



FY2016-17
Annual Report
on the
Criminal Justice, Mental Health,
and Substance Abuse
Reinvestment Grant Program

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Submitted by:

The Criminal Justice, Mental Health, and
Substance Abuse Technical Assistance Center

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EXECUTIVE SUMMARY

The Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center (CJMHTA TAC), as required by Section 394.659, F.S., prepared this report. The CJMHTA TAC provides technical assistance to entities who receive Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grants from the Florida Department of Children and Families' Substance Abuse and Mental Health Program Office (DCF-SAMH). This report covers grantee and CJMHTA TAC activities conducted during FY2016-17.

PROGRESS MADE BY EACH GRANTEE IN MEETING THE GOALS DESCRIBED IN THEIR APPLICATION

Grantee applications, contracts, quarterly reports, and DCF Financial and Services Summary reports are the sources from which information and data presented in this report originate. All grantees report success in meeting their goals or making progress toward their goals. The nine 2014-17 grantees achieved their proposed goals and objectives.

The contract execution dates for the seven, *one-year* (2017-18) planning grants occurred on various dates in February and March 2017. Therefore, for the period covered by this report, FY2016-17, includes activities for four-to-five months. Nonetheless, progress made by planning grantees is commensurate with the length of time in operation. Planning grantees are on track to accomplish their objectives and achieve their performance measures by their contract end dates. The primary goal of the planning grantees is to develop a communitywide strategic plan for the target population.

The contract execution dates for the fourteen implementation/expansion grants range from January through November 2017, with the majority of the grants started between January and April. Two grants did not start in FY2016-17 (Collier County [July] and City of Jacksonville/Duval [November]). The implementation/expansion grants are three-year grants with the exception of Guidance/Care Center (Monroe County) which has a two-year duration. Despite a few minor challenges faced by grantees during start-up and considering the duration most programs have been operational, progress toward program objectives has been on track. Details regarding progress toward their objectives is detailed in the body of the report.

Programs operated by Lee County, LifeStream Behavioral Center (Lake County), Martin County, Meridian Behavioral Healthcare (Alachua and Bradford Counties), and Orange County are expansions of programs already in existence with prior CJMHTA Reinvestment Grant funding. While contracts for City of Jacksonville/Duval County and Collier County were not executed in FY2016-17, these grants are funding expansions of existing program that received prior CJMHTA Reinvestment Grant funds.

The remainder of the 2017-20 implementation/expansion grantees may have had prior CJMHTA Reinvestment Grant funding; however, the programs receiving current CJMHTA Reinvestment Grant funds are new initiatives. These programs are operated by Centerstone of Florida (Sarasota County), Guidance/Care Center (Monroe County), Hillsborough County, Miami-Dade County, Pinellas County, Polk County, and Southeast Florida Behavioral Health Network (Indian River County).

EFFECT THE GRANT-FUNDED INITIATIVES HAVE HAD ON MEETING THE NEEDS OF ADULTS AND JUVENILES WHO HAVE A MENTAL ILLNESS, SUBSTANCE USE DISORDER, OR CO-OCCURRING MENTAL HEALTH AND SUBSTANCE USE DISORDER, THEREBY REDUCING THE NUMBER OF FORENSIC COMMITMENTS TO STATE MENTAL HEALTH TREATMENT FACILITIES.

The 2014-17 county grantees implemented jail diversion and reentry programs where the *majority* of clients would not have been eligible for commitment to a state forensic treatment facility under Chapter 916, F.S. Alachua, Collier, Flagler, and Seminole counties tracked their adult forensic commitments. Alachua and Collier counties reported that no program participants were admitted to a state forensic mental health treatment facility. Flagler County reported five program participants admitted to a state forensic mental health treatment facility during the three-year grant. Seminole County reported 29 participants admitted to a state forensic mental health treatment facility over their three-year grant. Hillsborough, Lake, and Lee counties reported no forensic admissions. Duval and Orange counties implemented juvenile justice diversion programs with no applicable forensic admissions.

