking/drug use _____

Have you ever lost a job due to drug use (details) _____

What kind of marital, family or relationship troubles have you had due to chemical use (explain) _____

What other problems have your substance use caused you _____

What have you done to deal with these problems _____

Where does drugs/alcohol fit into your lifestyle _____

Do you prefer to use chemicals: Alone Home With Others Bars Social Gatherings

PSYCHOLOGICAL

Are you currently seeing a mental health counselor/psychiatrist (contact information) _____

Current diagnoses and treatment including psychotropic medications _____

Psychological-continued

How do you pay for these services _____

Psychiatric history-dates/diagnosis/treatment/Baker Act _____

Have you ever had any thoughts of suicide? Yes No When? _____

Have you ever attempted suicide? Yes No When? _____

How did you try to do this? _____

Have you ever had homicidal thoughts? Yes No When/attempts _____

Do you have any current suicidal or homicidal ideations _____

Is there any family history of mental health problems? _____

Have you ever had any substance abuse treatment/Marchman Act (explain) _____

Have you ever been to or considered going to Alcoholics Anonymous/Narcotics Anonymous? Yes No
When, how long, level of involvement (sponsor, home group) _____

What did you think of them _____

Describe your general feelings? _____

What types of feelings or thoughts have been troubling you most? _____

What is your most uncomfortable feeling to deal with? _____

How do you deal with uncomfortable feelings? _____

Do you have any behavioral patterns that bother you or others? _____

What do you like about yourself? _____

What would you like to change about yourself? _____

Where do you see yourself in five years? _____

What is your chief complaint in life? _____

If you had one wish what would it be? _____

Are you currently living in a treatment facility, hospital or group home (explain) _____

HEALTH/MEDICAL

How is your general health _____

Identify any major **physical/dental** complaints/limitations _____

Are you currently under the care of a physician (contact info) _____

When was your last physical exam _____

Which prescription medicines/drugs are you currently taking?

What prescription medicines have you taken in the past, when, last use, why, did you abuse them or have any problem quitting

Have you ever been seriously ill or injured that required hospitalization/surgery (explain)

What over the counter products do you use _____

How do you pay for your medical and prescription needs?

FAMILY/RELATIONAL

Times married: how long and reason for divorce

Names and ages of children _____

Where and with whom do the children live? _____

Other dependents _____

What is your current relationship with the children? _____

How do you spend time with the children? _____

Family/relational-continued

How many people live at home? _____

How do you spend time with your spouse/family? _____

What type of communication do you have with your spouse/family? _____

How do you feel about your present situation? _____

If you could change any part of your family situation, what would it be? _____

Any problems or concerns in the sexual area of your life (explain) _____

What is a typical weekday like for you? (describe in detail) _____

What is a typical weekend like for you? (describe in detail) _____

How often do you involve you family in these?

Always Sometimes Never

What was growing up like to you? _____

Is there any particular memory of your mother which stands out for you? _____

Is there any particular memory of your father which stands out for you? _____

Where were you born and raised? _____

Describe your childhood environment _____

(rural/residential - economic - emotional climate - etc.)

Age	Occupation	Lives Where	Relationship	Alcohol/Drug use
-----	------------	-------------	--------------	------------------

Mother _____

Father _____

How many brothers/sisters do you have? _____

Do any have a problem with alcohol/drugs? _____

Spouse/partner's Name _____ Age _____ Employer _____

Drinks/use drugs/smoke pot? _____

Do any of your children have drug/alcohol problems? (explain) _____

Who are the other meaningful people in your life? _____

Describe nature of relationship _____

Employment/financial-continued

What is your dream job? _____

How do you feel about your economic situation? _____

Do you have any other income/assistance? (explain) _____

Annual income:	Less than \$10,000	\$20,000 to \$30,000	\$15,000 to \$20,000
	\$10,000 to \$15,000	\$30,000 to \$40,000	Over \$40,000

Do you have a bank account? (explain) _____

Living situation: (house, apartment, mobile home, room, facility, school campus) _____
Own Rent live with parents other: _____

Do you own a vehicle or what type of transportation do you have? _____

Do you have car insurance, and valid tag/registration? If no, why? _____

Any outstanding debts/liens _____ Do monthly bills exceed income? _____

MILITARY BACKGROUND (if applicable)

Military Service _____ Dates _____

Types of duty/job(s) _____

Discharge Rank _____ Type of Discharge _____

How do you feel about military service? _____

Do you get any Veteran assistance? (explain) _____

MARTIN COUNTY HEALTH & HUMAN SERVICES

RISK ASSESSMENT

Client Name: _____

Instructions: Please read the following questions and indicate below with a check mark on the Yes or No line.

YES NO

- ___ ___ 1. Have you ever taken drugs using a needle?
- ___ ___ 2. FOR MEN ONLY: Have you ever had sex with another man?
- ___ ___ 3. Are you the sex partner of a person diagnosed with HIV/AIDS?
- ___ ___ 4. Have you ever had sex while using non-injecting drugs?
- ___ ___ 5. Have you ever had sex in exchange for money, drugs, etc.?
- ___ ___ 6. Do you currently have a sexually transmitted disease (STD)?
- ___ ___ 7. Have you EVER been diagnosed with an STD?
- ___ ___ 8. Are you the child of a woman who has HIV/AIDS?
- ___ ___ 9. Did you received any blood or blood products between 1977 and 1985?
- ___ ___ 10. Have you been exposed to HIV/AIDS through the health care industry?
- ___ ___ 11. Have you had sex with more than one person in the past year?
- ___ ___ 12. Are you a victim of a sexual assault?
- ___ ___ 13. Have you ever had sexual relations with an injection drug user?
- ___ ___ 14. Have you ever had sex with a man you know had sex with another man in the past?
- ___ ___ 15. Have you ever had sex with a person who would be considered at risk for HIV/AIDS?
- ___ ___ 16. Have you ever been tested for HIV/AIDS?
- ___ ___ 17. Have you tested positive for HIV/AIDS?
- ___ ___ 18. Have you ever shared needles or "works"?
- ___ ___ 19. Have you ever experienced blackouts when under the influence of drugs and/or alcohol?

Client's Signature

Date of Birth

Male or Female
Circle One

Counselor's signature

Date

Referred for HIV/AIDS testing ___ YES ___ NO

MARTIN COUNTY HEALTH & HUMAN SERVICES

CHEMICAL DEPENDENCY QUESTIONNAIRE

Client Name: _____

Mark each question Yes or No as it applies to you

- Have you ever tried to cut down on your drug/alcohol use? Yes No
Do you get annoyed when people ask you about your alcohol/drug use? Yes No
Have you ever felt guilty about your alcohol/drug use? Yes No
Do you use after waking up? (eye-opener) Yes No

Mark each question T for True or F for False as it applies to you.

- T F Because of alcohol/drug use, did you miss work or school, have trouble at work, get fired, expelled or suspended from school, not take care of your children, not cook, not clean house or go grocery shopping? (circle all that apply)
- T F Did you drive while intoxicated or "high" on drugs?
- T F Were you ever arrested for driving under the influence or disorderly conduct for using or selling drugs
- T F Because of your drinking and/or using drugs did you frequently have problems with family, friends, spend less time with family or friends, get separated, divorced, get into physical fights, get violent? (Circle all that apply)
- T F Do you still drink and/or use drugs despite these problems?
- T F Over time, did you drink or use a lot more to get high?
- T F Did you develop a tolerance to alcohol or drugs so that the same amount as previous did not have the same affect?
- T F Did any of the following occur when you quit or cut down on your drinking or using?
Heart racing or sweating, the shakes, sleep problems, Nausea or vomiting, hallucinations, feeling fidgety, restless, agitated, anxious, nervousness, or seizures? (Circle all that apply)
- T F Did you often drink or use anything else to stop withdrawal symptoms or to prevent them from coming on?
- T F When you drank or used, did you often drink or use more time than you planned?
- T F Did you frequently think about cutting down or quitting?
- T F At times, did you try to cut down or stop, but could not?
- T F Did you spend a lot of time doing things and planning ways to get alcohol and/or drugs?
- T F Did you spend so much of your time drinking that you missed a lot of time from work, spent less time with your family or friends, gave up hobbies or other interests?
- T F Did drinking or using cause you any physical problems? (explain) _____
Anxiety or depression? (explain) _____
Any other type of psychological problems? _____

Client signature date

Counselor signature date



**MARTIN COUNTY HEALTH & HUMAN SERVICES
CONSENT FOR SERVICES AND/OR EVALUTION**

I, _____, have been informed by the Martin County Health & Human Services staff about the psychosocial assessment/brief counseling offered through Martin County Health & Human Services.

I agree to cooperate with the course of treatment I am referred to by Martin County Health & Human Services.

I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantee nor assurance has been made to me as to the results that may be obtained through therapy or treatment or examination by Martin County Health & Human Services or its contractors/community partners.

With the intent of binding myself, _____, my spouse, and my heirs, legal representatives, and assigns, I release Martin County Health & Human Services, the treating physician(s), and the directors, officers, agents, professional staff, and other employees of Martin County Health & Human Services and contractors from all claims that I have or may have in connection with the above-described treatment.

I fully understand that violent behavior and self-inflicted injuries are inherent possibilities in persons suffering from alcoholism, other drug dependency and/or mental health issues. I realize that in spite of precautions and careful supervision, such acts cannot always be prevented. I, my spouse and my heirs, legal representatives and assigns, will not hold Martin County Health & Human Services, its contractors or the treating physician(s), directors, officers, agents, professional staff or other employees responsible in the event that such acts occur.

