TAB 1

COVER PAGE

APPENDIX C – COVER PAGE FOR GRANT APPLICATION

Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant

PROPOSAL INFORMATION	
Type of Grant:	Planning Grant ☐ Implementation and Expansion Grant ☒
Project Title:	Youth Criminal Justice Diversion Initiative
County(ies):	Hernando County
Preferred Project Start Date:	7/01/2019
APPLICANT INFORMATION	
Type of Applicant	County Government ☐ Consortium of County Governments ☐ Managing Entity ☒ NFP Community Provider ☐ Law Enforcement Agency ☐
Applicant Organization Name:	Lutheran Services Florida (LSF) dba LSF Health Systems
Contact Name & Title:	Dr. Christine Cauffield
Street Address	9428 Baymeadows Road, Suite 320
City, State and Zip Code:	Jacksonville, FL 32256
Email:	christine.cauffield@lsfnet.org
Phone:	904.900.1075
ADDITIONAL CONTACT	
Participating Organization Name:	Hernando County Government
Contact Name & Title:	Veda Ramirez, Health and Human Services Manager
Street Address	621 West Jefferson Street
City, State and Zip Code:	Brooksville, FL 34601
Email:	VRamirez@hernandocounty.us
Phone:	352.540.4338

FUNDING REQUEST AND MATCHING FUNDS		
	Total Amount of Grant Funds Requested	Total Matching Funds:
Program Year 1	$400,000	$415,588
Program Year 2	$400,000	$414,523
Program Year 3	$400,000	$414,523
Total Project Cost	$1,200,000	$1,244,633

CERTIFYING OFFICIAL	
Certifying Official's Signature:	Dr. Christine Cauffield
Certifying Official's Name (printed):	Dr. Christine Cauffield
Title:	Chief Executive Officer
Date:	1/16/2019

TAB 1

COUNTY DESIGNATION LETTER

BOARD OF COUNTY COMMISSIONERS

20 NORTH MAIN STREET • ROOM 263 • BROOKSVILLE, FLORIDA 34601
P 352.754.4002 • F 352.754.4477 • W www.HernandoCounty.us

January 22, 2019

Dr. Christine Cauffield
Chief Executive Officer
LSF Health Systems
9428 Baymeadows Rd., Bldg. III, Suite 320
Jacksonville, FL 32256

Dear Dr. Cauffield:

The Hernando County Board of Commissioners is pleased to designate *Lutheran Services Florida, dba LSF Health Systems* to serve as the lead applicant for the Florida Department of Children and Families grant opportunity "Criminal Justice, Mental Health, and Substance Abuse (CJMHSA) Reinvestment Grant" on behalf of Hernando County.

We look forward to continuing our partnership with LSF Health Systems, as the managing entity overseeing the state-funded system of behavioral healthcare in Hernando County, to more effectively meet the unique behavioral health needs of youth who are involved or are at risk of being involved with the criminal justice system.

Sincerely,

Jeff Holcomb, Chairman
Board of County Commissioners
Hernando County, Florida

Captain J.R. Hutchinson
Chairman
Public Safety Coordinating Council

cc: Veda Ramirez, Health and Human Services Manager

TAB 2

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TAB 3

STATEMENT OF MANDATORY ASSURANCES

LSF HEALTH SYSTEMS

APPENDIX D – STATEMENT OF MANDATORY ASSURANCES

		Initial
A.	**Infrastructure:** The Applicant shall possess equipment and Internet access necessary to participate fully in this solicitation.	CAC
B.	**Site Visits:** The Applicant will cooperate fully with the Department in coordinating site visits, if desired by the Department.	CAC
C.	**Non-discrimination:** The Applicant agrees that no person will, on the basis of race, color, national origin, creed or religion be excluded from participation in, be refused the benefits of, or be otherwise subjected to discrimination pursuant to the Act governing these funds or any project, program, activity or sub-grant supported by the requirements of, (a) Title VI of the Civil Rights Act of 1964 which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended which prohibits discrimination the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended which prohibits discrimination in employment or any program or activity that receives or benefits from federal financial assistance on the basis of handicaps; (d) Age Discrimination Act 1975, as amended which prohibits discrimination on the basis of age, (e) Equal Employment Opportunity Program (EEOP) must meets the requirements of 28 CFR42.301.	CAC
D.	**Lobbying:** The Applicant is prohibited by Title 31, USC, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," from using Federal funds for lobbying the Executive or Legislative Branches of the federal government in connection with a specific grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal funds if grants and/or cooperative agreements exceed $100,000 in total costs (45 CFR Part 93).	CAC
E.	**Drug-Free Workplace Requirements:** The Applicant agrees that it will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76.	CAC
F.	**Smoke-Free Workplace Requirements:** Public Law 103-227, Part C-Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library projects to children under the age of 18, if the projects are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's projects provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for Inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 per day and/or the imposition of an administrative compliance order on the responsible entity.	CAC
G.	**Compliance and Performance:** The Applicant understands that grant funds in Years 2 and 3 are contingent upon compliance with the requirements of this grant program and demonstration of performance towards completing the grant key activities and meeting the grant objectives, as well as availability of funds.	CAC
H.	**Certification of Non-supplanting:** The Applicant certifies that funds awarded under this solicitation will not be used for programs currently being paid for by other funds or programs where the funding has been committed.	CAC
I.	**Submission of Data:** The Applicant agrees to provide data and other information requested by the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center at the Florida Mental Health Institute to enable the Center to perform the statutory duties established in the authorizing legislation.	CAC
J.	**Submission of Reports:** The Applicant agrees to submit quarterly progress reports and quarterly fiscal reports, signed by the County Administrator, to the Department.	CAC

TAB 4

COMMITMENT OF MATCH DONATION FORMS
AND MATCH COMMITMENT SUMMARY REPORT

Appendix I - MATCH SUMMARY

(for the entire grant period)

Date - 1/30/19

County - Hernando County – LSF Health Systems

Type of Grant - Implementation

Match Requirement Percentage - 100%

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

Match Committed:

Cash	$ 0
In-Kind	$ 1,244,633
Total	$ 1,244,633

Comments:

Prepared By Nancy VanHolt

Approved By Dr Christine Campbell

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

TO: (name of county) Hernando County Board Of County Commissioners

FROM: (donor name) Court Administration

ADDRESS: 20 N. Main St.

Brooksville, FL 34601

The following___space.___equipment,___goods or supplies, and___services. are donated to the County _____ permanently (title passes to the County)_____temporarily (title is retained by the donor), for the period _____ to_____.

Description and Basis for Valuation (See next page)

Description	Value
(1) 30% of FTE of Court Program Specialist 1	$ 9491.04
(2) 50 % of PTE of Court Program Assistant	$ 6370.00
(3) Supplies & Goods	$ 1200.00
(4) Fringe Benefits	$ 3185.96

TOTAL VALUE $ 20247.00 Annually

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

(Donor Signature) 1-25-19 (Date)

(County Designee Signature) 2/1/19 (Date)

CFO LSPHS

Appendix H (cont.)

BASIS OF VALUATION

Building/Space

1. Donor retains title:

   a. Fair commercial rental value - Substantiated in provider's records by written confirmation(s) of fair commercial rental value by qualified individuals, e.g., Realtors, property managers, etc.

   b. (1) Established monthly rental of space $_____

   (2) Number of months donated during the contract _____

   Value to the project [b.(1) X b.(2)] $_____

2. Title passes to the County:

   Depreciation

   a. Cost of Fair Market Value (FMV) at acquisition (excluding land) $_____

   b. Estimated useful life at date of acquisition _____yrs.

   c. Annual depreciation (a./b.) $_____

   d. Total square footage _____sq. ft.

   e. Number of square feet to be used on the grant program _____sq. ft.

   f. Percentage of time during contract period the project will occupy the building or space _____%

   Value to project (e./d. X f. X c.) $_____

   Use Allowance

   a. To be used in the absence of depreciation schedule (i.e., when the item is not normally depreciated in the County's accounting records).

   b. May include an allowance for space as well as the normal cost of upkeep, such as repairs and maintenance, insurance, etc.

Equipment

1. Donor retains title: Fair Rental Value
2. Title passes to County:

   a. FMV at time of donation $_____

   or

   b. Annual value to project (not to exceed 6 2/3% X a.) = $_____

Goods or Supplies

FMV at time of donation $1200.00

Personnel Services

1. Staff of another agency or organization:
2. Annual Salary Number of hours 624 X $15.21/hr to be provided = $9491.04
3. Annual Salary Number of hours 520 X $12.25/hr to be provided = $6370.00
4. Volunteer -- Comparable annual salary $ _____

   Annual Salary Number of hours 2080 X to be provided = $_____

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

TO: (name of county) LSF Health Systems/Hernando County

FROM: (donor name) BayCare Behavioral Health, Inc.

ADDRESS: 7809 Massachusetts Avenue
New Port Richey, FL 34653

The following ___ space, ___ equipment, ___ goods or supplies, and X services, are donated to the County X permanently (title passes to the County) _____ temporarily (title is retained by the donor), for the period 7/01/2019 to 6/30/2022.

Description and Basis for Valuation (See next page)

Description	Value
(1) InKind - fees/program income	$~~68,780.00~~ 69,789 (yr 1); $68,724 (yr 2); $68,724 (yr 3)
(2)	$
(3)	$
(4)	$
	TOTAL VALUE $~~68,780.00~~ $207,237

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

(Donor Signature) 1/14/2019 (Date)

(County Designee Signature) 2/4/19 (Date)
CFO LSFHS

Appendix H (cont.)

BASIS OF VALUATION

Building/Space

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

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

   Value to project (e./d. X f. X c.) $_____

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

Equipment

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

Goods or Supplies

FMV at time of donation

Personnel Services

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

Other - client fees that are in excess of the cost of service based on third party reimbursement or full fee; excludes Medicaid = $207,237

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

TO: (name of county) Hernando County

FROM: (donor name) Dawn Center

ADDRESS: PO Box 6179
Spring Hill, FL 34611

The following X space, X equipment, X goods or supplies, and X services, are donated to the County ____ permanently (title passes to the County) X temporarily (title is retained by the donor), for the period 2019 to 2023.

Description and Basis for Valuation (See next page)

Description	Value
(1) Supervision Salary & Fringe Benifits	$ 7421.16
(2) Supplies & Training	$ 17,100
(3) Staff Travel	$ 694.20
(4) Building Occupancy	$ 7,200
	TOTAL VALUE $ 32,415.36

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

(Donor Signature) 1/17/19 (Date)

(County Designee Signature) 2/4/19 (Date)
CFOLSF HS

Appendix H (cont.)

BASIS OF VALUATION

Building/Space

(1.) Donor retains title:

(a.) Fair commercial rental value - Substantiated in provider's records by written confirmation(s) of fair commercial rental value by qualified individuals, e.g., Realtors, property managers, etc.

b. (1) Established monthly rental of space $200

(2) Number of months donated during the contract 36

Value to the project [b.(1) X b.(2)] $7200

2. Title passes to the County:

Depreciation

a. Cost of Fair Market Value (FMV) at acquisition (excluding land) $_____

b. Estimated useful life at date of acquisition _____ yrs.

c. Annual depreciation (a./b.) $_____

d. Total square footage _____ sq. ft.

e. Number of square feet to be used on the grant program _____ sq. ft.

f. Percentage of time during contract period the project will occupy the building or space _____ %

Value to project (e./d. X f. X c.) $_____

Use Allowance

a. To be used in the absence of depreciation schedule (i.e., when the item is not normally depreciated in the County's accounting records).

b. May include an allowance for space as well as the normal cost of upkeep, such as repairs and maintenance, insurance, etc.

Equipment

(1) Donor retains title: Fair Rental Value

2. Title passes to County:

a. FMV at time of donation $_____

or

b. Annual value to project (not to exceed 6 2/3% X a.) = $_____

Goods or Supplies

FMV at time of donation

Personnel Services Supervisor - 3yrs. @52 weeks @ 5hrs. per week @ 30% non state or Federal funded

(1) Staff of another agency or organization:

Annual Salary Number of hours 2080 X to be provided = $6747.30

2. Volunteer -- Comparable annual salary $ _____

Annual Salary Number of hours 2080 X to be provided = $_____

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

TO: (name of county) Hernando County

FROM: (donor name) Hernando County Community Anti-Drug Coalition

ADDRESS: 900 Emerson Road, Brooksville, FL 34601

The following X space, X equipment, X goods or supplies, and personnel services, are donated to the County ____ permanently (title passes to the County X temporarily (title is retained by the donor), for the period July, 2019 to June, 2022.

Description and Basis for Valuation (See next page)

Description	Value
(1) Personnel	$5850
(2)Equipment	$2550
(3)Supplies	$975
(4)Staff Travel	$945.18
(5)Building Occupancy	$24,840
(6)Other/Cash	$840.

TOTAL VALUE $ 36000.18

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

Teresa J Watson 1/15/2019 Ann Mide 2/1/19

(Donor Signature) (Date) (County Designee Signature) (Date)

CFO - CSF HS

Appendix H (cont.)

BASIS OF VALUATION

Building/Space

1. Donor retains title:

   a. Fair commercial rental value - Substantiated in provider's records by written confirmation(s) of fair commercial rental value by qualified individuals, e.g., Realtors, property managers, etc.

   b. (1) Established monthly rental of space $ 23 per sq ft X 30 sq ft

   (2) Number of months donated during the contract 36

   Value to the project [b.(1) X b.(2)] $ 24,840.00

2. Title passes to the County:

   Depreciation

   a. Cost of Fair Market Value (FMV) at acquisition (excluding land) $_____

   b. Estimated useful life at date of acquisition _____ yrs.

   c. Annual depreciation (a./b.) $_____

   d. Total square footage _____ sq. ft.

   e. Number of square feet to be used on the grant program _____ sq. ft.

   f. Percentage of time during contract period the project will occupy the building or space _____ %

   Value to project (e./d. X f. X c.) $_____

   Use Allowance

   a. To be used in the absence of depreciation schedule (i.e., when the item is not normally depreciated in the County's accounting records).

   b. May include an allowance for space as well as the normal cost of upkeep, such as repairs and maintenance, insurance, etc.

Equipment

1. Donor retains title: Fair Rental Value
2. Title passes to County:

   a. FMV at time of donation $ 3900.00

   or

   b. Annual value to project (not to exceed 6 2/3% X a.) = $ 2550.00

Goods or Supplies

FMV at time of donation

Personnel Services

1. Staff of another agency or organization:

   Annual Salary Number of hours 2080 X to be provided = $_____

2. Volunteer -- Comparable annual salary $ 64,724 (Nurse)

   Annual Salary Number of hours 2080 X to be provided = $5850.00

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

TO: (name of county) Hernando

FROM: (donor name) Hernando County School District

ADDRESS: 919 N. Broad Street
Brooksville, FL 34601

The following X__space, X__equipment, X goods or supplies, and X services, are donated to the County Hernando permanently (title passes to the County) X__temporarily (title is retained by the donor), for the period _____ to_____.

Description and Basis for Valuation (See next page)

Description	Value
(1) Building classroom 800 sq. ft.	$ 6,400.00
(2) Equipment & Utility usage	$ 3,200.00
(3) Travel – meetings & trainings in-state	$ 1,500.00
(4) Consultant (part time social worker)	$ 3,280.00

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

(5) Goods & Supplies for students – pencils, paper, makers, report covers $10.00 per student per year times 1,500 students.	$ 15,000.00
(6) Administrative support (Director, 2 Supervisors, Principal)	$ 18,000.00
(7) Family Spec/Therapist	$ 5,000.00
(8) Staff Supplies office supplies (ex: stapler, staples, paper clips, copy paper, File folders	$ 1,000.00
(9) Consultant Travel	$ 500.00
(10) Consultant Supplies curriculum materials	$ 1,000.00
(11) Computer & equipment	$ 2,000.00
(12) Computer program license (for 5 students @ $1,173.33)	$ 5,866.65

TOTAL VALUE $ 62,746.65

Joseph L Ernst 1/18/19 Cathy Doffka 1/18/19
(Donor Signature) (Date) (County Designee Signature) (Date)

County Des. Agree – Anne Madge 2/1/19
CFO LSF HS

Appendix H (cont.)

BASIS OF VALUATION

Building/Space

1. Donor retains title:

   a. Fair commercial rental value - Substantiated in provider's records by written confirmation(s) of fair commercial rental value by qualified individuals, e.g., Realtors, property managers, etc.

   b. (1) Established monthly rental of space $ 8.00 per sq ft.

   (2) Number of months donated during the contract 10

   Value to the project [b.(1) X b.(2)] $ 6,400.00

2. Title passes to the County:

   Depreciation

   a. Cost of Fair Market Value (FMV) at acquisition (excluding land) $_____

   b. Estimated useful life at date of acquisition _____yrs.

   c. Annual depreciation (a./b.) $_____

   d. Total square footage _____sq. ft.

   e. Number of square feet to be used on the grant program _____sq. ft.

   f. Percentage of time during contract period the project will occupy the building or space _____%

   Value to project (e./d. X f. X c.) $_____

   Use Allowance

   a. To be used in the absence of depreciation schedule (i.e., when the item is not normally depreciated in the County's accounting records).

   b. May include an allowance for space as well as the normal cost of upkeep, such as repairs and maintenance, insurance, etc.

