



# **Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant**

March 12, 2021

**GRANT # RFA 2021 001**

**Application for Implementation and  
Expansion**

**Applicant:**

Southeast Florida Behavioral Health Network  
1070 E. Indiantown Rd Ste. 408  
Jupiter, Florida 33477  
561.203.2485



# Tab 1

## **Cover Page & Certified Designation Letter**

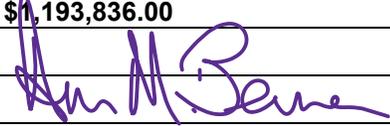
Criminal Justice, Mental Health,  
and Substance Abuse  
Reinvestment Grant  
RFA 2021 001

**Applicant:**

*Southeast Florida Behavioral Health Network*

## APPENDIX C - COVER PAGE FOR GRANT APPLICATION

### Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant

PROPOSAL INFORMATION		
Type of Grant:	Implementation and Expansion Grant	
Project Title:	Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant	
County:	Okeechobee County	
Preferred Project Start Date:	May 1, 2021	
APPLICANT INFORMATION		
Type of Applicant:	Managing Entity	
Applicant Organization Name:	Southeast Florida Behavioral Health Network	
Contact Name & Title:	Becky Walker, Chief Operating Officer	
Street Address:	1070 E. Indiantown Rd. Ste #408	
City, State and Zip Code:	Jupiter, Florida 33477	
Email:	Becky_Walker@sefbhn.org	
Phone:	561-484-5151	
ADDITIONAL CONTACT:		
Participating Organization Name:	Southeast Florida Behavioral Health Network	
Contact Name & Title:	Mayra Martinez Gelabert, Network Integrity Manager	
Street Address:	1070 E. Indiantown Rd. Ste #408	
City, State and Zip Code:	Jupiter, Florida 33477	
Email:	Mayra.Gelabert@sefbhn.org	
Phone:	561-484-5145	
FUNDING REQUEST AND MATCHING FUNDS		
	Total Amount of Grant Funds Requested:	Total Matching Funds:
Program Year 1	<b>\$389,193.00</b>	<b>\$245,039.00</b>
Program Year 2	<b>\$398,870.00</b>	<b>\$245,039.00</b>
Program Year 3	<b>\$407,773.00</b>	<b>\$245,038.00</b>
Total Project Cost	<b>\$1,193,836.00</b>	<b>\$735,116.00</b>
CERTIFYING OFFICIAL		
Certifying Official's Signature:		
Certifying Official's Name (printed):	Ann M. Berner	
Title:	Chief Executive Officer	
Date:	March 8, 2021	



**JERALD D. BRYANT**  
Okeechobee County

**OFFICE OF  
CLERK OF THE CIRCUIT COURT  
AND COMPTROLLER**

**312 Northwest Third Street, Suite 101  
Okeechobee, Florida 34972  
863.763.2131**

February 25, 2021

Ann Berner  
Southeast Florida Behavioral Health Network  
1070 E Indiantown Road, Suite 408  
Jupiter FL 33477

On February 14, 2020 the Okeechobee County Board of County Commissioners designated Southeast Florida Behavioral Health Network to submit a Notice of Intent to file the application for the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant.

The Public Safety Council certifies Southeast Florida Behavioral Health Network (SEFBHN) to complete the application on behalf of Okeechobee County. SEFBHN is hereby designated to act on behalf of this Public Safety Coordinating Council of Okeechobee County Florida. They support the application and proposal to apply for funding intended to expand services for Mental Health Court and Drug Court.

On February 14, 2020 the Board of County Commissioners of Okeechobee County approved and supports the designation of SEFBHN to be the applicant for Okeechobee County.

Terry Burroughs, Okeechobee BCC Chairman

2-26-21

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Date



# Tab 2

## Table of Contents

Criminal Justice, Mental Health,  
and Substance Abuse  
Reinvestment Grant  
RFA 2021 001

**Applicant:**

*Southeast Florida Behavioral Health Network*

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# **Tab 3**

## **Statement of Mandatory Assurances**

Criminal Justice, Mental Health,  
and Substance Abuse  
Reinvestment Grant  
RFA 2021 001

**Applicant:**

*Southeast Florida Behavioral Health Network*

## APPENDIX D – STATEMENT OF MANDATORY ASSURANCES

		Initial
A.	<b>Infrastructure:</b> The Applicant shall possess equipment and Internet access necessary to participate fully in this solicitation.	JWS
B.	<b>Site Visits:</b> The Applicant will cooperate fully with the Department in coordinating site visits, if desired by the Department.	JWS
C.	<b>Non-discrimination:</b> The Applicant agrees that no person will, on the basis of race, color, national origin, creed or religion be excluded from participation in, be refused the benefits of, or be otherwise subjected to discrimination pursuant to the Act governing these funds or any project, program, activity or sub-grant supported by the requirements of, (a) Title VI of the Civil Rights Act of 1964 which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended which prohibits discrimination in employment or any program or activity that receives or benefits from federal financial assistance on the basis of handicaps; (d) Age Discrimination Act 1975, as amended which prohibits discrimination on the basis of age, (e) Equal Employment Opportunity Program (EEO) must meet the requirements of 28 CFR 42.301.	JWS
D.	<b>Lobbying:</b> 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).	JWS
E.	<b>Drug-Free Workplace Requirements:</b> The Applicant agrees that it will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76.	JWS
F.	<b>Smoke-Free Workplace Requirements:</b> 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.	JWS
G.	<b>Compliance and Performance:</b> 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.	JWS
H.	<b>Certification of Non-supplanting:</b> 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.	JWS
I.	<b>Submission of Data:</b> 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.	JWS
J.	<b>Submission of Reports:</b> The Applicant agrees to submit quarterly progress reports and quarterly fiscal reports, signed by the County Administrator, to the Department.	JWS



# Tab 4

## Match Commitment and Summary Forms

Criminal Justice, Mental Health,  
and Substance Abuse  
Reinvestment Grant  
RFA 2021 001

**Applicant:**

*Southeast Florida Behavioral Health Network*

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

**Date -** March 9, 2021

**County -** Okeechobee County

**Type of Grant -** Criminal Justice, Mental Health and Substance Abuse Grant

**Match Requirement Percentage -** 50%

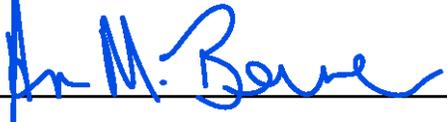
**Total Match Required for the Grant \$** 600,000.00

**Match Committed:**

Cash	\$ <u>                    </u>
In-Kind	\$ <u>735,116.00</u>
Total	\$ <u>735,116.00</u>

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prepared By Amanda Busbin, Program Innovation Manager

Approved By 



**Appendix H (cont.)  
BASIS OF VALUATION**

**Building/Space**

1. Donor retain 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 = \$ 150,000

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) Okeechobee (Southeast Florida Behavioral Health Network)

FROM: (donor name) Nineteenth Judicial Circuit Court

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

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 07/01/2021 to 06/30/2024.

Description and Basis for Valuation (See next page)

<u>Description</u>	<u>Value</u>
(1) <u>Court Program Specialist (\$47,236.80 x 3 Years)</u>	<u>\$ 141,710.40</u>
(2) _____	<u>\$ _____</u>
(3) _____	<u>\$ _____</u>
(4) _____	<u>\$ _____</u>
TOTAL VALUE \$ <u>141,710.40</u>	

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

<u></u>	<u>3/3/2021</u>	<u></u>	<u>3-8-21</u>
(Donor Signature)	(Date)	(County Designee Signature)	(Date)

Appendix H (cont.)

BASIS OF VALUATION

Building/Space

- 1. Donor retain 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:
  - 100% of Annual Salary Number of hours 2080 X 3 years to be provided = \$141,710.40
- 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) Okeechobee (Southeast Florida Behavioral Health Network)  
 FROM: (donor name) New Horizons of the Treasure Coast  
 ADDRESS: 1600 SW 2<sup>nd</sup> Avenue,  
Okeechobee, FL 34972

The following X 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 07/01/2021 to 06/30/2024.

**Description and Basis for Valuation (See next page)**

<u>Description</u>	<u>Value</u>
(1) <u>Office Space for Project Director Position</u>	<u>\$60,636</u>
(2) _____	\$ _____
(3) _____	\$ _____
(4) _____	\$ _____
TOTAL VALUE \$ <u>60,636</u>	

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

William Wong  
 (Donor Signature)

3-5-21  
 (Date)

[Signature]  
 (County Designee Signature)

3-8-21  
 (Date)

**Appendix H (cont.)**  
**BASIS OF VALUATION**

**Building/Space**

1. Donor retain 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 \$ 1684.33  
 (2) Number of months donated during the contract 36  
 Value to the project [b.(1) X b.(2)] \$ 60,636

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 = \$ \_\_\_\_\_



**Appendix H (cont.)**  
**BASIS OF VALUATION**

**Building/Space**

1. Donor retain 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 =	<u>\$ 75,000</u>
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2. Volunteer – Comparable annual salary \$ \_\_\_\_\_
 

Annual Salary	Number of hours 2080	X	to be provided =	\$ _____
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**Appendix H (cont.)**  
**BASIS OF VALUATION**

**Building/Space**

1. Donor retain 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 =	\$ <u>67,500</u>
---------------	----------------------	---	------------------	------------------
2. Volunteer -- Comparable annual salary \$ \_\_\_\_\_
 

Annual Salary	Number of hours 2080	X	to be provided =	\$ _____
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# Tab 5

## Statement of the Problem

Criminal Justice, Mental Health,  
and Substance Abuse  
Reinvestment Grant  
RFA 2021 001

**Applicant:**

*Southeast Florida Behavioral Health Network*

## STATEMENT OF THE PROBLEM

Southeast Florida Behavioral Health Network (SEFBHN), Managing Entity, intends to acquire funding under the Criminal Justice, Mental Health and Substance Abuse (CJMHSAs) Reinvestment Grant number DCF RFA 2021 001 to continue the specialty courts initiative in Okeechobee County. In presenting this CJMHSAs Reinvestment Grant application for the fiscal year periods 2021 through 2024, SEFBHN proposes to expand the current Okeechobee Specialty Court (OSC) program services comprised of the Adult Drug Court and Adult Mental Health Court and implement those legal and behavioral health interventions in Juvenile Drug Court to serve 20 youth per fiscal year beginning July 1, 2021 for the purpose of achieving the long term goal of increasing public safety, decreasing criminal justice system spending and improving the accessibility and effectiveness of treatment services to the target population (i.e. adults and youth with mental illness, substance use disorders, or co-occurring conditions that are engaged or at-risk of becoming engaged in the criminal justice and juvenile justice systems).

By analyzing and presenting current local and state data, SEFBHN will demonstrate the extent of the continued challenges to be addressed in Okeechobee County, as well as identify the target populations to be served and the contributing factors that affect the target populations and place them at higher risk of entering or re-entering the criminal justice system. Moreover, the data analysis obtained from the existing CJMHSAs Grant outcomes from 2017 to date, will further support SEFBHN's request by illustrating the impact and progress of the specialty court initiatives in Okeechobee County.

Okeechobee County is in the southern region of the State of Florida. It is bordered on the south by Lake Okeechobee, the second largest body of freshwater in the United States. According to 2010 census and gap analysis data, Okeechobee County, being comprised mainly of rural communities, has a population density of about 52 persons per square mile compared to a state average of 350 persons per square mile. The city of Okeechobee is the county seat of Okeechobee County. The largest industries in Okeechobee, Florida are the retail trade, construction, and agriculture, forestry, fishing and hunting. The highest paying industries are utilities, professional, scientific, and technical services, and transportation and warehousing. The population of Okeechobee is 64% white, 25% Hispanic or Latino, and 8% black or African American. The median property value in Okeechobee, Florida is approximately \$90,000 and the homeownership rate is 72%. Most people in Okeechobee, Florida commute an average time of 23 minutes to and from their place of employment. Okeechobee County's poverty rates for both adults and children living in poverty, 22.3% and 31% respectively, are higher than that of the State of Florida, which is at 13.6%. The largest demographic group in Okeechobee County living in poverty are adult males between the ages of 55 and 64 years old, both Non-Hispanic Whites and Hispanic or Latino males.

As of the 2010 census, the population in Okeechobee County was 39,996. The County's demographic profile shows the median age is 35 years old, which is approximately 16% lower than the Florida average of 42 years of age. In Okeechobee, 55% of the population over 15 years of age are married, 73% speak English and 26%

speak Spanish. Okeechobee residents who were born in Florida comprise 59% of the total population while 24% were born out of state, 1% were born outside of the United States and 16% were born in a foreign country. Youth residents ages 10 through 17 make up approximately 20% of the total population in Okeechobee County, according to the Okeechobee County Community Needs Assessment conducted in 2016. Moreover, only 49% of the population age 16+ is part of the labor force in Okeechobee County, as compared to 58% of the statewide average. There are only 18,788 housing units in Okeechobee County. An overview of the general cost of living index for Okeechobee County indicates that residents in the city enjoy a cost-of-living index of 91, which is 8% lower than the Florida average, and 9% lower than the national average. Although the cost of housing is lower in Okeechobee County as compared to the Florida and national averages, the average cost of goods and services, such as health care, transportation, and utilities, is 5% higher in Okeechobee County than it is in the State of Florida and 4% percent higher than the national average.

A good indicator of the strength of the job market in Okeechobee County is the income per capita and the median household income. The income per capita in Okeechobee County is \$17,332, which is 37% lower than that the Florida average and 42% lower than the national average. The median household income is \$38,061, which is 22% lower than the Florida average and 31% lower than the national average. The unemployment rate in Okeechobee County is 4%, which is 14% lower than the national average. However, the poverty rate in Okeechobee County is 20%, which is 81% higher than that of the national average.