The 2017-20 grantees are similar to prior grant programs in that not all of the grant-funded programs are targeting individuals who would likely not be eligible for commitment to a state forensic treatment facility pursuant to Chapter 916, F.S. Some are early intervention jail diversion programs and others serve juvenile populations. Orange County is serving an under 16 population and Lee County's program is a front-end, triage program; therefore, neither of these programs are serving a population likely to be eligible for forensic commitment. Moreover, progress reflected in this FY2016-17 report reflects the progress that the new implementation/expansion grants made during two quarters (six months) at the most.

LifeStream Behavioral Center, Pinellas County, and Polk County reported none of their program participants were eligible for commitment to a state mental health treatment facility; therefore, they had no diversions. Centerstone of Florida (Sarasota County), Guidance/Care Center (Monroe County), Hillsborough County, and Martin County reported diverting 100 percent of individuals who would have been eligible for admittance into a state mental health treatment facility. Combined, these programs diverted 57 out of a possible 57 participants from forensic commitment. Meridian Behavioral Health (Alachua and Bradford Counties) and Miami-Dade County reported some forensic commitments among their program participants (12 diversions/7 commitments in the Meridian program; 3 diversions/4 commitments in the Miami-Dade program).

EFFECT OF THE GRANT PROGRAM ON THE GROWTH AND EXPENDITURES OF THE JAIL, JUVENILE DETENTION CENTER, AND PRISON.

The impact on the growth and expenditures of jails, detention centers, and prisons reported by the 2014-17 grantees is described as cost avoidance through a reduction in the number of individuals detained in county jails and increased access to services rather than in specific dollar amounts of documented savings. Overall, grantees report program participants received increased services in the communities rather than in jails and detention centers and, for those individuals detained in jails, the length of stay is shortened as a result of these grant-funded programs. Of the nine 2014-17 grantees, three programs provided specific information with regard to their jail growth and expenditure impact.

Alachua County estimated cost-savings between \$394,212 and \$586,625 based on the number of days that participants spent in jail. Specifically, participants spent a total of 8,959 days in jail in the one-year period prior to their admission, but only 4,266 days in the one-year period after their admission. At an estimated \$84 per day for a regular jail stay in Alachua County and an estimated \$125 per day for psychiatric inmates, the program appears to be a cost savings model. Collier, Flagler, Hillsborough, Lake, Lee, and Seminole Counties anticipate a reduction in jail growth and expenditures due to the increase in services for program participants, but do not report cost savings expenditure data at this time. While, Duval and Orange Counties did not report specific information on the growth and expenditures of juvenile detention centers; Orange County indicated a reduction in the number of arrests accumulated by youth in their program (WAO) which would result in cost avoidance for the detention center.

The new 2017-20 grant-funded programs have been operational for five or fewer months of the reporting period covered by this report; therefore, specific impacts on jails and detention centers were not reported by grantees with the exception of Hillsborough County. Hillsborough County reported an estimated cost avoidance of \$50,000 in jail expenses as a result of their program diverting 25 program participants (based on the average daily cost of jail and average length of stay in jail).

EFFECT ON THE AVAILABILITY AND ACCESSIBILITY OF EFFECTIVE COMMUNITY-BASED MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT SERVICES FOR ADULTS AND JUVENILES WHO HAVE A MENTAL ILLNESS, SUBSTANCE ABUSE DISORDER, OR CO-OCCURRING MENTAL HEALTH AND SUBSTANCE ABUSE DISORDER, INCLUDING THE IMPACT OF EXPANDED COMMUNITY DIVERSION ALTERNATIVES HAVE HAD ON REDUCING INCARCERATION AND COMMITMENTS TO STATE MENTAL HEALTH TREATMENT FACILITIES.

All of the 2014-17 grantees expanded community-based mental health and substance use services in their respective counties and diverted individuals from local jails, crisis stabilization units, and state mental health treatment facilities, and prison. The county-specific profile narratives provide additional details about each program. The 2014-17 county grantees served a total of 9,023 participants during their grant program lifetime (three years).

Please note that the greater number of people diverted in Hillsborough and Lee counties are associated with central receiving programs (triage) rather than discrete case-management-type models in Alachua and Lake Counties. There has been a significant increase in the number of law enforcement officers, correctional officers, and dispatchers trained in Crisis Intervention Teams (CIT). During the 2014-17 grant programs, 4,509 individuals were trained in CIT, which is designed to divert adults and juveniles with mental illness or substance use disorders from jail and incarceration.