I fully understand that a negative attitude and failure to cooperate are cause for immediate discharge. Should I leave treatment, miss counseling appointments or fail to keep in contact with Martin County Health & Human Services staff, this may be grounds for immediate discharge from the Treatment Court Program. Should I be arrested and charged with a new offense, I will be considered in violation and may be immediately discharged from the Program. I understand that I must remain absolutely free of alcohol, cocaine, marijuana, and all other controlled drugs. Reasonable cause for suspecting that I have used, have possession of, or have attempted to obtain drugs of any description or that I have urine samples positive for drugs, may be grounds for immediate discharged from the Program. If I discontinue outpatient/inpatient counseling treatments I have been referred to, I, my spouse, my heirs, legal representation, and assigns, will not hold Martin County Health & Human Services, its contractors, the treating physician(s), directors, officers, agents, professional staff or other employees responsible for events that should take place as a result.

I authorize the staff to make whatever investigation it determines necessary to obtain the facts concerning previous treatment, employment status, previous or present arrest status, legal history, family background and status. I understand that such information is being requested from my family, referral sources and criminal justice officials. Such information shall be used only to assist in my treatment program and will not be released without my consent. I understand that family is to be involved in therapy and I will encourage their participation.

I have read (it has been fully explained to me) the consent and release and I understand the terms used, and the legal significance. I have executed this consent and release voluntarily.

Client

Witness

Date

Relative or Responsible Person



TREATMENT COURT WAIVER

Consent for disclosure of confidential information: Treatment Court Program referral I, _____, hereby consent to communication between Martin County Health & Human Services Division and my family members and or significant other, employer, the Treatment Court Judge, and all members of the Treatment Court Program Team, which includes but is not limited to representatives from the State Attorney's Office, the Public Defenders Office, private legal counsel, Court Administration Program Office staff, probation departments, private schools and/or school board representatives, Sheriff's Office staff, Clerk of the Court staff, private treatment providers, substance abuse and mental health providers such as DATA, CARP, Avenues to Healing, Dr. Zaccheo office, New Horizon's , Dependency Court staff including but not limited to DCF/UFF/CHS, and Guardian Ad Litem Program staff.

The purpose of, and need for, this disclosure is to inform the court and all other named parties of my continued eligibility and/or acceptability for mental health and/or substance abuse treatment services and my treatment attendance, prognosis, compliance and progress in accordance with the Treatment Court monitoring criteria.

Disclosure of this confidential information may be made only as necessary for, and pertinent to, hearings, staffings and/or reports concerning charges for Treatment Court Program inclusion.

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the Treatment Court Program for the above referenced case, such as the discontinuation of all court and/or supervision upon my successful completion of the Treatment Court requirements OR upon sentencing for violating the terms of my Treatment Court involvement and/or where relevant, probation.

Client signature

date

Staff signature

date

MARTIN COUNTY HEALTH & HUMAN SERVICES DIVISION

CLIENT'S BILL OF RIGHTS

- ❖ To the extent provided by law and within the capacity of this facility, every client has the right: To be treated with respect, consideration, and dignity regardless of race, creed, gender, national origin, religion, sexual orientation, or ability. To prompt attention in an urgent situation without discrimination on account of economic status or ability to pay. To confidentiality of all records and communications to the extent provided by law. To request a treatment provider of a particular gender or with a particular treatment approach. To privacy during counseling. To clear and concise explanations of his/her situation and of all proposed treatment, procedures, including possible problems that may result. To refuse treatment. To refuse to participate in research projects or to refuse any care or examination which is primarily educational or informational rather than diagnostic or therapeutic. To request a second opinion from a provider of this facility or from another provider at any time. Any fees assessed for these consultations are the responsibility of the patient. To request to inspect his/her records. These records will be made available according to Federal and State law and policies and procedures established in this facility. To submit to Martin County Health & Human Services Division, grievances and recommendations regarding the policies and procedures followed in this facility. To receive an explanation of ways to prevent problems from occurring again.

CLIENT RESPONSIBILITIES

It is the responsibility of each client: To provide, to the best of the individual's knowledge, accurate information relating to his/her health and personal situation. To accept personal responsibility to follow a treatment plan. To accept personal responsibility if he/she refuses treatment. To assume financial obligations for services received (when appropriate). To respect the rights of other clients, and Martin County Health & Human Services staff with whom he/she may come in contact.

GRIEVANCE PROCEDURE

It is the policy of this Program to ensure that individuals applying for and receiving services are guaranteed the protection of fundamental human, civil, constitutional and statutory rights, including those specified in Section 397.501 1-10), F.S. Clients may file a grievance without fear of reprisal for any reason with cause.

Procedure: TO REGISTER A GRIEVANCE, THE FOLLOWING STEPS WILL BE FOLLOWED:

- A. Client and family members shall be informed of their rights and responsibilities, have knowledge of the grievance system, be assured that they may file a grievance at any time, and be knowledgeable of where the notice of grievance is located and where the forms are kept.
- B. Level I: Client fills out the grievance form within five days of grievance. Client is encouraged to discuss any problems with the Case Manager. The client and Case Manager will try to find a resolution; the Case Manager will show the grievance to The Administrator. If there is no resolution within fourteen days, the Case Manager will correspond with the Administrator on the grievance and the result. The Administrator will then make an appointment with the client within five business days to review the grievance. The grievance will be tracked and logged until resolved or concluded by the Administrator.
- C. Level II: If the client is not satisfied with the results, the client will meet with the Administrator within five working days. Within two days after the meeting, the Administrator will meet with the Case Manager (the client file will be available to the Administrator for the meeting with the client). The decisions made at this point are considered final and will be submitted to the client in writing within seven working days. If the client is dissatisfied at this point, the client has the right to contact the Abuse Registry. Any allegations of physical or sexual abuse by a staff person shall be immediately brought to the attention of the Administrator. The client will be afforded the opportunity to contact the Abuse Hotline and DCF.

The following phone numbers are for the purposes of reporting:

The Florida Abuse Hot Line: 1-800-96ABUSE (1-800-962-2873).

Circuit 19 Substance Abuse and Mental Health Program Office: 561-227-6680

Florida Local Human Rights Advocacy Council: 1-954-713-1263 or Statewide: 1-800-342-0823

My signature indicates this document was reviewed with me and a copy given me.

Signature: _____ date: _____

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

MARTIN COUNTY HEALTH & HUMAN SERVICES DIVISION

I understand that, under the Health Insurance Portability & Accountability Act of 1996 ("HIPAA"), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow-up among the multiple health care providers who may be involved in that treatment directly and indirectly.**
- Conduct normal health care operations such as quality assessments and counselor certifications.**

I have received, read and understand your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I Understand that this organization has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request, in writing, that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

Signature:

Date:

OFFICE USE ONLY

I attempted to obtain the client's signature in acknowledgement on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below:

Date:	Initials:	Reason:
--------------	------------------	----------------



MARTIN COUNTY HEALTH & HUMAN SERVICES

REQUEST FOR CLINICAL INFORMATION

I authorize _____

Name of Information Source

Address

Phone number and/or fax

to release to Martin County Health & Human Services, the following information:

contained in the clinical record of :

Print Client's Name - Date of Birth

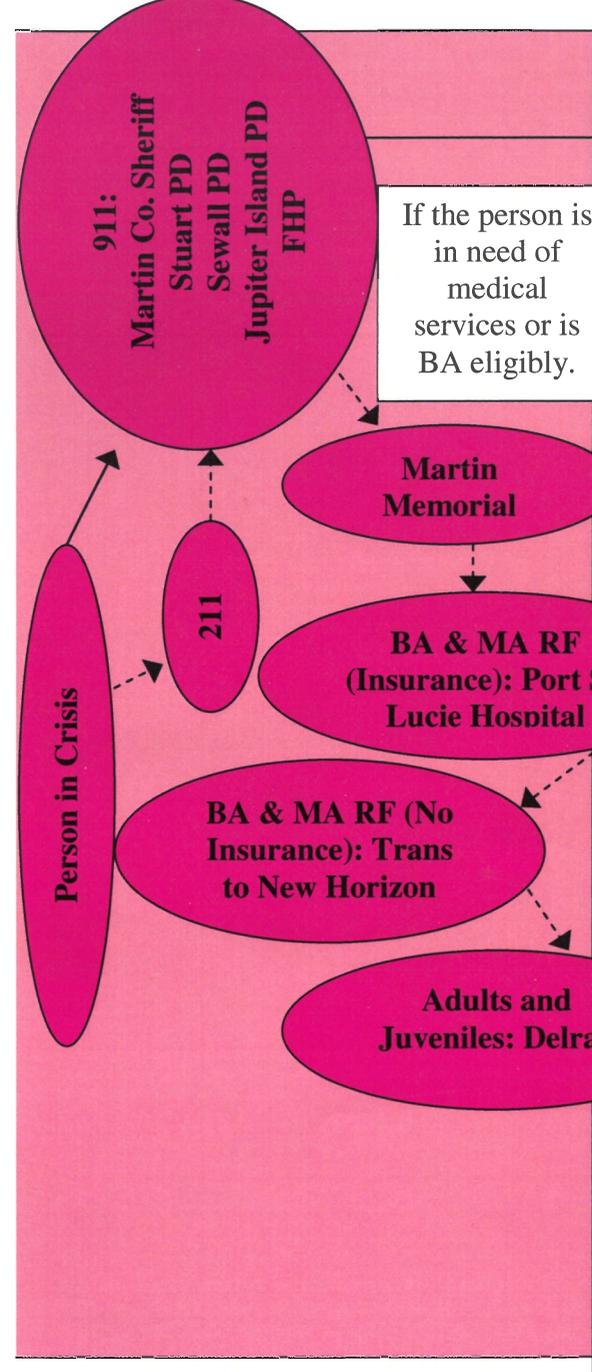
for the purpose of clinical evaluation. This consent will expire upon receipt of the requested information or within thirty days after the date signed. To revoke my consent I must deliver written notice to the information source.