According to the Florida Department of Education, Okeechobee County School District earned a “B” rating during the 2018-19 school year. In Okeechobee County, 58.3% of the 6,484 students are economically disadvantaged, compared to 55.1% of students in the State of Florida. The high school dropout rate in Okeechobee County is double that of the State of Florida, at 7.7% compared to Florida's average of 3.5%. The effects of poverty on children are wide reaching and can lead to lifelong struggles, especially when young people do not receive full educations. In Okeechobee County the rate of children living in poverty is at 31%, far exceeding Florida’s average of 21%.

Table 1 below offers an overview of the annual crimes reported in Okeechobee County according to the Florida Department of Law Enforcement Crime in Florida Abstract for Okeechobee County from January through December 2019. As indicated, the crimes are distributed into two separate categories: violent crimes and property crimes. In addition, the table also demonstrates that the Okeechobee overall crime rate is 73% higher than in comparison to the Florida average; and it is also 79% higher when compared to the national average. When comparing property crime, Okeechobee comes in at 86% higher than the average seen in Florida, and 93% higher than the overall national average. The distribution among the different crimes indicates a very large portion are theft related in Okeechobee County (3,519) as compared to State of Florida (1,750). Theft is often a crime that correlates with substance use and co-occurring conditions.

**Table 1. Reported Annual Crime In Okeechobee**

Statistic	Okeechobee/100k people	Florida/100k people	National/100k people
<u>Total crime</u>	4,618	2,667	2,580
Statistic	Okeechobee/100k people	Florida/100k people	National/100k people

Murder	2	5.2	5.0
Rape	34.8	39.6	42.6
Robbery	174.2	79.3	86.2
Assault	156.8	260.8	246.8
Violent crime	366	385	381
Burglary	522.6	337.7	376.0
Theft	3,519.2	1,750.8	1,594.6
Vehicle theft	209.1	193.3	228.9
Property crime	4,251	2,282	2,200

The Okeechobee County Community Health Needs Assessment of 2016 further reports that Okeechobee County is among the lowest ranking counties in various health performance categories as compared to all other 67 counties in Florida. Okeechobee County ranks number 53 overall. Nearly 26% of the residents in Okeechobee County ranked their health as poor or fair. The most prominent health conditions affecting the population in this county, and ranking higher than the state average, are identified as diabetes, adult obesity, physical inactivity, physical and mental distress, heart disease, and cancer. A more critical factor affecting residents' access to health services is the fact that currently, 21.8% of Okeechobee County population remain without health insurance coverage, as compared to 15.4% average in the state of Florida.

When taking into consideration the risk factors and challenges being faced by the adult and youth populations residing in Okeechobee County, access to both, medical and behavioral healthcare is the key to improving the health of the community. Reportedly, in 2019, Okeechobee County earned the lowest county health ranking in terms of clinical care at number 66 (out of 67 total counties). Unfortunately, the rate of uninsured individuals who reside in this rural area ranges from 23% to 27% as compared to 15% statewide. It is important to note that many individuals residing in rural areas in Okeechobee County are undocumented migrant field workers deemed ineligible for Medicaid and health insurance coverage. This may also be the result of lack of general knowledge in the enrollment process and lack of enrollment assistance.

Physical health and mental health are closely related. When an individual suffers from mental illness, whether it is depression, anxiety, or psychosis, their ability to participate in health promoting behaviors is clearly impaired. The percentage of individuals residing in Okeechobee County who report experiencing poor mental health for at least 30 days, is higher than the state average (14.4% as compared to 12.7% respectively).

To further understand the overall mental health of the community, suicide rates and involuntary hospitalizations, or Baker Acts, may be examined. While the highest rate of suicides occurred in individuals between the ages of 45 to 64 years of age, the rate of suicide among youth ages 0 to 18 in Okeechobee County rates higher than the Florida Statewide rate (3.3% as compared to 1.9% respectively). Moreover, the number of Baker Acts reported in Okeechobee County in the two-year period from 2017 to 2018 was 479. Many of the individuals who received services through involuntary examinations were adults between the ages of 18 and 64 years old. Unfortunately, there are no Baker Act receiving facilities in Okeechobee County. The

residents who require crisis intervention services are taken outside of their County of residence for care, such as New Horizons of the Treasure Coast, Lawnwood Regional Medical Center and Treasure Coast Behavioral Health Care at Saint Lucie Medical Center.

On October 7, 2020, the Substance Abuse and Mental Health Administration’s (SAMHSA’s) GAINS Center reported that “people with mental and substance use disorders are over-represented in the justice system.” Reportedly, it is estimated that: 44% of those in jail and 37% of those in prison have a mental illness; and 63% of those in jail and 58% of those in prison have a substance use disorder. Unfortunately, without much needed interventions, incarceration exacerbates symptoms which leads to individuals staying incarcerated longer.

Behavioral risk factors, such as alcohol misuse, tobacco and marijuana use, and opioid misuse, among others, have great impact in an individual’s physical and mental health, and are very prevalent in rural areas such as Okeechobee County. The rate of adults residing in Okeechobee County engaging in high-risk behaviors such as binge drinking, marijuana use, and cigarette use, are higher than the State of Florida average (Cite Florida average) Moreover, research shows that individuals who use tobacco are 7 times more likely than non-tobacco users to misuse opioids. This link has been established for both the adult and youth populations.

The 2018 Florida Youth Substance Abuse Survey reported data specific to youth residing in Okeechobee County. According to the report, alcohol use, binge drinking, and marijuana use showed higher rates across youth of all ages attending middle school and high school in Okeechobee County as compared to Florida Statewide averages. The total percentage of youth residing in Okeechobee County who reported the use of any illicit drug was 17.6%, higher than the State of Florida average at 14.3%. The rates of cigarette and smokeless tobacco use in Okeechobee County were higher than the rates in Florida overall among both middle school and high school students. The table below (Table 2) illustrates the percentages of Okeechobee and Florida Statewide youth who reported having used various drugs in their lifetime.

**Table 2: Reported Drug use in Youth compared from Okeechobee to Florida.**

TABLE 2	OKEECHOBEE			FLORIDA STATEWIDE		
	AGES 10-14	AGES 15-17	TOTAL	AGES 10-14	AGES 15-17	TOTAL
Alcohol	28.7	51.8	40.9	22.9	48.1	36.5
Cigarettes	12.3	24.0	18.2	6.7	14.7	11.3
Vaporizer/E-Cigarette	21.1	41.2	30.9	16.7	36.4	27.1
Marijuana or Hashish	14.6	35.8	26.5	8.7	29.8	20.2
Inhalants	5.9	4.0	4.5	7.6	4.3	5.8
LSD, PCP or Mushrooms	2.2	6.4	4.0	1.1	3.9	2.7
Methamphetamine	0.4	3.2	2.0	0.7	0.6	0.7

Cocaine or Crack Cocaine	0.6	6.6	4.1	0.8	1.7	1.4
Heroin	0.3	2.2	1.1	0.4	0.3	0.4
Prescription Depressants	3.2	11.3	6.9	2.5	5.9	4.4
Prescription Pain Relievers	3.2	7.9	5.2	2.8	4.9	4.0
Over the counter Drugs	3.3	8.6	5.8	3.4	4.9	4.2

On December 17, 2020, the Centers for Disease Control and Prevention released a health advisory to alert public health departments, healthcare professionals, first responders and other health care organizations of substantial increases in drug overdose deaths involving synthetic opioids and illicitly manufactured fentanyl across the United States. The largest increase in overdose deaths was recorded from March 2020 to May 2020, coinciding with the implementation of widespread mitigation measures for the COVID-19 pandemic.

Drug related arrests and criminal activity by individuals who suffer from severe mental illness, including substance use disorders, in the rural areas of Okeechobee County, place a great demand upon already limited resources from law enforcement and the criminal justice system. The State of Florida has established minimum sentences for 47 drug related offenses. According to the Florida Department of Corrections, offenders with substance misuse issues who were sentenced to prison are five to six times more likely than probationers to be re-arrested. Moreover, approximately 60% of inmates who enter prison have substance use disorder needs requiring treatment. Additionally, nearly one in five youth (17%) entering the juvenile justice system meet criteria for substance use disorders, a number that rises to 39% when those in detention are included. After adjudication, nearly half (47%) of youth put in secure placements have substance use disorders. When youth who meet criteria for other behavioral health disorders are also counted, the total numbers rise as follows: 35% of teens have mental health or substance use disorders at intake; 59% in detention have mental health or substance use disorders; and 64% in secure post-adjudication placements meet criteria for a behavioral health disorder. In Okeechobee County, approximately one quarter or 26% of all arrests are drug related offences specifically.

The Florida Department of Law Enforcement Crime in Florida Abstract indicated that in Okeechobee County, juveniles committed 8% of total number of violent offenses and 14% of total number of property offenses in 2018. According to the Department of Juvenile Justice Delinquency Intake report for 2018-2019, misdemeanor offenses historically have represented the most common offense category for arrested youth. However, since FY 2015-16, felony arrests have become more common than misdemeanor arrests, likely due in part to increased use of civil citation for minor offenses. During FY 2018-19, a felony was the most serious offense in 40% of delinquency arrests. Of the delinquency arrests during FY 2018-19, 34% were for misdemeanor offenses and 25% were for "other" offenses (the "other offenses" category includes violations of probation or conditional release, contempt of court, cases reopened, and interstate compact cases). The table below (please refer to Table

3) further illustrates details on percentages of Okeechobee County youth who reported engaging in delinquent behavior within the past 12 months in 2018, as compared to Florida Statewide youth, according to data compiled in the 2018 Florida Youth Substance Abuse Survey.

**Table 3: Reported Youth Delinquency of Okeechobee compared to Florida.**

	OKEECHOBEE			FLORIDA STATEWIDE		
	<i>Ages 10-14</i>	<i>Ages 15-17</i>	<i>Total</i>	<i>Ages 10-14</i>	<i>Ages 15-17</i>	<i>Total</i>
Carrying a handgun	10.2	7.5	9.3	5.6	6.4	6.0
Selling drugs	2.5	9.4	6.3	1.8	5.6	3.9
Attempting to steal a vehicle	1.6	4.5	3.0	1.4	1.6	1.5
Being arrested	1.9	5.8	3.9	1.8	2.7	2.3
Taking a handgun to school	0.5	2.4	1.6	0.5	0.8	0.6
Getting suspended	8.4	12.5	9.9	10.4	8.9	9.5
Attacking someone with intent to harm	5.8	10.4	8.0	7.0	6.0	6.5

The 2018 Florida Youth Substance Abuse Survey further identified community, family, school, and peer/individual contributing factors that affect the youth in Okeechobee County who are involved or at risk of becoming involved in the juvenile justice system. As shown on the table below (please refer to Table 4), youth residing in Okeechobee County rated higher than Florida Statewide youth in the prevalence of risk factors such as “perceived availability of drugs”, “perceived availability of handguns”, “poor family management”, “poor academic performance”, and “early initiation of drug use.” The total average prevalence rate of all identified risk factors was also higher among Okeechobee County youth as compared to Florida Statewide youth (48 and 44 respectively among middle school aged youth, and 44 and 38 respectively for high school age youth).

**Table 4: Prevalence Rate of identified risk factors in Okeechobee compared to Florida.**

Domain	Scale	Okeechobee		Florida Statewide	
		<i>Middle School</i>	<i>High School</i>	<i>Middle School</i>	<i>High School</i>
<b>Community</b>	Community Disorganization	48	52	38	40
	Transitions and Mobility	58	60	59	61
	Laws and Norms Favorable to Drug Use	51	41	38	32
	Perceived Availability of Drugs	42	30	35	24
	Perceived Availability of Handguns	33	44	24	34
<b>Family</b>	Poor Family Management	48	42	43	37
	Family Conflict	40	32	39	34
<b>School</b>	Poor Academic Performance	57	52	43	43
	Lack of Commitment to School	67	62	60	57
<b>Peer and Individual</b>	Favorable Attitudes toward Antisocial Behavior	51	41	43	36
	Favorable Attitudes toward ATOD Use	48	43	35	34
	Early Initiation of Drug Use	31	29	24	19
	<b>Average Prevalence Rate</b>	<b>48</b>	<b>44</b>	<b>40</b>	<b>38</b>

Both, adult, and youth residing in Okeechobee County, are encountering serious challenges to their overall daily functioning. Table 4 above illustrates specific factors affecting the well-being of Okeechobee County's youth populations. Okeechobee County's adult and youth population's ability to overcome their challenges is exacerbated by two important factors: 1) they are medically underserved; and 2) they reside in an area with health professional shortages. According to a jail assessment plan conducted by the Public Safety Coordinating Council (PSCC) of Okeechobee County in June 2020, there were one-hundred seventy-seven male inmates, fifty-five female inmates, and three juveniles for a total of two-hundred thirty-five actual population. Moreover, there were 20 youth being held at the Juvenile Detention Center. Without positive interventions at a very early interception points, both adult and youthful offenders with mental illness, substance misuse, or co-occurring conditions, are less likely to exit the criminal justice system, and continue to overwhelm the Okeechobee County adult and juvenile jail systems.

On February 11th, 2020, during media coverage of Okeechobee County's jail system, CBS News interviewed Okeechobee County Sheriff Noel Stephen. In this interview, Sheriff Stephen stated, "the biggest problem, however, is the jail simply isn't large enough to house the county's criminals and suspects." Sheriff Stephen emphasized how, due to the lack of space, the Court system in Okeechobee County has "come up with creative sentencing solutions that don't always involve criminals spending time in jail." The "creative sentencing solutions" Sheriff Stephen referred to in his interview are the specialty court diversion programs known as Drug Court and Mental Health Court. These evidence-based problem-solving court initiatives are implemented to redirect at-risk individuals suffering from serious mental illness, chronic substance use disorders, and/or co-occurring conditions from traditional criminal justice pathways to the mental health and substance use disorder treatment systems in the community.