2014-17 Grantees: Number Served During Program Lifetime

2014-17 Grantees	Number Served Program Lifetime	CIT-Trained Program Lifetime
Alachua	409	242
Collier	331	250
Duval	1,015	471
Flagler	1,005	369
Hillsborough	3,411	1,015
Lake	151	199
Lee	1,594	1,103
Orange	150	620
Seminole	106	240
Total Served	8,172	4,509

2017-20 Grantees: Number Served through Year 1 Quarter 2*

2017-20 Grantees	Number Served	Number Served Program Lifetime
Centerstone of Florida (Sarasota County)	46	46
City of Jacksonville (Duval County)	Contract not executed	
Collier County	Contract not executed	
Guidance/Care Center (Monroe County)	15	15
Hillsborough County	25	25
Lee County *	270	270
LifeStream Behavioral Center (Lake County) *	33	33
Martin County *	54	54
Meridian Behavioral Healthcare (Alachua and Bradford Counties) *	170	170
Miami-Dade County	36	36
Orange County *	10	10
Pinellas County	29	29
Polk County	52	52
Southeast Florida Behavioral Health Network (Indian River County)	207	207
Total Served	947	947

* Denotes the number served was through Year 1 Quarter 1 (not quarter 2)

HOW THE LOCAL MATCHING FUNDS PROVIDED BY THE COUNTIES LEVERAGED ADDITIONAL FUNDING TO FURTHER THE GOALS OF THE GRANT PROGRAM.

The matching funds primarily support provider services, such as screening, triage, case management, law enforcement participation in CIT training, building occupancy and other operational costs. Examples of utilization of matching funds by 2017-20 grantees are listed below.

- Centerstone of Florida (Sarasota County) is utilizing matching funds to cover the cost of such incidentals as medical services, medication, clothing, food, and bus passes, as well as to provide short-term housing for program participants (until rent can be maintained by the participant independently).
- Guidance/Care Center (Monroe County) utilizes match funds to support medical services.
- Orange County is utilizing matching funds to support security at the Juvenile Assessment Center (JAC) and to support mobile crisis services.
- Polk County is utilizing cash match by the county to support the program's program manager position.

CJMHS A TAC ACTIVITIES

The report provides detailed information on the technical assistance activities of the CJMHS A TAC. During FY2016-17, the CJMHS A TAC provided individualized, on-site technical assistance as requested by applicants as well as grantees. For grantees, needs and priorities were identified through a CJMHS A TAC Technical Assistance Needs Assessment Survey administered to each grantee upon contract execution and will be administered at the beginning of each subsequent fiscal year. Technical assistance was provided to grantees via on-site visits, webinars, conference calls, and electronic communications. The most commonly administered technical assistance was Sequential Intercept Mapping (strategic planning). Quarterly webinar topics included Housing First, the Stepping-Up Initiative, Opioid Use, and Co-occurring Mental Health and Substance Use Disorders.

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INTRODUCTION

The Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center (herein referred to as CJMHSА TAC), as required in Section 394.659, F.S., is pleased to present our FY2016-17 Annual Report to the Governor, the President of the Senate, and the Speaker of the House of Representatives. The CJMHSА TAC is housed in the Florida Mental Health Institute (FMHI) at the University of South Florida (USF). FMHI is also part of USF's College of Behavioral and Community Sciences and encompasses the college's Department of Mental Health Law and Policy. Section 394.659, F.S., mandates the CJMHSА TAC to provide technical assistance to reinvestment grantees and the Department of Children and Families. Additionally, the CJMHSА TAC is required to submit an annual report. The report includes the following elements as specified by Florida Statute:

Annual Legislative Report

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

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

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

This report covers the 2016-17 fiscal year. The report contains four main sections that provide descriptions of the activities and progress of the:

- 2014-17 county grantees (n=9),
- 2017-18 planning grantees (n=7)
- 2017-20 implementation/expansion grantees (n=14), and
- CJMHS A TAC technical assistance activities.