Equipment $4.00 per sq. ft. X 800

1. Donor retains title: Fair Rental Value
2. Title passes to County:

   a. FMV at time of donation $_____

   or

   b. Annual value to project (not to exceed 6 2/3% X a.) = $ 3,200.00

Goods or Supplies

FMV at time of donation

Personnel Services

1. Staff of another agency or organization:

   Annual Salary Number of hours 2080 X to be provided = $_____

2. Volunteer -- Comparable annual salary $ _____

   Annual Salary Number of hours 2080 X to be provided = $_____

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

TO: (name of county) Hernando County

FROM: (donor name) NAMI Hernando

ADDRESS: PO Box 5613

Spring Hill, FL 34611

The following ___ space, ___ equipment, ✓ goods or supplies, and ✓ services, are donated to the County ___ permanently (title passes to the County) _x_ temporarily (title is retained by the donor), for the period 7/1/2019 to 6/30/2022.

Description and Basis for Valuation (See next page)

Description	Value
(1) Salary/Fringe 0.50 FTE Youth & Family Support Coordinator	$ 20,000
(2) Staff Travel = 280.9 miles/month X $.445/mile X 12 months	$ 1,500
(3) Office supplies	$ 500
(4) Volunteer hours (peer mentors)	$ 18,000

TOTAL VALUE $ 40,000 per year

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

1/15/2019
(Donor Signature) (Date)

2/1/19
(County Designee Signature) (Date)
CFO-LSF Hs

Appendix H (cont.)

BASIS OF VALUATION

Building/Space

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

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

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

Equipment

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

Goods or Supplies

FMV at time of donation $ 500

Personnel Services

1. Staff of another agency or organization:
   Annual Salary 40,000 Number of hours ~~2080~~ 1040 X to be provided = $ 20,000
   including fringe
2. Volunteer - Comparable annual salary $ 37,440
   Annual Salary 37,440 Number of hours ~~2080~~ 1000 X to be provided = $ 18,000

Staff Travel = 280.9 miles/month X $.445/mile X 12 months $1,500

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

TO: (name of county) Hernando County/LSF Health Systems (applicant)

FROM: (donor name) Springbrook Hospital

ADDRESS: 7007 Grove Road
Brooksville, FL 34609

The following ___ space, ___ equipment, ___ goods or supplies, and X services, are donated to the County Hernando permanently (title passes to the County) X temporarily (title is retained by the donor), for the period 7/1/2019 to 6/30/2022.

Description and Basis for Valuation (See next page)

Description	Value
(1) Psychological Evaluations - Youth	$ 77,127
(2) Transportation - Youth	$ 79,542
(3) Mental Health Tech Services - Youth	$ 94,557
(4)	$
	TOTAL VALUE $ 251,226 (limited to $200,000)

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

CFO 1/22/2019 — 2/1/19

(Donor Signature) (Date) (County Designee Signature) (Date)

CFO - LSF HS

Appendix H (cont.)

BASIS OF VALUATION

Building/Space

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

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

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

Equipment

1. Donor retains title: Fair Rental Value
2. Title passes to County:
   a. FMV at time of donation $_____
   or
   b. Annual value to project (not to exceed 6 2/3% X a.) =226 $_____

Goods or Supplies

FMV at time of donation

Personnel Services (Calculation is attached)

1. Staff of another agency or organization:
   Annual Salary Number of hours 2080 X to be provided = $ 251,226
2. Volunteer -- Comparable annual salary $ _____
   Annual Salary Number of hours 2080 X to be provided = $_____

Springbrook Hospital - Adolescent Grant Calculation

	# hours per admission	Average Hourly Rate	Aug 18 - Dec 18	Annualized Hours	Annualized Salaries	Annualized Benefits	Annualized Costs
# Adolescents			293	703			
Staffing				2,842	37,680	5,652	43,332
MHT - Sitter	Actual log maintained	$ 13.26	2,584	~~6,201~~	$ ~~82,224~~	$ ~~12,334~~	$ ~~94,557~~
MHT - Transport	4	$ 13.26	1,172	2,813	37,298	5,595	42,892
Driver - Transport	4	$ 11.33	1,172	2,813	31,869	4,780	36,649
RN Supervisor - Evaluations	1	$ 34.00	293	703	23,909	3,586	27,495
Total Labor Costs					~~$ 175,299~~ 130,786	$ ~~26,285~~ 19,613	$ ~~201,594~~ 150,368
Pschological Evaluations (costs)			$ 20,680				49,632
Total Costs (not including O/H)							$ ~~251,226~~ $200,000

TAB 5

STATEMENT OF THE PROBLEM

TAB 5: STATEMENT OF THE PROBLEM

CRITERIA 1: STATEMENT OF THE PROBLEM

Extent of the problem - local and state data and trend analysis: As a result of a CJMHSA Reinvestment Planning Grant awarded to Hernando County by the Department of Children and Families (DCF) in November 2017, LSF Health Systems contracted with the Hernando Community Coalition to conduct a comprehensive assessment of youth criminal justice, mental health and substance abuse needs. This effort, which included focus groups and key informant interviews, culminated into a detailed 100-page report submitted to the Department in February 2018. A Sequential Intercept Mapping (SIM) workshop was also completed in May 2018 by the USF-FMHI CJMHSA Technical Assistance Center to further assess resources, needs, and gaps at the various intercepts in the criminal justice system.

Highlights from the assessment that guided the development of the data-driven, collaborative Strategic Plan presented in TAB 5, include:

- In 2017, there were 538 youth arrests in Hernando County, an increase of 38 from the prior year. Eight percent (42 incidents) were a result of drug/narcotics and liquor violations.

- The average rate of arrests per youth was 1.6 per year. Among youth who were dually involved in both the Department of Juvenile Justice and the Department of Children and Families, the rate of arrests per youth rose to 3.3 in Hernando County, higher than the statewide average of 2.4.

- Hernando County has only one youth diversion program, “Teen/Youth Court”, where first time misdemeanants receive a civil citation in lieu of arrest and are diverted to face a jury of their peers who determine the sanctions. If sanctions are completed, the arrest is removed from the youth’s record.

- Of the incidents recorded at Hernando middle and high schools in the 2016/17 school year, the schools with the highest rate of incidents also had the highest rate of economically disadvantaged youth.

- In 2016, 19.5% of Hernando County middle and high school students reported past 30-day use of alcohol above statewide averages (FYSAS, 2016).

- Marijuana use increased from 2014 to 2016 among both Hernando middle and high school students, both above statewide averages (FYSAS, 2016).

- According to the 2016 FYSAS, 44.2% of Hernando County middle school and 41.3% of Hernando County high school students reported feeling depressed most days in the past year.

- Co-occurring mental health and substance abuse issues are also present among Hernando County students. Analysis from the 2016 FYSAS reveals that among Hernando 10 to 17-year old students who reported past 30-day alcohol use, nearly half (47.1%) reported being depressed most days in the past year. Among those who reported marijuana use, over half (52.1%) reported being depressed most days (2016, FYSAS analysis).

- Additionally, reports from BayCare Behavioral Health, the local youth mental health and substance abuse treatment provider, reveal that the majority of youth who receive services have both mental health and substance use issues.

- The rate of youth Baker Acts in Hernando County relative to the size of its population is significantly higher than the rest of the circuit and the state.

Involuntary Examinations by County of Residence in District 5, 2015/16

	Total Involuntary Examinations	As a percentage of population under 18
Hernando*	974	33.98%
Citrus	1,148	27.36%
Lake	2,571	24.82%
Marion	3,045	27.42%
Sumter	466	21.46%
Total Statewide	194,354	16.71%

Source: The Baker Act Data, The Florida Mental Health Act, Fiscal Year 2015/2016 Annual Report, Prepared for the Florida Department of Children and Families, Baker Act Reporting Center, Louis de la Parte Florida Mental Health Institute, Department of Mental Health Law and Policy.

The situation is further complicated by the lack of a children's receiving facility within the county. Springbrook Hospital, the only receiving facility located in Hernando (serving adults only), reported receiving a total of 518 Baker Act initiations for youth during 2017, with a high of 67 during the month of November. These youth must then be transported to receiving facilities in neighboring counties pending bed availability. The most frequently available placements for these youth are in receiving facilities located more than 90 miles

away in Orange County.

Priorities as a Community Concern: A recent report provided by the Fifth Judicial Circuit documents the pressing need for a Juvenile Drug Court and Mental Health Court to serve youth in Hernando county: “Pursuant to s. 985.345, the Hernando County Juvenile Court presently does not have a drug treatment court (s. 397.334), or mental court program (s.394.47892), or juvenile alternative sanctions (s.985.037 (3)). If juveniles have exhausted their diversion opportunities, cases are filed and adjudicated within juvenile court. The County may wish to consider other juvenile needs and expand to a juvenile drug and mental treatment court, and juvenile alternative sanctions as division options to help address having the highest case juvenile delinquency case load of 750 cases and having 1,407 commitment act cases in the Fifth Judicial Circuit which includes Citrus, Hernando, Lake, Marion, and Sumter Counties.”

Furthermore, focus groups and key informant interviews conducted during the assessment phase of the CJMHSA Planning grant revealed that the largest problem regarding care for youth with mental health or substance use issues according to community stakeholders is the lack of services. Of parents/caregivers who reported they have a youth with a mental health need, 87.7% did not think there was enough mental health services in the county for youth; 84.9% did not believe wait times for services were reasonable. Only 38.4% reported they are always able to get the care they need for their children.

Hernando County behavioral health and criminal justice services have long been underfunded and under-resourced, evidenced by gaps identified at every intercept during the Sequential Intercept Mapping workshop held in May 2018. Given the landscape of available services, and what is currently possible with this funding opportunity, a focus is placed on keeping youth in the county, early screening and intervention, care coordination and peer support following a Baker Act, and diversion through a Juvenile Mental Health and Drug Court (Juvenile Behavioral Health Court). This includes a focus on identifying signs and symptoms of behavioral health issues and intervening early through diversionary practices for the schools and services to increase coping skills to prevent further involvement with school delinquency and the juvenile justice system. The addition of these resources will help establish a solid foundation to address the needs of the target population and build a more integrated and comprehensive system of care.

Selection of Target population: The target population for Hernando County’s CJMHSA Implementation grant project is youth ages 17 and under with mental health (MH), substance abuse (SA), or co-occurring disorders (CODs), who are in, or are at risk of entering the juvenile justice system. To deter involvement in the juvenile justice system,

screening and referral to treatment along with coping skills and violence prevention/trauma awareness classes will be provided to middle and high school students participating in a new Out of School Suspension alternative program (ALTOSS). In addition, youth who will be diverted from incarceration through the new Hernando Juvenile Behavioral Health Court (JBHC) will be non-violent offenders ages 13-17 with varying degrees of substance use disorders, mental health issues, co-occurring or other behavioral health problems.

Geographic environment: Located on the central west coast of Florida, Hernando County is the 27th most populated of Florida's 67 counties with a population of 186,553 and a density of 392.6 individuals per square mile (2018, Florida Legislature, Office of Economic and Demographic Research). Population projections for 2020 and 2025 reveal Hernando County's population is growing at a higher rate than the overall population of Florida. The city of Brooksville, the seat of Hernando County, is one of only two incorporated towns in the county and has a total population of 8,147 (US Census Bureau Quick Facts, 2017 Population Estimates). The largest community in Hernando County is the Census Designated Place (CDP) of Spring Hill with a population of approximately 98,621 (US Census Bureau Quick Facts, 2010 Population Census). Hernando County is considered a transitioning suburban/rural county.

Socioeconomic challenges: Nineteen percent (19.8%) of the total population in Hernando County or approximately 37,000 individuals are under 18 years of age (2018, Florida Legislature, Office of Economic and Demographic Research). Of the residents under 18, 20.8% live in poverty, slightly higher than the statewide average of 20.6%. It is estimated that 9% of youth under the age of 18 or roughly 3,300 youth in Hernando County do not have health insurance. In the 2016/17 school year, there were 22,448 students enrolled in Hernando County Schools preK-12 of which 62.8% were economically disadvantaged, above the statewide average of 56.5%. Hernando County students present a population that is more racially and ethnically diverse than the countywide population as whole. In the 2016/17 school year, 65.5% of those enrolled were White, compared to the county rate of 80.1%, 7.7% of students were African American, compared to the countywide rate of 4.9%, and 20.0% of students were Hispanic, compared to 11.6% of persons countywide (US Census and Florida Department of Education).

The table below highlights key socio-economic indicators for Hernando County. On ***six of the 9 indicators, Hernando County fares worse than the average in the state of Florida*** (per capita income, median household income, percent below 200% of the federal poverty level, students eligible for free/reduced lunch, unemployment rate, and percent with collage diplomas).

Hernando Socioeconomic Factors

	County	Florida
Per Capita Income ($)	**23,495**	28,774
Median Household Income ($)	**44,323**	50,883
Percent of Persons Below 100% of the FPL (%)	14.3	15.5
Percent of Persons Below 200% of the FPL (%)	**37.6**	36.4
Students Eligible for Free/Reduced Lunch (%)	**82.1**	69.4
Unemployment Rate (%)	**5.1**	4.2
Percent of Businesses with <50 Employees (%)	96.2	95.5
Percent with High School Diplomas (%)	87.8	87.6
Percent with College Diplomas (%)	**27.4**	38.2

Source: WellFlorida Council - 2018 (www. http://wellflorida.org/data-reports/hernando-county-data/)

ANALYSIS OF THE CURRENT POPULATION OF THE JAIL/DETENTION CENTER:

Screening and assessment process used to identify the target population in the jail: The screening process in the juvenile justice system begins with the Positive Achievement Change Tool (PACT) which serves as a screening tool for the State Attorney Recommendation (SAR). Anytime a new PACT is required by administrative rule for new charges or detention screening, the PACT Mental Health and Substance Abuse Screening Report and Referral Form (PACT MHSA) is also completed and used to determine whether a referral for further assessment or immediate intervention is required. The form is provided to the parent if a referral is being made (Community PACT Statewide Business Rules, DJJ). LifeStream Behavioral Health conducts a comprehensive mental health and substance abuse and psychosocial assessment at the detention center upon referral from the Department of Juvenile Justice (DJJ). LifeStream staff utilize various tools to measure substance abuse (MAST, DAST) and make recommendations for interventions and treatment services based on the youth's individual needs.

Percentage of persons admitted to the jail or juvenile detention center that represents people who have a mental illness, substance use disorder or co-occurring disorders: According to the Department of Juvenile (most recent available data at http://www.djj.state.fl.us/research/reports/reports-and-data/interactive-data-reports/pact-profile/pact-profile-fy2013-14), Hernando youth have higher rates of mental

health and substance use issues compared to the statewide average: 32.1% of the 496 Hernando youth that were screened with the PACT were found during intake to have a history of mental health problems compared to the statewide average of 21.1%. In addition, 21.1% reported currently using alcohol compared to state average of 16.4%; and 39.3% reported currently using drugs compared to 38.3% statewide.

Contributing factors that affect population trends in the county jail or juvenile detention center: Youth who exhibit delinquent behaviors that lead to involvement in the juvenile justice system are affected by a series of risk factors, including individual factors, family factors, peer group factors, school-related factors, or community environmental factors. A report from the Florida Office of Juvenile Justice and Delinquency Prevention and the University of Florida entitled "The Prevalence of Adverse Childhood Experiences (ACE) in the Live of Juvenile Offenders" conclude that youth offenders in Florida have high rates of ACEs. Only 2.8% of the youth reported no childhood adversity. Additionally, according to local behavioral health service providers, a significant percentage of youth are being parented by young parents who lack the skills to provide needed structure, guidance and supervision as many of them struggle themselves with addiction to various drugs. Inadequate funding for substance abuse treatment further aggravates the issue as many individuals, including parents, struggle with addiction to methamphetamines as well as opiates without sufficient treatment options in the county. These observations are supported by a report from the Office of Juvenile Justice and Delinquency Prevention which confirms that poverty, lack of engagement, and lack of involvement and structure are all contributing factors that can lead to delinquency. (Development Services Group, Inc. 2015. "Risk Factors for Delinquency).

Data and descriptive narrative that delineates factors that put Target Population at-risk of entering or re-entering juvenile justice systems: According to the 2017-19 Hernando County Community Health Improvement Plan, Hernando County faces significant environmental and other risk factors, including lower income, higher poverty, lower educational attainment, and higher unemployment rates than the rest of the state. In addition, Hernando County residents encounter racial disparities (Black/African Americans fare worse than white counterparts) and transportation barriers that further hinder access to treatment and resources.

Behavioral health providers serving youth in Hernando report that a lack of parental engagement and follow through to enforce juvenile sanctions contributes to youth being at risk of re-entering the justice system. Insufficient funding coupled with the shortage of mental health providers in the area contribute to higher recidivism rates. The 2018 Robert Wood Johnson Foundation's County Health Rankings places Hernando County 45th out of 67 counties in terms of health outcomes, having lost 5 spots from the previous year.

Currently there is only one mental health provider for every 1,400 residents which is half he availability statewide (1 provider for every 700 residents).

The National Bureau of Economic Research notes that there is a "definite connection between mental illness and the use of addictive substance" (Mental Illness and Substance Abuse, Marie Bussing-Birks, http://www.nber.org/digest/apr02/w8699.html). According to the 2018 Florida Youth Substance Abuse Survey (FYSAS), Hernando County students reported higher past 30-day use of any illicit drug (16.6%) than other youth statewide (14.3%). A higher percentage of Hernando middle and high school youth reported symptoms of depression over the past year compared to the state average: 29.4% reporting that that life is not worth it; 40.6% responding yes to "at times, I think I am no good at all" and 40.1% reporting having felt depressed most days than not in the past year. Furthermore, 30.8% of students report having experienced cyber bullying and 29.7% having been physically bullied. These factors, coupled with Hernando County's comparatively high youth poverty rates, substance abuse reports, and Baker Act data, combined with low health rankings contribute to higher risk for youth entering or re-entering the juvenile justice system.