This information, including diagnosis and records of any treatment or examination rendered to me during the period from _____ to _____, to include any Federal and State protected information under Title 42, Code of Federal Regulations, Part 2, titled "Confidentiality of Alcohol and Drug Abuse Patient Records", and with subsections 397.419(7) and 397.501(7), F.S., paragraphs 397.6751(2)(a) and (c), F.S., and Section 397.752, F.S., regarding confidential client information.

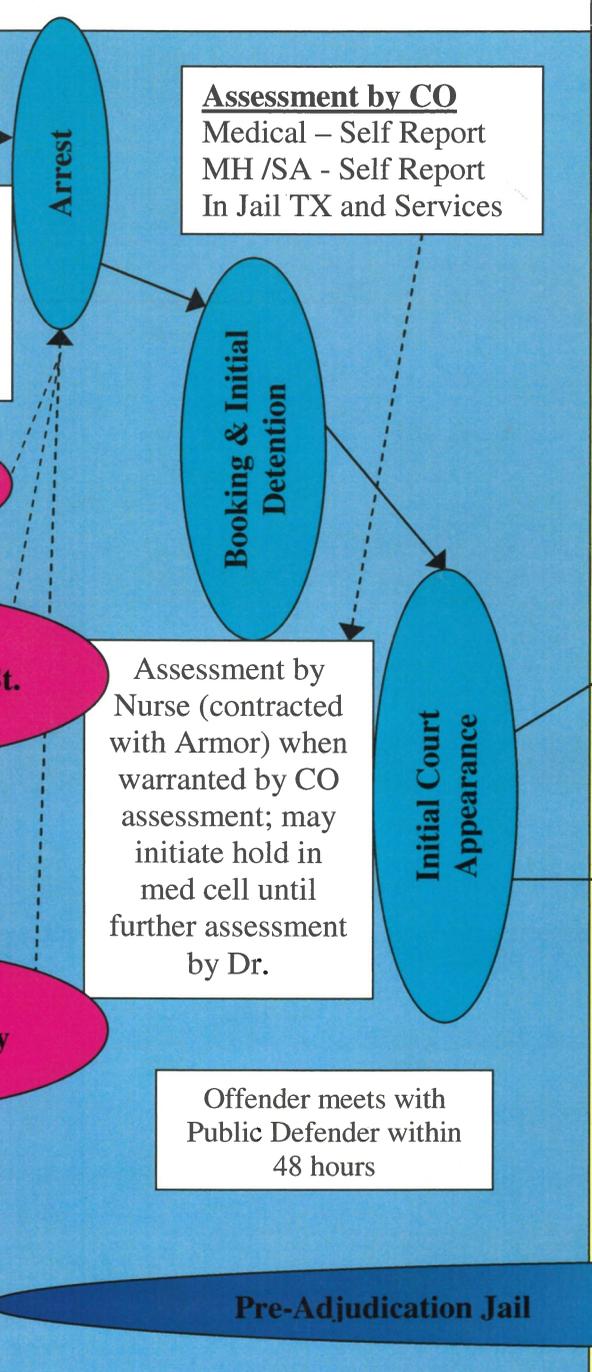
Date signed: _____ Signature: _____

Relationship to client, if not client.

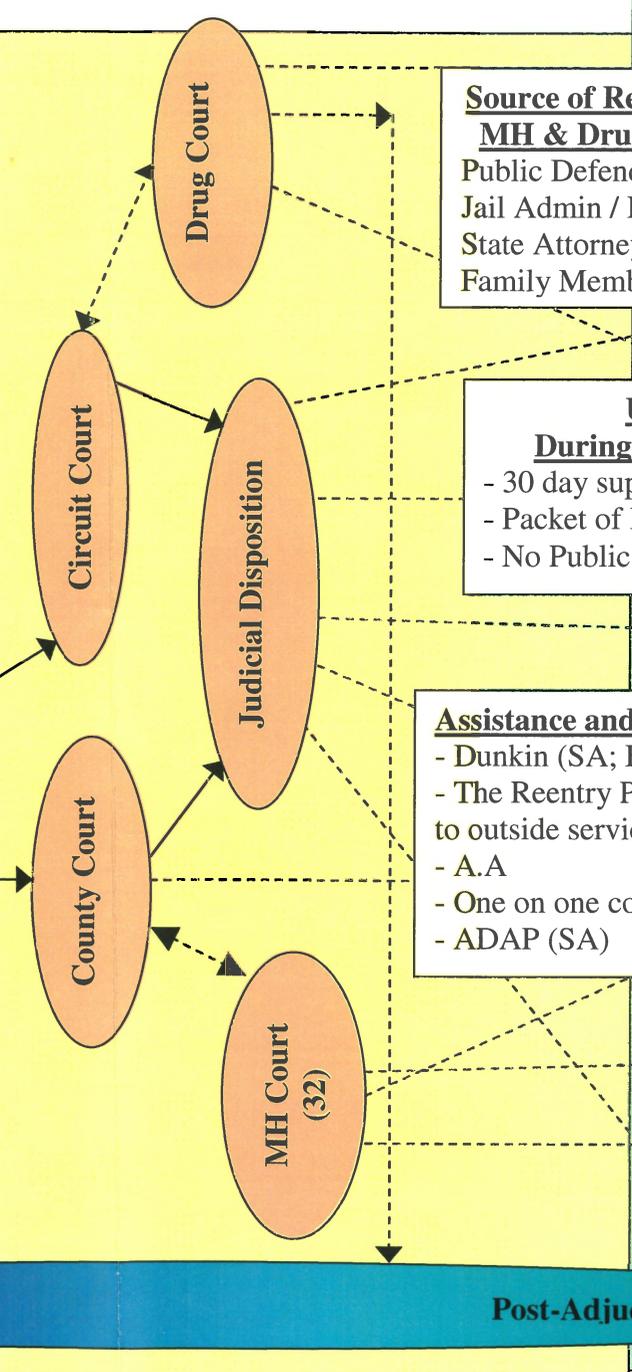
**Intercept 1:
Law Enforcement**



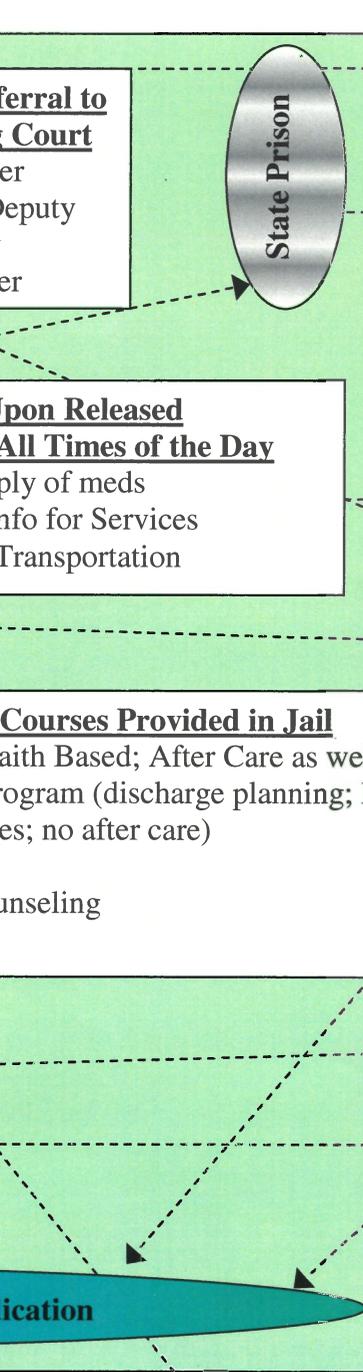
**Intercept 2:
Initial Detention and Court Appearance**



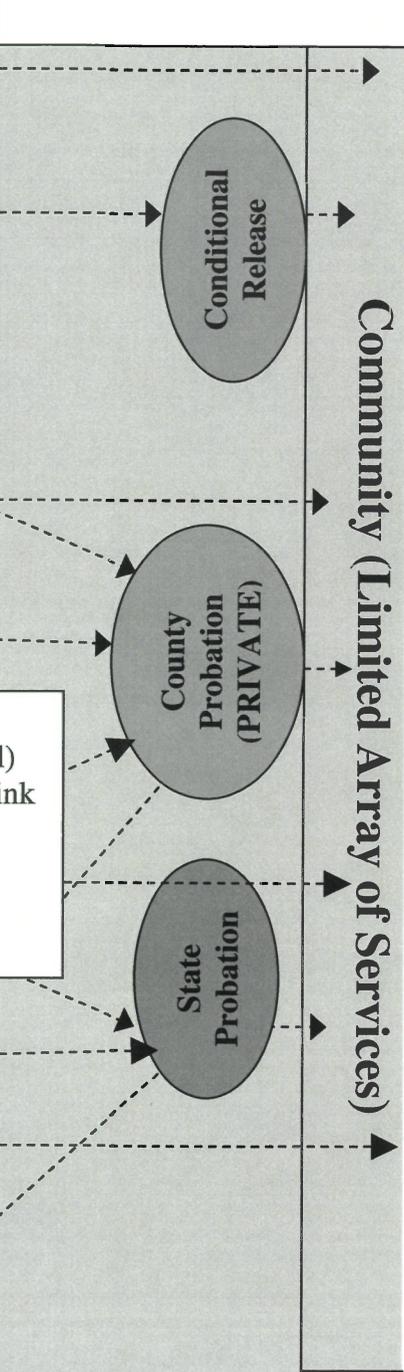
**Intercept 3:
Jails and Courts**



**Intercept 4:
Re-Entry**



**Intercept 5:
Community Supervision**



Discharged to Community

Discharged to Community

3.8.5 Project Design and Implementation

3.8.5.1 Description of Planning Committee

Martin County established a Public Safety Coordinating Council in 1987 to support the planning and implementation of its Mental Health Court.