In the State of Florida, Drug Court programs operate independently in approximately 2/3 of the State's 67 counties, and receive local, state, and federal funds. According to a report by the Office of Program Policy Analysis and Government Accountability (OPPAGA), national research has shown that Drug Court programs can reduce the future criminal activities of offenders. Other benefits to implementing and supporting Drug Court programs include reduced prison admission and state costs, and lower recidivism rates for offenders who successfully complete the programs.

Similarly, the origin of Mental Health Court programs stemmed from situations like those preceding the development of Drug Courts, namely, repeat offenders in need of treatment services. With community mental health resources dwindling, especially in rural areas, the courts were seeing more repeat offenders with untreated serious mental illness. Florida's jails and prisons are not designed, equipped, or funded to deal with serious mental illness, so the creation of the Mental Health Court model (a problem-solving court model) was a logical response. The main objectives of Mental Health Court programs are to improve public safety by reducing criminal recidivism; to improve the quality of life of people with mental illness and increase their participation in effective treatment; and, to reduce court and correction related costs through administrative efficiencies and by providing an alternative to incarceration.

Essentially, Drug Court and Mental Health Court programs are conceptualized as part of a comprehensive strategy to provide law enforcement, court, and correction systems with options for responding to people with substance use disorders, severe mental illness, and co-occurring conditions, other than arrest and detention. For individuals who are not diverted from arrest or pre-trial detention, Drug Court and Mental Health Court programs can provide court ordered, community-based supervision and treatment services. According to the Florida Courts Data Report for 2017, approximately 60% of individuals admitted to Drug Court programs graduated, and approximately 64% of individuals admitted to Mental Health Court programs graduated.

According to research conducted by the Council of State Governments Justice Center and compiled in a 2012 report entitled “Adults With Behavioral Health Needs Under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery”, the outcomes for adults and youth with mental illnesses, substance use disorders, or both, who are involved in the criminal justice system, can be greatly improved through the accurate screening and assessment of individuals’ risk to public safety and their clinical needs, and by then matching those results to appropriate treatment measures. The collaboration between criminal justice professionals and behavioral health care providers is an essential part of the process to address the complex needs of the individuals served.

On November 20, 2017, the Department of Children and Families designated SEFBHN to be awarded the Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant (CJMHSR RFA) to implement a coordinated and multifaceted intervention approach in Okeechobee County through the expansion of their existing Drug Court and the establishment of Mental Health Court for adults involved and/or at high-risk of involvement in the criminal justice system. In the past three-year plus period from 2017 through 2021, SEFBHN has worked in partnership with Okeechobee County Sheriff’s Office, Circuit 19 Court Administration, Circuit 19 Public Defenders Office, the Okeechobee Public Safety Coordinating Council, Legacy Behavioral Health, New Horizons of the Treasure Coast and Okeechobee, and the Mental Health Association of Indian River County to implement best practices and establish community-based services. Through both, Drug Court and Mental Health Court, adults residing in Okeechobee County who have experienced risk factors associated with criminal conduct have been provided evidence-based behavioral health treatment to address their severe mental illness, substance use conditions, co-occurring conditions, homelessness or lack of stable housing, history of victimization or abuse, significant transitions to and from jail, and history of involvement with criminal justice system.

On February 10, 2021, Amanda Busbin, Program Innovation Manager at SEFBHN, completed a detailed Reinvestment Grant Program Status Report containing program data collection from November 1, 2017 through January 31, 2021. The data in this report illustrates the impact the CJMHSR RFA grant funded initiatives of the established Mental Health Court for adults have made on meeting the needs of adults who have a mental illness, substance use disorder, or co-occurring disorder by ensuring they are promptly linked to readily available and effective community based behavioral health services. To date, 73 adult program participants have been served through Mental Health Court with an average of 22 adults being served quarterly during

the Reinvestment grant period, and a total of 30 successful discharges. According to a program status update provided by Amanda Busbin during the last Public Safety Coordinating Council meeting held on January 5, 2021, the program was serving 21 active adult participants, of which: four were new admissions, fifteen had felony charges, five had misdemeanor charges, seven had been in Mental Health court for over a year, and four were assisted with housing.

Furthermore, a cost avoidance analysis of the Okeechobee Reinvestment grant program has been measured by calculating the daily cost of jail, multiplied by the average number of days for a jail sentence for individuals convicted of a misdemeanor and the average number of days for jail sentence for individuals convicted of a felony. Calculations is as follows:

- 32 clients with Misdemeanor x average 40 days in jail x \$125.00 average cost per day = \$160,000
- 41 clients with felony charges x average 98 days in jail x \$125.00 average cost per day = \$502,250
- 73 total clients with jail bed days of 5,298 days x \$125.00 per day = \$662,250

In terms of sustainability measures, 13 adults participating in the program received benefits through the completion of a SOAR application. When considering the programs' progress in meeting deliverable requirements, Table 5 below illustrates most current performance measures data as of January 31, 2021.

**Table 5: Performance Measures of Current CJMHTSA Grant**

Table 5 Performance Measure	Lifetime-To- Date Achieved	Lifetime-To- Date Target
Percent 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.	82%	27%
Percent of participants not residing in stable housing environment at program admission who reside in stable housing environment within 90 days of program admission.	87.5%	45%
Percent of participants who were not employed at the time of admission but were employed within 180 days of admission.	58%	10%

Furthermore, through the CJMHTSA RFA grant award in 2017, SEFBHN has been able to support the existing Okeechobee Drug Court program by covering the costs of substance use treatment and drug screenings for at-risk adults with substance use disorders who were underserved due to lack of healthcare insurance coverage.

The following testimony comes from a recent participant of the Okeechobee County Mental Health Court program:

Greetings,

My story begins probably like a lot of people. I was drinking way too much and on medication for Bipolar and anxiety, also depression. This of course is a dangerous mixture. After being stopped and arrested for the third time for DUI. While sitting in the county jail awaiting to be seen by a judge. I was a broken soul and had nowhere to look to except upward.

I was called down to a meeting room to talk with a lady named Jackie Huffman. This was the opening of the light at the end of the tunnel. We went over a multitude of questions. She informed me that she had to go back and discuss my information with the team and would get back with me. Jackie did come back, and they did accept me into the mental health program.

Since that day I have had the most remarkable turnaround ever. I had been given the opportunity to gain control of my life thru emotional tools. By understanding triggers with my therapist Sheri Murry who has walk me thru each mind field with cotton gloves. I can never repay what she has done for my mental health. Except to say, you Sheri, you are an Angel sent to help those that are broken and mend them back together.

During this time my dear Mother passed away. Thinking what else could possibly happen. Jackie and Sheri also Kimberly rallied around me. Making sure I was making my meetings and my sessions just not letting me have time to get depressed. Thank them all for that.

Kimberly and Sheri have made sure that I have had transportation set up to and from any appointments. Kimberly has set me up with weekly support groups.

They are there for me to see me succeed. I could not ask for anyone better than these great people. They care with their hearts and souls about people. I am truly grateful for their work. I am a better person because of these wonderful people and this wonderful program.

Sincerely, "Mr. G.F."

In showing his appreciation for Okeechobee County's Specialty Court's initiatives, Sheriff Stephen Noel of Okeechobee County expressed, "In my thirty plus years of working Law Enforcement in Okeechobee County, I feel that the implementation of Drug Court and Mental Health Court are two leaps in the right direction. These programs give the folks the tools to combat their issues as well as work on recidivism which benefits the taxpayers."

The information described in this section of the application has illustrated the extent of the challenges experienced by the identified high-risk adults and youth residing in Okeechobee County by compiling and summarizing an array of statewide and local data. The data provided identified gaps between those challenges and the opportunities needed by the identified population to live a meaningful and productive life. Moreover, an overview of the successes and continued efforts of the existing Okeechobee County Mental Health Specialty Court program for adults over the past 3 plus year period was presented. Through the approval of this Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant application for the fiscal year periods 2021 through 2024, SEFBHN intends to strengthen the collaborative efforts already in place in Okeechobee County's Mental Health Court program for adults, and to expand those legal and behavioral health interventions to the juvenile population by serving 20 youth per fiscal year beginning July 1, 2021 with the purpose of diverting them from the juvenile justice system to much needed behavioral health interventions services through appropriate assessment and linkage. Moreover, it is projected that a broader category of individuals will be served as follows: 50 adults through Drug Court, 45 adults through Mental Health Court and 15 youth through Juvenile Drug Court.



# Tab 6

## Project Design and Implementation

Criminal Justice, Mental Health,  
and Substance Abuse  
Reinvestment Grant

RFA 2021 001

**Applicant:**

*Southeast Florida Behavioral Health Network*

## **Project Design and Implementation**

In compliance with Florida Statute 394.657 (2)(a), the designated CJMHSA RFA's planning committee is the Public Safety Coordinating Council (PSCC) of Okeechobee County. It was established in 2014 by the Okeechobee County Board of County Commissioners (BOCC). The main objectives of the PSCC are to assess the population status of all detention or jails owned by the county, formulate recommendations to ensure that the capacities of such facilities are not exceeded, assess the availability of pre-trial intervention or probation programs, and develop a comprehensive local public safety plan. The PSCC is comprised of the following council members (please refer to Appendix K for a list of council members):

1. Council's Chairperson (i.e., the Chairman of the Board of Commissioners)
2. Circuit Court Judge.
3. County Court Judge.
4. Sheriff of Okeechobee County.
5. Public Defender or designee.
6. State Attorney or designee.
7. St. Lucie County pre-trial representative.
8. C.O.R.E. Director.
9. County Administrator.
10. Chief Probation Officer.
11. Okeechobee County Deputy Clerk.
12. Court Administrator Director.
13. Drug Court Manager.
14. Mental Health Court Manager.
15. St. Lucie County Criminal Justice Coordinator.
16. Department of Juvenile Justice Chief Probation Officer.
17. New Horizons of Treasure Coast Director.
18. Legacy Behavioral Health Therapist.
19. Legacy Behavioral Health Case Manager.
20. ADAP Substance use provider representative.
21. Drug Abuse Treatment Association representative.
22. Southeast Florida Behavioral Health Network CEO.
23. Southeast Florida Behavioral Health Network Program Innovation Manager.
24. Narcotics anonymous concerned citizen and advocate.
25. Okeechobee County Schools representative
26. Juvenile Detention Facility representative
27. Juvenile Drug Court Manager

The PSCC members have the most knowledge when determining the needs and subsequent solutions for their community and understand that many incarcerated individuals have mental health and substance use disorders, which when left untreated, impact the incarceration and recidivism rates. By establishing Drug Court in 2015, the PSCC took the lead in addressing unmet behavioral health needs of high-risk adults in Okeechobee County. Once the Mental Health Court for adults was

established in 2017, the PSCC has again been instrumental in creating and encouraging collaboration among stakeholders who have been involved in the implementation of the program's initiatives. Another key activity performed by PSCC is to address and evaluate capacity, progress and strategies utilized by Law Enforcement, as well as those of other key stakeholders, such as the network of community-based service providers. The Council meets quarterly with a total of 15 meetings conducted from December 5, 2017 through January 5, 2021. The Council's next meeting has been scheduled for April 6, 2021. During these quarterly meetings, the PSCC members cover an array of topics including a review of the PSCC objectives, the jail assessment plan, and reports from other stakeholders, such as community-based treatment providers.

Additionally, the Okeechobee Mental Health Court Core Team was established through the Reinvestment Grant initiative awarded to SEFBHN in 2017 to monitor the progress of individuals served and the initiatives in Mental Health court. The Core Team is comprised of the Circuit Judge, Public Defender's and State Attorneys assigned to Mental Health Court, Therapist, Case Managers, and Recovery Support Peers. To date, the Core Team meets bi-weekly to discuss strengths and challenges relating to program design and implementation, as well as those associated with specific individuals served in the Okeechobee Mental Health Court program. The next Core Team meeting is scheduled for March 17, 2021.

Another way of demonstrating the communication and collaboration amongst key stakeholders and agencies involved in Juvenile Drug Court initiatives, is through Juvenile Care Coordination Team meetings which occur prior to court hearings on a monthly basis. The Juvenile Care Coordination team is comprised of the County Judge, DJJ representative, State Attorney's office, Public Defender's office, and Children's Home Society. The approval of this Reinvestment Grant application will allow SEFBHN to strengthen the initiatives at Juvenile Drug Court by ensuring the active participation of the Project Director and behavioral health network providers as members of the Juvenile Care Coordination Team. The Project Director will ensure that the team will address strengths and challenges relating to Juvenile Drug Court program design and implementation, as well as those associated with specific youth served through the Juvenile Drug Court initiative.

The main goal of the CJMHSR Reinvestment grant is to increase public safety, avert increased spending on the Criminal Justice system, and to improve the accessibility and effectiveness of community-based behavioral health treatment services for adults and juveniles with a mental health disorder, substance use disorder or co-occurring disorders who are engaged with or at risk of engaging in the criminal and juvenile justice systems. To accomplish this goal in Okeechobee County, SEFBHN is committed to continue working in partnership with the Public Safety Coordinating Council, the Okeechobee County criminal justice system, the Sheriff's Office and community stakeholders to strengthen the current Drug Court and Mental Health Court programs currently serving the high-risk adult population, and to expand those same initiatives to the high-risk juvenile population through Juvenile Drug Court within three months of execution of the final Grant Agreement. The Strategic Plan, found in Appendix A of this grant application, will offer detailed description of goals, objectives,

strategies, milestones, and key activities of the proposed project. The following program objectives will be the focus of this Reinvestment grant initiative:

**Objective #1** – Expand Okeechobee Specialty Courts’ (OSC) diversion initiatives for the target population (i.e. adults and juveniles with mental illness, substance use disorders or co-occurring conditions who at-risk of engaging or engaged in the criminal justice or juvenile justice systems). The OSC initiatives will aim to increase public safety, avert increased spending on criminal and juvenile justice and improve accessibility and effectiveness of treatment services for the target population in OSC. The program will:

- a. Form partnerships as evidenced by formal contract or Memoranda of Understanding (MOU) with community based behavioral health providers who focus on services to at-risk youth.
- b. Implement data collection system, administered by CARISK Behavioral Health in accordance with measurement and data standards outlined in Department of Children and Families (DCF) pamphlet 155-2, to capture demographic and service-related data for each of the individuals served by the program. The system will track all performance measures and non-performance measures data including mental health and substance use services received, arrests, receipts of benefits, stable housing, and employment.
- c. Approach the Okeechobee Board of County Commissioners with a request to consider a revision to the county residence ordinance which currently limits the number of non-family members that can reside together in one household to three adults, allowing recovery residence providers to be established in the County to provide housing alternative for at risk adults.
- d. Establish a community-based network provider specializing in substance use treatment services for youth within the community of Okeechobee County.
- e. Implement diversion of juveniles by connecting them with community-based services through assessment and linkage at different intercept points, such as referrals from the school system, civil citations, and drug offense arrests.
- f. Implement Recovery Peer Support for at-risk youth which will utilize the Wellness Recovery Action Plan (WRAP), an evidence-based practice along with Whole Health Action Management (WHAM), an integrated approach developed by the SAMHSA-HRSA Center for Integrated Health Solutions.
- g. Implement expansion of mental health services to economically disadvantaged youth experiencing mental health conditions who lack healthcare coverage.
- h. Reduce access time to mental health and/or substance use treatment services by providing immediate access (within 24 hours) to assessments within network providers.
- i. Explore opportunities to create and sustain telehealth options (that began during COVID-19) for clinical and peer services, when

appropriate for the individual.