Projected number of individuals to be served:

- ***A projected number of the broader category of persons served in any capacity:*** The project will screen at least 250 at-risk youth per year for mental health, substance abuse and delinquency risks: 1) middle and high school youth who participate in the Alternative to Out of School Suspension (ALTOSS) program; 2) referrals from the new Juvenile Behavioral Health Court; and 3) Youth who have been Baker Acted and referred from Springbrook Hospital.
- ***A projected number of any subset of persons served during their involvement with the Applicant's program (or who are provided a more intensive clinical level of services)***: The project will serve 50 youth per year who meet the criteria for mental health, substance abuse or co-occurring disorders and who are at risk of delinquency or currently involved with the criminal justice system. These youth will receive a comprehensive assessment and individualized treatment plan with recovery support, violence prevention/trauma awareness classes and care navigation assistance based on individual needs.

Consistency of needs identified with strategic plan priorities: The strategic plan presented in TAB 5 is the result of a 12-month process made possible through the CJMHSA Reinvestment Planning Grant program. The planning period began in the fall of 2017 with a 3-month comprehensive needs assessment to determine mental health, substance abuse and criminal justice needs and gaps for Hernando County youth. The

assessment process was led by the Hernando Community Coalition and a Needs Assessment Committee representing numerous community partners. In addition, a Sequential Intercept Mapping (SIM) workshop conducted by USF-FMHI's CJMHSA Technical Assistance Center (TAC) resulted in an in-depth assessment of programs, processes and needs at each intercept in the criminal justice system. Utilizing the results of these two needs assessment approaches, a Strategic Planning committee led by the Hernando Community Coalition, developed a data-driven, collaborative Strategic Plan to address a number of priorities identified by stakeholders, including primary care and behavioral health care integration campaign through increased screening for behavioral health disorders, additional treatment, recovery support and diversion programming, violence/trauma education and prevention, and workforce development needs.

TAB 6

PROJECT DESIGN AND IMPLEMENTATION

TAB 6: PROJECT DESIGN AND IMPLEMENTATION

CRITERIA 2: PROJECT DESIGN AND IMPLEMENTATION

DESCRIPTION OF THE PLANNING COUNCIL

Composition, Role and Compliance with s. 394.657(2)(a), F.S.: The Hernando Board of County Commissioners approved the establishment of a Public Safety Coordinating Council (PSCC) consistent with s. 951.26, F.S. on December 9, 2014. In accordance with the requirements of s. 394.657(2)(a), F.S., the membership of the Hernando PSCC was updated in 2016 to include all members as listed in Appendix K of the Request for Applications (RFA).

The Hernando Public Safety Coordinating Council Membership - Appendix K

Brad King, State Attorney	Mr. Jeff Holcomb, Chair
State Attorney or Designee	**County Commission Chair**
Mike Graves, Public Defender	Randall A. Story, Office Manager
Public Defender or Designee	**County Director of Probation**
Daniel B. Merritt, Jr., Chief Circuit Judge	Gail Ryder, BayCare Behavioral Health and Karen Rogers, LifeStream Behavioral
Circuit Court Judge	**Local Substance Abuse Treatment Director**
Kurt Hitzemann, Chief County Judge	
County Court Judge	
Captain J.R. Hutchinson	Gail Ryder, BayCare Behavioral Health and Karen Rogers, LifeStream Behavioral
Police Chief or Designee (no police force in Hernando)	**Community Mental Health Agency Director**
Captain J.R. Hutchinson	Joelle Aboytes, Circuit 5 Administrator
Sheriff or Designee	**DCF - Substance Abuse Program Office**
Susan Cizmada, Circuit Administrator	
State Probation Circuit Administrator	
Amy Baldwin, Court Operations Manager	Michael Bove
Local Court Administrator	**Primary Consumer of Mental Health Services**

Wendy Maynard

Primary Consumer of Substance Abuse Services

Tina Kinney, Nami Hernando

Primary Consumer of Community-Based Treatment Family Member

Barbara Wheeler, Mid Florida Homeless Coalition

Area Homeless Program Representative

Randy L. Reynolds, Chief Probation Officer

DJJ – Chief of Probation Office

Captain J.R. Hutchinson

Chief Correctional Officer Designee
The Sheriff and Chief Correctional Officer are represented by the same individual in Hernando County

Irma Terry, Juvenile Detention Superintendent

DJJ - Director of Detention Facility

Planning Council's Activities, Including Frequency of Meetings for previous 12 months and future scheduling ofmeetings: The PSCC has been meeting regularly every quarter since 2016. Over the past twelve months, the council has reviewed the progress of the Strategic Plan goals and objectives for the Adult planning grant that was awarded in 2016; reviewed and addressed the deliverables of the Youth planning grant completed in December 2018, including the development of the CJMHSA Youth Strategic Plan presented in the pages that follow; and discussed funding opportunities to implement the CJMHSA strategic plans developed by Hernando stakeholders. The council will continue to meet quarterly to provide oversight of the Youth CJMHSA Implementation grant and discuss opportunities to seek and leverage additional funding sources for those objectives and tasks that cannot be funded through the current application due to budget limitations.

STRATEGIC PLAN DESCRIPTION

Compliance with Section 2.2: The Hernando Youth CJMHSA strategic plan was developed during the CJMHSA Planning Grant period, approved by the PSCC, and presented to and approved by the Board of County Commissioners on 12/18/18. Because Hernando County has historically been underserved relative to other areas, the needs are extensive; thus, ***the strategic plan includes several goals and objectives that the community intends to get funded through a variety of sources over the next three years.*** The specific goals and objectives for which funding is being sought under the current CJMHSA Implementation grant opportunity are summarized in **Table 2 on pages 4-6-47**. Furthermore, a **diagram on page 45** illustrates the intercepts and programs being targeted by the current application. Finally, the detailed project timeline on p. 59-63 in TAB 7 further organizes the plan according to each required RFA Objective in Section 2.2 and notes the corresponding Strategic Plan Goals and Objectives that align with RFA objectives.

Hernando County Criminal Justice, Mental Health, Substance Abuse (CJMHSA) Reinvestment Grant
Youth Strategic Plan- Goals, Objectives, and Tasks

3 Year Timeframe- estimated 7/1/2019 to 6/30/2022

***** The plan developed by the Hernando community stakeholders and finalized in October 2018 is presented in its entirety in the pages that follow.** The specific goals and objectives for which funding is being sought under the current CJMHSA Implementation grant opportunity are summarized in **Table 2 on pages 46-47**. Furthermore, a **diagram on page 45** illustrates the intercepts and programs being targeted by the current application. ***

Goal #1: Increase **prevention** initiatives that raise awareness of youth behavioral health issues including identifying signs and symptoms and improving negative and incorrect misconceptions.

Objective #1:	*Increase awareness of behavioral health issues through partnerships with primary care providers including pediatricians, specialists, clinics, etc. who treat youth and their families through social norming campaign and information dissemination.*			
	Task	**Performance Measure**	**Lead Person or Organization**	**Projected Completion Date**
1.1	*Identify local primary care providers (including pediatricians, specialists, clinics, etc.) to participate in you're not alone mental health promotion and substance use prevention social norming campaign by promoting materials in their office and distributing educational information to their patients.*	*Annual goal of 10 healthcare partners per year for 3 years with signed agreements of participation.* *Quarterly participation measured by number of offices promoting messaging including brochures, fact cards, flyers, airing PSAs in wait rooms.*	*Hernando Community Coalition*	*6/30/2022* *Quarterly reporting*
1.2	*Identify local primary care providers to participate in prescription medication and opiate prevention by discussing dangers with youth, risks for babies, and distributing informational packets and Rx safe disposal kits to parents and caregivers.*	*Annual goal of 10 healthcare partners per year for 3 years with signed agreements of participation.* *Quarterly participation measured by number of offices airing PSAs in wait rooms, number of Rx packets distributed, and informational kits provided.*	*Hernando Community Coalition*	*6/30/2022* *Quarterly reporting*

1.3	*Work with local primary care providers- pediatricians and those serving youth, local clinics, etc. to provide training on Integrating Behavioral Health with Primary Care.*	*Annual Goal of 10 trained healthcare professionals per year for 3 years measured by sign-in sheets turned in quarterly for reporting.*	*Hernando Community Coalition*	*6/30/2022* *Quarterly reporting*

Goal #2: Increase **intervention** activities in Hernando County for youth behavioral health to prevent youth involvement in the juvenile justice system due to untreated symptoms and disorders.

Objective #1:	*Utilize early intervention screening tools that identify symptoms early and increase linkages for youth to appropriate services and supports.*			
	Task	**Performance Measure**	**Lead Person or Organization**	**Projected Completion Date**
1.1	*Purchase the Early Intervention Screening tool for mental health and substance use- the GAIN Short Screener (SS) for use in Hernando County Schools and corresponding web platform and participate in web-based training.*	*System active and training completed within 3 months of award measured by certificate.*	*Hernando County Schools- Overseen by Exceptional Student Services*	*9/30/2019*
1.2	*Utilize the Early Intervention Screening tool for mental health and substance use- the GAIN Short Screener (SS) in Hernando County Schools and corresponding web platform to generate reports for district personnel with results and recommendations for services if needed.*	*Goal of 5 new users per month (during school year) until accessible by all school personnel who conduct screens or end of 3-year project period.* *Quarterly performance measured by the number of schools using screener system, number of screeners utilizing system, number of students who received screener, number of students who were recommended for service referrals.*	*Hernando County Schools- Overseen by Supervisor of Exceptional Student Services*	*6/30/2022* *Quarterly reporting*
1.3	*Purchase the Early Intervention Screening tool for mental health and substance use- the GAIN Short Screener (SS) for use in Hernando County primary care facilities and corresponding web platform and participate in web-based training.*	*System active and within 3 months of award. (Certified GAIN user in staff)*	*Hernando Community Coalition*	*9/30/2019*

1.4	*Utilize the Early Intervention Screening tool for mental health and substance use- the GAIN Short Screener (SS) in Hernando County primary care facilities and corresponding web platform to generate reports for referrals to behavioral health services.*	*Goal of 10 primary care facilities per year for 3 years.* *Additional community agencies as identified will be offered access, such as For Each 1 Reach 1 Mentoring Program.* *Quarterly progress measured by active users, number of patients who received screener, and number of referrals to behavioral health services.*	*Hernando Community Coalition*	*6/30/2022* *Quarterly reporting*

Objective #2:	*Increase intervention outreach that promotes linkages for youth to appropriate services and supports in the community.*			
	Task	**Performance Measure**	**Lead Person or Organization**	**Projected Completion Date**
2.1	*Update the Hernando Cares Behavioral Health Resource Guide printed booklet, slides for waiting rooms, and on-going updates to hernandocares.org.*	*Announcements to service providers for resource updates sent twice per year for 3 years. Updated printed versions produced twice per year. Ongoing website management and updates with new submissions/changes.*	*CJMHSA Applicant, Project Coordinator*	*6/30/2022* *Website on-going.* *Quarterly reporting*
2.2	*Oversee distribution of the Hernando Cares Behavioral Health Resource Guides to schools, agencies, organizations, for wide scale reach.*	*Quarterly performance reporting includes edition tracking, number of distribution locations, number of guides distributed*	*CJMHSA Applicant, Project Coordinator*	*6/30/2022* *Quarterly reporting*
2.3	*Work with local primary care providers- pediatricians and those serving youth, local clinics, etc. to distribute Hernando Cares Resource Guides to patients of youth and their families.*	*Goal of 10 healthcare partners per year with signed agreements of participation to offer guides at location.*	*Hernando Community Coalition*	*6/30/2022*

Objective #3:	*Divert youth who would be receiving out of school suspension to alternative programming to reduce chance of further isolation from students and their parents from the school, decrease chance of arrest, and teach conflict resolution and life skills.*			
	Task	**Performance Measure**	**Lead Person or Organization**	**Projected Completion Date**
3.1	*Enter MOU with Hernando County School District to provide support for the ALTOSS- alternatives to out of school suspension programming.*	*MOU signed within 90-days of award. Program staffed by within 3 months of award.*	*Hernando County Schools- Exceptional Student Services*	*9/30/2019*

3.2	*The Hernando County Schools will implement ALTOSS- alternatives to out of school suspension programming for Hernando students who violated school district policy. The program will teach restorative practices combined with coping skills and conflict resolution while a student participates.*	*A maximum of 20 students per day- goal of 1,500 students per year (less than half of current rate per year).*	*Hernando County Schools, Jill Kolasa and ALTOSS Committee*	*6/30/2022* *Quarterly reporting*
3.3	*Project partners that offer evidenced-based or research-based practices and programming will assist with alcohol and other drug education, anger management, conflict resolution, addressing trauma, skill building and additional needs as appropriate.*	*Number of classes/groups provided, number of students served provided quarterly.*	*Hernando Community Coalition, BayCare Behavioral Health, Dawn Center, NAMI Hernando, LifeStream*	*6/30/2022* *Quarterly reporting*

Goal #3: Increase **support** for Hernando County youth, families, and professionals to address behavioral health issues and further personal and professional development to decrease youth involvement with the juvenile justice system.

Objective #1:	*Provide educational and supportive groups for youth and their families with mental health issues who are in or at-risk of entering the juvenile justice system.*			
	Task	**Performance Measure**	**Lead Person or Organization**	**Projected Completion Date**
1.1	*Hire a Part-time Youth and Family Support Coordinator to provide support to families of at risk youth referred by partners including Hernando County Schools and the Mental Health/Drug Court.*	*Part-time position filled by a Certified Recovery Peer Specialist. Documented by NAMI Hernando hiring procedures and start date.*	*NAMI Hernando*	*8/30/2019*
1.2	*Work with families to help access the services and supports that will help their child reach their recovery goals. Develop a crisis plan and a wellness recovery action plan (W.R.A.P.) with families and youth.*	*Serve 3 families per quarter beginning 10/1/2019. Measured by sign in sheets and completed WRAP & Crisis plans*	*NAMI Hernando*	*6/30/2022* *Quarterly reporting*
1.3	*Provide NAMI Family Support Group for families with youth with mental illness to facilitate a better understanding of mental illness, increase coping skills, empower participants to become advocates for their family members and gain the support of peers.*	*Provide 1 group per month beginning 10/1/2019. Measured by sign in sheets including number of meetings and participants served reported quarterly.*	*NAMI Hernando*	*6/30/2022* *Quarterly reporting*

Objective #2:	*Provide education and supportive services/ groups for victims and witnesses to family violence.*			
	Task	**Performance Measure**	**Lead Person or Organization**	**Projected Completion Date**

2.1	*Hire a Child Advocate to coordinate youth groups and/or counseling services for trauma support with treatment providers, schools, the courts, law enforcement, and/or probation officers and determine connections and locations.*	*Part-time position filled. Documented by Dawn Center hiring procedures and start date.*	*Dawn Center*	*8/30/2019*
2.2	*Provide trauma support for teens to address behavioral issues due to victimization or witnessing violence through education and coping skills.*	*2 groups per week reaching 20 to 40 kids per week reaching at least 1,000 persons per year.* *Measured by: Number of groups, number of participants, locations, participants evaluations or outcomes*	*Dawn Center*	*6/30/2022* *Quarterly reporting*

Objective #3:	*Provide education for community professionals who interact with youth and families with behavioral health needs to increase understanding and support networks.*			
	Task	**Performance Measure**	**Lead Person or Organization**	**Projected Completion Date**
3.1	*Provide Training for school personnel addressing behavioral health and community professionals providing services to youth on addressing trauma among youth who were victims of abuse, witnesses to abuse, and/or removed from the home due Household Violence, Intimate Partner Violence, and Family Violence Threatens Child.*	*10 trainings per year reaching 250 professionals per year- including 3 providers trainings, 2 district school staff trainings, and 5 individual school staff trainings.* *Number of trainings, Numbers trained, Number of agencies trained*	*Dawn Center- Overseen by Community Engagement Coordinator*	*6/30/2022* *Quarterly reporting*
3.2	*Provide 2 Trauma Trainings for Criminal Justice Professionals in the first year of award. In year 2 and 3, one training will be held for any new staff and additional trainings can be scheduled if needed.*	*Measured by sign in sheets- number of trainings, Numbers trained, Number of agencies trained reported upon training.*	*Hernando Community Coalition*	*2 by 6/30/20* *1 by 6/30/21* *1 by 6/30/22*

Goal #4: Reduce the number of Hernando County youth who enter the juvenile justice system due to untreated behavioral health issues by providing **care management and follow-up services from certified specialists.**

Objective #1:	*Reduce wait lists and increase individual and family services for Hernando County youth.*			
	Task	**Performance Measure**	**Lead Person or Organization**	**Projected Completion Date**

1.1	*Hire a Care Navigator to support youth and families seen by Board Certified Child Psychiatrist including follow-up.*	*Hire part-time position within 3 months of award. Documented by BayCare Behavioral Health hiring procedures and start date.*	*BayCare Behavioral Health*	*8/31/2019*
1.2	*Care Navigator will follow-up to ensure medication protocols are being followed, possible side effect warnings are being monitored, and new patients (or those in need) are receiving counseling through BayCare, the Schools, or private practice provider and link youth and families to additional support services- utilize High Fidelity Wrap Around model.*	*Measured by number of patients and/or family served, number of service linkages reported quarterly.*	*BayCare Behavioral Health*	*6/30/2022* *Quarterly reporting*
1.3	*Two Staff (Case Navigator and Case Manager) will attend the High-Fidelity Wrap Around Training Institute in the first year of award- 4 Days of Intensive Training Leading to Competency Based Practitioners.*	*Certificates provided upon completion from Institute for 2 staff members.*	*BayCare Behavioral Health*	*11/30/2019*

Objective #2:	Develop a formal process for reach youth who have been involuntarily committed for a mental health or substance abuse issue and are returning to Hernando County and their families.			
	Task	**Performance Measure**	**Lead Person or Organization**	**Projected Completion Date**
2.1	*Hire a Youth Behavioral Health Follow-Up Specialist to provide follow-up and ensure service linkage for youth returning to Hernando County upon release of Baker Act/Marchman Act.*	*Part-time position filled within 3 months. Documented by Hernando County Sheriff Office hiring procedures and start date.*	*Hernando County Sheriff's Office*	*8/31/2019*
2.2	*Youth Behavioral Health Follow-Up Specialist will ensure all returning youth are no longer in crisis and if identified that they are, will follow proper protocol of the Hernando County Sheriff's Office.*	*Number of youth screened for crisis reported quarterly.*	*Hernando County Sheriff's Office*	*6/30/2022* *Quarterly reporting*
2.3	*For retuning youth no longer in crisis, the Youth Behavioral Health Follow-Up Specialist will meet with the youth and family to determine service needs and link to school and community providers, as well as SROs.*	*Number of youth follow-ups, Number of family meetings, number of service referrals, number of successful linkages (youth and or family receiving services/supports)*	*Hernando County Sheriff's Office*	*6/30/2022* *Quarterly reporting*

Goal #5: Divert youth who are arrested due to a behavioral health issue to appropriate services to prevent further involvement in the juvenile justice system.