3.8.5.1.1 Composition of Planning Committee

Members of the Public Safety Coordinating Council, which will help oversee implementation of the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant project, include:

- John Hetherington, 19th Circuit Public Defender's Office: Represents Diamond Litty, Public Defender for the 19th Judicial Circuit. Assistant Public Defender Hetherington handles criminal cases in both county and circuit court, juvenile cases, and domestic violence injunctions. He is the head attorney for Martin County.
- The Honorable Judge Curtis L. Disque, 19th Judicial Circuit Court: Judge Disque is assigned to 1/3 of Martin County court cases, assists with felony and juvenile delinquency cases, oversees Juvenile Drug Court, and supervises traffic magistrates for all civil traffic matters. He previously served as a magistrate for the 19th Judicial Circuit, as well as a Martin County traffic hearing officer, assistant state attorney, and private lawyer.
- Captain Robert Haberkorn, Martin County Sheriff's Office – Corrections Administrative Division: Captain Haberkorn is the Administrative Commander for the Martin County Jail Complex. He helps to provide mental health services, substance abuse programs, personal counseling sessions, and vocational support at a facility with 696 maximum security beds.
- Julie Miller, Martin County Probation Office: Ms. Miller is the Director of Martin County Probation, Inc. Martin County Probation, Inc. has served Martin County and its citizens proudly and with distinction since 1986 providing misdemeanor probation services, pre-trial release, and work program services to the county with an operational objective to ensure the highest possible compliance with rulings of the criminal courts in misdemeanor cases without further intervention by law enforcement or the criminal justice system.
- Dr. Anita Cocoves, Martin County Health & Human Services: Dr. Cocoves serves as the Court and Clinical Services Administrator for Martin County. She is a licensed Mental Health Counselor, Certified Addictions Professional, and a Certified Mental Health Professional specializing in consultation, crisis and family intervention and manages 8 Homeless Prevention grants and is on the Board of Directors for the local Continuum of Care (CoC) Homelessness Prevention Provider.
- Wydee'a Wilson, Florida Department of Juvenile Justice: Ms. Wilson is the Chief Probation Officer for the 19th Judicial Circuit Court. She is responsible for overseeing daily operations of probation in Circuit 19.

- Chief Deputy Glenn Theobold, Martin County Sheriff's Office: Chief Deputy Theobold is the Chief of Staff of the Martin County Sheriff's Office and Chief Counsel representing Sheriff Snyder.
- John Romano, New Horizons: Mr. Romano is the President and CEO of New Horizons, an organization that delivers accessible behavioral and primary health care services to children, adults and families to achieve mental and physical wellness in the Treasure Coast region. He helps to serve priority populations that include: substance abuse disorders, pregnant IV drug users and/or other substances, IV drug users, and consumers involved in the child welfare system who have a substance use disorder.
- Michelle Villwock, Martin County School District: Ms. Villwock is the Coordinator of Student Services for the Martin County School District. She is responsible for improvement of lifelong academic and behavioral outcomes for students
- Thomas Bakkedah, State Attorney's Office for the 19th Judicial Circuit: Represents Bruce Colton and is the Chief of Staff.
- Dee Filicetti, State Probation Circuit Administrator: Ms. Filicetti supervises the Martin County Branch of the State Probation Office.
- Elizabeth Metzger, Chief Judge for the 19th Judicial Circuit
- Anne Scott, Chair of Martin County Board of County Commissioners
- Thomas Genung, Circuit 19 Court Administrator
- David Dyess, Chief of Police City of Stuart
- Dr. George Woodley, Program Administrator for Department of Children and Families Substance Abuse and Mental Health Program
- Michael Schelenberger, Consumer of Substance Abuse Services
- Carl Gleissner, Consumer of Mental Health Services

Martin County's Public Safety Coordinating Council meets the statutory requirements of s. 951.26 and complies with s. 394.657(2)(a).

3.8.5.1.2 Planning Committee's Activities

Martin County's Public Safety Coordinating Council was established in 1987. It assesses the population status of the Martin County Jail Complex and formulates recommendations to ensure that the capacities of the facility are not exceeded. These recommendations include an assessment of the availability of pretrial intervention or probation programs, work-release programs, substance abuse programs, gain-time schedules, applicable bail bond schedules, and the confinement status of inmates. The Public Safety Coordinating Council proactively addresses issues related to jail overcrowding and the significant percentage of mentally ill offenders in the jail.

The Public Safety Coordinating Council has met 5 times over the last 12 months. For the next year and during the project timeframe, the Public Safety Coordinating Council plans to meet every 6 weeks.

3.8.5.3 Implementation and Expansion Grants Only

3.8.5.3.1 Copy of Existing Strategic Plan

Statement of Problem

The Martin County Jail Complex is overcrowded and contains an estimated 80% of individuals who have a co-occurring disorder (substance abuse and/or mental health) disorder. Many inmates who may have committed minor, victimless crimes related to their illness should be treated for their mental health issues. Treatment is a better option than incarceration for a significant number of Martin County inmates and less costly overall. Martin County's Mental Health Court became operational in 2007, and serves a caseload of approximately 25-30 people at any given time. Participants receive individualized treatment services and have their charges dropped upon successful completion of program requirements. However, poor access to treatment, lack of housing, limited employment services, and understaffed case management has limited the Martin County Mental Health Court program's success.

Regional Partnership Strategic Planning Process and Participants

The Martin County Public Safety Coordinating Council pulls together the key regional partners involved in improving mental health along the Treasure Coast. The Martin County Board of County Commissioners, the **19th Circuit Public Defender's Office**, the 19th Judicial Circuit Court, the Martin County Sheriff's Office, and the treatment provider New Horizons are strategic partners involved in this effort. These stakeholders meet regularly to provide recommendations to improve the delivery of mental health services. Additional funding will help leverage the existing Mental Health Court, and enable the expansion of treatment, housing, and case management for up to 100 participants.

Vision

A synchronized, cost-effective service delivery system that provides the full range of care to people suffering from mental disorders and/or substance abuse and co-occurring disorders.

Mission Statement

To provide a full spectrum of treatment, housing opportunities, vocational training, and other social services to people diagnosed with mental illness.

Values

Treatment is often a better option than incarceration for those suffering with mental illness; mental health treatment correlates with crime prevention; safe housing is a necessity on the road to recovery; a job is a helpful tool in getting people to commit themselves to their wellness; those that suffer from a mental disorder need a continuum of care to aid their healing; timely intervention; medication access; results-based services and, in some cases, medication assisted treatment will enable participants to improve their lives, improve public safety and provide overall systems cost savings.

Service Models

Martin County seeks to replicate the “Sequential Intercept Model,” which identifies points to reduce the criminalization of persons with mental disorders as follows:

Intercept 1 - Law enforcement/Emergency services

Intercept 2- Initial detention/Initial court hearings

Intercept 3 -Jails/Courts

Intercept 4- Re-entry

Intercept 5 -Community corrections/Community support

Goal #1: Improve the ability of law enforcement to address people with mental illness

Objective 1: Provide police officers with the tools and training to respond to calls involving person with mental illness				
	Task	Performance Measures	Lead Person/ Organization	Projected Completion Date
1.1	Train dispatchers to identify calls involving persons with mental illness and refer to designated, trained responders.	6 number of dispatchers with trained Crisis Communications and Media Relation Training	Martin County Sheriff's Office	2017 (Within 3 months of Award of Grant)
1.2	Train officers with de-escalation techniques to effectively assess and respond to call where mental illness may be a factor.	44 number of police officers with CIT training	Martin County Sheriff's Office	2017 (Within 3 months of Award of Grant)
1.3	Document police contacts with calls involving a person with mental illness to promote use of available services and ensure accountability.	Development of new reporting system	Martin County Sheriff's Office	2018
1.4	Collaborate with mental health partners to identify available services and reduce frequency of subsequent contacts by individuals with histories of mental illness and with prior arrests.	20% reduction in subsequent contacts	Martin County Sheriff's Office	2018

Goal #2: Provide alternatives to jail for persons with mental illness

Objective 1: Improve ability of court personnel to identify, assess and divert persons with mental illness into treatment programs				
	Task	Performance Measures	Lead Person/ Organization	Projected Completion Date
1.1	Provide defense attorneys with earliest possible access to client	20% more individuals will be identified assessed	Public Defenders Office	Ongoing

	mental health history and service needs, available community mental health resources, and legislation and case law impacting the use of mental health information in case resolution.	and diverted from jail.		
1.2	Maximize the use of alternatives to prosecution through pretrial diversion in appropriate cases involving people with mental illness.	40 participants in pretrial diversion	Public Defenders Office	Ongoing
1.3	Maximize the use of appropriate pretrial release options and assist defendants with mental illness in complying with conditions of pretrial diversions.	40 participants in pretrial release	Public Defenders Office	Ongoing