The report includes two appendices:

- Appendix A: Reinvestment Grant Background,
- Appendix B: Historical Snapshot of CJMHS A Reinvestment Grantees, and

CJMHTA REINVESTMENT GRANT PROGRAM: GRANTEE-BY-GRANTEE

The 2014-17 CJMHTA Reinvestment grantees were county governments. The Request for Applications (RFA 06H16GS1) released on June 14, 2016 by the Department of Children and Families (to begin funding in 2017) expanded the type of entity eligible as an applicant and grantee to include managing entities and private, not-for-profit providers, in addition to county governments. The twenty-one new grants (planning and implementation/expansion) were awarded to nine providers, three managing entities, and nine county governments.

The first three sections of the Annual Report provide information for each individual grantee presented in the following order:

2014-17 Implementation/Expansion Grantees (n=9):

- Alachua County
- Collier County
- Duval County
- Flagler County
- Hillsborough County
- Lake County
- Lee County
- Orange County
- Seminole County

The nine grants listed above ended in 2017. The seven one-year planning grants and fourteen three-year implementation/expansion grants listed below are new and began (or will begin) their project in 2017.

● **2017-18 Planning Grantees (n=7):**

- BayCare Behavioral Health (Pasco County)
- Broward Behavioral Health Coalition (Broward County)
- Hanley Center Foundation (Hendry County)
- Hanley Center Foundation (Putnam County)
- LSF Health Systems (Hernando County)
- SMA Behavioral Healthcare (Flagler County)
- SMA Behavioral Healthcare (St. Johns County)

● **2017-2020 Implementation/Expansion Grantees (n=14):**

- Centerstone of Florida (Sarasota County)
- City of Jacksonville (Duval County)
- Collier County
- Guidance/Care Center (Monroe County)
- Hillsborough County
- Lee County
- LifeStream Behavioral Center (Lake County)

- Martin County
- Meridian Behavioral Healthcare (Alachua and Bradford Counties)
- Miami-Dade County
- Orange County
- Pinellas County
- Polk County
- Southeast Florida Behavioral Health Network (Indian River County)

Twelve of the 2017-18 and 2017-20 grantees identified “adults” as their target population. However, nine grantees identified a specialty population to serve such as juveniles, adult females, or a specific age range.

Grantee	Target Population
BayCare Behavioral Health (Pasco County)	Female adults
Broward Behavioral Health Coalition	12-21 year olds
City of Jacksonville/Duval County	Under the age of 18
Guidance/Care Center	Adults and Juveniles
Hanley Center Foundation (Hendry County)	12-18 year olds
Hanley Center Foundation (Putnam County)	12-18 year olds
Martin County	Adults and Juveniles
Orange County	Under the age of 16
SMA Behavioral Healthcare (Flagler County)	Under the age of 18
Centerstone of Florida (Sarasota County) Collier County Hillsborough County Lee County LifeStream Behavioral Center (Lake County) LSF Health Systems (Hernando County) Meridian Behavioral Health (Alachua/Bradford) Miami-Dade County Pinellas County Polk County SMA Behavioral Healthcare (St. Johns County) Southeast Florida Behavioral Health Network (Indian River County)	Adults

The information presented in this section of the report is self-reported information extracted from grantee applications, grantee contracts, grantee quarterly reports, and a Services Summary report provided by the Department of Children and Families Substance Abuse and Mental Health Program Office (DCF-SAMH). Information for each grantee is organized and presented in the same manner and order. An overview of each grantee’s program is provided along with narratives to address contractually and legislatively required report elements. As previously stated, the timeframe for this Annual Report is FY2016-17; however, the intent was to include at least two quarters of progress reporting for the grantees. A few 2017 grant programs’ second quarter ended after June 30th (for example, on July 31st) and, in those cases, the performance measure data reflects progress achieved through the date indicated in that section. At the beginning of each “performance measure” section, there is a notation of the timeframe.

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2014-2017 IMPLEMENTATION/EXPANSION GRANTS

ALACHUA COUNTY

Alachua County's Reinvestment Grant program is the Centrally Coordinated Criminal Justice Diversion Program (CC-CJDP), herein referred to as the Forensic Program.

Target Population

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

Program Design/Model

During the three-year grant program, the Forensic Program focused on centralized coordination through outreach, assessment, and treatment options at the Gainesville Community Innovation (GCI) access point. GCI, also known as GRACE Marketplace, is an integrated one-stop solution addressing a number of social challenges with a special emphasis on homelessness. The Forensic Program, based upon a Forensic Intensive Case Management (FICM) model includes screening and assessment, discharge planning, benefit coordination, resource linkage, court monitoring, skill building, peer support, advocacy and referral, competency training, and risk assessment.