Objective #1:	*Develop a Juvenile Delinquency Drug Court and Mental Health Court for Hernando County youth that places sanctions on youth and families to receive services.*			
	Task	**Performance Measure**	**Lead Person or Organization**	**Projected Completion Date**
1.1	*Hire a Court Program Specialist I- County Funded position - court case management staff for the purposes of a Mental Health Court and Juvenile Delinquency Drug Court for Hernando County youth.*	*Job posted, candidates interviewed, position awarded within 3 months. Documented by Fifth Judicial Circuit hiring procedures and start date.*	*Fifth Judicial Circuit- Overseen by Chief Deputy Court Administrator, Todd J Tuzzolino*	*8/31/2019*
1.2	*Oversee case monitoring, tracking and coordination (including program data collection and reporting for program monitoring and evaluation) associated with Mental Health Court and Juvenile Delinquency Drug Court.*	*Documentation of numbers served, number of community service hours; number of Journal and education assignments completed, number of speakers and mentors and number and type of referrals reported quarterly.*	*Fifth Judicial Circuit- Overseen by Chief Deputy Court Administrator, Todd J Tuzzolino*	*6/30/2022* *Quarterly reporting*
1.3	*Work with MH/SA court to provide substance abuse and mental health treatment services based on assessed need (assessments, evaluations, outpatient treatment, medication-assisted treatment, counseling, behavioral therapies, case management, recovery support/aftercare) and/or referral to residential/inpatient care if needed.*	*MOU between BayCare Behavioral Health and Project applicant signed in first month of award.* *Number of referrals to services, type of services provided, number served by service type will be reported quarterly.*	*BayCare Behavioral Health, Overseen by Clinical Manager, Sandra Marrero *Working with Court Program Specialist*	*6/30/2019(MOU)* *Quarterly reporting from 7/1/19 to 6/30/22*
1.4	*Identify Drug Testing services for MH/SA court to provide drug testing instruments, equipment, and lab costs, including Gas Chromatography/Mass Spectrometry (GC/MS) confirmations through procurement process.*	*MOU/Service contract between Fifth Judicial Circuit and service provider within 3 months of award.*	*Fifth Judicial Circuit- Overseen by Chief Deputy Court Administrator, Todd J Tuzzolino*	*8/31/2019*

1.5	*Provide drug testing instruments, equipment, and lab costs, including Gas Chromatography/Mass Spectrometry (GC/MS) confirmations.*	*Quarterly reporting of number of tests provided.*	*Fifth Judicial Circuit-Overseen by Chief Deputy Court Administrator, Todd J Tuzzolino*	*6/30/2022* *Quarterly reporting*
1.6	*Identify Ancillary Service providers to support MH/SA court referrals for bus passes for transportation, life-skills training, anger management, issues awareness training, recovery support, and other services, as needed. (NAMI, DAWN Center, BayCare, For Each 1, Reach 1, etc.)*	*# of additional providers who support court participants; # of referrals to services by type, # of service completions provided upon completion of services.*	*Fifth Judicial Circuit-Overseen by Chief Deputy Court Administrator, Todd J Tuzzolino*	*Throughout project period ending 6/30/2022*

Goal 6: Increase cross-system collaboration of community and school systems including behavioral health prevention, intervention, and treatment service providers, primary healthcare providers, social service agencies (housing, etc.) and law enforcement in Hernando County to ensure services are not duplicated and to continually improve the system of care.

Objective #1:	*Ensure project organization and collaboration*			
	Task	**Performance Measure**	**Lead Person or Organization**	**Projected Completion Date**
1.1	*Lead applicant of CJMHSA implementation project hire Project Coordinator to oversee project administration, resource sharing, and reporting to DCF per grant requirements.*	*Full-time position hired within 60 days of award.*	*CJMHSA Implementation Applicant*	*9/30/2019*
1.2	*Develop and sign CJMHSA implementation grant joint MOU that includes all project partners agreeing to project participation, collaboration, and sharing non-identified data quarterly to monitor project performance.*	*Signed MOU*	*CJMHSA Implementation Applicant and All partner agencies to sign*	*12/312019*
1.3	*Develop and sign interagency agreements for data sharing adhering to HIPPA and security privacy/confidentiality issues related to client specific records to assist partners in serving youth & families.*	*Signed Data Sharing Agreements for agency partners that will need to share client-specific information that do not have a current MOU.*	*CJMHSA Implementation Applicant* *-Needed partners*	*8/31/2019*
1.4	*Project Coordinator will provide data collection tools/format for all partners and will collect quarterly with dates that align with grant reporting requirements.*	*Format for data collection/tool provided to each partner based off items in Goals 1 through 5. Quarterly data collection provided by partners to Project Coordinator for report compiling.*	*CJMHSA Implementation Applicant* *-All partner agencies*	*8/31/2019* *Quarterly reporting*

Objective #2:	*Provide project partners opportunities to share resources, meet as a team, or with youth and families served in collaborative environments.*			
	Task	**Performance Measure**	**Lead Person or Organization**	**Projected Completion Date**
2.1	*Project Coordinator will collect specific services available through partner agencies and provide detailed list to ensure all parties remain aware of available services and connect any youth or their families in need to appropriate services and supports. This will include developing a resource "map" and/or "flow chart".*	*Initial list developed within first 3 months of award. Updated throughout project as agencies report changes.*	*CJMHSA Implementation Applicant -All partner agencies*	*Updates provided as changes occur through 6/30/2022.*
2.2	*Representatives from participating agencies will attend quarterly Public Safety Coordinating Council meetings to report project progress to the Council on data collected and any needed announcements, successes, or barriers.*	*PSCC meeting sign in sheets; meeting records- collected quarterly by Project Coordinator.*	*CJMHSA Implementation Applicant -All partner agencies*	*Ongoing quarterly*
2.3	*Project partners involved with a youth who has been Baker Acted will meet upon the direction of the Hernando County Sheriff's Office Youth Behavioral Health Follow-Up Specialist to discuss services being provided up to Baker Act and fill gaps based off determined needs upon return to Hernando County.*	*Meeting will be called as needed throughout the project period and measured by the number of meetings held, number of clients served, number of partner agencies.*	*Hernando County Sheriff's Office-CJMHSA Implementation Applicant, Project Coordinator to assist if needed*	*Quarterly reporting from 7/1/19 to 6/30/22*
2.4	*Project partners who have been or will be assigned to provide services to youth whose parent/guardian has contacted the Baker Act Resource Team to meet with school and/or community professionals will attend the in-person staffing to help inform the parent/guardian on how they will help provide services.*	*Partners will be called as needed by the Baker Act Resource Team. Any staffing attended will be reported quarterly based on numbers of youth/parents/guardians served.*	*All partner agencies*	*6/30/2022 Quarterly reporting from 7/1/19 to 6/30/22*

Objective #3:	*Increase partnerships within Hernando County among professionals working in the system of care.*			
	Task	**Performance Measure**	**Lead Person or Organization**	**Projected Completion Date**

3.1	*Increase collaboration with school mental health and substance use professionals and community professionals to share information and resources, support youth and families in need, reduce burden on school system staff and increase access to youth and parents for community partners, etc.*	*Brainstorming session with practical ways collaborations can increase measured by sign in sheet.*	*CJMHSA Implementation Applicant* *-Hernando County School Board or District Staff* *-Interested service providers who have been properly screened by schools*	*6/30/2020*
3.2	*Host a summit of prevention coalitions, agencies, providers, and committees working to better the emotional, behavioral, and physical health of children and families and learn ways prevention agencies can support each other and increase family involvement.*	*Summit of public health prevention professionals measured by sign in sheet, number of participants, number of agencies.*	*CJMHSA Implementation Applicant* *-Prevention professionals in CJMHSA can assist/PGG can assist.*	*6/30/2021*

Objective #4:	*Monitor community needs and identify opportunities to increase support and services for Hernando County youth who are at-risk for involved with the juvenile justice system.*			
	Task	**Performance Measure**	**Lead Person or Organization**	**Projected Completion Date**
1.1	*Explore telehealth psychiatry services as an option to reduce the waitlist for youth psychiatry (currently 3-4 months at BayCare) to determine how these services could support the CJMHSARG partners and Hernando County youth in need.*	*Developed plan to incorporate telehealth services including who can refer, who oversees payment, costs of services, support needed, how many youths can be referred and how funding can be secured.*	*CJMHSA Applicant, Project Coordinator with partners who have indicated interest including BayCare, NAMI, DCF, and Health and Human Services*	*6/30/2020*
1.2	*Continue discussions between SpringBrook Hospital, LSF Health Systems, the Department of Children and Families, and other agencies to determine feasibility of youth beds (CSU beds) in Hernando County*	*Meetings or calls related to progress of group. Updated provided at the Public Safety Coordinating Council.*	*LSF Health Systems* *SpringBrook Hospital* *DCF Circuit 5*	*6/30/2020*
1.3	*Monitor opportunities from local, state, and federal sources for residential treatment services for youth in Hernando County including mental health, substance abuse, behavioral issues, and respite services.*	*On-going list of opportunities shared via email by partner members and noted by Project Applicant if applied for, funded, etc.*	*CJMHSA Implementation Applicant, Project Coordinator.*	*Shared at quarterly PSCC meetings - ongoing*
1.4	*Monitor opportunities from local, state, and federal sources to increase evidenced-based prevention programming including expanding LifeSkills to more schools, increased environmental strategies, and mentoring services/programs.*	*On-going list of opportunities shared via email by partner members and noted by Project Applicant if applied for, funded, etc.*	*CJMHSA Implementation Applicant, Project Coordinator.*	*Updates shared at PSCC meetings - ongoing*

Participation of the Public Safety Coordinating Council (PSCC) in Implementation Activities: Key members of the PSCC will play an active role in the implementation of the current project. Organizations such as NAMI, BayCare and Court Administration for example, representing legislatively mandated Council members, will implement specific services as subcontracting providers as outlined in the Strategic Plan and throughout the application. The Chief of Probation for DJJ is also an active member of the council who has provided a letter of commitment to enter into an MOU to facilitate sharing of data and service coordination for youth involved in the project. The council will continue its oversight role of the CJMHSA grant project and will formally review progress updates at quarterly meetings.

Communication, Meetings and Decision-Making Among Agencies: Goal 6 of the strategic plan focuses on collaboration among agencies with 4 detailed objectives. The detailed project timeline on p. 59 further organizes communication activities, meetings and decision-making tasks according to RFA Objectives outlined in Section 2.2. In addition to continued participation in the quarterly Public Safety Coordinating Council (PSCC) meetings (objective 2, task 2.2), project partners and subcontracting agencies will meet monthly to share information, ensure the flow of referrals, address coordination barriers and specific case challenges that need attention. These meetings will be coordinated by the Project Coordinator in collaboration with the project evaluator in order to facilitate shared-decision making among community stakeholders. Partners will attend additional meetings as noted in the plan such as the Baker Act Resource Team meeting for those youth who have been Baker Acted.

Screening and Assessment Approach: In order to ensure that participants meet the intent of the CJMHSA grant program of "youth with a mental health, substance use or co-occurring disorder at risk or currently involved in the juvenile system," youth 17 and younger will be will be screened for delinquency risk, mental health and substance abuse, and receive tailored needs-based assessments as described below. Priority for treatment services will be given to those participating in the new Juvenile Behavioral Health Court, those who have been Baker Acted, and those referred by the ALTOSS program.

Hernando School District Alternative to Out of School Suspension (ALTOSS): All youth who receive an Out of School Suspension and consent to participate in the ALTOSS program will be screened for delinquency risk and for mental health and substance abuse concerns using the following tools:

- *Juvenile Delinquency Risk Tool:* Based on our research and that of our partners, we have not identified to date validated delinquency risk tools. Therefore, our partners have agreed to utilize a juvenile delinquency risk tool developed and currently being utilized by the Flagler CJMHSA Youth Diversion project. LSF Health Systems will seek the assistance of the USF CJMHSA TAC to review all screening tools and make

recommendations as needed.

- *Mental Health and Substance Abuse Screening:* The ALTOSS program will utilize a well-known, validated tool for early intervention screening - the GAIN Short Screener (SS), a 3–5 minute screener to identify those who would have a disorder and triage the problem and kind of intervention they are likely to need along four dimensions (internalizing disorders, externalizing disorders, substance disorders, and crime/violence). The schools will refer for treatment those who have a documented risk of involvement with the juvenile justice system and mental health and/or substance abuse concerns through a variety of school-based or community-based programs.

BayCare Behavioral Health: BayCare will utilize the following tools to screen and assess all youth participating in the CJMHSA implementation grant as follows:

- *Juvenile Delinquency Risk Tool:* BayCare will utilize the same juvenile delinquency risk tool noted above to screen all participants who are referred to treatment as part of the CJMHSA grant, including youth referred for treatment by the Juvenile Behavioral Health Court, by Springbrook following a Baker Act, and by the schools (if not already screened through the ALTOSS program). As noted above, we will utilize the assistance of the USF TAC to assess the need for additional tools such as those assessing criminogenic risks/needs.

- *Mental Health and Substance Abuse Screening:* All youth served by BayCare receive a comprehensive assessment that includes the following evidence-based tools a) Depression using the PHQ-A Patient Health Questionnaire for Adolescents. b) Anxiety using the SCAS- Spence Children's Anxiety Scale; and Substance Use using the CRAFFT.

Hernando Juvenile Behavioral Health Court: The new court program will serve juvenile non-violent offenders between the ages of 13 and 17 with substance use disorders, mental health, or co-occurring disorders. A comprehensive assessment will be conducted by BayCare Behavioral Health within the first 15 days of intake into the program utilizing the tools noted above. BayCare will develop a treatment plan based on the individual needs of the youth and family. Other community/ancillary services may be recommended and coordinated by the Care Navigator employed by BayCare.

Care Coordination: Goal 6 of the Strategic Plan addresses community and cross-system collaboration: "Increase cross-system collaboration of community and school systems including behavioral health prevention, intervention, and treatment service providers, primary healthcare providers, social service agencies (housing, etc.) and law enforcement in Hernando County to ensure services are not duplicated and to continually improve the system of care." Four objectives address this need in greater detail through

a variety of activities and tasks including the hiring of a Project Coordinator to ensure collaboration and sharing of resources and information between service providers, the development of MOUs between partners to facilitate seamless transition and coordination, and regular meetings to address any issues or barriers. The current project to be funded through the CJMHSA Implementation grant also includes a new full-time position to be employed by BayCare Behavioral Health, the long-standing community mental health provider in Hernando County. This position will assist with identifying youth at risk and or involved in the criminal justice system; expedite access to screening and treatment; reduce barriers to treatment; encourage engagement in services; provide coordination of care with primary care, housing, benefit assistance providers; and provide family education regarding systems of care. In addition, the Certified Recovery Peer Specialist (CRPS) to be hired by NAMI as a Youth & Family Support Coordinator will work with the youth and family as a mentor, to help connect to treatment programs and community services, support them when they encounter obstacles and to encourage them to continue their journey to wellness. The Youth & Family Support Coordinator will also teach families how to develop a Wellness Recovery Action Plan (WRAP), implement it in their daily lives and will provide a monthly support group for parents of at-risk youth.

A flow chart depicting decision points and referral/service options for the target population within the system of care in Hernando county will be completed (please Project Timeline p. 59) within the first 90 days of the grant project to assist partner agencies in effectively communicating and implementing care coordination activities.

Law Enforcement Assessment: The initial SIM for the Hernando Youth Planning Grant was conducted in May of 2018 by USF-FMHI through the CJMHSA Reinvestment Planning Grant. Representatives of the Sheriff's Office (the only law enforcement agency in Hernando County) actively participated in the mapping to assess processes at each intercept, including Captain JR Hutchinson, Chair of the PSCC, along with other representatives of the Sheriff's Office as documented in the USF CJMHSA TAC Final SIM report (2018).