Goal #3: Improve the assessment and treatment of persons with mental illness

Objective 1: Strengthen intake procedures, individualized treatment plans, treatment delivery, and other social services				
	Task	Performance Measures	Lead Person/ Organization	Projected Completion Date
1.1	Establish a comprehensive, standardized, objective, and validated intake procedure to access individuals' strengths, risks, and needs upon admission.	Development of improved intake procedure	Martin County Sheriff's Office	2017 (Within 3 months of Award of Grant)
1.2	Using information obtained from assessments, identify programs necessary during incarceration to ensure safe and successful transition to the community.	40 participants with individualized programming plans	Martin County Health and Human Services	2017 (Within 3 months of Award of Grant)

1.3	Facilitate community-based provider's access to prisons and jails and promote service delivery consistent with community and public standards.	Collaborative effort between Martin County Health and Human Services and New Horizons of the Treasure Coast to identify 40 individuals	Martin County Health and Human Services and New Horizons of the Treasure Coast	2017 (Within 3 months of Award of Grant)
1.4	Provide effective substance abuse treatment, services for families and children of inmates, educational and vocational programs, peer support, mentoring, and basic living skills.	40 participants served	Martin County Health and Human Services and New Horizons of the Treasure Coast	2017 (Within 3 months of Award of Grant)

Goal #4: Facilitate reentry of persons with mental illness back into the community

Objective 1: Improve transition from jail				
	Task	Performance Measures	Lead Person/ Organization	Projected Completion Date
1.1	Identify individuals not identified in screening and assessment process who show symptoms of mental illness after their intake into the facility and ensure appropriate action is taken.	20 number of inmates identified shall be referred to Martin County Health and Human Services	Martin County Sheriff's Office and Martin County Health and Human Services	2017 (Within 3 months of Award of Grant)
1.2	Effect the safe and seamless transition of people from prison or jail to the community.	Transition plans developed for 100% of participants	Martin County Sheriff's Office and Martin County Health and Human Services	2017 (Within 3 months of Award of Grant)
1.3	Facilitate collaboration among corrections, community corrections, and community providers and utilize a transition checklist to identify service needs and provide effective linkage to services.	10 community providers involved 20% increase in provision of services	Martin County Health and Human Services	2017 (Within 3 months of Award of Grant)

1.4	Ensure releases exit prison or jail with ID and prior determination of eligibility and linkage to public benefits to ensure immediate access upon release from prison or jail.	Medication access for all participants post-incarceration	Martin County Health and Human Services	2017 (Within 3 months of Award of Grant)
-----	--	---	---	--

Goal #5: Continue monitoring progress of persons released from jail

Objective 1: Improve case management of persons with mental illness				
	Task	Performance Measures	Lead Person/ Organization	Projected Completion Date
1.1	Concentrate community supervision resources on the period immediately following the person's release from prison or jail, and adjust supervision strategies as the needs of release, victim, community, and family change.	2 new Case Managers	Martin County Health and Human Services	Ongoing
1.2	Connect inmates to employment, including supportive employment services, prior to release. Facilitate releases' sustained engagement in treatment, mental health and supportive health services, and stable housing.	10% job placement of participants 30% participants served with safe housing	Martin County Health and Human Services	Ongoing
1.3	Ensure a range of options for community corrections officers to employ to reinforce positive behavior and effectively address violations or noncompliance with conditions of release.	Two Community Corrections Officers will receive training	Department of Corrections	Ongoing

3.8.5.3.2 Description of Strategic Plan

Martin County's strategic plan is based upon the *Sequential Intercepts for Change* model. By investing at the most feasible and cost-efficient intercept points, reinvestment is expected to be minimized for persons in the criminal justice system with mental health, substance abuse or co-occurring disorders. As a result of these interceptions, jail-housing costs and overcrowding are reduced for the mentally ill. Program participants are released on their own recognizance and receive out-of-jail services. It is anticipated that the total number of clients being served annually will be approximately 100.

Martin County has made significant progress on its strategic plan since the Mental Health Court was launched in 2007. The program was initially supported with a \$100,000 planning grant from Florida Department of Children and Families. The Mental Health Court currently serves 25-30 clients annually. Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant funds will help Martin County to strengthen procedures, add Case Managers, train police officers, provide better treatment, and increase stable housing.

The strategic plan was last reviewed and updated prior to submission for a Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant.

3.8.5.3.3 Description of Project Design and Implementation

With Florida Department of Children and Families' resources, Martin County seeks to improve access to treatment, increase case management capacity, and provide continuum of care services including safe housing and employment services at the Martin County Mental Health Court. Using the *Sequential Intercepts for Change* model described in Section 3.8.5.3.1, Martin County will divert offenders with mental illness, substance use disorder, and co-occurring disorders from traditional incarceration to treatment and support services that will help to rehabilitate them into productive members of society. By increasing the case management and treatment capacity of the Mental Health Court, Martin County will avert increased spending on criminal justice, decrease spending of F.S. 916 Forensic beds, and reduce recidivism among offenders with mental illness by diverting them from traditional incarceration into treatment.

3.8.5.3.3.1 Project Goals, Strategies, Milestones, and Key Activities

Objective 1 – Establish Programs and Diversion Initiatives

Expand and enhance the Martin County Mental Health Court to increase public safety, avert increased spending on criminal justice, and improve the accessibility and effectiveness of treatment services for people with mental illness, substance use disorder, and co-occurring disorders who are in, or at risk of entering, the criminal justice systems within three (3) months of the execution of the final Grant Agreement.

- A. Key task:** Establish legally binding agreements with all participating entities to expand and enhance the Mental Health Court.

- i. Establish MOUs with each member agency of the Public Safety Coordinating Council and community partner/service provider organizations.
 - ii. Expand number of MOU signatories to at least fifteen.
- B. Key task:** Provide an information system to track individuals during their involvement with the Mental Health Court and for at least one year after discharge, including but not limited to, arrests, receipt of benefits, employment, and stable housing.
 - i. Hire an evaluator to monitor and analyze operational information (maintaining current caseload information and case progress), operation management information (resource usage and budget management) and evaluation information (patient outcomes and relevant data on status of patient for at least one year after discharge).
- C. Key task:** Implement strategies that support the Mental Health Court expansion, which are provided in Section 3.8.5.3.4.

Objective 2 – Collaboration

Create and encourage collaboration among key stakeholders in implementing and providing ongoing oversight and quality improvement activities of the Martin County Mental Health Court expansion.

- A. Key task:** Establish on-going communication, collaboration, and partnerships among all relevant county partners with respect to people with mental illness, substance abuse disorders, or co-occurring disorders who are in, or at risk of entering, the criminal or juvenile justice system.
 - i. Hold regular meeting of the Public Safety Coordinating Council.
- B. Key task:** Assess progress of the project based on established timelines and review attainments of goals.
 - i. Conducts quarterly quality assurance of all treatment and ancillary services
- C. Key task:** Make necessary adjustments to implementation activities, as needed.

Objective 3 – Diversion and Treatment

Increase diversion and treatment of people with mental illness, substance use disorders, or co-occurring disorders who are in, or at risk of entering, then criminal justice systems. The project will:

- A. Key task:** Increase the annual number of participants in the Mental Health Court from 25-30 participants to 75-100 participants.
 - i. Hire two Case Managers.
- B. Key task:** Work with New Horizon of the Treasure Coasts, Inc. to increase the capacity for treatment by 300%. New Horizons of the Treasure Coast and Okeechobee delivers accessible behavioral and primary health care services to children, adults and families to achieve mental and physical wellness, serving priority populations that include: substance abuse disorders, pregnant IV drug users and/or other substances, IV drug users, and consumers involved in the child welfare system who have a substance use disorder.

Objective 4 – Continuum of Care Services

Increase connections to housing, employment, and/or educational resources to provide a seamless continuum of services to people with mental illness, substance use disorders, or co-occurring disorders who are in, or at risk of entering, then criminal justice systems.

- A. Key task:** Increase access to safe and affordable housing for target population. A community liaison will work with community mental health agencies and practitioners, and with emergency, transitional and permanent housing providers to provide Mental Health Court participants with affordable housing options.
 - i. Coordinate with residential treatment providers to ensure that Mental Health Court participants who require residential treatment have access to medications that were previously received and are engaged in other services to prevent destabilization of mental health symptoms.
- B. Key task:** Partner with local workforce development and community organization to provide job training for participants that are not currently employed or that are employed temporarily.
 - i. Help participants with resume building, job search tools and application basics to help participants maximize their skills to increase their marketability.
- C. Key task:** Partner with local community colleges and vocational institutions to offer GED skills classes, test prep courses and English as a Second Language (ESL) classes at little to no cost to help appropriate participants who do not have a high school diploma to obtain one.

3.8.5.3.3.2 Organization and Key Stakeholder Responsible for Tasks

The Martin County Public Safety Coordinating Council (see Section 3.8.5.1.1) will oversee the project to enhance and expand the Martin County Mental Health Court. Currently, most of the staff that administer and monitor the Mental Health Court clients and program is doing so in addition to regularly assigned duties and responsibilities. Current personnel include Dr. Anita Cocoves and Leslie Daly. Dr. Cocoves serves as the Court and Clinical Services Administrator for Martin County. She is a licensed Mental Health Counselor, Certified Addictions Professional, and a Certified Mental Health Professional specializing in consultation, crisis and family intervention. Ms. Daly is the Business Operations Coordinator for Martin County's Health and Human Services Department.