Goals/Objectives

The overarching goal of the Forensic Program is to increase public safety and divert individuals with a substance use or mental health problem from jail or a forensic hospital. To accomplish this goal, the grantee proposed and accomplished five objectives:

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

Evidence-based, Best, and Promising Practices and Tools Utilized

- Assess, Plan, Identify, Coordinate (APIC) Model
- Cognitive Behavioral Therapy (CBT)
- Crisis Intervention Teams (CIT)
- SSI/SSDI Outreach, Assistance and Recovery (SOAR)
- GAINS Reentry Checklist (screening tool)
- Motivational Interviewing (MI)

- Mental Health First Aid (MHFA)
- Moral Reconation Therapy (MRT)
- Peer Specialists
- Seeking Safety
- Trauma-Informed Care

Number Served

Final year of the three-year grant program:

- CC-CJP: 509 individuals were screened
- CC-CJP: 148 individuals were enrolled
- CIT: 71 law enforcement officers trained
- MHFA: 181 individuals trained

Program Lifetime:

- CC-CJP: 1558 individuals were screened
- CC-CJP: 409 individuals were enrolled
- CIT: 242 law enforcement officers trained
- MHFA: 374 individuals trained

Overall Grant Cost

- Total amount awarded: \$1.2 million (three years)
- Total expenditures as of contract end date: \$1,153,431

Performance Measures

- Measure: There will be a 60 percent reduction in the total number of arrests among program participants in the one-year period post-program admission compared to the one-year period prior to program admission.
 - 77 percent reduction (616 arrests pre-admission, 143 arrests post-admission) in the total number of arrests among program participants one-year post program admission compared to one-year prior to program admission (program lifetime).
- Measure: Over 50 percent of program participants will report that they received increased access to comprehensive community-based behavioral health services in the one-year period post-program admission compared to one-year prior to program admission.
 - 77 percent of program participants (309 of 394) reported that they received increased access to comprehensive community-based behavioral health services one-year post program admission compared to one-year prior to program admission (program lifetime).
- Measure: Over 75 percent of those participants not residing in stable housing at program admission will report living in stable housing one-year after program admission.
 - 80 percent of program participants (176 of 215) not residing in stable housing one-year prior to program admission reported residing in stable housing one-year post program admission (program lifetime).
- Measure: 65 percent of those program participants determined to be eligible for Social Security or other benefits will receive SSI/SSDI through the SOAR process.

- 71 percent of program participants (76 of 106) determined to be eligible for benefits were approved for benefits during the program lifetime.
- Measure: 80 percent of the annual targeted number of Crisis Intervention Team (CIT) training and Mental Health First Aid (MHFA) training participants shall complete the training.
 - 118 percent (71 of 60) of the annual target of 60 officers completed the CIT training in year three.
 - 134 percent (242 of 180) of the three-year target of 180 law enforcement officers completed the CIT training during the program lifetime.
 - 385 percent (181 of 47) of the annual target number of 47 community partners completed the MHFA training in year three.
 - 267 percent (374 of 140) of the three-year target of 140 community partners completed the MHFA training during the program lifetime.
- Measure: 45 percent of eligible participants will be diverted from forensic hospital admissions.
 - 100 percent of eligible participants (303 of 303) were diverted from state forensic hospital admission during the program lifetime.

Program Update

During the three-year grant cycle, Alachua County provided a variety of outreach activities to their community partners and actively pursued additional criminal justice funding opportunities.