STATUS OF THE STRATEGIC PLAN

CJMHSA Grant Implementation Plan: Because Hernando County has historically been underserved relative to other areas, the needs are extensive; thus, *the strategic plan includes several goals and objectives that the community intends to get funded through a variety of sources over the next three years.* The specific goals and objectives for which funding is being sought under the current CJMHSA Implementation grant opportunity are summarized in **Table 2 on pages 46-47**. Furthermore, a **diagram on page 45** illustrates the intercepts and programs being targeted by the current application

Sequential Intercept Mapping (SIM): The initial SIM was conducted in May of 2018 with active participation from 34 community stakeholders including law enforcement, judicial, school representatives, behavioral health and social service providers, consumers, family members, DCF, DJJ and Department of Health. Once new services resulting from the Marjory Stoneman Douglas High School Public Safety Act and the current CJMHSA grant are implemented in the county, our plan will be to review the SIM map and strategic priorities with the assistance of the USF-FMHI TAC during the final year of the grant period FY 2021-22 to prepare for expansion and sustainability.

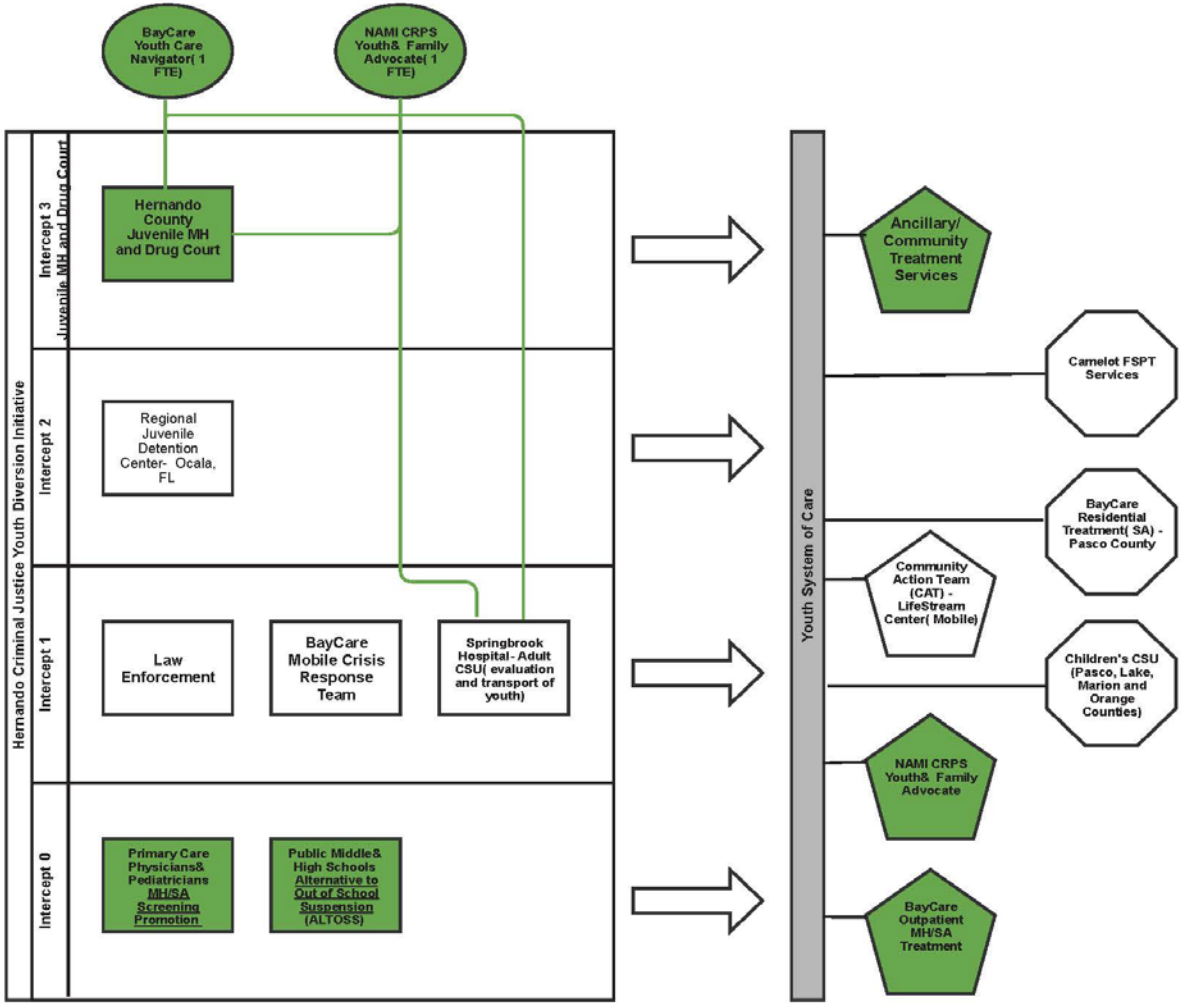
Date of Last Review: The strategic plan was formally approved by the Hernando Board of County Commissioners on December 18, 2018. It will continue to be reviewed and updated quarterly by the Implementation Grant Project Coordinator in collaboration with project partners, community stakeholders and the Public Safety Coordinating Council.

Identifying Challenges or Barriers to Implementation: Monthly meetings between LSF Health Systems as lead applicant and project partners will be used to evaluate stakeholder support and service coordination, ensure information sharing and flow of referrals, and resolve any case challenges and barriers to implementation. The expertise of the USF-FMHI TAC and other CJMHSA grantees throughout our region will also be utilized throughout the project period to resolve any issues that may present themselves.

SERVICE STRATEGIES

The CJMHSA Implementation plan for the current grant application focuses on services and interventions at Intercepts 0, 1 and 3 of the criminal justice system. Hernando County, as noted in the Statement of the Problem – TAB 4, is a relatively underserved community with fewer resources than larger and more urban counties in the Managing Entity region. Consequently, the Strategic Plan developed by community stakeholders includes a variety of needs that could not be addressed by only one funding source. Therefore, the PSCC met in December to prioritize the activities and services to be funded by the current application. The table and diagram that follow summarize activities and services that will be implemented to fill the gaps along Intercepts 0, 1 and 3 and respond to **RFA Section 2.2.4.1** "Establish programs and diversion initiatives that increase public safety, avert increased spending on criminal justice and improve accessibility and effectiveness of treatment services for the target population" and **Section 2.2.4. 2** "Create and encourage collaboration among stakeholders in implementing strategic plan and providing ongoing oversight and quality improvement." The additional objective of **Section 2.2.4.3** "Workforce Development" is addressed through training of community professionals. ***Due to space limitation, the specific tasks, milestones, party responsible, etc. associated with Section 2.2 are presented only once in the detailed project timeline on p. 59-63. Kindly see TAB 7 – Detailed Project Timeline***.

HERNANDO COUNTY YOUTH CJMHSA IMPLEMENTATION GRANT (2019-2022)



***Green shapes** signify programs/intervention to be funded through the current grant application.

Table 2 : SERVICE PROVISION PLAN

Please also see detailed timeline on p. 59-63.

Agency	Item/Service to be Funded	Intercept	Strategic Plan Goal	Target/Priority Population	# to be Served
Hernando Community Coalition	Primary care providers campaign and training to promote routine evidence-based MH and SA screening –	0	RFA Goal #1 -Increase prevention initiatives that raise awareness of youth behavioral health issues including identifying signs and symptoms and improving negative and incorrect misconceptions. Obj. # 1: Increase awareness of behavioral health issues through partnerships with primary care providers including pediatricians, specialists, clinics, etc. who treat youth through social norming campaign and information dissemination: Tasks 1-3	Primary care providers, pediatricians and other medical professionals serving youth 17	10 healthcare partners/year
5th Judicial Circuit – Hernando County	1 FTE Case Manager/Court Specialist, drug testing, instructional materials, etc.	3	Goal # 5- Divert youth who are arrested due to a behavioral health issue to appropriate services to prevent further involvement in the juvenile justice system. Obj. # 1: Develop a Juvenile Delinquency Drug Court and Mental Health Court for Hernando County youth that places sanctions on youth and families to receive services: Tasks 1-6	Non-violent youth offenders between the ages of 13 and 17 years with Substance Use Disorders, Mental Health, or Co-Occurring disorders.	20 youth in the first year (max program capacity of 50)
BayCare Behavioral Health	1 FTE Care Navigator	1 and 3	Goal #4: Reduce the number of Hernando County youth who enter the juvenile justice system due to untreated behavioral health issues by providing care management and follow-up services. Obj. # 1: Reduce wait lists and increase individual and family services for Hernando County youth	Youth served by the behavioral health court and those who have been Baker Acted.	50 per year.
BayCare and other youth serving agencies in Hernando County as recommended	**Ancillary Community Services and MH/SA Treatment**	0,1, 3	Goal #4: Reduce the number of Hernando County youth who enter the juvenile justice system due to untreated behavioral health issues by providing care management and follow-up services. Obj. # 1: Reduce wait lists and increase individual and family services for Hernando County youth	Youth served by the behavioral health court and those who have been Baker Acted.	50 per year

Agency	Item/Service to be Funded	Intercept	Strategic Plan Goal	Target/Priority Population	# to be Served
in individual treatment plan					
Dawn Center	0.50 FTE Violence Prevention Advocate	0, 1 ,3	Goal #3: Increase support for Hernando County youth, families, and professionals to address behavioral health issues and further personal and professional development to decrease youth involvement with the juvenile justice system. Obj. # 2: Provide education and supportive services/ groups for victims and witnesses to family violence. Tasks 1--2. Obj. # 3: Provide education for community professionals who interact with youth and families with behavioral health needs to increase understanding and support networks.	Youth served by the behavioral health court and those who have been Baker Acted. In addition, youth at risk who participate in the Out of School Suspension Alternative program. Professionals who interact with youth and families.	2 groups/week reaching 20-40 kids per week. 10 trainings per year reaching 250 professionals per year
NAMI Hernando	0.50 FTE Peer Specialist/Youth and Family Advocate (other half provided as match for total of 1 FTE dedicated to the project)	0, 1, 3	Goal #3: Increase support for Hernando County youth, families, and professionals to address behavioral health issues and further personal and professional development to decrease youth involvement with the juvenile justice system. Obj. # 1: Provide educational and supportive groups for youth and their families with mental health issues who are in or at-risk of entering the juvenile justice system. Tasks 1-3	Youth served by the behavioral health court and those who have been Baker Acted.	6 families/quarter (complete WRAP and crisis plans on all 6). Plus provide 2 Family Support Groups per month.
Hernando County School District	1 FTE Family Specialist – Out of School Suspension (OSS) Alternative	0,1	Goal 2: Increase intervention activities in Hernando County for youth behavioral health to prevent youth involvement in the juvenile justice system due to untreated symptoms and disorders. Obj. # 3: Divert youth who would be receiving out of school suspension to alternative programming to reduce chance of further isolation from students and their parents from the school, decrease chance of arrest, and teach conflict resolution and life skills: Tasks 1-3	Youth who have received an OSS (screened using delinquency tool and GAIN-SS).	20 per day max - avg LOS 3-10 days

Treatment and community/ancillary funds provided through the CJMHSA grant and managed by LSF Health Systems will supplement existing system of care funding for youth with mental health, substance abuse and/or co-occurring disorders who are at risk of juvenile justice involvement or are being diverted from incarceration through the new Juvenile Behavioral Health Court program. The funds will be utilized for those who are indigent and do not have other payor sources or for whom the recommended service is not covered by existing payors. Priority will be given to youth participating in the new Juvenile Behavioral Health Court and those who have been Baker Acted and referred by Springbrook. ***The NAMI Youth and Family Coordinator and the BayCare Care Navigator will be co-located at Springbrook's Adult Receiving Facility*** a couple of days per week to facilitate ***youth and family engagement into community-based treatment*** and the appropriate follow-up care (Springbrook is the only Baker Act receiving facility in the county where all youth are transported by law enforcement agencies according to the county's transportation plan).

Treatment may include mental health outpatient individual, family and group therapy; substance abuse outpatient individual and group therapy; psychiatric evaluations, medication management; residential treatment or other alternative services recommended in the treatment plan. The BayCare Care Navigator will ensure coordination with the existing system of care to refer to appropriate services for which the youth qualifies based on payor sources.

Service and Supervision Methods for Diversion of Target Population from Incarceration: Non-violent offenders ages 13-17 participating in the Hernando Juvenile Behavioral Health Court (JBHC) program (Intercept 3) will be supervised and provided an opportunity to receive treatment for mental health and/or substance use disorders as an alternative to incarceration. An initial screening followed by a comprehensive assessment and treatment plan will be completed by BayCare with the assistance of the court to assure that the participant follows the plan as closely as possible. The Judge will determine the frequency of court appearances based upon the recommendation of the staffing team. The Fifth Judicial Circuit Court Administration will implement court case management services by hiring, training and supervising a court case manager/program specialist who will serve as liaison between stakeholders, providers, and the courts and who will update the staffing team prior to every court date on the progress of each participant. The courts will assure that participants are closely supervised; with the assistance of the LSF Health Systems (Managing Entity) project coordinator, access to treatment services will be ensured to promote positive outcomes. The NAMI Youth and Family Advocate will work to engage the youth and family in treatment and provide education and support. The BayCare Care Navigator will provide care coordination activities to this priority population under the grant. There are 3 phases that each participant will progress

through; court staff, treatment providers and social service providers will monitor the participants' progress through each phase. Participants can expect to receive incentives to reward progress and milestones and sanctions to address deviation or violation of program requirements. Those who have been assessed to have a substance use disorder will be required to have frequent and random drug testing.

CRITERIA 3: PERFORMANCE MEASURES

Monitoring of grant activities to determine achievement of outcomes, including standards for data collection, analysis, distribution and quality assurance: As the Managing Entity for the region that includes Hernando County, LSF Health Systems is experienced in collecting performance measurement data for monthly reporting to the state. LSF Health Systems is also a current CJMHSA Implementation grantee for the Marion County Mental Health Court and is therefore, experienced in collecting CJMHSA Implementation & Expansion grant performance measures. Service providers will enter the required data by the 10th day of each month and our Data Analytics team will validate and submit the data to DCF by the 18th of each month.

To ensure accurate and timely collection and reporting of the required data, LSF Health Systems (LSFHS) will: (1) recruit a Project Coordinator who is experienced in coordinating data collection and reporting; (3) utilize its experienced Data Analytics team to provide training to new providers on the DCF SAMH data system; (2) hold monthly data/evaluation meetings with project partners; and (3) ensure that provider contracts tie payment of invoices to monthly reporting requirement. Additionally, the project evaluator may conduct a periodic review of source documents (case files, intake forms, etc.) to ensure the accuracy of program participant and performance measure data submitted electronically by each implementing partners.

Prior to implementation, the project evaluator will work with the Project Coordinator, LSFHS and implementation partners to review each entity's data collection capabilities, electronic medical record systems and other data collection and reporting tools to ensure that all data elements necessary for formative and summative analysis and reporting are captured with an appropriate frequency and level of detail. The evaluator will create a Spreadsheet to merge electronic data from each partner to enable the team to review progress data for each program participant and report on all required performance measures. This information will be included in evaluation reports to the Department and the USF CJMHSA TAC.

The table below outlines the required performance measures and data sources.

Domain	Performance Measures	Target	Timeframe/ Methodoloty	Source of Data
Arrest	Percent of arrests or re-arrests among participants while enrolled in the Program	50% reduction in the number of arrests/re-arrests among participants while enrolled in the program compared to the one-year period prior to program enrollment	▪ 1 yr prior to enrollment ▪ During program participation	▪ DJJ ▪ Sherriff's Office ▪ Comprehensive Case Information System (CCIS) Florida's Clerks of Court - secured single point of search for state wide court case information
	Percent of arrests or re-arrests among Program participants within one year following Program discharge	60% reduction in number of arrests among discharged participants who are arrested within one-year post-discharge	▪ 1 yr following discharge	
Housing	Percent of Program participants not residing in a stable housing environment at Program admission who reside in a stable housing environment within 90 days of Program admission	90% of participants not residing in a stable housing environment at Program admission will reside in a stable housing environment within 90 days of Program admission	▪ At time of enrollment ▪ Within 90 days of enrollment	▪ Housing status at screening; ▪ Address
	Percent of participants who reside in a stable housing environment one year following discharge	90% of participants will reside in a stable housing environment one year following Program discharge	▪ One year following program discharge	
Employment	Percent of Program participants not employed at Program admission who are employed full or part-time within 180 days of admission	Percent of participants who were not employed (full- or part-time) at the time of admission but were employed within 180 days of admission	▪ At time of enrollment ▪ Within 180 days of enrollment	N/A for youth population – grant does not include interventions targeted at increasing employment
	Percent of Program participants employed full or part-time 1 year following discharge	Percent of participants employed (full- or part-time) 1-year post discharge	▪ One year following discharge	
Benefits	Percent of Program participants the Grantee assists in obtaining social security or other benefits for which they may be eligible but were not receiving at program admission	75% of eligible program participants will be assisted in obtaining social security or other benefits for which they may be eligible but were not receiving at Program admission	▪ At time of enrollment; ▪ Benefits acquisition at any time following enrollment	▪ SOAR data from OAT system ▪ Client Charts
State Mental Health Treatment Facilities	Percent of Program participants diverted from a State Mental Health Treatment Facility	Percentage of participants who will be diverted from a state mental health treatment facility	▪ At time of enrollment	N/A for youth population

Domain	Performance Measures	Target	Timeframe/ Methodoloty	Source of Data
Additional Measures Proposed by Applicant				
School Attendance	Percent of school days attended by youth served by the program	85% of youth served will have improved school attendance compared to one year prior to enrollment in services	Daily count reported quarterly	▪ Hernando County School District
Baker Acts	Percent of youth Baker Acts initiated by law enforcement (LE)	50% reduction in the number of youth Baker Acts initiated by LE in Hernando County during each year of project	One year prior to project start date, each year thereafter	▪ Sheriff's Office ▪ Springbrook Hospital

CRITERIA 4: CAPABILITY AND EXPERIENCE

Applicant capability and experience in providing similar services: LSF Health Systems, an arm of Lutheran Services Florida (LSF), is the second largest of the seven Managing Entities serving the state of Florida through a contract with the Florida Department of Children and Families. LSF Health Systems was established in July 2012 to oversee a 23-county region in Northeast and North Central Florida that includes Hernando County. LSF Health Systems promotes and supports the development of holistic, innovative, and evidence-based substance abuse and mental health programs within a strength- based, recovery-oriented system of care. Our network consists of 40+ leading behavioral health organizations that provide a comprehensive range of mental health, substance abuse, and primary care services for uninsured children, adults, and families who are unable to afford care. LSF Health System's goal is to ensure that every child and adult in need receives the right service, at the right time, and in the right setting. LSF Health Systems is experienced with the CJMHSA Reinvestment program as it is a current Implementation and Expansion grantee for the Marion County Mental Health Court and has successfully complete two Planning grants in Hernando County (youth and adults).