- j. Explore existing partnerships and stakeholder relationships and identify where education and support for evidence-based practices and coordination of care can be strengthened.
- k. Implement a Lunch and Learn training series within Circuit 19 to train Circuit and County Judges, Public Defender's office staff, State Attorney's office staff and Court Administration on the importance of diverting individuals from the criminal and juvenile justice systems and State Mental Health Treatment Facilities and strategies to promote diversion initiatives.

**Objective #2** – Create and encourage collaboration among key stakeholders, such as the Public Safety Coordinating Council, in implementing the Strategic Plan, as well as providing ongoing oversight and quality improvement activities. The program will:

- a. Coordinate quarterly meetings with all members of the Public Safety Coordinating Council to assess progress toward goals and review attainment of performance measures and completion of timelines associated with the CJMHSA grant program and make necessary adjustments to implementation as needed.
- b. Develop and support sub-committee meetings with key stakeholders, such as the Okeechobee Mental Health Court Core Team and Juvenile Care Coordination Team, that will meet bi-weekly or monthly to share data, provide oversight of activities and continuous quality improvement, and address specific challenges of individuals served.
- c. Utilize expertise of the CJMHSA Technical Assistance Center at the University of South Florida to assess initiatives' progress, challenges and make necessary adjustments to implementation activities according to their recommendations, in collaboration with the Department of Children and Families (DCF).

**Objective #3** – Implement Adolescent Community Reinforcement Approach (A-CRA) evidenced-based practice in substance use treatment of high-risk juveniles as a Juvenile Drug Court intervention. The A-CRA model seeks to replace environmental contingencies that have supported substance use with prosocial activities and behaviors that support recovery. The model utilizes procedures applicable to both individual and family sessions (please refer to Appendix B for more detailed information about this evidence-based practice).

- a. Hire a therapist trained in A-CRA model who will implement the model's goals and procedures.
- b. Implement supervision of staff to ensure the evidence-based practice is being practiced to fidelity.

Okeechobee Specialty Courts comprising Adult Drug Court, Adult Mental Health Court, and Juvenile Drug Court serve to connect adults and youth to screening, assessment, and appropriate treatment services and support.

In 2016, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) partnered with a research team, experts in the field, and other federal agencies to

develop Juvenile Drug Treatment Court Guidelines based on research and evidence that support judges and professional court staff, young people with substance use disorders or co-occurring conditions, and their families. The research team conducted a systematic review of literature from the juvenile justice, child welfare, public health, and education research fields. SEFBHN has made efforts to incorporate such guidelines into the Strategic Plan surrounding the implementation of Juvenile Drug Court initiative in Okeechobee County, mainly to conduct comprehensive needs assessment, refer at-risk youth to evidence-based substance use treatment and to track youth completion and termination from the program. Juvenile drug treatment courts are designed for youth with substance use disorders or co-occurring conditions who encounter the juvenile justice system. These courts offer an important way to respond to the needs of substance using youth and treat their complex disorders, which require specialized interventions. In May 2020, the SAMHSA GAINS Center published an article titled, “Juvenile Drug Courts Help Youth Dealing with Trauma,” in which it stated that Juvenile Drug Courts’ main goal is to divert young people from incarceration by creating a regimen that typically includes assessment, linkage to treatment, court supervision, drug testing, and family or community linkages. Though Juvenile Drug Court initiatives evolved out of those established for adults, there are some key differences. In addition to substance use treatment, they typically consider family involvement, coordination with school systems, and community partnerships. More specifically, juvenile court initiatives address issues by also involving families and schools in treatment. After successfully completing the program, and when it is determined that the individual served has developed skills to manage their substance use disorder, the charges are dismissed.

Juvenile Drug Court initiatives also serve youth who are involved in the juvenile justice system under a special condition of probation or community control. By keeping offenders with substance use and co-occurring conditions out of jail and in treatment, there is evidence that Drug Court programs reduce criminal behavior related to substance use while saving money. Connecting with at-risk youth prior to deeper involvement in the juvenile justice system may positively impact their quality of life and reduce their risk of recidivism. In 2011, there were roughly 460 juvenile drug courts in the United States and statistics suggest that they are responding to a significant need in their communities.

The Mental Health Court Model allows for referrals of individuals to be made at any intercept point in the Criminal Justice System including pre-arrest, booking and first appearance, incarceration, re-entry from jails, prisons, hospitals, and community corrections and community support. At the time an individual agrees to participate in Mental Health Court, they are placed on probation. As part of their probation, they are referred for an assessment to determine the appropriate types of treatment and community resources needed. The Mental Health Court Case Manager makes the necessary referrals and follow up on the individuals’ progress. Once the adults served through Mental Health Court have established important connections and are responding to provided treatments and interventions, they are monitored until they reach their main goal of being successfully discharged from the program. After they are successfully discharged, the Mental Health Court Case Manager will follow up with the individuals up to a year post-discharge to monitor their progress.

There are two steps to the OSC assessment process: 1. Pre-screen and 2. Forensic Assessment. The Pre-screen is completed at the beginning of the referral process, prior to entry, to determine if the individual is experiencing a serious and persistent mental illness and/or substance use disorder and meet the qualifications to participate in an OSC. This can be completed either at the jail, if the individual is incarcerated; or, in the community if the person is not incarcerated, on bond or conditional release, or at a school setting. The Forensic Assessment is completed upon entry into OSC as a tool to identify needs. The OSC case managers assess everyone's needs and make recommendations to the Court, based on this individual assessment. Timely access to an OSC Case Manager is essential to accelerate at-risk individuals' re-entry to the community and ensure their success in the community.

The OSC program initiatives will continue to work collaboratively with Okeechobee County Sheriff's Office and other local law enforcement agencies to assure rapid screening, identification, and ease of handoff for all identified cases being referred to either Drug Court, Mental Health Court, or Juvenile Drug Court.

As the Managing Entity, SEFBHN possesses unique agency oversight capabilities over a large network of local behavioral health providers, ensuring a comprehensive and consistent continuum of care that implements evidence-based practices for all individuals served. From a review of the performance outcome measures from the current Reinvestment Grant initiatives we can conclude that the coordination and collaboration achieved thus far in Okeechobee County with key community-based stakeholders places SEFBHN in the position to best continue meeting the diversionary goals of this CJMHSR Reinvestment Grant. The community-based stakeholders involved in this initiative have demonstrated a high level of expertise in an array of services, from behavioral and physical health services, case management, recovery peer support, housing, employment, benefits, and education. The emphasis placed on facilitating effective transitions and warm hand-offs between the criminal and juvenile justice systems and our provider network has positively impacted not only recidivism rates in Okeechobee County, but also the lives of the individuals served thus far with the support of the Reinvestment Grant initiative. Through the implementation of OSC diversionary program initiatives, SEFBHN has implemented a Coordination of Care plan that has improved transitions from jail and juvenile detention to less restrictive community-based levels of care through education, training, and key activities performed to increase sustainability of individuals served beyond successful discharge from the program. By continuing to support and encourage Coordination of Care efforts, SEFBHN, in collaboration with all key stakeholders, will increase diversions and decrease avoidable hospitalizations, inpatient care, incarceration, and homelessness. We will increase the focus on Coordination of Care activities that support community integration, whole health and wellness and empower individuals served to engage in self-direction.

In our commitment and effort to continue improving outcomes for the at-risk adults and youth served through Okeechobee County Specialty Court initiatives, SEFBHN requested technical assistance on the topic of best practices in problem-solving courts and review of the Sequential Intercept Model. The CJMHSR Technical Assistance Center (TAC) at the University of South Florida completed a review of best

practices utilized in the specialty court initiatives across the State of Florida for the purpose of addressing the high rates of substance use and co-occurring disorders among the target populations identified in this application. This review focused on the Sequential Intercept Model 0 through 2. This technical assistance event assisted SEFBHN in ensuring the implementation and expansion initiatives for Okeechobee Specialty Courts in this application reflected best practices. The recommendations on June 11, 2020 and July 14, 2020 made by Dr. Kathleen Moore, Abby Shockley, and Katelind Halldorsson, representatives of the CJMHS A TAC, have been carefully reviewed by SEFBHN and have been incorporated in the proposed program design and implementation of this Reinvestment Grant application. Moreover, the program proposes to use the Sequential Intercepts Model, which identifies the intercept points to reduce the criminalization of adults and youth with mental health disorders, substance use disorders or co-occurring disorders and engaging in or at-risk of engaging in the Criminal Justice system. It is important to note that Okeechobee County was awarded the GAINS Center Sequential Intercept Model (SIM) solicitation and the center will be conducting an adult SIM for Okeechobee County in 2021.

The various intercept points for the identified target population who will be served by the Okeechobee Specialty Court initiatives proposed in this RFA grant application are as follows:

**Intercept 0 – Community Services:** At this intercept point, at risk individuals are connected to community-based interventions and services before they encounter the criminal and juvenile justice systems; training and education efforts are implemented to support law enforcement in responding to public safety emergencies and mental health crisis and increase their knowledge of community-based prevention services; and diversion to treatment is implemented prior to an arrest. Community based services and prevention resources that may be utilized in this intercept point are as follows:

- 211 operated by United Way of Martin County
- Mobile Crisis Team and FACT Team operated by Psychotherapeutic Services of Florida
- School-based Prevention Programs.
- Drop-In Centers operated by Mental Health Association in Indian River County
- National Alliance on Mental Illness (NAMI) Florida & NAMI Martin County Peer Support Groups
- Substance Use Disorder Alumni Groups

**Intercept 1 – Law Enforcement:** At this intercept point, services begin when law enforcement responds to a person with mental or substance use disorders and ends when the individual served is arrested or diverted into community-based treatment services. Interventions at this intercept point may be supported by trainings, that help Law Enforcement and behavioral health providers work together. Interventions in this intercept point may be provided as follows:

- Train 911 dispatchers in Crisis Intervention Team (CIT) training.
- Increase Law Enforcement knowledge to properly utilize Baker Acts and Marchman Acts before charging a suspect with a crime.

- Train staff in de-escalation techniques.
- Increase use of Mobile Crisis teams.

**Intercept 2 – Initial Detention/Initial Court Hearings:** At this intercept point, at-risk individuals have been arrested and are going through intake, booking, and an initial hearing with a judge or magistrate. Interventions that enable rapid identification and referral of at-risk individuals to the Okeechobee Specialty Courts for diversion to community-based treatment and services may occur at several junctures of post booking beginning with arrest and first appearance, and continuing throughout the criminal justice system process as follows:

- Sheriff Deputy making the arrest may note on the arrest affidavit that the suspect appears to have a mental illness, substance use disorder or a co-occurring condition. For a youth offender, the Deputy may issue a civil citation and refer for assessment.
- Booking officer utilizes the brief mental health and substance use assessment to identify at-risk individuals who can be referred to OSC.
- Medical staff in the jail evaluates offenders within 24 hours of booking and may identify an individual as “at-risk” through direct observation of behavior or symptoms, self-disclosure and/or past treatment history.
- First appearance staff from the Public Defender’s office may identify an at-risk individual through direct observation of behavior or symptoms, self-disclosure and/or past treatment history.
- Mental health and Substance use professionals (including those receiving a daily list of new arrivals) with knowledge of an at-risk individual’s arrest may refer the case to OSC.
- Family member of an at-risk individual may make a referral to OSC.
- Defense Attorney of an at-risk individual may make a referral to OSC.

**Intercept 3 – Jail/Court:** At this intercept point, OSC court-based diversion programs will allow an at-risk individual with mental health or substance use disorders to resolve their criminal charges while caring for their behavioral health needs in the community. Services and interventions at this intercept point prevent the worsening of an at-risk individual’s mental or substance use symptoms during incarceration as follows:

- Placing an at-risk individual’s charges “on hold” and then dismissed upon completion of the program.
- Placing individuals served through OSC under an “Order Allowing Defendant to Be Released with Conditions” which includes a minimum six-month period of participation in OSC.
- Partnering with community-based providers to increase the number of services that individuals served can access.
- Providing OSC participants praise when demonstrating progress and sanctions when appropriate. Sanctions may include verbal

reprimand, community service hours, more frequent court appearances and, ultimately, incarceration.

- Graduating individuals served successfully when they have gained insight into their illness, established a stable and supportive home environment, and maintained sobriety. Graduation includes a certificate of completion and recognition during a courtroom ceremony that may include family and friends. Upon successful graduation from the program, the individual served may also be eligible for dismissal of charges.