- All CJMHS A Reinvestment Grant stakeholders participated in the Alachua County Sequential Intercept Mapping facilitated by the CJMHS A TAC.
- The training model, “How Trauma-Informed Care Improves Criminal Justice Responses,” presented on various occasions, resulted in over 700 individuals trained.
- The Alachua County STEPPING UP Initiative evoked strategic planning for “decriminalization” of mental illness in Alachua County. Meridian facilitated a two-day STEPPING UP Summit for professionals in the criminal justice system, law enforcement, substance use and/or mental health providers, as well as community members.
- Gainesville Police Department (GPD) and Meridian Behavioral Healthcare, Inc. collaborated in a pilot test of the co-responder model at Dignity Village Homeless Camp and the writing of a co-responder model grant proposal.
- Grant proposals were also prepared for the Circuit Eight Re-link for Male Youth Reentry for Health Service, the Comprehensive Offender Reentry Program for Reentry Substance Abuse or Co-occurring Services, SOAR Technical Assistance, SIM technical assistance for Bradford County, and a CJMHS A Reinvestment Grant to expand services to Bradford County in addition to Alachua County.

Challenges faced by Alachua County during the three-year grant program were unchanged. Housing and employment were the most common barriers for program participants. The Forensic Program personnel utilized monthly CJMHS A grant funds to assist program participants with temporary housing, transportation, and medications. Available employment opportunities for program participants were updated weekly on a bulletin board at GCI.

The Effect of the CJMHS A Reinvestment Grant Program on Reducing Forensic Commitments through Meeting the Needs of Individuals

Alachua County reported the diversion (by way of competency restoration) of 100 percent of the total eligible participants (n=303) from state forensic hospital admissions between April 2014 and March 2017. Competency restoration, when conducted in jail or in the community assisted the court to efficiently bring charges to disposition and/or place mandated conditions on a client. This prevents individuals from admission to a state mental health treatment facility simply to receive competency restoration, thereby reducing inpatient costs to the state. During the last quarter of the grant cycle (January to March 2017), the Forensic Program provided competency restoration to an average of 24 individuals a month directly diverting them from state forensic hospitals.

Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison

The effect of the grant program on the growth and expenditures of the jail are evident in the program efficacy chart (below). There was a decline in the length of stay in jail for participants. Based on the reduction of the number of days spent in jail and the per diem (\$84 per day for regular jail inmates, \$125 per day for psychiatric jail inmates), the program saved between \$394,212 and \$586,625 in averted jail costs for Alachua County.

Table 1. Program Efficacy: Alachua County Adult Jail Stays (April 2014-March 2016)

	1 Year Before Decision Date	1 Year After Decision Date
Charges	173	48
Incarceration	148	83
Jail Days	8,959	4,266

Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Commitments to State Mental Health Treatment Facilities

GCI is an essential part of the Forensic Program because county services are co-located at this location and it is the critical access point for referrals. Forensic Program personnel are in charge of providing screening, assessment, and referrals for individuals who meet the criteria for services. Alachua County reported that there was a 77 percent increase (303 of 394) in access to comprehensive community-based behavioral health services one-year post program admission compared to one year prior to program admission (for program participants admitted from April 2014 through March 2017). In addition to serving program participants, the Forensic Program continues to provide ongoing outreach and intervention services to prospective clients. The grant program treatment and case management personnel provide person-centered and solution focused treatment to all program participants. All outreach participants are screened for benefits such as SOAR, Medicaid, Medicare, and food stamps.

Over 70 percent of the program participants successfully completed the Forensic Program. Individuals categorized as successfully discharged completed their court conditions and demonstrated stable living in the community based on their individualized plan.

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

Alachua County Board of County Commissioners agreed to a three-year total cash commitment of \$1,110,000. This match helped to focus on front-end services and expand facilities for individuals with mental illness, substance abuse, and co-occurring disorders. This population was served before they entered the criminal justice system, therefore setting aside more funds to focus on the remaining jail populations. These funds were unavailable prior to the implementation of front-end services because individuals with substance abuse and mental health disorders were flowing into the criminal justice system rather than being diverted and referred to the appropriate services and programs. As of the contract end date, Alachua County expended/leveraged \$1,135,869 or approximately 90.3 percent of the three-year match commitment.

COLLIER COUNTY

Collier County's program is the Centralized Assessment Center (CAC) operated by (and located at) the David Lawrence Center (DLC) and the Collier County Forensic Intensive Reintegration Support Team (FIRST).

Target Population

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

Program Design/Model

The Centralized Assessment Center (CAC) (and located at) the DLC, provides clinical assessments upon request (within 24 hours) for potential FIRST clients or on a walk-in basis for existing FIRST clients, at no cost to the individual. Following screening and clinical assessments by clinicians and in conjunction with FIRST personnel, individualized services are provided to clients, as well as appropriate referrals and linkages. The individualized services aim to engage and motivate clients to remain a productive member of society, improve their daily functioning, and to obtain employment and secure housing. The CAC is a community-based alternative to arrest, incarceration, and forensic hospitalization.