To provide the balance of services essential for client success, a full-time professional staff to conduct intake and evaluation, provide case management services, and provide continuum of care services both during program participation and after evaluation is needed. Martin County will, in accordance with state and local hiring processes, hire several new staff to undertake the tasks necessary to meet the project's objectives, including:

- A "Mental Health Court Coordinator" will be responsible for overseeing the Mental Health Court budget and resources, maintaining individual files on

participants, compiling statistical data and guiding or participating in program evaluation, contract management, preparation and management of dockets, and soliciting community support through education and other linkages in an effort to enhance services available to the participant. The Mental Health Court Coordinator will undertake all key tasks related to outreach and coordination of continuum of care services including coordination of treatment service providers, community organizations, and housing, employment, and education services. The Mental Health Court Coordinator will also be responsible for establishing MOUs with key roles for each participating organization.

- Two “Mental Health Court Case Managers” will be responsible for direct supervision of the participants’ compliance with the Mental Health Court program, including implementation of the appropriate supervision level based on established measures, providing community-based resources and referrals to appropriate agencies, and monitoring the day-to-day activities and home environment of the participant. The Case Manager provides educational material to all team members (validated research and evidence-based practices), communicates with the team and law enforcement, prepares affidavits/clerk cases, and provides the team with current information about each participant. Each Case Manager will monitor 50 cases of the Mental Health Court program. The Case Manager advocates for participants and remains a liaison between all agencies to ensure participants are receiving the services that are referred. Qualifications include: understands evidence-based practices for treatment modalities; knowledgeable about addiction and pharmacology generally and applies that knowledge to respond to compliance in a therapeutically appropriate manner; and understanding and knowledge of trauma-informed approaches to assessment and treatment.
- An “Evaluator” will be responsible for developing reliable and valid methodologies to study the effectiveness of the drug court, as well as tracking participant outcomes up to one year beyond completion of the Mental Health Court program. Qualifications include excellent understanding of data collection and operating systems; and knowledgeable of evidence-based practices Mental Health Court data collection and analysis.

With Florida Department of Children and Families’ resources, Martin County will work with Joe Romano, President and CEO of New Horizons, to increase the treatment capacity from 25-30 participants to 75-100 participants. New Horizons provides rehabilitative therapy sessions, drug screening, case management, and monitoring for Mental Health Court participants in keeping with the holistic recovery of the participant. The treatment provider will communicate with the other Mental Health Court team members so each member can make informed choices regarding participants; protects integrity of program by providing competent treatment; remains abreast of best practices of the field; maintains up-to-date record of participant performance; conducts regular quality assurance of all treatment and ancillary services; performs case autopsy on charts of participants who are discharged from the program as method of quality improvement; regularly reviews all client charts and maintains up-to-date records of

participant performance; continues to research effective treatment modalities; and conducts regular quality assurance.

3.8.5.3.3.3 Planning Committee's Participation and Involvement

The Martin County Public Safety Coordinating Council will participate and remain involved in all program implementation and expansion activities on an ongoing basis. The Public Safety Coordinating Council will oversee the hiring process for all new staff positions and conduct quarterly quality assurance meetings to receive updates on patient outcomes and program effectiveness. The Public Safety Coordinating Council will meet at least every six weeks during the project timeframe.

3.8.5.3.3.4. Communication During Project

The Mental Health Coordinator will convene weekly meetings of the Mental Health Court team, including treatment providers, Case Managers, and relevant service providers to communicate updates on participant progress and adjust treatment and case management practices according to participant needs. Participants will meet with the Judge monthly to ensure adherence with program requirements and treatment needs.

3.8.5.3.3.5 Plan to Screen Potential Participants and Conduct Tailored, Validated Needs-Based Assessments

Screening: Rapid identification and referral of potential participants in the Mental Health Court occurs and several junctures post-booking (see Intercept 2 of Sequential Intercepts for Change), beginning with arrest and first appearance and then continuing throughout the criminal justice process:

1. Arresting officer may note on the arrest affidavit that the offender appears to have a mental illness.
2. Booking officer may note an indication of mental illness.
3. Jail medical staff evaluates offenders within 24 hours of booking and may identify a client.
4. First appearance staff, including Assistant Public Defender, may identify a client.
5. Mental health professionals (including those receiving a daily list of new arrivals) with knowledge of a client's arrest may refer the case to the Mental Health Court.
6. Pre-Trial Release staff may identify certain behaviors.
7. Family member or defense attorney may make a referral.

The Martin County Mental Health Court team will work continue to work collaboratively with the Martin County Sheriff Office's Correction Department and other local law enforcement agencies to assure rapid screening, identification and ease of handoff of an identified case to the Mental Health Court. Martin County screens all individuals at the time of booking. Issues screened include mental health and medical issues, including potential suicidality. Screening is conducted by a deputy. If a person responds affirmatively to any question involving mental health, a nurse is available under contract

to do a more thorough screen. All offenders will be screened for co-occurring disorders and modifications to treatment will be made for participants with co-occurring disorders according to best practices.

With Florida Department of Children and Families' resources, Martin County will work expand CIT training to law enforcement officers to increase the likelihood of diverting cases prior to arrest. CIT Training will enhance the knowledge of Martin County law enforcement officers, correction workers, and other community partners about Mental Health Court best practices, mental illness, and working with the mentally ill.

The Brief Jail Mental Health Screen (BJMHS) is a powerful screening tool used by intake booking officers. The BJMHS requires modest training and is 74% accurate. Inmates are then referred for subsequent mental health assessments. Once an inmate is identified as possibly having mental health issues a complete biopsychosocial assessment is performed to determine the individual's appropriateness for placement in Mental Health Court versus Drug Court or Traditional Court processing (attached).

Needs-based Assessment: Timely access to a Mental Health Case Manager is essential to assuring the success of Mental Health Court participants and accelerating their return to the community. These Case Managers will assess each participant's needs and makes recommendations to the Court, based on the individual assessment. Two Mental Health Court Case Managers will form the link between the Court and New Horizons, the community mental health treatment provider, for screening and referral services, and the collection of data from the treatment providers.

With Florida Department of Children and Families' funding, the Martin County Mental Health Court team will:

- Provide a client-friendly group orientation for each recommended Mental Health Court participant to assure a low-stress, supportive environment to enable him to better understand his Mental Health Court obligations and allow him the opportunity to confidentially clarify any concerns, or lack of understanding. Conducted by a Public Defender Client Services Specialist, the orientation will include: Mental Health Court program requirements; available services and resources; and the Court's expectation that the client sign an agreement to comply with the order allowing defendant to be released.
- Provide each client with a Pre-Self-Assessment to engage his participation and help him identify factors that contributed to his incarceration, and factors that will help him stay out of the criminal justice system. This will also provide the Case Managers with an opportunity to further assess the client's needs and commitment to the Mental Health Court.
- Decrease lag time between screening/identification and meeting with the Case Manager to complete a needs assessment within 24 hours of referral to the Mental Health Court.

- Provide an independent substance abuse screening for each client during his first 7 days as a Mental Health Court client to get an accurate assessment of the magnitude of a substance abuse problem, if any.
- Implement formal training and use of the GAINS Re-entry Checklist from *A Best Practice Approach to Community Re-entry from jails for inmates with Co-Occurring Disorders: the APIC Model – Assess, Plan, Identify, Coordinate*.

3.8.5.3.3.6 Coordination of Care

The Martin County Mental Health Court will coordinate care to increase access to mental health, substance abuse and co-occurring treatment and support services and ancillary social services in the following ways:

- **Addressing deficiencies and providing community housing opportunities:**
 - Expand available transitional housing for clients diverted from jail and state hospitals, which is expected to reduce forensic admissions.
 - Develop additional housing partnerships.
- **Addressing deficiencies in client employment opportunities beyond referral to the Department of Vocational Rehabilitation for assistance in obtaining employment:**
 - Work with local workforce development and job-training programs to assist participants with resume building and other key skills.
 - Seek private industry and other sources as partners in employment.
- **Addressing deficiencies in education:**
 - Seek additional training and educational opportunities through conducting outreach to local academic institutions and vocational schools.

3.8.5.3.3.7 Assessment of Law Enforcement Processes at Intercept Points, Capacity, and Implementation or Expansion of Diversion Initiatives

Law Enforcement shall complete Crisis Interview Training (CIT). A Mental Health Task Force, within the Sheriff's Department, to ensure at least one licensed Master's Level Clinician will be available to accompany officers in the field and/or accessible to speak with through dispatch. The Clinician(s) shall assist in the diversion of individuals from incarceration to appropriate venues to ameliorate their individual presenting problem. Diversion shall be too fast track for assessment from jail to a court diversion program (Mental Health Court/Drug Court). As appropriate; Medical Detox; or a Baker Act Receiving Facility.

3.8.5.3.4 Description of Strategies

Launched in 2007, the Martin County Mental Health Court conducts the following activities:

- **Rapid Identification and Referral** – Identification and referral of potential clients to the Mental Health Court occurs at several junctures post booking (Intercept 2), beginning with arrest and first appearance and then continuing throughout the criminal justice process.
- **Assessment and Identification of Needs** – Timely access to a Case Manager is essential to assuring the success of Mental Health Court participants and accelerating their return to the community. These Case Managers assess each participant's needs and makes recommendations to the Court, based on this individual assessment.
- **Implementation of Mental Health Services** – Upon entry into Mental Health Court, a Case Manager helps the client either reestablish or implement client-centered mental health services as quickly as possible.
- **Court Monitoring** – Clients in the Mental Health Court are under an *Order Allowing Defendant to Be Released ROR with MHC Conditions*, and, following discussion with their attorneys, have agreed to and signed a "Conditions of Mental Health Court Agreement", which includes a minimum of 6 months participation in Mental Health Court. Supervision typically includes status hearings with the Mental Health Court judge and monitoring by mental health staff and probation officers.
- **Graduation** – When a client has progressed successfully through the program, he/she graduates from Mental Health Court. Graduation includes a certificate, recognition and a courtroom ceremony that includes family and friends. The participant also may be eligible for dismissal of charges.