**Intercept 4 – Re-entry:** At this intercept point, providing transition planning and support to individuals with mental and substance use disorders who are returning to the community after being incarcerated in jail is a priority. Assisting individuals served to formulate a workable plan to ensure their access to treatment, medication, housing, health care coverage, and services in the community are a priority to ensure success and reduce recidivism rate from the moment of release from jail and throughout reentry into the community.

- Assist at-risk individuals served to establish connection with mental health or substance use services through case management services.
- Assess barriers to behavioral health services and re-establish interrupted services, including level of family involvement.
- Encourage collaboration of Law Enforcement to address their current process at intercept points and adjustment of strategies to be utilized for the continued success of the diversion initiatives.
- Formulate recovery plans through the implementation of WRAP or WHAM plans.
- Coordination and collaboration with public school system to ensure youth re-integration into schools.

**Intercept 5 – Community Corrections/Community Supports:** At this intercept point, individuals with mental or substance use disorders may be placed under community corrections' supervision. Some key factors that may be addressed at this intercept point may be strengthening the ability and knowledge of corrections officers to: serve at-risk individuals with mental or substance use disorders, to identify their risks and needs, and to link to community-based behavioral health treatment or social service programs by maintaining partnerships.

- Educate correction officers to access services provided by Mobile Crisis Team to assist in avoiding at-risk individuals' decompensation of symptoms which may lead to re-arrest.
- Encourage partnerships between correction officers, juvenile probation officers, public school system, families, and community-based treatment services and interventions that may support long term recovery of individuals as they re-enter the community. Such partnerships may include Recovery Support and Medication Assisted Treatment.

- Encourage continued connections between OSC staff and individuals served beyond the time of graduation from the program to address challenges prior to re-engagement with criminal justice system.
- Increase knowledge and utilization of Mobile Crisis Team in Okeechobee County.
- Increase family involvement with Juvenile Drug Court initiatives.

In partnership with the Okeechobee Specialty Courts (OSC), Okeechobee County Sheriff's Office, Public Safety Coordinating Council, Legacy Behavioral Health, New Horizons of the Treasure Coast, Mental Health Association of Indian River County, and Substance use providers, such as ADAP and Drug Abuse Treatment Association, SEFBHN will implement a plan for coordination of care to improve transitions from jail to less restrictive community-based levels of care. The Project Director, employed by SEFBHN, along with key stakeholders, actively participating in the OSC program initiatives in Okeechobee County will aim to divert the identified target population while decreasing State Mental Health hospitalizations, inpatient care, homelessness, and recidivism rates. Coordination of Care as it relates to transitions for youth from the juvenile justice system will also involve collaboration between all systems, key stakeholders, and network providers, which will be strengthened by their active participation in the Juvenile Care Coordination Team. As indicated in the goals and objectives of the Strategic Plan, care coordination activities are an important element in supporting community integration, increasing overall health and wellness of individuals served, and empower them to practice effective problem-solving and self-direction. Care Coordination begins when individual served is admitted into a Specialty Court program which effectively assesses, tracks, engages, and links offenders with the appropriate behavioral health services. As part of the Care Coordination plan, SEFBHN guarantees that all OSC at-risk individuals served will have access to timely assessments and intervention services. The integrated web-based system used by SEFBHN is a secure and password protected system which will facilitate monitoring and collecting individuals' served performance measures data.

To achieve the primary goal identified in this Reinvestment Grant application (please refer to the Strategic Plan in Appendix A), SEFBHN's Project Director, along with every other key stakeholder taking an active part in the OSC program initiatives, must exercise specific service strategies aimed to implement the objectives and tasks identified in the Strategic Plan.

The Project Director will collaborate with the contracted provider network to ensure that all MOU agreements between providers are signed, designated, and properly trained staff are in place to provide the identified needed services. The program oversight will also include such key activities as: collaborating and/or facilitating the administration of specific trainings, monitor the providers' provision of evidence-based interventions to fidelity, collaborate with Carisk Behavioral Health (Carisk) to collect performance measures data and prepare quarterly progress status reports to be shared with DCF, coordinate committee meetings in collaboration with PSCC and specific OSC core teams, assist key stakeholders and provider network to identify and resolve challenges (i.e. vacant positions), collaborate with USF for

technical assistance needs, monitor performance outcome data on an on-going basis, provide technical assistance support and administrative supervision to staff hired by OSC program initiative and network providers to assist in removing barriers to treatment, assist with navigation across systems, and, participate in the development of a Responsive Action Plan with the purpose of enhancing the community's efforts in preventing and reducing recidivism rate in Okeechobee County. The Project Director will ensure that all network provider agencies involved in the OSC initiative have identified process by which they will fill vacant positions in the agency's Policy and Procedures. The Director of Program Innovation at SEFBHN will provide the Project Director weekly supervision, guidance, and support as needed.

The OSC program initiatives have been expanded to include the hiring of a Mental Health Court Case Manager and a Court Program Specialist for Adult and Juvenile Drug Court. These individuals working directly in the Okeechobee County court system conduct pre-screening that allows them to make determinations about the individual's served needs and, make treatment recommendations to the OSC. The assessment utilized in adult drug court during the pre-screening process is the Ohio Risk Assessment System (ORAS). Implementing evidence-based practices begins with utilizing a valid risk and need assessment tool. In 2006, the Ohio Department of Rehabilitation and Correction (DRC) contracted with the University of Cincinnati, Center for Criminal Justice Research, to develop a universal Ohio-based assessment system that would be utilized at various points in the criminal justice system. This project was recently completed and is called the Ohio Risk Assessment System (ORAS). The ORAS tools can be used at pretrial, prior to or while on community supervision, at prison intake, and in preparation for reentry just prior to release from prison. The implementation of ORAS in the Drug Court adult program helps to gather information regarding potential barriers to treatment, to provide useful and thorough information to aid in informed decision making, to generate case plans that identify and prioritize individual offender needs and specific treatment domains, and to predict the likelihood of re-arrest and recidivism at different points in the criminal justice system. The Mental Health Court team is currently exploring other evidence-based assessments to serve the needs of the individuals served in Mental Health Court program. Both, the Mental Health Court Case Manager and the Drug Court Program Specialist directly collaborate with the community-based network providers to coordinate initial appointments with the individuals' served and, help to address and problem solve any barriers to treatment. They conduct follow up with to ensure individuals served were properly linked to community-based network of providers for needed services. The Mental Health Case Manager and the Drug Court Program Specialist meet with the individuals served regularly to conduct on-going assessment of their functioning and well-being, answer questions, address concerns, and exercise needed linkage and coordination of other needed community resources, such as, transportation, housing, employment, and education, to name a few. The Mental Health Case Manager and the Drug Court Program Specialist act as liaison for the individuals served, their families and other related community stakeholders involved in the transition process. Other related service strategies utilized by the Mental Health Case Manager and the Drug Court Program Specialist in supporting the OSC initiatives with individuals served include: providing information and support; assisting

consumers in completing various forms and obtaining documents for transition, training, education and employment; conducting a variety of risk and needs assessments; providing treatment recommendations; coordinating care to increase access to behavioral health treatment and support services; participating in collaborative and planning meetings; documenting their interventions and support of individuals served by maintaining written notes of their sessions and noting on-going progress.

During the Okeechobee Specialty Court programs comprised of Mental Health Court for adults, Drug Court for adults and Juvenile Drug Court, probation officers work very closely with case managers, therapist, and peers to make sure that the individuals served are receiving a comprehensive approach to services while following the orders of the court. Probation Officers follow the lead of the Therapist and their recommendations, if no new offenses are committed, allowing for needed treatment and services to be the main focus.

Okeechobee County has been innovative in implementing new initiatives learned through the Stepping Up Initiatives and University of South Florida trainings a to divert the target population at different intercept points by using assessments such as the Brief Mental Health Assessment and Brief Substance Use screenings now being used by the jail upon booking. Judges and Public Defenders are being vigilant and diverting at-risk adults at first appearance to the Mental Health Court Case Manager and Drug Court Program Specialist for assessments. Okeechobee trained over 45 officers during the last grant period in Crisis Intervention Team (CIT) trainings to increase effective responses to at-risk individuals with mental illness, substance use disorders and co-occurring conditions. Further efforts will be forth coming to train civilian staff and further extend the knowledge learned from CIT to more branches of the system, such as 911 dispatchers.

The licensed therapist hired by Legacy Behavioral Health Center conducts Behavioral Health assessments for at-risk adults experiencing mental health disorders and provides direct clinical evidence-based interventions for individuals served through Mental Health Court. The evidence-based and best practices utilized by the licensed therapist consist of Eye Movement Desensitization and Reprocessing (EMDR), Cognitive Behavioral Therapy (CBT) and Motivational Interviewing (MI) (please refer to Appendix B for a full list and description of evidence-based practices). The licensed therapist completes biopsychosocial evaluations to identify individuals' strengths, abilities, needs and preferences for treatment, as well as determining treatment goals, objectives, and specific strategies. The licensed therapist maintains clinical documentation for assigned individuals as required by the agency's policy and procedures and contract requirements for assigned individuals served. Juveniles with mental health disorders will be assessed by the licensed therapist and referred to Legacy Behavioral Health Center for treatment, which may include a Psychiatric evaluation and/or medication management. The licensed therapist receives guidance and support through monthly supervision with Licensed Supervisor at Legacy Behavioral Health Center. The licensed therapist will include families' strengths and needs in the treatment planning process and will collaborate with the Targeted Case Manager so that the youth and family are linked to services needed for the continuity of care of the youth being served.

Juveniles presenting with substance use disorders or co-occurring conditions served through Juvenile Drug Court initiatives will be referred to a community-based substance use disorder provider for substance use assessment and treatment. Likewise, juveniles who present with mental health illness will be referred to the Licensed therapist at Legacy Behavioral Health Center for the purpose of assessment and diversion from the Juvenile Justice system to needed behavioral health interventions and supports.

The substance use provider, Drug Abuse Treatment Association (DATA), will be established in Okeechobee County and will hire a therapist with the main purpose of providing integrated evidence-based treatment to youth and families with substance use and co-occurring disorders, and behavioral health problems and coordinating community linkages. The master's level therapist will provide assessment, linkage, and treatment to at-risk youth in Juvenile Drug Court, Juvenile Detention Center, and the school system. The key service strategies that will be implemented by this master's level therapist include: meeting program and contract outcomes as defined in the agencies annual organization plan and this Reinvestment grant's Strategic Plan; provide individual, family and/or group counseling utilizing evidence-based interventions, such as Adolescent Community Response Approach (A-CRA), CBT and MI juveniles served through the juvenile program initiative; maintain documentation in accordance with agency, DCF (licensure) and CARF (accreditation) guidelines; conduct a comprehensive and integrated strength-based assessment of the client's supports and needs related to co-occurring conditions that evaluates stages of change and ASAM level of care; collaboratively develop a strengths-based, individualized intervention plan utilizing input obtained from the assessment, individual served, caregiver(s) and others involved in the juveniles' care (i.e., Juvenile Probation Officer, Dependency Case Manager, etc.); utilize trauma-informed care strategies when addressing issues related to trauma, such as Trauma-Focused Cognitive Behavioral therapy; prepare the client and caregiver(s) for discharge from the onset of treatment, including ongoing work toward the development of the discharge/recovery plan; actively participate in all quality improvement and supervision activities. The master's level therapist will participate in individual and group clinical supervision, treatment team, staff trainings and meetings for the purpose of reviewing individuals' treatment effectiveness, determining accuracy of assessment and referrals skills, addressing issues of ethics, legal aspects of clinical practice, including assessing professional standards and boundaries, and monitoring clinical documentation. The Director of Treatment at DATA supervises all clinical services to ensure that evidence-based practices are being provided to fidelity. The date, duration, and content of supervisory sessions shall be clearly documented in the supervision log (65D-30.0046(2)). The Director of Treatment will meet formally with the master's level therapist at least once per month for a minimum of one hour to offer individualized clinical supervision. Clinical supervision, however, occurs much more frequently on an informal basis. This is necessary to continually assess the appropriateness of the treatment relative to the specific needs of the person served.

The Peer Support Specialist and Targeted Case Manager assist individuals to successfully transition back into the community following crisis or incarceration through implementation of several service strategies that coordinate care for individuals served

to increase their self-sufficiency beyond graduation from the OSC programs. They engage the individuals served while still incarcerated or they travel out in the community with Mental Health Court, initiating contacts and establishing rapport. They both participate in discharge planning and assist the individuals served to link with community-based services and support. They will continue to actively provide support as the at-risk adults' transition back into the community. They are both trained in SOAR (SSI/SSDI Outreach, Access, Recovery) to engage with the OSC participant at Intercept step 2. They meet with the OSC individuals served for an initial consultation to determine if they meet the criteria to obtain SSI/SSDI benefits. If the individual meets the criteria, they immediately complete all SSA required forms and make the necessary requests for medical evidence. They finalize and submit the application online and copy, mail, drop off or fax all documents to SSA. They then begin the follow up with a DDS representative throughout this process. As individuals served complete the program and transition into the community, the Peer Support Specialist creates a connection with the individual served that enhances sustainability.

Similarly, at-risk juveniles with substance use disorders, will receive the service strategies described above from a Targeted Case Manager and a Youth Peer Support Specialist who will be hired by Drug Abuse Treatment Association to engage, support, and provide coordination of care to youth served through the Juvenile Drug Court expansion initiative proposed in this Reinvestment Grant application. Both Targeted Case Managers and Peer Support Specialists receive continuous guidance and support by meeting with their respective agency's Supervisor to discuss the progress and challenges faced by individuals they are serving and what strategies, resources, and supports are available.