Anticipated role of advocates and family members: Two consumers and a family member are official members of the Hernando Public Safety Coordinating Council. Through this process, they have an equal voice on the council as well an opportunity to impact the direction of planning and implementation efforts as advocates of individuals with mental illness, substance abuse or co-occurring disorders. Furthermore, given the fact that 1 in 5 individuals is affected by a mental health or substance abuse disorder, the likelihood of other PSCC members representing advocates, family members, or

consumers is significant, even though they may not officially identify themselves as such. In addition, as part of this project, NAMI Hernando will hire a certified peer specialist who will work with youth and their families to provide advocacy, education, and support.

APPLICANT STAFF

Role	Level of effort	Primary responsibility
Project Coordinator – New	1.0 FTE	NEW – To be recruited by LSF Health Systems (LSFHS) immediately upon award notification. The Project Coordinator will be housed at the offices of the Hernando County Health and Human Services. This position is responsible for the execution of the grant objectives; serves as the primary point of contact for community agencies, stakeholders, independent evaluator and funder; ensures system level care coordination for youth and families served; facilitates communication and sharing of information among partners; and coordinates data collection and reporting activities to ensure compliance with DCF SAMH data system in collaboration with LSF Data Analytics team. Supervision by Dusty Pye – Chief Integration Officer for LSFHS.
Project Supervisor	.06 FTE	Dusty Pye, Chief Integration Officer, will provide oversight of the grant project on behalf of LSF Health Systems (LSFHS), ensure cross-system integration and coordination for youth and families, and provide supervision to the Project Coordinator to achieve the goals and objectives of the grant.

Responsibilities of participating agencies and subcontractor selection: The table below outlines the primary responsibilities of participating subcontractors. The selection of subcontractors is consistent with the roles and responsibilities collectively outlined by the community in the Strategic Plan. Each local subcontractor actively participated in the development of the plan and their proposed services are aligned with its goals and objectives. The role and responsibilities of other supporting partners and of the project evaluator are outlined in the pages that follow.

SUBCONTRACTORS

Agency	Position/Service to be Funded	Hernando County Youth CJMHSA Strategic Plan
1. Hernando Community Coalition	Primary care marketing campaign and training to promote routine evidence-based MH and SA screening	Goal #1 Obj. #1
2. 5th Judicial Circuit – Hernando County	1 FTE Case Manager/Court Specialist, drug testing, instructional materials, etc.	Goal # 5 Obj. #1
3. BayCare Behavioral Health	1 FTE Care Navigator	Goal #4 Obj. #1
4. Dawn Center	0.50 FTE Violence Prevention Advocate	Goal #3 Obj. #2 & 3
5. NAMI Hernando	0.50 FTE Peer Specialist/Youth and Family Advocate (other half provided as match for total of 1 FTE dedicated to the project)	Goal #3 Obj. #1
6. Hernando County School District	1 FTE Family Specialist/Therapist – Out of School Suspension (OSS) Alternative	Goal 2 Obj. #3

SUBCONTRACTOR CAPABILITY & EXPERIENCE:

BayCare Behavioral Health (BCBH), which has over 35 years of experience in providing behavioral health services, is the long-standing Community Mental Health Center serving Hernando County. As part of this effort, BayCare will hire a Care Navigator who will assist with identifying youth at risk and or involved in the criminal justice system; expedite access to screening and treatment; provide coordination of care within the continuum of community; and provide family education regarding systems of care. In addition, BayCare will provide treatment and support services as recommended by the youth's individualized treatment plan.

Dawn Center is a not-for-profit organization focused on ending interpersonal violence and providing support to victims of domestic and sexual violence in Hernando County. As part of this effort, Dawn Center of Hernando County will hire, train and supervise an Advocate who will coordinate violence and trauma prevention youth groups and/or counseling services with treatment providers, schools, the courts, law enforcement, and/or probation officers; and provide trauma training to professionals.

Fifth Judicial Circuit Court Administration has a long history of supporting and operating problem-solving courts in Circuit 5. A new Hernando Juvenile Behavioral Health Court (JBHC) will be implemented for non-violent youth offenders with varying degrees of substance use disorders, mental health issues, or co-occurring problems. As part of this effort, Court Administration will implement court case management services by hiring, training and supervising a court program specialist/case manager who will serve as liaison between stakeholders, providers and the courts and who will update the staffing team prior to every court date on the progress of each participant.

Hernando Community Coalition (HCC) serves as the substance abuse prevention coalition for Hernando County. HCC is a data-driven, highly active organization that uses the Strategic Prevention Framework to ensure targeted approaches and successful outcomes. HCC was awarded "Coalition of the Year" by the White House in 2016. HCC will work to increase behavioral health screening and referrals to treatment through partnerships with primary care providers including pediatricians, specialists, clinics, etc. who treat youth and their families through a marketing campaign and information dissemination.

NAMI Hernando: The National Alliance on Mental Illness is the nations' largest grassroots organization dedicated to improving the lives of individuals and families affected by mental illness. The Hernando chapter of NAMI was incorporated in December of 1985. NAMI Hernando will hire a Certified Recovery Peer Specialist as a Youth & Family Coordinator to work with families as a mentor, help connect them to treatment programs and community services, support them when they encounter obstacles and

encourage them to continue their journey to wellness. The Youth & Family Coordinator will teach families how to develop a Wellness Recovery Action Plan (WRAP), implement it in their daily lives and will hold a monthly support group for parents of at-risk youth.

Hernando County School District: The Exceptional Student Support Services (ESSS) Department provides programs and services for students whose needs cannot be met in school without additional support. The ESSS Department also includes the Severely Emotionally Disturbed Network (SEDNET). The ESSS will implement an Alternative to Out of School Suspension (ALTOSS) programs to keep students in school as a positive diversion program for those at high risk academically, behaviorally and with our judicial system. As part of this effort, Hernando County School District will hire a Family Specialist/Therapist who will provide instruction and therapeutic services to students in the ALTOSS program.

Evaluation Consultant: Carrie Baird B.S., Executive Director of Flagler Cares, will provide evaluation consultation for the project. Ms. Baird has a background in Juvenile Justice and led Volusia County's Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders project in the late 1990's—a federally funded collaborative model that aligns with the CJMHSA and sequential intercept models. She has over 20 years of experience in facilitating stakeholder processes and in leading formative and summative project evaluation activities. Ms. Baird has been the evaluator on 7 federal grant projects and has also evaluated state and locally funded projects in the fields of child welfare, jail-based substance abuse treatment, women's health, and community health improvement.

SUPPORTING PARTNERS:

Hernando County Government: Veda Ramirez, Hernando County Health and Human Services Manager will continue to coordinate meetings of the Public Safety Coordinating Council (PSCC) and serve as liaison between LSF Health Systems and the Hernando Board of County Commissioners. Ms. Ramirez has served in this capacity since 2016 with LSF's first CJMHSA planning grant.

Hernando County Sheriff's Office: The Hernando County Sheriff's Office operates the county's only Detention Center, which serves as the central booking and intake location for all law enforcement agencies. Captain Harold J. Hutchinson, Jr, commander of the Special Operations Division, has served as the Chair of the Public Safety Coordinating Council since 2016. The Sheriff's Office has been and will continue to be an active participant at council meetings, collaborating with community providers and schools in reporting arrest and Baker Act data within the confines of the law.

Department of Juvenile Justice – Circuit 5 Probation will share arrest and recidivism data for youth who come into contact with the juvenile justice system; continue to serve on the Hernando Public Safety Coordinating Council and ensure representation at quarterly meetings; participate in the development of a Memorandum of Agreement (MOA) to facilitate data sharing and best practices in care coordination for youth and families served by the behavioral health system of care; and participate in the regular review and update of the CJMHSA youth strategic plan.

Springbrook Hospital is a private specialty hospital with sixty-six inpatient beds. The facility is licensed by the Agency for Health Care Administration and fully accredited by the Joint Commission. Although Springbrook does not serve children, as the only Baker Act receiving facility in the county, it receives youth who are Baker Acted by law enforcement for evaluation and transport to an appropriate facility out of county. Springbrook will continue to participate in the Hernando Baker Act Resources Team (BART) meetings; enter into a Memorandum of Agreement (MOA) to promote seamless coordination for youth and families served; share within the confines of the law, information and Baker Act data to facilitate the evaluation of the project's goals and objectives; and provide in-kind match per the signed match commitment form.

Camelot Community Care's mission is to develop and provide services which enable children and families to realize their full potential. As the contracted provider responsible for coordinating the Family Services Planning Team (FSPT) in Circuit 5, Camelot will continue to participate in the Hernando Baker Act Resources Team (BART) and the Multidisciplinary Staffing Team (MDT) meetings; enter into a Memorandum of Agreement (MOA) with project partners to ensure seamless coordination for youth and families served; and share within the confines of the law, information and data required to facilitate the evaluation of the project's goals and objectives.

CRITERIA 5: EVALUATION AND SUSTAINABILITY

Evaluation

Project effectiveness, including assessment of implementation outcomes: As a delinquency diversion project, the central component of the project's effectiveness will be monitoring youth arrests during and after the interventions, and assessing the extent to which program participants received appropriate behavioral health services and supports. Recidivism data will be collected in a variety of ways including data from the Sheriff's Office, the Department of Juvenile Justice, the CCIS data system and through staff's direct work with program participants. Partners will develop protocols for assessing the impact that the project's behavioral health screening, assessment, referral and care coordination activities have on engagement in appropriate behavioral health services.

Process for defining and measuring stakeholder support and service coordination: The proposed project is being implemented through the coordination of several organizations, formally through subcontracts, and informally through in-kind supports and partnerships. Successful implementation will necessitate effective communication and collaboration among the project partners. Protocols will be developed to assess the collaborative functioning of the implementation team as well as the perception of external community stakeholders, such as members of the PSCC. This process will be conducted by the evaluator and will include the review of work papers such as meeting minutes, interviews with implementing partners and key community stakeholders and through participant observation at project meetings. Periodic feedback will be provided to the Project Coordinator so that any necessary adjustments can be made to the team's communication methods and coordination activities.

Process for measuring project effectiveness in increasing public safety, reduction of recidivism and access to services and supports: The LSFHS project coordinator and implementation partners, in collaboration with our Data Analytics team and independent project evaluator, will be responsible for collecting, reporting and analyzing program data to assess public safety, recidivism and access to services and supports as detailed in the performance measures section. Reviewing formative project data will be a key component of the project team's regular meetings and will afford the opportunity to adjust data collection methods, program strategies and the coordination approaches utilized with the program participants. As noted in the performance measures section, an initial analysis of each partner's existing data collection forms, protocols and electronic medical records systems will be conducted to identify any necessary enhancements and to determine how best to merge the data sets from each partner for formative analysis. Project partners will review and adopt appropriate policies and information sharing practices to ensure the confidentiality of participants throughout the evaluation process.

External Evaluator: Carrie Baird, Executive Director of Flagler Cares, will be responsible for external evaluation services. She currently evaluates a CJMHSA Reinvestment project focused on Juveniles in Flagler County and will be able to share lessons learned from that project with the Hernando County team. Ms. Baird will be responsible for convening the project partners to develop the data collection, analysis, and reporting plan and provide a secondary review of all data provide by the partners to the project coordinator. She will also produce evaluation reports quarterly to be shared with community stakeholders.

Expenditure Reduction: The Hernando County Youth Criminal Justice Diversion Initiative seeks to divert youth with behavioral health concerns and risk factors for delinquency from arrest and entry into the Juvenile Justice System. Each program participant served effectively in the community will help the county and state avoid the costs associated with arrest, detention screening, court processes, state attorney and

public defenders, DJJ probation, DJJ evidence-based programs and DJJ commitment programs. Project cost savings will be calculated by computing the dollars associated with the project's reduction in arrests, incarceration, and court dockets for the target population. The increased investment in community-based treatments for youth will also help defray costs to the system by preventing the exacerbation of untreated conditions.

The USF-FMHI TAC will be utilized throughout the three-year period of the grant to assist in the evaluation process. One of the Technical Assistance options from which a grantee can chose is "***Cost effectiveness, cost offset, or cost avoidance methods*.**" We intend to request assistance from USF TAC in the first year to help us finalize our plan to measure and report expenditure reductions. The following is one potential methodology to be utilized to help us assess avoided costs *(source: DJJ Comprehensive Accountability Report, 2018):*

- Average length of stay at Marion Regional Detention Center: 11 days
- Estimated average cost per bed per day: ($3,815,747/60 beds)/365 days = $174.24.
- Estimated average cost of detention per stay: $174.24/day*11 days= $1,917

Data sources for the evaluation activities will include, but not be limited to the following:

- Criminal justice and treatment information (e.g. Medicaid claims and utilization data, DCF integrated services data, Baker Act data, arrests and hospitalizations)
- Basic court-related information (e.g. caseload, demographics of clients, referral processes and eligibility screening tools)
- Treatment-related information (e.g. assessments made by mental health providers, volume of specialized services available and utilized, priority status of clients, Medicaid and private insurance enrollment of clients)

Impact on number judicially committed to state mental health treatment facilities: Because this project focuses on youth only, admissions to state mental health treatment facilities is not applicable as a performance measure. However, given that research has found that a large number of adults with mental health disorders developed issues as adolescents, our program is expected to positively impact the number of youth who may require admission to state mental health treatment facilities in adulthood. In the long term, early intervention and treatment for at risk youth may reduce the prevalence of serious mental illness in later life, and therefore the number who may be judicially committed to state mental health treatment facilities.

SUSTAINABILITY

Strategies to preserve and enhance services, systems and collaborations: By the end of the 36-month program period, partners will have determined the activities to be continued,

know the cost for continuing those activities, and have a funding strategy that will realistically support the activities on an ongoing basis. Many of the tasks and activities outlined in this program require initial expenditures for materials and training; however, after the three-year program, they will be able to be maintained at a lower cost. Some of the positions, such as the Care Navigator and CRPS positions, may become a line item in the Managing Entity's contracts for Circuit 5, pending the availability of funds. Program partners will identify funding strategies, which may include committing their own resources, to sustain the program long term. Partners and project staff will continue to seek out support and new resources and identify more efficient ways to achieve impact.

Formal steps towards sustainability taken during the CJMHSA Youth Planning grant period include the following language in binding agreements between project partners: *"Work together to identify specific data/indicators to be collected, shared and reported on an ongoing basis for the purpose of improving care and cross system collaboration,* ***applying for collaborative grants****, monitoring program outcome measures, and improving system processes and provide recommendations for the Public Safety Coordinating Council and key stakeholders in accordance with the CJMHSA Reinvestment Grant's requirements."* Furthermore, *Strategic Plan Goal 6, Objective #4* includes tasks focused on identifying local, state, federal and private resources to develop and sustain the system of care.

Collaborative partnerships and funding that will be leveraged to build long-term support and resources: Since LSF Health Systems (LSFHS) first secured a CJMHSA planning grant in Hernando County in 2016, it has worked with community stakeholders to leverage a variety of funding and technical assistance opportunities to serve the area. For example: In December 2018, we identified an opportunity to expand treatment capacity for the Hernando Adult Drug Court through the SAMHSA Adult Drug Court program and provided technical assistance to the courts and the county for the development and submission of the grant application. In June 2018, we secured one of eight competitive awards from SAMHSA's GAINS Center to provide a "How Being Trauma-Informed Improves Criminal Justice System Responses Train-the-Trainer (TTT) Event" in Circuit 5, in which a significant number of criminal justice professionals from Hernando County participated. LSFHS also secured a 4-year HRSA grant to provide an enhanced Certified Recovery Peer Specialist (CRPS) training program in underserved areas. One of the training cohorts was held in Hernando County in January 2019.

LSFHS will continue to screen opportunities and provide technical assistance to the county and community partners to sustain and expand the project from such sources as the Office of Juvenile Justice and Delinquency Prevention and the Substance Abuse and Mental Health Services Administration System of Care and diversion grants.