Martin County proposes the following strategies to expand and enhance its existing Mental Health Court, based upon the *Sequential Intercepts for Change* model:

- **Rapid Identification and Referral**
 - Continue to work collaboratively with the Martin County Sheriff's Office to assure rapid screening, identification and ease of hand-off of an identified case to the Mental Health Court:
 - Expand CIT training to law enforcement officers to increase the likelihood of diverting cases prior to arrest. Training will work toward providing at least one trained CIT officer per shift, per district 54 officers and will also enhance the knowledge of law enforcement officers, correction workers, and other community partners about Mental Health Court, mental illness and working with the mentally ill.
 - Implement the validated *Referral Decision Scale (RDS) - Brief Jail Mental Health Screen*.
 - Proactively expand community education about mental illness and substance abuse disorders to facilitate the public's ability to recognize, understand and cope with people with mental health and substance abuse disorders.
- **Assessment and Identification of Needs**

- Provide a client-friendly group orientation for each recommended Mental Health Court participant to assure a low-stress, supportive environment to enable him to better understand his/her obligations and confidentially clarify any concerns, or lack of understanding. Conducted by a Public Defender Client Services Specialist, the orientation will include: Mental Health Court program requirements; available services and resources; and the Court's expectation that the client sign an agreement to comply with the conditions stipulated in the *Order Allowing Defendant to Be Released ROR with MHC Conditions*.
- Provide the client with a Pre-Self-Assessment to engage his participation and help him/her identify factors that contributed to incarceration, and factors that will help stay out of the criminal justice system. This also will provide the Client Services Specialist with an opportunity to further assess the client's needs and commitment to Mental Health Court.
- Decrease lag time between screening/identification and meeting with the Mental Health Court liaison to complete a needs assessment to within 24 hours of referral.
- Provide an independent substance abuse screening for each client during his/her first 7 days as a Mental Health Court client to get an accurate assessment of the magnitude of a substance abuse problem, if any. Screening will be conducted by the Counseling and Recovery Center (CRC), a State Licensed Substance Abuse Provider under DCF. Two substance abuse assessors will be provided, one male and one female for the privacy of the client. This proactive approach will identify substance abuse sooner, not waiting for a random stick test to be positive, thus providing faster connection to substance abuse treatment. This procedural change recognizes the large percentage (72%) of offenders with mental health issues who most likely also will have substance abuse issues, and will provide the basis for substance abuse treatment as recommended to the Judge.
- Implement formal training and use of the GAINS Re-entry Checklist from *A Best Practice Approach to Community Re-entry from jails for Inmates with Co-Occurring Disorders: the APIC Model – Assess, Plan, Identify, Coordinate*.
- Address deficiencies and provide community housing opportunities:
 - Expand available transitional housing for clients diverted from jail and state hospitals.
 - Augmenting the existing partnership with a community faith-based provider of structured transitional housing for clients with co-occurring disorders. The 12-Step meetings provided are particularly critical in this environment, because people with mental illnesses are often uncomfortable and reluctant about attending regular 12-Step Program meetings.
 - Develop additional housing partnerships to assist eligible clients access the Shelter+Care Program and other housing resources which may become available.

- Establish a non-profit organization to receive donations to assist with housing and other needs.
 - Address deficiencies in client employment opportunities beyond referral to the Department of Vocational Rehabilitation for assistance in obtaining employment:
 - Seek private industry and other sources as partners in employment.
 - Address deficiencies in education:
 - Seek additional training and educational opportunities.
 - Develop formal partnerships to assist clients in choosing an appropriate educational path, obtaining GEDs, and navigating the financial aid system.
 - Add a new Public Defender position to help with the Mental Health Court case load and expedite clients' release from jail. This Public Defender will be well-versed in the law and in recommending commitment or release of 916 clients to the Court, thus reducing bed use.
 - Leverage Circuit Judges alternative choice when deciding whether or not to commit someone to a forensic institution – can now choose to have competency restored and monitored by Mental Health Court.
 - Process all 916 commitment and conditional releases through Mental Health Court, which will facilitate recognition of the client's immediate needs before decompensation and increase the continuity of care and effectiveness of monitoring.
- **Implementation of Mental Health Services**
 - Hire two Case Managers to direct the clients' Court-approved treatment plans and increase the availability of case management services to Mental Health Court participants. This link between the quality and quantity of services and client success is understaffed, being performed by non-qualified personnel and in need of strengthening.
 - Provide one male and one female Peer Specialist to work with, counsel and support respective gender clients, under the supervision of the Case Manager. Program participants may apply to be a Peer Specialist prior to graduating from Mental Health Court. Recommended applicants will be required to successfully complete the Florida Peer Specialist Training Program prior to becoming a Peer Specialist.
 - Provide a LMHC CAP to provide dedicated treatment for clients with co-occurring disorders on an immediately available basis and to conduct both group and individual substance abuse counseling for co-occurring disorders meeting *Evidence-Based Practices: Shaping Mental Health Services Toward Recovery, Co-Occurring Disorders: Integrated Dual Disorder Treatment* (SAMHSA, 2005).
- **Court monitoring**
 - Improve ability to collect, monitor, and report program data by developing multi-agency Mental Health Court database. The design will allow all contributing providers to input and access client and demographic data, intake, participation, and outcome data. Definitions will be standardized to

control for consistency and accountability within and across agencies. The integrated web-based database will reduce phone time, will be more efficient, will facilitate communication, will be secure and password protected, thus allowing the best possible treatment plan.

- Increase available emergency client support funds to purchase, as needed, medications, psychiatric services, employment assistance and other treatment and services, as needed, including but not limited to bus passes, groceries, work apparel.
- Provide funding for select Mental Health Court team members to attend training to enhance quality.
- **Graduation**
 - Ensure that a continuum of services and aftercare is available to the client following his graduation from Mental Health Court and that he/she has a plan to succeed. Since necessary services often decline after graduation, Mental Health Court is committed to providing services that extend beyond the time spent directly under supervision. Prior to graduation, eligible graduates will meet with the Case Manager to develop an Individual Aftercare Plan, which will be a requirement for graduation. The client will be followed for at least 6 months after graduation to ensure his needs are met.
- **Other**
 - Provide expanded office space and equipment, telephone, computer, and repair services needed to house additional staff dedicated to the expansion project. Identify, formalize and expand partnerships and service agreements with providers.
 - Formalize existing partnerships and identify new partnerships to define relationships, services and roles to meet unmet needs.
 - Develop an ongoing evaluation plan to evaluate the Mental Health Court and identify needed program adjustments, recognizing the need to be vigilant to problem areas and to implement changes and additions to processes and procedures, as needed. The proposed integrated database will play a pivotal role in this Mental Health Court self-assessment.

3.8.5.4 Performance Measures

3.8.5.4.1 Description of Process for Collecting Performance Measurement Data

Court Administration shall collect data regarding individuals who enter Mental Health Court; number of clean (drug-free) days the individual has had since entering the program; client's drug of choice (if a drug user); clients prescribed psychotropic medication management with the community based mental health provider. The Sheriff's Office shall track numbers of individuals diverted from the jail. At the conclusion of treatment Court Diversion, Court Administration shall track successful completion rates and program participant's satisfaction with the process/program.

3.8.5.4.2 Proposed Targets and Methodologies

The program will treat Martin County Residents who have impacted the Criminal Justice System and who have been clinically determined to have a mental health and/or substance abuse diagnosis. A brief Jail Mental Health Survey will be administered at the time of booking of an individual. Every effort will be made to divert individuals from arrest and placement in jail. The Sheriff's Office shall train all Road Patrol Officers to identify individuals who may be diverted from jail. The Sheriff's Office shall employ Master's Level Clinicians to work with Deputies (primarily Road Patrol) to assess, diffuse and divert individuals from jail. Once identified the staff from Martin County Health and Human Services, a program, licensed by the State of Florida, since 1989, as a Substance Abuse Treatment provider (and employees of the county); with staff licensed by the State of Florida as Mental Health Counselors, shall perform an in-depth Biopsychosocial assessment to determine clinically most appropriate placement for services. Martin County Health and Human Services (MCHHS) staff will provide court management services for clients who are participants of treatment court programming. MCHHS will provide drug screening services on-site through the utilization of a Siemens V-Twin Analyzer which enables validity testing and tests for up to 10 drugs of abuse simultaneously. All drug testing is observed by staff and is performed on a regular and random basis. Individuals are expected to complete treatment court programming in less than 2 years. Those who successfully complete will have their charges dropped and will not have a record of conviction. Individuals may relapse while in the program and will receive sanctions and will also receive rewards for program compliance. Treatment is individualized as clinically determined by client need.

3.8.5.4.3 Additional Proposed Performance Measure

It is anticipated that a savings of \$120/day will be realized for adults diverted from jail and \$340/day for juveniles diverted. Overall savings will be tracked by MCHHS staff. The program proposes to reduce recidivism and this information will be tracked by Court Administration. It is anticipated that less than 20% of successful program participants will be rearrested within two years. The project proposes to produce savings through diversion which will provide for program sustainability after the requested grant concludes.