Targeted Case Managers (TCM) work with adults and youth with a severe and persistent mental illness, or youth with serious emotional disturbance or substance use disorders to promote family and community involvement and demonstrate advocacy through linkage to resources. They prioritize the individual's caseload requirements while continuously assessing individuals' needs such as housing, clothing, medication, transportation, education, advocacy, employment, etc. The targeted case manager spends many hours with each adult and youth individual served supporting their needs, building personal strengths, and promoting change through provision of MI interventions. They may assist individuals served to increase their level of resiliency and sustainability by completing a SOAR application, finding stable housing and employment, advocating for at-risk youth during IEP school meetings, scheduling doctors' appointments, among other activities. The TCM is a client advocate who coordinates services to assist the individual served to remain in the community. The current TCM has been very successful at diverting individuals from state hospitalizations. The TCM working with juveniles and families who are residing in unstable housing will take the lead in assisting families to obtain stable housing by working with family members to assess their strengths and capabilities relating to increasing income through employment opportunities, eligibility to SSA benefits, and other social network supports that can enhance housing stability.

Peer Support Specialists or Youth Peer Specialists provide recovery support services, designed to improve access to and retention in services delivered by people with lived in experience in recovery from mental illness and/or substance use, as well

as homelessness. The Peer Support Specialists will use evidence-based practices such as Well, Recovery, Action Plan (WRAP) and/or Whole Health Action Management (WHAM). The Recovery Peer Specialist functions as a role model to individuals served by exhibiting competency in personal recovery and practicing effective coping skills. They serve as a consumer advocate, providing consumer information and peer support for individuals served in outpatient and inpatient settings. The Recovery Peer Specialist performs a wide range of tasks to assist individuals served to regain independence and resiliency within the community, as well as mastery of their own recovery process. They motivate individuals served to engage in needed services, such as Mediation Assisted treatment, AA/NA support groups. They also teach individuals served to utilize harm reduction strategies to increase level of safety. On both a one-to-one basis and in group sessions, they will assist at-risk adults and youth to identify and create goals, and develop recovery plans utilizing the relevant skills, strengths, supports and resources necessary to achieve long term sobriety. They work in collaboration with case management and clinical treatment team to assist individuals served to determine treatment and discharge planning goals that will support their self-directed recovery. Peer Specialists share common challenges in daily living with individuals served and methods they have effectively used to manage and overcome such challenges. As much as possible, the Peer Specialist will share their own recovery story and demonstrate how they have directed their own recovery.

For individuals served who are eligible for Medication-Assisted Treatment (MAT), New Horizons of the Treasure Coast (NHTC) will offer both Vivitrol through the FADAA/OSCA Vivitrol Project and a Suboxone protocol. New Horizons of the Treasure Coast may also provide detox services and residential care as needed. Individuals served through the OSC initiatives who may be receiving medication assisted treatment through NHTC, may also receive other treatment interventions, such as therapy, case management and peer support as identified in their treatment planning goals and objectives.

The successful accomplishment of the mission of this grant initiative faces a variety of systemic obstacles to improving the quality of life of at-risk individuals with mental illness, substance use disorder or co-occurring conditions and increasing public safety. The most immediate logistical obstacles to holding individuals accountable for their actions while increasing their access to effective, evidence-based treatment interventions and community supports in Okeechobee County are identified as follows: lack of public transportation, lack of income and health insurance to cover costs of needed treatment services, no established substance use treatment provider for youth and families, no access to treatment services at extended hours (such as evening or weekends), limited agency capacity and long wait times for appointments, and lack of safe and stable recovery housing. SEFBHN, along with the PSCC and other key stakeholders in the community of Okeechobee County, seek to collaborate to overcome these obstacles with practical and effective short- and long-term solutions at every level (system, provider and individual) to positively impact all individuals served and the community. The collaboration with local law enforcement agencies has allowed for earlier and more direct engagement with individuals with mental illness and individuals with substance use disorder, and directed them into the most suitable, least restrictive community-based level of treatment. The lack of safe, affordable, local

housing is a continuous barrier for at-risk adults with mental illness and substance use disorders. Through this grant initiative, SEFBHN will be looking to expand residential capacity limitations by working with the county to change ordinances that prevent recovery houses operate in Okeechobee County. SEFBHN will be partnering with the Florida Association of Recovery Residences (FARR) to expand treatment options for consumers that need safe, sober housing while attending needed treatment. Recovery residences or “sober living homes” are intended to be supportive transitional environments for individuals preparing to face the world during recovery from alcohol and drug addiction. These residences rely upon peer group recovery to help individuals gain strength and coping skills in a safe environment. The topic of recovery residences has been in the forefront in Florida for the past several years. In 2015, the Florida Legislature passed a law requiring recovery residences and their administrators to be certified. This credential recognizes professionals who manage residences that offer recovery-oriented support to help individuals with substance use disorders achieve a life in recovery. A Certified Recovery Residence Administrator is the person responsible for the overall management of a recovery residence, plus supervision of residents and paid or volunteer staff. FARR Certification is a consultative process. It begins with a thorough review of the NARR Standard by the prospective applicant. In addition to providing a stable living arrangement, the program includes, counseling, social support, responsibility and accountability, structure, and recovery integration.

In this section, SEFBHN has described the composition of the Public Safety Coordinating Council (PSCC), and the level of participation, collaboration, and communication of its members. Moreover, the process by which potential individuals served may be identified, assessed, and referred to behavioral health treatment, support services and community resources (i.e., employment, housing, benefits) to increase self-sufficiency and individual sustainability, was detailed above. More importantly, a current Strategic Plan identifying goals and objectives for the purpose of expansion and implementation of the diversion initiatives of the project proposed, is included and fully described in Appendix A.

### **Performance Measures**

SEFBHN recognizes that accurate data collection is essential to assessing the efficacy of the program funded by this grant. We are well positioned to gather the required data due to the infrastructure provided by our existing electronic data collection system. SEFBHN has an established electronic data collection system that is currently used by all our contracted network providers. The system is maintained through a contractual relationship with Carisk Behavioral Health (Carisk) and has been designed to capture data required for SAMHSA Block Grant funding. SEFBHN has incorporated the National Outcome Measures from Substance Abuse and Mental Health Block Grants into all our provider contracts, as well as the Performance Measures attached to our General Revenue funding (GAA). Performance outcomes are established in each provider contract. Reporting is completed monthly and the monitoring of performance outcomes measures is reviewed through reports. SEFBHN takes a very proactive approach to the Continuous Quality Improvement process, Quality Assurance process, and data and contract monitoring. The Project Director will be monitoring the data input by providers and collecting data to present to DCF on a quarterly program’s progress

report. As shown in the progress data summary described in the Statement of Problem section of this Reinvestment Grant application, the OSC initiatives currently in place in Okeechobee County funded by the previous RFA grant award, have successfully met all performance measures to date.

The following performance measures and targets relating to adults served through Mental Health Court will be monitored for the CJMHSA Reinvestment grant:

- 40% or less of arrests or re-arrests among program participants while enrolled in the program.
- 30% or less of arrests or re-arrests among program participants within one year following program discharge.
- 67% 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.
- 80% of program participants not residing in a stable housing environment at program admission who reside in a stable housing environment one year following program discharge.
- 10% of program participants not employed at program admission who are employed full or part time within 180 days of program admission.
- 24% of program participants employed full or part time one year following program discharge.
- 65% 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.
- 15% of program participants diverted from a State Mental Health Treatment Facility.
- 50% of Mental Health Court participants diverted from the Criminal Justice system will be referred to the program and will be successfully discharged from program.

For youth who will be served through Juvenile Drug Court program initiatives, the current number of juvenile offenders in Okeechobee County juvenile justice system was taken into consideration. As of the submission of this Reinvestment Grant application, there are 20 at-risk youth detained at the Okeechobee Juvenile Detention Center and three youth have been arrested for drug related offenses. The following performance measures and targets relating to juveniles who will be served through Juvenile Drug Court initiatives and will be monitored for the CJMHSA Reinvestment Grant beginning during the second quarter as Juvenile Drug Court will not be implemented until 3 months after grant execution:

- 40% or less of arrests or re-arrests among program participants while enrolled in the program.

- 30% or less of arrests or re-arrests among program participants within one year following program discharge.
- 67% of program participants and their families not residing in a stable housing environment at program admission will reside in a stable housing environment within 90 days of program admission.
- 40% of program participants will self-report improved relationships with parents and/or caregivers at the time of program discharge.
- 40% of program participants will demonstrate sustained participation in academic instruction and/or employment at the time of program discharge.
- 65% of program participants the Grantee assists in applying and obtaining social security disability or other benefits for which they may be eligible but were not receiving at program admission.
- 50% of program participants diverted from the Criminal Justice system will be referred to the program and will be successfully discharged from the program.
- 50% or more of juvenile drug court participants will reduce substance use while in the program by sustaining negative urinalysis tests.

## **Capability and Experience**

### **Southeast Florida Behavioral Health Network**

Southeast Florida Behavioral Health Network (SEFBHN) is a non-profit agency that began operations in October 2012 as the Managing Entity for Behavioral Health Services in Palm Beach, Martin, St. Lucie, Indian River and Okeechobee counties. SEFBHN oversees a budget of more than \$55,000,000.00 and contracts with over 40 private and non-profit service agencies to ensure that quality services and best practices are provided to eligible consumers and families. SEFBHN is accredited by the Commission on Accreditation of Rehabilitative Facilities (CARF). SEFBHN's network providers employ principles of recovery including choice, hope, trust, personal satisfaction, life sustaining roles, interdependence, and community involvement. As the Managing Entity, we maintain an oversight role in which we safeguard that each of our network providers responsibly fulfill the terms of their individual contracts while ensuring that they maximize their coordinated potential within our overall integrated system of care. We accomplish this through multiple activities including: on-site contract validation that includes chart reviews and interviews with staff and individuals served, on-going review of provider's performance and utilization data, contract negotiation that can result in changes to funding and the types of services that will be included in the contract based on their prior performance, use of Corrective Action and Performance Improvement Plans to improve deficiencies in a provider's performance, and regularly

scheduled Continuous Quality Improvement meetings with provider staff.

SEFBHN is headed by Ann Berner, Chief Executive Officer (CEO), and governed by a Board of Directors. SEFBHN's mission is "to develop, support and manage an integrated network of behavioral health services to promote the emotional well-being and drug-free living of children and adults in Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie Counties." Its vision is "a seamless, accessible, recovery-oriented system of behavioral health care, driven by consumers, providers, and other stakeholders, in which innovation and collaboration are the norm and diversified financial resources comfortably support an array of prevention and treatment practices, leading to excellent outcomes for individuals served, providers and the community." The Board of Directors is comprised of representatives from community stakeholder agencies and provider agencies. Some of its members are Sean Boyle, Chair and Executive Director of the Children's Services Council of St. Lucie County; John Fowler, Vice Chair and, President and CEO of Drug Abuse Treatment Association; Cheri Sheffer, Treasurer and the COO of Communities Connected for Kids in St. Lucie County; Jessica Bright, Member and, Outreach and Community Connector for the Inner Truth Project; Chief Deputy Mike Gauger, Palm Beach County Sheriff's Office; Senator Gayle Harrell, Member; Yvonne Santiago, Member and Therapist at My Clinic; Gregory Stalin, Member and Director at Department of Juvenile Justice; Masha Martino, Member and Executive Director at NAMI; John Perez, Member and Captain at Martin County Sheriff's Office; Kevin Jones, Member and Coordinator of Community Initiatives for the City of West Palm Beach. SEFBHN directly employs 21 staff to provide Network/Contract management, Quality Assurance and Improvement Guidance and Oversight, Fiscal and Budget Oversight, Collaborative Program Development, Information Management, various Human Resources functions and Coordination of Training Activities, Incident Reporting and Consumer Satisfaction Surveys. We have staff with extensive expertise and experience that includes Mobile Crisis Response, Child Welfare, Medicaid Regulations, Criminal and Juvenile Justice, Intensive Mental Health Treatment, Substance Abuse Treatment, Prevention Services, SOAR and Wraparound Case Management. Our CEO has over 20 years of experience in all facets of human services that has allowed her to develop productive professional relationships Statewide. A contract with CARISK Behavioral Health provides Data Management and Invoicing Services. SEFBHN is fully insured with coverage that includes general, automobile, umbrella, and cyber liability.

In collaboration with the Board of Directors, it's network of prevention and treatment providers, and other community key stakeholders, SEFBHN has spearheaded or become involved in many community initiatives for the purpose of improving the Behavioral Health Recovery Oriented System of Care and improving access to services and supports. Such activities include, but are not limited to:

- SEFBHN has taken a leadership role in the Palm Beach County Heroin Task Force (now known as The Opioid Task Force) that began meeting in May 2016. This initiative came about due to the alarming high rate of heroin and opioid overdose in Palm Beach County. The Task Force is composed of over 40 representatives from multiple agencies including Law Enforcement, Fire Rescue, Behavioral Health Providers, Health Care District of Palm Beach County, the Criminal Justice Commission, and the Delray Drug Abuse Task

Force.

- SEFBHN shares data and expertise for Community Health Assessments and Community Health Improvement Plans.
- In order to coordinate services for youth served by more than one agency, SEFBHN staff participate on Interagency Local Review Teams in both Circuits 15 and 19. Other partners include Agency for Health Care Administration/Medicaid Managed Care Plans, Agency for Persons with Disabilities, Department of Children and Families, Community Based Care Organizations i.e., ChildNet and Communities Connected for Kids, Florida's Department of Juvenile Justice, Florida Department of Education and SEDNET (The Multiagency Network for Students with Emotional/Behavioral Disabilities), Florida Department of Health, Guardian Ad Litem's Office and Office of Early Learning.
- SEFBHN leads a High-Fidelity Wraparound Initiative bringing implementation and sustainability region wide. SEFBHN provides collaborative system-level supports in establishing this evidence informed practice, guided, and driven by consumers and families. A major goal is for community-wide culture shift to strength-based, trauma informed, culturally and linguistically competent practices.

In 2017, as part of the Reinvestment Grant initiative to expand Okeechobee County's existing OSC programs and implement a Mental Health Court program for at-risk adults, SEFBHN hired the Project Director who has provided and will continue to provide leadership and maintain responsibility for all levels of functioning of the Reinvestment Grant program initiatives. The Project Director will exercise oversight and quality improvement activities to ensure OSC program initiates and all identified key stakeholders are fulfilling their assigned tasks as identified by grant and DCF contract compliance requirements. The Project Director will ensure that all key stakeholders and network treatment providers will fill staff positions in accordance to their Policy and Procedures and the requirements of this grant.