TAB 7

DETAILED PROJECT TIMELINE

PROJECT TIMELINE – 3-year grant period of July 1, 2019- June 30, 2022

The table below details the required Implementation grant objectives outlined in Section 2.2 along with the additional objective selected by the Applicant. Key activities include corresponding tasks and objectives from the Strategic Plan. Start and completion date and responsible parties are documented during each project year.

Goal	Objectives	Strategic Plan (SP) Goals & Key Activities	Milestone	Start Date	Completion Date	Responsible Partner
1. RFA Section 2.2.4.1 Establish programs and diversion initiatives that increase public safety, avert increased spending on criminal justice and improve accessibility and effectiveness of treatment services for Hernando youth.	**2.2.4.1.1** Execute legally binding agreements with all participating entities to establish programs and diversion initiatives for the Target Population	Communicate award announcement to Hernando County government, PSCC and project partners/ Distribute press release.	Implementation meeting date set with project partners.	**Year 1** Upon award	**Year 1** Within 2 weeks of contract effective date	LSF Health Systems (LSFHS)
		Establish contracts with partners, evaluator and other providers.	Executed contracts in compliance with grant requirements.	**Year 1** Within 1 week of execution of grant agreement	**Year 1** Within 2 weeks of contract effective date	LSFHS Finance/ Contract Department
		SP Goal 6 Obj. #1 Task1 Recruit Project Coordinator	Position recruited and employee orientation/ training completed	**Year 1** Upon execution of grant contract	**Year 1** Within 60 days of contract effective date	LSFHS
		SP Goal 6 Obj. #1 Task2 Lead development of Memorandum of Understanding (MOU) between partnering agencies	Executed MOU in compliance with grant requirements	**Year 1** Within 60 days of execution of grant agreement	**Year 1** Within 90 days of contract effective date **Years 2-3** Ongoing review & update	LSFHS Project Coordinator and Legal Department
		Recruit all direct service positions	Positions recruited and employee training /orientation completed	**Year 1** Upon execution of provider contracts	**Year 1** Within 60 days of contract effective date	Respective subcontractor

Goal	Objectives	Strategic Plan (SP) Goals & Key Activities	Milestone	Start Date	Completion Date	Responsible Partner
1. <u>RFA Section 2.2.4.1 (cont.)</u> Establish programs and diversion initiatives that increase public safety, avert increased spending on criminal justice and improve accessibility and effectiveness of treatment services for Hernando youth.	**<u>2.2.4.1.2</u>** Provide an information system to track persons served during their involvement with the Reinvestment Grant Program and for at least one year after discharge.	<u>SP Goal 6 Obj. 1 Task 4:</u> Provide training & technical assistance to new providers on the DCF SAMH data system. Hold monthly data/ evaluation meetings with project partners. Ensure provider contracts tie payment of invoices to monthly reporting of data. Quarterly analysis of data and development of evaluation report.	All service providers entering required data by 10th day of each month. LSFHS Data Analytics staff validate and submit to DCF by 18th of the month. Quarterly evaluation reports to PSCC, partners, & DCF.	**<u>Year 1</u>** Within 30 days of contract effective date	**<u>Year 3</u>** Monthly meetings & reporting through end of year 3. **<u>Year 4</u>** 1-year post discharge performance measures reporting	LSFHS Data Analytics Team, Project Coordinator and Independent Evaluator
	<u>2.2.4.1.3</u> Implement strategies that support the Strategic Plan for diverting the Target Population from the juvenile justice system.	<u>SP Goal 2 Obj. 3:</u> Divert youth who would be receiving out of school suspension to alternative programming to reduce chance of further isolation from students and their parents from the school, decrease chance of arrest, and teach conflict resolution and life skills.	Students who participate in Alternative to Out of School Suspension (ALTOSS) program are screened and those in need referred to treatment.	**<u>Year 1</u>** Within 60 days of contract effective date – Year 1	**<u>Year 3</u>** End of Year 3 6/30/2022 Sustain with other funds beyond Year 3	Hernando County School District
		<u>SP Goal 5 Obj. 1:</u> Develop a Hernando Juvenile Behavioral Health Court (JBHC) that places	BayCare Navigator and NAMI CRPS working with Court Program Specialist to engage	**<u>Year 1</u>** Within 90 days contract effective date	**<u>Year 3</u>** End of Year 3 -6/30/22 Sustain beyond	5th Judicial Circuit JBHC, BayCare

Goal	Objectives	Strategic Plan (SP) Goals & Key Activities	Milestone	Start Date	Completion Date	Responsible Partner
		sanctions on youth & families to receive services	youth into treatment		year 3	and NAMI
1. <u>RFA Section 2.2.4.1 (cont.)</u> Establish programs and diversion initiatives that increase public safety, avert increased spending on criminal justice and improve accessibility and effectiveness of treatment services for Hernando youth.	**<u>2.2.4.1.3 (cont.)</u>** Implement strategies that support the Strategic Plan (SP) for diverting the Target Population from the juvenile justice system.	<u>SP Goal 3 Obj. # 1</u>: Provide educational and supportive groups for youth and their families with mental health issues who are in or at-risk of entering the juvenile justice system.	WRAP and crisis plans developed with each youth's family. Families participate in NAMI family support groups.	**<u>Year 1</u>** Within 30 days of contract effective date	**<u>Year 3</u>** End of Year 3 -6/30/22 Sustain beyond Year 3	NAMI-Hernando
		<u>SP Goal 4</u>: Reduce number of youth who enter the juvenile justice system due to untreated behavioral health issues by providing care management and follow-up services. <u>Obj. # 1:</u> Reduce wait lists and increase individual and family services	Youth system of care treatment capacity and resources are increased.	**<u>Year 1</u>** Within 30 days of contract effective date	**<u>Year 3</u>** End of Year 3 -6/30/22 Sustain beyond Year 3	LSFHS in partnership with BayCare and other youth serving agencies in Circuit 5
2. <u>RFA Section 2.2.4.2</u> Create and encourage collaboration among stakeholders in implementing Strategic Plan and providing ongoing oversight and quality improvement	**<u>2.2.4.2.1</u>** Participate in regular Planning Council or Committee meetings	<u>SP Goal 6 Obj. # 2 – Task 2</u> Attend quarterly PSCC meetings to report progress on data collected and any needed announcements, successes, or barriers.	Copy of project data and evaluator report shared quarterly at PSCC	**<u>Year 1</u>** July 2019 PSCC meeting	Quarterly - Ongoing beyond Year 3 to ensure project sustainability	LSFHS and project partners
	<u>2.2.4.2.2</u> Assess	Prepare and ensure timely reports (Financial	Quarterly reports and Final Reports submitted	**<u>Year 1</u>** 1st Quarter	**<u>Year 4</u>** 60 days	Project Coordinator

Goal	Objectives	Strategic Plan (SP) Goals & Key Activities	Milestone	Start Date	Completion Date	Responsible Partner
activities	progress of the project based on established timelines and review attainment of goals	and Programmatic) to DCF Share quarterly evaluation reports with stakeholders & the Public Safety Coordinating Council (PSCC)	in timely manner Reports shared with stakeholders, PSCC and County Commission		following end of Year 3	in collaboration with Evaluator
RFA Section 2.2.4.2 (cont.) Create and encourage collaboration among stakeholders in implementing Strategic Plan and providing ongoing oversight and quality improvement activities	**2.2.4.2.3** Share data	SP Goal 6 Obj. # 1 – Task 3 Review and update data sharing agreements established during Planning grant. Develop new agreements as needed. Review and update data sharing plan developed during Planning grant Partnering agencies to submit data monthly in accordance to DCF schedule	Non-identifying project data shared electronically with all stakeholders quarterly at PSCC meetings	**Year 1** Within 30 days of contract effective date	Ongoing to ensure sustainability	Project Coordinator and partnering agencies
	2.2.4.2.4 Coordinate with Managing Entity (ME)	SP Goal 6 Obj. # 2 – Task 1 Collaboratively develop and share youth system of care identifying decision-making points and service options for target population, to	Flow chart developed and shared to promote effective coordination and leveraging of resources in the system of care. Monthly meetings held	**Year 1** Within 30 days contract effective date Within 30 days	**Years 1-3** Within 90 days contract effective date – Update ongoing End of Year 3	Project Coordinator & Chief Integration Officer in collaboration with project partners

Goal	Objectives	Strategic Plan (SP) Goals & Key Activities	Milestone	Start Date	Completion Date	Responsible Partner
		include existing ME funded services.	by LSFHS/Managing Entity as lead applicant to discuss progress, identify barriers, and develop solutions	contract effective date	-6/30/22	
	2.2.4.2.5 Make necessary adjustments to implementation activities, as needed	Monitor participant engagement and retention to meet project objectives	Adjustments made based participant, family member & stakeholder input & data collected	**Year 1** Within 30 days contract effective date	**Year 3** End of Year 3	Project Coordinator & partnering agencies
		Work with USF-FMHI TAC to complete a SIM workshop during the 3rd year of the grant period	Updated SIM map and priorities completed with significant community participation	**Year 2** Within 180 days	**Year 3** End of Year 3	LSFHS and USF-FMHI TAC
3. *Additional Objective Chosen by Grantee* **RFA Section 2.2.4.3**	**2.2.4.3.1** Promote workforce development through additional training that addresses needs identified in the Strategic Plan	SP Goal 1 Obj. # 1 – Task 3: Work with local primary care providers, pediatricians, local clinics, etc. to provide training on integrating behavioral health with primary care	Ten healthcare providers trained each year for 3 years	**Year 1** Within 30 days of contract effective date	**Year 3** End of Year 3 -6/30/22	Hernando Community Coalition
		SP Goal 3 Obj. # 3: Provide education for community professionals who interact with youth & families with behavioral health needs to increase understanding of trauma/violence & support networks	Ten trainings provided each year for 3 years	**Year 1** Within 30 days of contract effective date	**Year 3** End of Year 3 -6/30/22	Dawn Center

TAB 8

LETTERS OF COMMITTMENT

TAB 8: LETTERS OF COMMITMENT

The enclosed letters from subcontracting providers, project consultants and other partners, detail their role in contributing to the success of the Hernando CJMHSA Reinvestment Implementation Grant.

1. **Florida Department of Juvenile Justice -** Randy L. Reynolds, Chief Probation Officer – Circuit 5/PSCC Member

2. **Fifth Judicial Circuit** – Daniel B. Merritt, Jr., Circuit Judge

3. **School District of Hernando County** – Judy Everett, Supervisor, Exceptional Student Services

4. **NAMI Hernando -** Tina Kinney, Executive Director/PSCC Member

5. **HCC Hernando Community Coalition -** Tresa J. Watson, Executive Director

6. **Dawn Center Domestic & Sexual Violence Services -** Shannon Sokolowski, Executive Director

7. **Oglethorpe Inc. – Springbrook Hospital,** James O'Shea, Chief Operating Officer

8. **BayCare Behavioral Health** – Gail Ryder, Vice President/PSCC Member

9. **FlaglerCares -** Carrie Garnett Baird, Executive Director/Evaluator

10. **Camelot Community Care** – Natasha Farrior-Sanford, Executive Director

FLORIDA DEPARTMENT OF JUVENILE JUSTICE

Ron DeSantis, Governor **Simone Marstiller, Secretary**

January 24, 2019

Dr. Christine Cauffield
Chief Executive Officer
LSF Health Systems
9428 Baymeadows Road, Suite 320
Jacksonville, FL 32256

Re: Letter of Commitment – Hernando Criminal Justice, Mental Health, and Substance Abuse (CJMHSA) Reinvestment Grant – Implementation Category

Dear Dr. Cauffield,

I am pleased to provide this letter in support of the CJMHSA Reinvestment Implementation Grant being submitted by LSF Health Systems in partnership with Hernando County government.

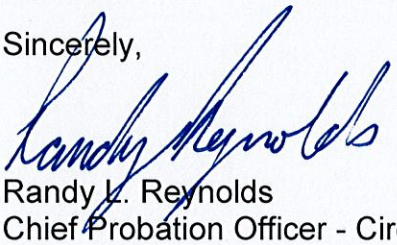
We are committed to supporting the collaborative implementation of new interventions, treatment and recovery support services for youth with mental health and/or substance abuse disorders who are at risk or are involved with the criminal justice system in Hernando County.

As part of this effort, the Department of Juvenile Justice commits to:

- *Sharing arrest and recidivism data for youth who come into contact with the juvenile justice system.*
- *Participating in the development of a Memorandum of Agreement (MOA) to facilitate data sharing and best practices in care coordination for youth and families served by the behavioral health system of care.*
- *Continuing to serve on the Hernando Public Safety Coordinating Council and ensuring representation at quarterly meetings.*
- *Participating in the regular review and update of the CJMHSA youth strategic plan.*

We appreciate the opportunity to work together as a community to contribute to the health and well-being of our youth and effectively divert those at risk from the juvenile justice system. Should you need additional information, please do not hesitate to contact me at 352-732-1282 (office) or 352-239-3542 (cell).

Sincerely,



Randy L. Reynolds
Chief Probation Officer - Circuit 5

STATE OF FLORIDA

FIFTH JUDICIAL CIRCUIT

ADMINISTRATIVE OFFICE OF THE COURTS

CITRUS, HERNANDO, LAKE, MARION AND SUMTER COUNTIES

S. Sue Robbins
Chief Judge

Jonathan Lin
Trial Court Administrator

1/31//19

Dr. Christine Cauffield
Chief Executive Officer
LSF Health Systems
9428 Baymeadows Road, Suite 320
Jacksonville, FL 32256

Re: Letter of Commitment – Hernando Criminal Justice, Mental Health, and Substance Abuse (CJMHSA) Reinvestment Grant – Implementation Category

Dear Dr. Cauffield,

I am pleased to provide this letter of commitment in support of the CJMHSA Reinvestment Implementation Grant being submitted by LSF Health Systems in partnership with Hernando County government.

We are committed to participating in the collaborative implementation of new interventions and recovery support services for youth with mental health and/or substance use disorders who are at risk or are involved with the criminal justice system in Hernando County.

Court Administration has proudly supported Problem- Solving Courts in Hernando County and are excited to have the addition of a Juvenile Drug and Mental Health Court that will work with non-violent youth offenders with varying degrees of Substance Use Disorders, Mental Health issues, Co-Occurring or other Behavioral Health problems. The program will be available to juvenile offenders between the ages of 13 and 17 with the Judge determining the frequency of court appearances during the program based upon the recommendation of the Staffing Team. The fact that the program will assure that participants are closely supervised and that they have access to treatment helps ensure positive outcomes for them and the program.

As part of this effort, Court Administration commits to:

- Implementing Court Case management services by hiring, training and supervising a court case manager who will be a liaison between stakeholders, providers and the courts and who will update the staffing team prior to every court date on the progress of each participant and to make recommendations based on that progress with the input of other team members.
- Collecting and reporting on a monthly basis, required program data in compliance with the Department of Children and Families SAMH data reporting system.
- Collecting and tracking additional data as needed to facilitate the evaluation of the project's goals and objectives.
- Participating in the regular review and update of the strategic plan.
- Participating in the development of a Memorandum of Agreement to ensure seamless coordination for youth and families served.
- Tracking and reporting on a quarterly basis the in-kind match committed per the signed match commitment form.

We appreciate the opportunity to work together as a community to contribute to the health and well-being of our youth and effectively divert those at risk from the juvenile justice system.

Sincerely,

Daniel B. Merritt Jr., Circuit Judge

☐ Citrus County Courthouse
110 N. Apopka Avenue
Inverness, FL 34450
(352) 341-6700
Fax (352) 341-7008

X Hernando County Courthouse
20 N. Main Street
Brooksville, FL 34601
(352) 754-4402
Fax (352) 754-4235

☐ Lake County Judicial Center
P.O. 7800/550 W. Main Street
Tavares, FL 32778
(352) 253-1604
Fax (352) 253-1630

☐ Marion County Judicial Cer
110 N.W. First Avenue
Ocala, FL 34475
(352) 401-6701
Fax (352) 401-7883

☐ Sumter County Courthouse
215 E. McCollum Avenue
Bushnell, FL 33513
(352) 569-6950
Fax (352) 569-6951

The School District of Hernando County, Florida
1036 Varsity Drive
Brooksville, FL 34601
Phone: (352) 797-7022
Fax: (352) 797-7122

Superintendent: *John Stratton*
Board Chairperson: *Susan Duval*
Vice Chairperson: *Linda K. Prescott*
Board Members:
Gus Guadagnino
Kay Hatch
Jimmy Lodato

January 29, 2019

Dr. Christine Cauffield
Chief Executive Officer
LSF Health Systems
9428 Baymeadows Road, Suite 320
Jacksonville, FL 32256

Re: Letter of Commitment – Hernando Criminal Justice, Mental Health, and Substance Abuse (CJMHSA) Reinvestment Grant – Implementation Category

Dear Dr. Cauffield,

I am pleased to provide this letter of commitment in support of the CJMHSA Reinvestment Implementation Grant being submitted by LSF Health Systems in partnership with Hernando County government.

We are committed to participating in the collaborative implementation of new interventions, treatment and recovery support services for youth with mental health and/or substance abuse disorders who are at risk or are involved with the criminal justice system in Hernando County.

ALTOSS programs are proven to keep students in school when used appropriately and can be a positive diversion program for students that are highly at risk academically, behaviorally and with our judicial system. Students will receive restorative practice instruction and strategies to address their assigned discipline. For example, if a student is referred for fighting then they may participate in an anger management curriculum or conflict resolution or other therapeutic interventions.