3.8.5.5 Capability and Experience

3.8.5.5.1 Capability and Experience of Applicant and Participating Organizations

Martin County Board of County Commissioners:

- Supports the Health and Human Services Department to administer the Mental Health Court Since 2006 and Drug Court Since 1989
- Fund the Martin County Sheriff's Office – Supports the Sheriff's plan to divert offenders
- Chair the Public Safety Coordinating Council
- Seek to manage more staff to provide expanded case management

Martin County Sheriff's Office:

- Intercept persons with mental health issues at arrest and initiate diversion where and when possible
- Manage the Martin County Jail Complex
- Member of the Public Safety Coordinating Council
- Seek to expand CIT training to improve officer response to persons with mental disorders
- Sheriff's administration has expressed particular interest in reducing barriers to service for people with mental disorders who are in or who might enter the criminal justice system. With an eye towards reinvesting savings realized toward prevention programming going forward.

19th Judicial Circuit Court:

- Judge presides over the Mental Health Court
- Member of the Public Safety Coordinating Council
- Attended several national judicial education courses relating to mental health, substance abuse & co-occurring disorders

State's Attorney:

- Assign offenders to Mental Health Court
- Member of the Public Safety Coordinating Council
- Interested in reducing recidivism with expanded mental health treatment

Public Defender's Office:

- Recommends clients for Mental Health Court
- Member of the Public Safety Coordinating Council
- Has Client service staff to assist clients with general program compliance questions

New Horizons:

- Provide a broad range of mental health and substance abuse services since 1972 across the 4 county region known as the Treasure Coast; NHTC is a Baker Act Receiving Facility, adult and juvenile crisis stabilization unit and an adult detox unit. NHTC has an outpatient office in Martin County and has worked closely with Martin County Health and Human Services since 1989.
- Member of the Public Safety Coordinating Council

3.8.5.5.2 Availability of Resources for Proposed Project

Martin County only has the financial ability to manage 25-30 participants within its Mental Health Court. Poor access to treatment, lack of housing, limited employment services, and inadequate case management has limited the program's success. Florida Department of Children and Families' resources will help Martin County expand the caseload to 75-100 participants and improve treatment outcomes.

3.8.5.5.3 Anticipated Roles of Advocates, Family Members, and Responsible Partners

Corroborating information regarding individual client history of drug and/or mental health needs and episodes will be obtained. Significant others will be referred to self-help groups (i.e.; Al-Anon, etc.). Significant others will be engaged and encouraged to attend court reviews and, as needed, obtain pertinent timely information regarding clients home and work life to share with the Treatment Court Team during staffing on scheduled court days. Significant others will be invited to dialog with treatment staff and court liaison staff on an as needed basis to keep Treatment Court Team current on client progress and overall needs. Family and significant others will understand that they are part of the treatment team. Martin County Health and Human Services prevention staff will regularly and randomly visit the homes of individuals in Mental Health Court to assess client need and compliance overall. Department of Corrections staff partnering with Martin County Sheriff's Office staff will visit the homes of individuals who are participating in Drug Court programming on an as needed basis to determine client program compliance.

Community partners who provide substance abuse treatment services and mental health services will provide weekly written case notes regarding the clients progress in treatment and providers will make a concerted effort to also be present in court on scheduled Treatment Court days to review client's individual progress.

3.8.5.5.4 Proposed Staff

Proposed staff include:

- A “Mental Health Court Coordinator” will be responsible for overseeing the Mental Health Court budget and resources, maintaining individual files on participants, compiling statistical data and guiding or participating in program evaluation, contract management, preparation and management of dockets, and soliciting community support through education and other linkages in an effort to enhance services available to the participant. The Mental Health Court Coordinator will undertake all key tasks related to outreach and coordination of continuum of care services including coordination of treatment service providers, community organizations, and housing, employment, and education services. The Mental Health Court Coordinator will also be responsible for establishing MOUs with key roles for each participating organization.
- Two “Mental Health Court Case Managers” will be responsible for direct supervision of the participants’ compliance with the Mental Health Court program, including implementation of the appropriate supervision level based on established measures, providing community-based resources and referrals to appropriate agencies, and monitoring the day-to-day activities and home environment of the participant. The Case Manager provides educational material to all team members (validated research and evidence-based practices), communicates with the team and law enforcement, prepares affidavits/clerk cases, and provides the team with current information about each participant. Each Case Manager will monitor 50 cases of the Mental Health Court program. The Case Manager advocates for participants and remains a liaison between all agencies to ensure participants are receiving the services that are referred. Qualifications include: understands evidence-based practices for treatment modalities; knowledgeable about addiction and pharmacology generally and applies that knowledge to respond to compliance in a therapeutically appropriate manner; and understanding and knowledge of trauma-informed approaches to assessment and treatment.
- An “Evaluator” will be responsible for developing reliable and valid methodologies to study the effectiveness of the drug court, as well as tracking participant outcomes up to one year beyond completion of the Mental Health Court program. Qualifications include excellent understanding of data collection and operating systems; and knowledgeable of evidence-based practices Mental Health Court data collection and analysis.

3.8.5.6 Evaluation and Sustainability

3.3.5.6.1 Evaluation

3.3.5.6.1.1 Implementation and Expansion Grants Only

3.8.5.6.1.1.1 Estimate of How Program Will Reduce Expenditures Associated with Incarceration of Target Population

Early intervention for mental health and substance abuse offenders provides opportunities to offer appropriate care and significantly reduce the cost of incarceration. Helping offenders receive the treatment they need also reduces recidivism. The average offender returns to jail four additional times for 90 days each time. By breaking that cycle during the first jail term, treatment courts save an average of one year in incarceration per drug offender at a savings of \$28,000 per year. Martin County estimates that its jail will save \$4,333,048.00 annually with the proposed strategies. The savings in probation costs, though uncalculated, could be similarly staggering. Finally, additional savings come when these individuals return to their lives as productive citizens, paying taxes instead of draining public dollars because of their addictions.

3.8.5.6.1.1.2 Proposed Methodology to Measure Defined Outcomes and Corresponding Savings or Averted Costs

The proposed strategies have measurable objectives. An integrated database between Mental Health Court partners (Public Defender, State Attorney, Clerk of Courts, Jails, community mental health provider and community substance abuse counselor) will help track project progress. By sharing this information, communication will be improved, time will be saved in accessing data, and delays and inaccuracies in the development of treatment plans will be minimized.

A self-evaluation, conducted twice annually, will also be conducted of the Mental Health Court's processes and procedures, as well as those of our partnerships, client outcomes, and individual and cross-functional roles. This self-evaluation will follow the methodology of the *Collaboration Assessment Tool by the Consensus Project*.

3.8.5.6.1.1.3 Estimate of How Cost Savings or Averted Costs Will Sustain or Expand Mental Health, Substance Abuse, Co-Occurring Mental Health and Substance Abuse Treatment Services and Supports

Every dollar saved with mental health treatment is a dollar not spent on incarcerating offenders in Martin County. Cost savings and averted costs can be redirected to sustaining the expansion of Mental Health Court.

3.8.5.6.1.1.4 How county's Proposed Initiative Will Reduce Number of Individuals Judicially Committed to a State Mental Health Treatment Facility

Between 2006 to 2016, there was a 110% increase in inmates Baker-Acted from 50 to 105. The proposed strategies will help to identify persons with mental illness, provide the necessary treatment, and ensure a smooth transition back into the community. With Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant support, Martin County expects to reduce the number of individuals judicially committed to a state mental health treatment facility by 20%.

3.8.5.6.2 Sustainability

A key indicator of Martin County's ability to sustain its Mental Health Court is the strong commitment of its partners. Many of these individuals and organizations went above and beyond in volunteering time to get the Mental Health Court established. Stakeholders are still very engaged, and have pledged to invest their time and resources to making the Mental Health Court thrive.

The Mental Health Court enjoys financial support from the Martin County Board of County Commissioners. Elected leaders are pleased with the Mental Health Court's progress, and are interested in taking the initiative to the next level.

The Martin County Sheriff's Office is committed to supporting Mental Health Court programs. Reducing the inmate population through programs that address mental illness help to reduce crime and save money. Martin County's Mental Health Court is a cost-effective approach to improving all residents' quality of life. Long-term, an in-patient facility mental health facility is planned for at the Sheriff's jail facility. This will help to further reduce costs of incarceration.

Martin County will also seek to sustain the expansion of its Mental Health Court with additional funding. It is recognized that government – federal, state, and local – will most likely be a necessary source of financial support.

3.8.5.6.3 Project Timeline

Month	Projected	Related Objective	Key Activities	Expected Completion Date	Responsible Partner
1-3	Reduce Re-entry into the criminal justice system by those with mental illness and/or substance abuse disorders.	Fund 4 supportive housing placements for homeless persons recently released from jail	Finalize program design, design program case flow	End of Month 3	Martin County Health and Human Services
1-3	Reduce Re-entry in the criminal justice system by those with mental illness and or/substance abuse disorders.	Provide substance abuse and/or mental health treatment to program participants	Finalize program design, design program case flow.	End of Month 3	Martin County Health and Human Services; New Horizons of the TC; ADAP; Treasure Coast Counseling; Project Lift
3-6	Reduce Re-entry in the criminal justice system by those with mental illness and or/substance abuse disorders.	Provide benefit qualification and ancillary social services for program participants	Initial ramp up	Months 4-6	Martin County Health and Human Services; Martin County Sheriff's Office.
1-3	Reduce Re-entry in the criminal justice system by those with mental illness and or/substance abuse disorders.	Hire 2 Case Managers	Provide comprehensive continuum of services to target population	Months 1-3	Martin County Health and Human Services; New Horizons of the TC
3-36	Reduce Re-entry in the criminal justice system by those with mental illness and or/substance abuse disorders.	Develop a cost-savings analysis of the program, utilizing historic data of program participants previous tenure in jail/hospital/mental health facilities	Data collection and analysis. Provide comprehensive continuum of services to target population.	Month 36	Court Administration; Martin County Health and Human Services