### **19<sup>th</sup> Judicial Circuit Court of Florida**

The mission of the judicial branch is "to protect rights and liberties, uphold and interpret the law, and provide for the peaceful resolution of disputes". The vision of the Justice in Florida is "to be accessible, fair, effective, responsive and accountable." The Judges presiding over the OSC program initiatives are Judge Lawrence Mirman, Circuit Court Judge, and Judge William Wallace, County Judge. Both judges are active members of the PSCC and participate in the Council's quarterly meetings. The 19<sup>th</sup> Judicial Circuit Court hired a Drug Court Program Specialist who completes the ORAS assessment for at-risk adults who may be served through Drug Court.

### **Board of County Commissioners of Okeechobee County**

The Board of County Commissioners is the governing body of Okeechobee County, as established by the Florida Constitution, and serves as the legislative branch of county government. The five Commissioners are: Commissioner Bryant Culpepper; Commissioner Brad Goodbread; Commissioner Terry W. Burroughs, Chairman; Commissioner David Hazellief, 1st Vice Chair; and Commissioner Kelly Owens, 2nd

Vice Chair. Commissioner Terry W. Burroughs is also the Chair of the PSCC. The five commissioners must reside in the districts they represent; however, they are chosen by a county-wide vote. The five-member Board is chosen in two cycles, staggered by two years, with District One, District Three, and District Five being elected in presidential election years; and District Two and District Four are elected in the intervening years. Shortly after the beginning of a new fiscal year, the Board conducts an annual organizational meeting in November to elect a chairman and vice chairman to serve a one-year term. The authorities and responsibilities of the Board of County Commissioners include, but are not limited to: adopting ordinances and resolutions to establish public policy; levying authorized taxes and fees; adopting a budget each fiscal year; providing county services and infrastructure, including determining the amount and sources of funding for each; entering into contracts and agreements; and, appointing individuals to serve on various boards and commissions established by state law, or by the Board of County Commissioners. The Mental Health Court Case Manager was hired by the Board of County Commissioners to provide the forensic assessment to at-risk adults who may be served through Mental Health Court.

**Legacy Behavioral Health Center, Inc.**

Legacy Behavioral Health Center, Inc. is a community mental health center that has been serving residents of Martin, Okeechobee, St. Lucie, Indian River and Palm Beach Counties since 2005. They are committed to improving the quality of life and level of performance of emotionally and behaviorally challenged infants, children, adolescents, families, and adults through an array of evidence-based and culturally diverse services. Legacy Behavioral Health Center, Inc. has staff Psychiatrists who provide psychiatric evaluations and medication management. They have licensed clinicians trained in Mental Health and Substance Abuse Services; Therapeutic Behavior On-Site Services; Therapeutic Behavioral Support Services On-Site; and Targeted Case Management. Additionally, Legacy Behavioral Health Center, Inc. is CARF accredited and a Medicaid provider. Legacy Behavioral Health Center, Inc. is well-prepared to be a partner on this diversion project.

Legacy Behavioral Health Center has hired a mental health licensed therapist, a Certified Recovery Peer Specialist, and a Targeted Case Manager as part of the Care Coordination team to work with the individuals served through the OSC program initiatives. The mental health licensed therapist position requires a master's degree and a Florida license in either Social Work, Mental Health Counseling or Marriage and Family Therapy. The licensed therapist responsibilities include completing biopsychosocial assessments; completing treatment and discharge planning; providing evidence-based or best practice interventions; documenting interventions; participating in monthly supervision; and providing treatment updates. The Targeted Case Manager position requires a bachelor's degree in a related social services field. The main responsibilities of a Targeted Case Manager include assessment of needs, such as housing, transportation, treatment services, community resources, employment, education, etc. The Targeted Case Manager serves as an advocate and takes primary lead in the coordination of care of individuals served through completing linkages to needed services and supports. The Peer Support Specialist is an individual with lived experience with mental illness, substance use disorders, co-occurring

conditions, homelessness, or incarceration. They share the tools, skills, and information learned through their own recovery journey to transform the lives of individuals served. Peer Support Specialists are required to obtain 40 hours of training that includes, but not limited to: harm reduction, relapse prevention, overdose prevention, Recovery Oriented System of Care (ROSC). To become a Certified Peer Support Specialist in the State of Florida, the completion of 3,000 hours of supervised work experience is required. Peer Support Specialists serve as mentors, advocates and motivators of change. Both Targeted Case Managers and Peer Support Specialists implement Motivational Interviewing (MI) as a best practice when interacting with individuals served. They both receive guidance on a weekly basis from their supervisor through individual or group supervision to discuss topics such as, productivity, challenges, interventions, self-care practices, community resources, among others.

### **New Horizons of the Treasure Coast**

New Horizons of the Treasure Coast (NHTC) delivers accessible behavioral and primary health care services to children, adults, and families to achieve mental and physical wellness, thereby improving the quality of life in our community. New Horizons of the Treasure Coast operates the Mobile Crisis Teams that respond to all the communities throughout Indian River and Okeechobee County, working to close gaps in the system of care and reduce unnecessary hospitalizations and incarcerations. They provide mental health, substance use, Primary Care and Crisis Support and crisis stabilization, detox, all levels of residential treatment, medication-assisted treatment, as well as outpatient and case management services. New Horizons of the Treasure Coast has years of experience working with all the Mental Health Courts in Indian River, Martin, and St. Lucie Counties.

### **Mental Health Association of Indian River County**

Mental Health Association (MHA) of Indian River County provide services through their Drop-In Center, Welcome House, located in Okeechobee. Welcome House is open 365 days of the year and designed to empower consumers to change their lives. The Drop-in Center is a peer-operated, recovery-oriented environment in the community that provides an accessible, safe, supportive, and confidential place for care and recovery. The members are respected and offer peer support to one another. Recreational and social activities are offered to all members to promote a supportive, active, and empowering atmosphere as members actively participate in their recovery. The Drop-in program helps to support individuals served as part of their Mental Health Court support network. The MHA has a long-standing commitment and a vested interest in diverting individuals with mental health illness and substance use disorders, away from the criminal justice system and towards effective treatment programs and service providers who can more effectively identify and treat the underlying causes that lead to criminal behavior.

### **Drug Abuse Treatment Association**

As part of this grant, SEFBHN is committed to increasing the availability of substance use services for at-risk youth and their families by collaborating with a substance use

treatment network provider, Drug Abuse Treatment Association (DATA), to physically establish their agency in Okeechobee County. DATA is a CARF accredited substance use provider and a Medicaid provider. DATA has been implementing the evidence-based practice Adolescent Community Response Approach (A-CRA) across all levels of care in the agency (i.e., intervention, outpatient, residential) since 2015. Substance Abuse services will include prevention, treatment, and recovery support.

DATA will hire a therapist who will possess a master's degree in an accepted social services field (i.e., Social Work, Mental Health Counseling or Marriage and Family Therapy) with at least two years of prior experience, and Certified Addiction Professional credentials, as well as certification in evidence-based A-CRA. The master's level therapist will engage in completing substance use assessments; completing treatment and discharge planning; providing evidence-based A-CRA interventions to youth and families; documenting interventions; participating in monthly supervision; and providing treatment updates. The Director of Treatment at DATA will be providing individual supervision monthly. The master's level therapist may also participate in group supervision sessions, treatment planning meetings and staffing meetings. Other staff members who will become DATA team members, will be a bachelor's level Targeted Case Manager and a Youth Peer Support Specialist. The main responsibilities of a Targeted Case Manager include assessment of needs, such as housing, transportation, treatment services, community resources, employment, education, etc. The Targeted Case Manager serves as an advocate and takes primary lead in the coordination of care of individuals served through completing linkages to needed services and supports. The Youth Peer Support Specialist is an individual between the ages of 18 and 25 years old with lived experience with mental illness, substance use disorders, co-occurring conditions, homelessness, or incarceration. They share the tools, skills, and information learned through their own recovery journey to transform the lives of individuals served. Youth Peer Support Specialists are required to obtain 40 hours of training that includes, but not limited to: harm reduction, relapse prevention, overdose prevention, Recovery Oriented System of Care (ROSC). Youth Peer Support Specialists serve as mentors, advocates and motivators of change. Both Case Managers and Youth Peer Support Specialists implement Motivational Interviewing (MI) as a best practice when interacting with individuals served. They both receive guidance on a weekly basis from their supervisor through individual or group supervision to discuss topics such as, productivity, challenges, interventions, self-care practices, community resources, among others.

The following success story submitted by DATA illustrates their level of success when implementing A-CRA with juveniles diagnosed with substance use disorders who are involved with the Okeechobee County Juvenile Drug Court. It described the story of "Colton", a youth offender who was arrested in Okeechobee County for drug related offense and was diverted to Drug Court. Fortunately, "Colton" had family support and health insurance to cover his treatment at DATA. His story is as follows: "Colton entered the intervention program for continued recovery support after successfully completing residential treatment at the Norman C. Hayslip Center. He was referred to DATA through the Drug Court program for his history of substance use and drug related legal issues. Colton had been using cocaine and ecstasy when he was placed into the Drug Court program and shared that he also had some gang

involvement. While in the intervention program, he worked towards gaining a healthy and balanced lifestyle in his community without the use of substances. Despite two brief relapses in intervention program, he never gave up and utilized each incident to learn more about himself and addressing unresolved issues that lead him back to substance use. Colton was adopted at a very young age as his biological parent's struggles with addiction resulted in his removal from their custody. He continued to work with DATA and the Drug Court program towards long term sobriety and took accountability for himself. He also continued with mental health treatment to work through issues from his past and adhered to medications with current psychiatrist. He is on track to successfully graduate from high school and he rejoined his club hockey travel team. Colton also made the decision to become active in his local AA community. He has a sponsor, attends weekly AA meetings and a home group which has given him a sober support community replacing past negative peer groups. Colton successfully completed the intervention program in January 2021 as well as successfully completing the Drug Court program, closing all his outstanding legal involvement."

The Project Director in collaboration with the Mental Health Court Case Manager, Drug Court Program Specialist, Mental Health Licensed Therapist, Targeted Case Manager, Certified Recovery Peer Specialist, Youth Recovery Peer Specialist, Master's level substance use therapist, along with other stakeholders, including Law Enforcement, Criminal and Juvenile Justice Systems, and program advocates will be the key players and main source of support to the individuals served in the OSC program initiatives. They will all collaborate to strive for positive outcomes by engaging the individuals served, linking, and providing to them the needed behavioral health services within the community to accomplish the primary goal of this Reinvestment Grant initiative as delineated in the Strategic Plan.

The objective is to help the target population and their families get enrolled in the right service, with the right provider, the first time; thereby, reducing inefficiencies and any duplication of services. The OSC program will be designed to ensure access to mental health and substance use services, while removing barriers to services for other social determinants that impact optimal mental health and sobriety.

### **Evaluation and Sustainability**

An objective evaluation can identify a program's strengths and weaknesses and guide program improvements. By weighing benefits against costs, an evaluation can also help save money. SEFBHN is committed to the continuous evaluation of program initiatives identified in this Reinvestment grant with the purpose of identifying particularly effective strategies and knowledge that can be useful when expanding and implementing other programs. Positive evaluation results are the sure proof that a program is succeeding by showing the quality of the work being performed. In July 2020, the University of South Florida Technical Assistance Center (TAC) conducted a summative evaluation, including review of the adult Mental Health Court program's results and accomplishments. This evaluation review assisted SEFBHN in identifying the degree to which the OSC program initiatives are contributing to longer-term goals in Okeechobee County, mainly to divert adults and juveniles who present with mental

illness, substance use disorders and/or co-occurring conditions from the criminal and juvenile justice systems and to community-based interventions and resources to reduce the average length of incarceration for Okeechobee County's inmate population and recidivism rates. Recommendations for improvements and expansions were also made which guided SEFBHN to submit the OSC program implementations identified in this grant application.

Further evaluation of the OSC program outcomes and impact on the target population, the community, and the criminal justice system, can be analyzed, in tandem with the estimated cost savings that will be tracked by SEFBHN, as a means by which to establish future support in the Okeechobee community for sustainable funding for the continuation of the program.

SEFBHN will collect the data from the collaborating agencies monthly to ensure the success of the program. The performance measures will be tracked through data input into web-based portal provided and managed by Carisk Behavioral Health (Carisk). Carisk is a licensed Third-Party Administrator (TPA) by the State of Florida Office of Insurance Regulation, offering administrative services such as data monitoring and analysis and, claims processing and payments. Carisk is accredited by the Accreditation Association for Ambulatory Healthcare, Inc. (AAHC), and the National Committee for Quality Assurance (NCQA). These accreditations show that Carisk follows evidence-based practices for providing high-quality care, access, and consumer protections. SEFBHN in collaboration with Carisk will ensure that the success of the OSC program initiatives presented in this Reinvestment Grant application are measured by the performance outcomes previously identified in this section, including successful graduation from OSC and a reduction in recidivism. Tracking systems are established and awaiting implementation.

The target population served by the OSC program initiatives are the costlier population due to the following reasons: they have special needs that may require medication management; they require episodic stabilization; and they experience comorbid conditions, such as poor physical health that result in further decompensation. All these reasons result in longer incarcerations for the high-risk adults and juveniles. Redirecting this population to the more suitable path provided by the OSC, will provide methodologies to track and measure outcomes for this diversion population.