As part of this effort, Hernando County School District commits to:

- Hiring, training and supervising a Family Specialist/Therapist who will provide instruction and therapeutic services for Alternative to Out of School Suspension (ALTOSS).
- Collecting and reporting on a monthly basis required program data in compliance with the Department of Children and Families SAMH data reporting system.
- Collecting and tracking additional data as needed to facilitate the evaluation of the project's goals and objectives.

It is the policy of the Hernando County School District not to illegally discriminate or allow its employees to illegally discriminate on the basis of race, color, religion, national origin, age, sex, marital status, disability or GINA in its educational programs or employment practices.

- Participating in the regular review and update of the strategic plan.
- Participating in the development of a Memorandum of Agreement (MOA) to ensure seamless coordination for youth and families served.
- Tracking and reporting on a quarterly basis the in-kind match committed per the signed match commitment form.

We appreciate the opportunity to work together as a community to contribute to the health and well-being of our youth and effectively divert those at risk from the juvenile justice system. Should you need additional information, please do not hesitate to contact Judy Everett at (352) 797-7022.

Sincerely,

Judy Everett

Judy Everett
Supervisor – Exceptional Student Support Services

c.c: Cathy Dofka – Director Exceptional Student Support Services
Jill Kolasa – Supervisor of Student Services
file

It is the policy of the Hernando County School District not to illegally discriminate or allow its employees to illegally discriminate on the basis of race, color, religion, national origin, age, sex, marital status, disability or GINA in its educational programs or employment practices.

1/22/2019

Dr. Christine Cauffield
Chief Executive Officer
LSF Health Systems
9428 Baymeadows Road, Suite 320
Jacksonville, FL 32256

Re: Letter of Commitment – Hernando Criminal Justice, Mental Health, and Substance Abuse (CJMHSA) Reinvestment Grant – Implementation Category

Dear Dr. Cauffield,

I am pleased to provide this letter of commitment in support of the CJMHSA Reinvestment Implementation Grant being submitted by LSF Health Systems in partnership with Hernando County government.

We are committed to participating in the collaborative implementation of new interventions, treatment and recovery support services for youth with mental health and/or substance abuse disorders who are at risk or are involved with the criminal justice system in Hernando County.

The county does not have enough positive support services for youth and families, such as wide-reaching mentoring programs, linkages to community-based, evidence-based treatment programs; and community services and programs designed to prevent high-risk populations from becoming involved in the criminal or juvenile justice system. NAMI Hernando intends to overcome barriers by hiring a Certified Recovery Peer Specialist as our Youth & Family Coordinator to work with these families as a mentor, to help connect them to treatment programs and community services, to support them when they encounter obstacles and to encourage them to continue their journey to wellness. Our Youth & Family Support Coordinator will also teach families how to develop a Wellness Recovery Action Plan (WRAP), implement it in their daily lives and have a monthly support group for parents of at risk youth.

As part of this effort, NAMI Hernando commits to:

- Hiring, training and supervising a Youth & Family Support Coordinator who will provide support to families of at risk youth referred by partners including Hernando County Schools and the Mental Health/Drug Court.

10554 Spring Hill Drive, Spring Hill, FL 34608 • P.O. Box 5613, Spring Hill, FL 34611 • 352-684-0004
www.flnamihernando.org • namihernando@tampabay.rr.com

Like us on Facebook
LIVE UNITED United Way

- Collecting and reporting on a monthly basis required program data in compliance with the Department of Children and Families SAMH data reporting system.
- Collecting and tracking additional data as needed to facilitate the evaluation of the project's goals and objectives.
- Participating in the regular review and update of the strategic plan.
- Participating in the development of a Memorandum of Agreement (MOA) to ensure seamless coordination for youth and families served.
- Tracking and reporting on a quarterly basis the in-kind match committed per the signed match commitment form.
- Educate at risk youth and families about WRAP.
- Host a monthly support group for families of at risk youth.
- Connect at risk youth and families to treatment programs and community services.

We appreciate the opportunity to work together as a community to contribute to the health and well-being of our youth and effectively divert those at risk from the juvenile justice system. Should you need additional information, please do not hesitate to contact me at 352-684-0004.

Sincerely,

Tina Kinney

Tina Kinney
Executive Director

10554 Spring Hill Drive, Spring Hill, FL 34608 • P.O. Box 5613, Spring Hill, FL 34611 • 352-684-0004
www.flnamihernando.org • namihernando@tampabay.rr.com

Like us on Facebook
LIVE UNITED United Way

HCC
Hernando Community Coalition

Location: Hernando County Education Foundation Building
13001 Spring Hill Drive, Spring Hill, FL 34609
Email: tresa@cenaps.com
Office: 352-596-8000
www.hernandocommunitycoalition.org
Facebook: https://www.facebook.com/HCCADC/

January 22, 2019

Dr. Christine Cauffield
Chief Executive Officer
LSF Health Systems
9428 Baymeadows Road, Suite 320
Jacksonville, FL 32256

Re: Letter of Commitment – Hernando Criminal Justice, Mental Health, and Substance Abuse (CJMHSA) Reinvestment Grant – Implementation Category

Dear Dr. Cauffield,

I am pleased to provide this letter of commitment in support of the CJMHSA Reinvestment Implementation Grant being submitted by LSF Health Systems in partnership with Hernando County government.

HCC is committed to participating in the collaborative implementation of new interventions, treatment and recovery support services for youth with mental health and/or substance abuse disorders who are at risk or are involved with the criminal justice system in Hernando County.

HCC has existing resources and programs to leverage resources and assist LSF Health Systems and Hernando County Government with its primary goal of serving the criminal justice, mental health, substance abusing youths in Hernando County. To ensure successful implementation and ongoing coordination, HCCADC intends to provide the following:

- Substance abuse data and evaluation information.
- Increased awareness of behavioral health issues through partnerships with primary care providers including pediatricians, specialists, clinics, etc. who treat youth and their families through social norming campaign and information dissemination.
- Providing and tracking the in-kind match committed, on a quarterly basis per the signed match commitment form.
- Promotion of services and referrals for services while working with the targeted population.
- Community advocacy and support.

HCC works to prevent and reduce substance use, addiction, poor emotional health, and mental illness in Hernando County. Hernando County is a county that suffers high poverty and resources and opportunities are limited. HCC offer assistance by providing information and implementing environmental strategies that result in population-level change. HCC is a data-driven, highly active organization that uses the Strategic Prevention Framework to ensure targeted approaches and successful outcomes. HCCADC was awarded "Coalition of the Year" by the White House in 2016.

LSF Health Systems has HCC's full support in its delivery of services to the targeted population and service area and we look forward to working closely with your team to address the needs in Hernando County. We appreciate the opportunity to work together as a community to contribute to the health and well-being of our youth and effectively divert those at risk from the juvenile justice system. Should you need additional information, please do not hesitate to contact me at 352-596-8000.

Sincerely,

Tresa J. Watson
Executive Director
2016 National Coalition of the Year

1/22/19

DawnCenter
Domestic & Sexual Violence Services

Dr. Christine Cauffield
Chief Executive Officer
LSF Health Systems
9428 Baymeadows Road, Suite 320
Jacksonville, FL 32256

Re: Letter of Commitment – Hernando Criminal Justice, Mental Health, and Substance Abuse (CJMHSA) Reinvestment Grant – Implementation Category

Dear Dr. Cauffield,

I am pleased to provide this letter of commitment in support of the CJMHSA Reinvestment Implementation Grant being submitted by LSF Health Systems in partnership with Hernando County government.

We are committed to participating in the collaborative implementation of new interventions, treatment and recovery support services for youth with mental health and/or substance abuse disorders who are at risk or are involved with the criminal justice system in Hernando County.

Dawn Center is focused on ending interpersonal violence and providing support to victims of domestic and sexual violence in Hernando County. Traumatization due to violence perpetration or witnessing family violence is directly linked to youth mental illness and or substance abuse. Dawn Center provides prevention and intervention programs to address these needs.

As part of this effort, Dawn Center of Hernando County commits to:

- Hiring, training and supervising an Advocate who will coordinate youth groups and/or counseling services with treatment providers, schools, the courts, law enforcement, and/or probation officers and determine connections and locations.
- Collecting and reporting on a monthly basis required program data in compliance with the Department of Children and Families SAMH data reporting system.
- Collecting and tracking additional data as needed to facilitate the evaluation of the project's goals and objectives.
- Participating in the regular review and update of the strategic plan.
- Participating in the development of a Memorandum of Agreement (MOA) to ensure seamless coordination for youth and families served.
- Tracking and reporting on a quarterly basis the in-kind match committed per the signed match commitment form.

We appreciate the opportunity to work together as a community to contribute to the health and well-being of our youth and effectively divert those at risk from the juvenile justice system. Should you need additional information, please do not hesitate to contact me at 352-639-0892.

Sincerely,

Shannon Sokolowski
Executive Director

OGLETHORPE INC

January 28, 2019

Dr. Christine Cauffield
Chief Executive Officer
LSF Health Systems
9428 Baymeadows Road, Suite 320
Jacksonville, FL 32256

Re: Letter of Commitment – Hernando Criminal Justice, Mental Health, and Substance Abuse (CJMHSA) Reinvestment Grant – Implementation Category

Dear Dr. Cauffield,

I am pleased to provide this letter of commitment in support of the CJMHSA Reinvestment Implementation Grant being submitted by LSF Health Systems in partnership with Hernando County government.

We are committed to continue working with Hernando County stakeholders to facilitate the implementation of the CJMHSA implementation grant, which will help reduce the Baker Act rate among this population and divert youth at risk from the criminal justice system into community-based treatment services.

Springbrook Hospital is a private specialty hospital with sixty-six inpatient beds. The facility is licensed by the Agency for Health Care Administration and fully accredited by the Joint Commission. The Hospital is a certified Medicare provider and the only Baker Act receiving hospital in Hernando County. The Hospital operates under a medical model with twenty-four hour nursing coverage with the capacity to handle both emergency and voluntary admissions.

Springbrook Hospital commits to:

- Continuing to participate in the Hernando Baker Act Resources Team (BART) meetings.
- Participating in the development of a Memorandum of Agreement (MOA) to promote seamless coordination for youth and families served by this grant.
- Sharing within the confines of the law, information and Baker Act data required to facilitate the evaluation of the project's goals and objectives.
- Providing in-kind match for the grant per the signed match commitment form.

OGLETHORPE INC

We appreciate the opportunity to work together as a community to contribute to the health and well-being of our youth and effectively divert those at risk from the juvenile justice system. Should you need additional information, please do not hesitate to contact me at 813-559-9870.

Sincerely,

James O'Shea
Chief Operating Officer

OGLETHORPE, INC.
Tel: (813) 559-9870 Fax: (813) 559-9882
One Tampa City Center • 201 N. Franklin Street, Suite 1910 • Tampa, FL 33602 |

BayCare Behavioral Health

BEHAVIORAL HEALTH ADMINISTRATION
2985 Drew St. (MS 1014)
Clearwater, FL 33759
(727) 754-9284

January 30, 2019

Dr. Christine Cauffield
Chief Executive Officer
LSF Health Systems
9428 Baymeadows Road, Suite 320
Jacksonville, FL 32256

Re: Letter of Commitment – Hernando Criminal Justice, Mental Health, and Substance Abuse (CJMHSA) Reinvestment Grant – Implementation Category

Dear Dr. Cauffield:

I am pleased to provide this letter of commitment in support of the CJMHSA Reinvestment Implementation Grant being submitted by LSF Health Systems in partnership with Hernando County government.

BayCare Behavioral Health (BCBH) is committed to participating in the collaborative implementation of new interventions, treatment and recovery support services for youth with mental health and/or substance abuse disorders who are at risk or are involved with the criminal justice system in Hernando County.

BCBH is one of the largest and most comprehensive mental health and substance use treatment centers in Florida. As the long standing Community Mental Health Center in Hernando County, and with over 35 years of experience, BCBH has a clinical service array that includes ambulatory, residential and inpatient specialty programs for adults and children. This service array includes counseling, inpatient and outpatient psychiatric services, residential, crisis stabilization, community based recovery programs, school-based programs, intensive in-home services and case management services.

As part of this effort, BayCare Behavioral Health commits to:

- Hiring, training and supervising a Care Navigator who will assist with identifying youth at risk and or involved in the criminal justice system; expedite access to screening and treatment; reduce barriers to treatment; encourage engagement in services; provide coordination of care within the continuum of community; and provide family education regarding systems of care.
- Collecting and reporting on a monthly basis required program data in compliance with the Department of Children and Families SAMH data reporting system.
- Collecting and tracking additional data as needed to facilitate the evaluation of the project's goals and objectives.
- Participating in the regular review and update of the strategic plan.

- Participating in the development of a Memorandum of Agreement (MOA) to ensure seamless coordination for youth and families served.
- Tracking and reporting on a quarterly basis the in-kind match committed per the signed match commitment form.

We appreciate the opportunity to work together as a community to contribute to the health and well-being of our youth and effectively divert those at risk from the juvenile justice system. Should you need additional information, please do not hesitate to contact me at 727-754-9284.

Sincerely,

Gail Ryder

Gail Ryder
Vice President, BayCare Behavioral Health

FlaglerCares

Board of Directors

President, Dr. Stephen Bickel

Vice President, Chet Bell
Stewart-Marchman-Act
Behavioral Healthcare

Secretary, Barbara Revels
Coquina Shore Construction,
Inc.

Treasurer, Robert Snyder
Department of Health-Flagler

Ralston Reiodica
County of Flagler

Commander David Williams
Flagler County Sheriff's Office

Dennis Burns
United Way of Volusia and
Flagler Counties

Lynette Shott
Flagler Schools

Wally DeAquino
Florida Hospital Flagler

Laura Spencer
Azalea Health

Trish Giaccone
Family Life Center

Dr. Maralee Walsh

Dorothy Sperber
Flagler Board of REALTORS

DJ Lebo
Early Learning Coalition of
Flagler & Volusia

Carrie Baird
Executive Director

January 29, 2019

Dr. Christine Cauffield
Chief Executive Officer
LSF Health Systems
9428 Baymeadows Road, Suite 320
Jacksonville, FL 32256

Re: Letter of Commitment – Hernando Criminal Justice, Mental Health, and Substance Abuse (CJMHSA) Reinvestment Grant – Implementation Category

Dear Dr. Cauffield,

It is my understanding that LSF Health Systems, with the support of the Hernando County Board of County Commissioners, is pursuing a State of Florida Criminal Justice, Mental Health and Substance Abuse (CJMHSA) Reinvestment Grant from the Florida Department of Children and Families, Office of Substance Abuse and Mental Health.

Flagler Cares is currently providing project management and evaluation consultation for a similarly funded youth-focused implementation grant in Flagler County and would be pleased to provide evaluation consultation to the Hernando County project. I have worked in various health and human service systems of care for over 20 years and have evaluated state and federally funded programs in the fields of substance abuse prevention and treatment, adult and children's mental health, child welfare, women's health, youth development and community health improvement.

As a contracted independent evaluator for the project, I commit to:

- Working with project partners and LSF to identify how data will be collected, reported, and analyzed throughout implementation (start-up activity and adjustments throughout implementation).
- Reviewing collected data quarterly and producing a formal report for stakeholders.
- Assisting the Project Coordinator with reporting formative performance measure data required in the quarterly report per the DCF template.

I look forward to the opportunity to work with you and Hernando stakeholders in making this project a success. Should you need additional information, please do not hesitate to contact me at 386.295.1112.

Sincerely,

Carrie Garnett Baird
Executive Director

316 South Ocean Shore Blvd
Flagler Beach, FL 32126
www.flaglercares.org

Camelot
Community Care

Bringing Families Together
For A Bright Future.

January 29, 2019

Dr. Christine Cauffield
Chief Executive Officer
LSF Health Systems
9428 Baymeadows Road, Suite 320
Jacksonville, FL 32256

Re: Letter of Commitment – Hernando Criminal Justice, Mental Health, and Substance Abuse (CJMHSA) Reinvestment Grant – Implementation Category

Dear Dr. Cauffield,

I am pleased to provide this letter of commitment in support of the CJMHSA Reinvestment Implementation Grant being submitted by LSF Health Systems in partnership with Hernando County government.

We are committed to participating in the collaborative implementation of new interventions, treatment and recovery support services for youth with mental health and/or substance abuse disorders who are at risk or are involved with the criminal justice system in Hernando County.

Camelot Community Care strives to assist in the provision of services which enable children and families to realize their potential. We work to provide the highest quality of services that are community based, family centered and highly effective. We are committed to work in collaboration to assess the mental health and substance abuse needs of community based children involved with juvenile justice system.

As the contracted provider responsible for coordinating the Family Services Planning Team (FSPT) in Circuit 5, Camelot commits to:

- Participating in the Hernando Baker Act Resources Team (BART) and the Multidisciplinary Staffing Team (MDT) meetings.
- Participating in the development of a Memorandum of Agreement (MOA) to ensure seamless coordination for youth and families served.
- Sharing within the confines of the law, information and data required to facilitate the evaluation of the project's goals and objectives.
- Participating in the regular review and update of the CJMHSA youth strategic plan.

We appreciate the opportunity to work together as a community to contribute to the health and well-being of our youth and effectively divert those at risk from the juvenile justice system. Should you need additional information, please do not hesitate to contact me at (352) 843-0638.

Sincerely,

Natasha Farrior-Sanford, LMHC
Executive Director