The FIRST Team acts as a coordinated jail reintegration team to arrestees with substance use and mental health problems to reduce their likelihood of recidivism. The purpose of the coordinated jail reentry team is to identify potential FIRST Team clients while they are still incarcerated, screen these individuals, and then have the ability to provide them with immediate access to services upon discharge from jail. The FIRST Team also provides case management and referrals to services such as housing, employment, and benefits for individuals admitted into the program, upon reentry into the community.

Goals/Objectives

Collier County accomplished their program objectives as specified in their grant proposal. The program's five major grant objectives include:

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

Evidence-based, Best, and Promising Practices and Tools Utilized

- SSI/SSD Outreach Advocacy and Recovery (SOAR)
- Crisis Intervention Teams (CIT)
- Motivational Interviewing (MI)
- Seeking Safety
- Peer Specialists
- Forensic Intensive Reintegration Support Team (FIRST)
- Florida Assertive Community Treatment Team (FACT)
- Assess, Plan, Identify, and Coordinate model (APIC)
- Daily Living Activities (DLA-20) (screening/assessment tool)
- Texas Christian University Drug Screen (TCUDS V)
- Posttraumatic Stress Disorder Checklist for DSM 5 (PCL-5)
- Mental Health Screening Form-III (MHSF-III)

Number Served

Final year of the three-year grant program:

- CAC: 4,132 individuals were screened/assessed
- FIRST: 106 individuals were admitted
- CIT: 79 law enforcement officers trained

Program Lifetime:

- CAC: 11,553 individuals were screened/assessed
- FIRST: 331 individuals were admitted
- CIT: 250 law enforcement officers trained

Overall Grant Cost

- Total award amount: \$853,316 (three years)
- Total expenditures as of contract end date: \$794,000

Performance Measures

- Measure: 50 percent reduction of re-arrests among program participants one-year post program admission compared with one-year prior to admission.
 - 69.4 percent reduction (415 arrests prior, 127 arrests post) of re-arrests among program participants (program lifetime).
- Measure: 100 percent of program participants will receive increased access to comprehensive community-based behavioral health services in the one-year period post-program admission.
 - 100 percent of program participants (331 of 331) received increased access to comprehensive community-based behavioral health services in the one-year period post-program admission (program lifetime).
- Measure: 80 percent of program participants who were not residing in stable housing at the time of admission will report living in stable housing one-year post-program admission.
 - 94.7 percent of program participants (36 of 38) not residing in stable housing at the time of admission reported residing in stable housing one-year post-program admission (program lifetime).
- Measure: 80 percent of program participants who are eligible for, but not receiving Social Security benefits at admission will be linked to benefits post-admission through SOAR-trained CPRS or other FIRST team members.
 - 95.56 percent of program participants (43 of 45) who were eligible for, but not receiving benefits at program admission were linked to Social Security benefits during the program lifetime.

Program Update

Following the technical assistance event on screening and assessment tools facilitated by the CJMHS A TAC in November 2015, the DLC implemented three new evidence-based screening tools at the CAC. The three screening tools are the Texas Christian University Drug Screen (TCUDS V), Posttraumatic Stress Disorder Checklist for DSM 5 (PCL-5), and the Mental Health Screening Form-III (MHSF-III). The DLC discontinued the use of the Level of Service/Case Management Inventory (LS/CMI) due to negative feedback.

Members of the FIRST Team (DLC, Armor Correctional Health Services and NAMI) met weekly to discuss candidates that may be eligible for the program and to discuss the progress of current participants. Meetings such as these proved to be helpful in improving services and communication among agencies resulting in better collaboration.

Tele-assessments are now being provided in the Collier County Jail prior to a client's release to ensure that the individual can schedule a doctor's appointment upon reentry to the community to avoid a disruption in their medication since the jail only provides individuals with three-days of psychotropic medications when they are discharged.