According to data from the National Association of Drug Court Professionals, for every \$1.00 invested in Drug Court, there is a savings of \$3.36 in avoided criminal justice costs alone. When considering other cost offsets, such as savings from reduced victimization and healthcare service utilization, studies have shown benefits range up to \$27 for every \$1 invested. Funding for Mental Health and Drug Court will be leveraged through the projected reduction in jail costs. The return on investment for the existing mental health courts are similar in Okeechobee County-from an average of \$9,400 per 111 day period of confinement to \$2,000 a year for community support and treatment. Additional costs are offset by the individual's SSA/SSI benefits and Medicaid. The Okeechobee BOCC is also providing funding for Case Management Staff to work directly with the Mental Health Court.

Furthermore, a cost avoidance analysis of the Okeechobee Reinvestment grant program has been measured by calculating the daily cost of jail, multiplied by the average number of days for a jail sentence for individuals convicted of a misdemeanor

and the average number of days for jail sentence for individuals convicted of a felony. Calculations is as follows:

- 32 clients with Misdemeanor x average 40 days in jail x \$125.00 average cost per day = \$160,000
- 41 clients with felony charges x average 98 days in jail x \$125.00 average cost per day = \$502,250
- 73 total clients with jail bed days of 5,298 days x \$125.00 per day = \$662,250

The demonstration of success and cost savings achieved through the additional services provided by this proposed grant award, will help justify reallocating county and agency budgets to sustain the Okeechobee Specialty Court initiatives. The Carisk data system will allow SEFBHN to continue tracking the utilization of services and the exact dollar costs of those services per person across all agencies. We will be able to cross reference this with the realized savings for the Okeechobee County Jail and local crisis services which will be calculated each year of the program based on the aggregate costs of those services during the tracked period.

In addition to the beneficial cost savings for the criminal justice system, there will be concurrent benefits to Okeechobee County's mental health and substance use disorder systems due to increased funding that this proposed grant award will allocate for those services. The strategic plan for this program will expand the behavioral health infrastructure of Okeechobee County, as well as enhance the efficacy and efficiency of care through the improved functionality of the Care Coordination system in the community. Greater collaboration, and the resulting improvements from the increased partnering and communication between agencies and other key stakeholders, will continue to benefit the individuals served and reduce duplicated or ineffective service provision. This improvement in care will allow for high-risk utilizers to benefit from improved evidence-based community services, reducing the numbers of individuals requiring commitment to a state mental health treatment facility. Recidivism of at-risk adults and juveniles will be reduced by through improvements in community-based care and through the implementation of intervening practices monitored by SEFBHN. This will ensure a safety-net for the high-risk individuals identified as the target population. As demonstrated in the progress data summary described in the Statement of Funding section, the Mental Health Court program initiatives for adults have successfully met all performance measures to date. For example, the performance outcomes demonstrate an 82% lifetime-to-date reduction in the number of arrests and re-arrests of individuals enrolled in the program. SEFBHN projects the same level of success with the implementation of the Juvenile Drug Court program as defined by the performance measures identified above.

When planning for the expansion of OSC program initiatives, including implementation of Juvenile Drug Court, SEFBHN has kept the future in mind. SEFBHN's Project Director in collaboration with PSCC will take the lead in exploring diverse and reliable funding streams, such as by exploring the possibility of making broad appeals for annual contributions or exploring federated fundraising through charities such as United Way. Moreover, individual sustainability will be accomplished with the provision of service strategies by intervention and treatment providers involved in this initiative. For example, 13 adults participating in the Mental Health Court program have received benefits through the completion of a SOAR application. By

securing benefits from the Social Security Administration, target population served through OSC program initiatives may obtain Medicaid health insurance benefits that allow SEFBHN's network providers to be paid through third-party payments for their services. Network providers have also established policy and procedures identifying fees for services for individuals who gain income through employment. As indicated by lifetime-to-date performance measures, 58% of unemployed at-risk adults served through the Mental Health Court program, gained employment at 180 days of participation in the program. Financial resources provide individuals served through the OSC program initiatives with greater opportunities to access needed services and gain self-sufficiency and independence, which are factors that help to reduce recidivism rates.

The strong positive outcomes demonstrated by the data collected from the Mental Health Court adult program, the collaboration of the various stakeholders and provider agencies, as well the positive impact on the target population served by the OSC initiatives already in place, will motivate additional funding and provide the impetus for long-term community support.



# Tab 7

## Project Timeline

Criminal Justice, Mental Health,  
and Substance Abuse  
Reinvestment Grant  
RFA 2021 001

**Applicant:**

*Southeast Florida Behavioral Health Network*

## Project Timeline

In an effort to organize the major program activities required to implement all program components, the timeline chart below will identify the anticipated time frame when each occurs and who will be responsible for its completion.

<b>Goals/Objectives/Milestones</b>	<b>Responsible Partner</b>	<b>Anticipated Start Date-Completion Date</b>
<b>Implement oversight, quality improvement, coordination and OSC expansion planning at quarterly PSCC meetings.</b>	PSCC	July 1, 2021 – June 30, 2024 on quarterly basis
<b>Establish a schedule of trainings to be conducted during Lunch &amp; Learn sessions for the benefit of the 19<sup>th</sup> Circuit Court personnel, Law Enforcement, DJJ, and other key stakeholders to increase awareness of mental illness, substance use and co-occurring disorders and the OSC program initiatives.</b>	PSCC	July 1, 2021 - September 30, 2021
<b>Conduct bi-weekly meetings with Okeechobee Core Mental Health team.</b>	SEFBHN Project Director	July 1, 2021- June 30, 2024
<b>Establish a Juvenile Care Coordination team with collaboration of key stakeholders to discuss target population and program's progress and challenges monthly.</b>	SEFBHN Project Director	July 1, 2021- September 30, 2021
<b>Obtain MOU agreements with collaborating agencies and network providers.</b>	SEFBHN Project Director	July 1, 2021– September 30, 2021
<b>Complete and sign service contracts or contract amendments with network providers.</b>	SEFBHN CEO	July 1, 2021- September 30, 2021
<b>Network providers will sign MOU agreements with each other.</b>	Legacy Behavioral Health, ADAP, DATA, NHTC, NAMI	July 1, 2021- September 30, 2021
<b>Provide technical assistance, oversight, supervision to key stakeholders.</b>	SEFBHN Project Director	July 1, 2021 – June 30, 2024 Ongoing basis
<b>Substance Use provider will establish itself in Okeechobee County by renting office space in the community.</b>	DATA	July 1, 2021 – September 30, 2021
<b>Substance use provider will identify and hire staff to work for the Juvenile Drug Court expansion initiative as specified in budget.</b>	DATA	July 1, 2021 – August 30, 2021

<b>Identify and pre-screen at-risk adults who will benefit from participating in the OSC program initiatives.</b>	19 <sup>th</sup> Circuit Court Case Manager and Drug Court Program Specialist	July 1, 2021 – June 30, 2024
<b>Identify and assess at-risk juveniles who will benefit from participating in the OSC program initiatives.</b>	DATA master's level therapist	July 1, 2021 – June 30, 2024
<b>Make incidental funds available to target population with no income served through adult Drug Court to provide needed drug screening, substance use treatment and transportation.</b>	SEFBHN Project Director	July 1, 2021 – June 30, 2024
<b>Explore network providers' ability to expand service hours to evenings and weekends to provide assessments within 24 hours of referrals.</b>	Behavioral Health Service Providers	July 1, 2021 – September 30, 2021
<b>Determine data to be collected to report on identified performance measures for Juvenile Drug Court program outcomes.</b>	SEFBHN Project Director with CARISK partners	July 1, 2021 – August 31, 2021
<b>Explore opportunities to request a revision to the housing ordinance which limits the establishment of recovery residences in Okeechobee County.</b>	SEFBHN Project Director	September 1, 2021- October 31, 2021
<b>Prepare a proposal requesting a change in housing ordinance to be presented to Board of Commissioners to allow recovery residences in Okeechobee County.</b>	SEFBHN Project Director	October 1, 2021 – November 1, 2021
<b>Meet with key stakeholders in the Criminal Justice system and 19<sup>th</sup> Circuit Court, as well as PSCC, to explore telehealth alternatives to better serve target population being served through OSC program initiatives.</b>	SEFBHN Project Director	October 1, 2021- December 1, 2021
<b>Train 85% of 911 dispatchers in CIT training.</b>	PSCC	July 1, 2021 – June 30 2024
<b>Assess and evaluate OSC program initiatives data to determine progress, identify challenges and gaps in process and need for improvement as it relates to the Strategic Plan and Sequential Intercept Model at minimum on annual basis.</b>	USF and GAINS Center	June 30, 2022 – June 30, 2024
<b>Reduce the number of arrests and re-arrests of target population (i.e., adults and juveniles) while enrolled in the OSC programs as reported by SEFBHN's Project Director in</b>	Collaboration and coordination of all stakeholders participating in	July 1, 2021 – June 30, 2024

<b>program progress status report shared with DCF on a quarterly basis.</b>	OSC program initiatives.	
<b>Prepare quarterly progress summary status reports from data collected through Carisk portal and present to DCF for review.</b>	SEFBHN Project Director	May 1, 2021 – June 30, 2024



# Tab 8

## Letters of Commitment

Criminal Justice, Mental Health,  
and Substance Abuse  
Reinvestment Grant  
RFA 2021 001

**Applicant:**

*Southeast Florida Behavioral Health Network*



# THE C.O.R.E. PROGRAM



*Comprehensive Offender Rehabilitation & Education Program  
Serving the 19<sup>th</sup> Judicial Circuit St Lucie, Martin, Indian River & Okeechobee Counties*

[www.coreprogram.com](http://www.coreprogram.com)

800 Virginia Ave, #4  
Ft Pierce, FL 34982  
772-465-9204 Phone  
772-460-1751 Fax

905 Johnson Ave  
Stuart, FL 34994  
772-286-7333 Phone  
772-223-0903 Fax

1412 Old Dixie Hwy  
Vero Beach, FL 32960  
772-567-1282 Phone  
772-567-1336 Fax

406 NW 3<sup>rd</sup> Street  
Okeechobee, FL 34972  
863-763-1985 Phone  
863-763-4616 Fax

March 04, 2021

Southeast Florida Behavioral Health Network Inc.  
1070 East Indiantown Road  
Suite 408  
Jupiter, FL 33477

Re: Criminal Justice, Mental Health and Substance Use Reinvestment Grant  
#DCF RFA 2021 001

Dear Sir or Madam:

The C.O.R.E. Program, (*Comprehensive Offender Rehabilitation & Education*), is pleased to offer this letter of support and commitment for Southeast Florida Behavioral Health Network, Inc. (SEFBHN) grant application for the Criminal Justice, Mental Health, Substance Abuse Reinvestment Grant. It is our understanding that this grant project is proposed to provide treatment and diversion opportunities for adults and juveniles in Okeechobee County who interface with the criminal justice system with mental health disorders and substance abuse issues. The acquisition of this grant will support the expansion of program services in Okeechobee County which will help reduce recidivism among offenders presenting with Substance Abuse Disorders, Mental Health Disorders, or Co-Occurring Disorders.

We acknowledge that the lead entity for this initiative is the Southeast Florida Behavioral Health Network, however, the implementation tasks associated with this project are mainly the result of the collaboration of many stake holders including law enforcement, the criminal justice system, behavioral health service programs and other community stakeholders.

C.O.R.E. Program has a long-standing commitment and a vested interest in diverting individuals with mental health disorders and substance abuse issues, away from the criminal justice system and towards effective treatment programs and service providers who can more effectively identify and treat the underlying causes that lead to criminal behavior. For these reasons, C.O.R.E. ardently supports this initiative and its stated goals and objectives in furtherance of the earnest desire to continually seek partnerships and programs in our community aimed at providing treatment and diversion measures for this vulnerable population.

Sincerely,

Suzanne Caudell  
Executive Director

[suzannec@coreprogram.org](mailto:suzannec@coreprogram.org)

(772) 286-7333



Behavioral Health Services  
for Children and Families

DRUG ABUSE TREATMENT ASSOCIATION, INC.

**OFFICERS**

**Jeffrey White**  
*Chair*

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*President and CEO*



United Way of Indian River County  
Town of Palm Beach United Way  
United Way of St. Lucie County  
United Way of Martin County

Southeast Florida Behavioral Health Network, Inc.  
1070 Indiantown Road, Suite 408  
Jupiter, FL 33477

RE: Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant ■ DCF  
RFA 2021 001

March 1, 2021

Dear Grant Review Panel,

Drug Abuse Treatment Association, Inc. (DATA) proudly supports Southeast Florida Behavioral Health Network, Inc. (SEFBHN) application for the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant. It is our understanding that this grant project is proposed to provide treatment and diversion opportunities for individuals in Okeechobee County who interface with the criminal justice system with mental health disorders and substance use issues. The acquisition of this grant will support the expansion of program services in Okeechobee County which will help reduce recidivism among offenders presenting with substance use disorders, mental health disorders or co-occurring disorders.

DATA acknowledges that the lead entity for this initiative is the SEFBHN; however, the implementation and tasks associated with this project are mainly the result of the collaboration of many stakeholders including law enforcement, the criminal justice system, behavioral health service programs and other community stakeholders. DATA is committed to providing substance use and co-occurring treatment for youth involved with the Juvenile Drug Court program.

DATA has been providing substance use prevention and treatment services for 40 years. We have been CARF accredited for over 20 years and provide a full range of services across the continuum of care: prevention, intervention, Treatment Accountability for Safer Communities (TASC), outpatient and residential. We have full-time behavioral health professionals in 50+ schools and eight (8) Department of Juvenile Justice offices in Circuits 15 and 19. This is in addition to our two (2) outpatient and two (2) adolescent residential treatment centers.

DATA has a long-standing commitment and a vested interest in diverting individuals with mental health disorders and substance abuse issues, away from the criminal justice system and towards effective treatment programs and service providers who can more effectively identify and treat the underlying causes that lead to criminal behavior. For these reasons, DATA ardently supports this initiative and its stated goals and objectives. If you have any questions or would like additional information, please contact me at 561.743.1034 or [John@drugabusereatment.org](mailto:John@drugabusereatment.org).

John E. Fowler, III  
President/CEO

3/1/21  
Date

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