A constant barrier to Collier County's grant program is securing stable and affordable housing for the target population. There is a limited number of available units that will accept an individual with a criminal background and aside from those units, landlords are often unwilling to accept these individuals and many do not meet the requirements for a halfway house or for the homeless shelter in the county. Due to a lack of stable housing, clients may be less likely to pursue services and are at a higher risk of

recidivism. Due to the housing barriers in Collier County, inmates who may qualify for FIRST services may relocate to another county upon reentry to find affordable housing and subsequently cannot access these services. The limited housing options may also pose a threat to the safety of case managers and peer specialists when they have to locate their clients in unsafe living conditions. Employment and financial barriers also affect the success of FIRST program clients. To address barriers to employment, the DLC recently partnered with a food industry contractor willing to hire individuals with a criminal background and this may assist some of the FIRST program participants in gaining employment.

The Effect of the CJMHS A Reinvestment Grant Program on Reducing Forensic Commitments through Meeting the Needs of Individuals

During the three-year grant program, none of the FIRST program participants were committed to a state mental health treatment facility.

Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison

Collier County indicated that since the inception of the grant, there has been an increase in the number of individuals screened for substance use and mental health issues in the county. While not all of the individuals screened met the criteria for the program, many still received discharge planning and referrals to other resources in the community.

Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Commitments to State Mental Health Treatment Facilities

According to Collier County's quarterly reports, availability and accessibility of services has increased and there have been decreases in admissions to the jail. The county reported that 100 percent (331 of 331) of program participants received increased access to comprehensive community-based behavioral health services in the one-year period post-program admission. The addition of the coordinated jail reintegration team may have facilitated the increase in accessibility of services for program participants discharged from the jail.

There have been no admissions to state forensic hospitals by FIRST program participants. Clients who have a more serious mental illness are referred to the Mental Health Court, in addition to the FIRST program, rather than committed to a state mental health treatment facility.

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

As of the contract end date, Collier County has expended/leveraged \$857,315.09 or approximately 98.6 percent of the three-year match commitment.

DUVAL COUNTY

Duval County's grant-funded program is the Centralized Coordination Project (CCP). Duval County's Reinvestment Grant had an end date of April 30, 2017; however, this grantee received approval for a no-cost extension (NCE) through November 30, 2017.

Target Population

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

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

Program Design/Model

The Centralized Coordination Project (CCP) was implemented and operational as of November 1, 2014. The program design is focused on evidence-based assessments, referrals for services, and follow-up to ensure services are received. CCP personnel strive to mitigate and manage factors to reduce the likelihood of youth unnecessarily and prematurely becoming involved in the juvenile justice system. The initial 21 days between a juvenile's contact with law enforcement and before the initial meeting with the State Attorney's Office is a critical intercept for positive intervention and, possibly, diversion.

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

Three CCP project personnel conduct assessments and care coordination for treatment services. During the initial 21 days after law enforcement contact, the assessment counselor serves as the care coordinator to connect the youth with case managers funded through the System of Care program or Motivational Enhancement Therapy/Cognitive Behavioral Therapy (MET/CBT-5) for youth needing substance abuse services. CCP youth can be referred to and access the High Intensity Wrap Around program for mental health services that is part of the county's System of Care program.

Goals/Objectives

Duval County's Centralized Coordination Project achieved the objectives stated in their application.

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

Evidence-based, Best, and Promising Practices and Tools Utilized

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

Number Served

Final year of the three-year grant program (through April 30, 2017):

- CCP: 488 youth were screened/assessed
- CCP: 199 youth were referred for services
- CIT: 170 law enforcement officers and correctional/probation officers trained

Program Lifetime (three years):

- CCP: 1,015 youth screened/assessed during the program lifetime
- CCP: 576 youth were referred for substance abuse and/or mental health treatment services during the program lifetime
- CIT: 471 officers attended CIT training

Overall Award Amount

- Total amount awarded: \$1,200,000 (three years)
- Total expenditures through April 30, 2017: \$766,153

Performance Measures

Duval County has a No Cost Extension, therefore, the program continues to serve participants and make progress toward their performance measures. Progress toward meeting the grantees' performance measures:

- Measure: 60 percent reduction of re-arrests among program participants one-year post admission.
 - 72 percent reduction in re-arrest for participants one-year post-admission to the program (28 percent were arrested (148/523) (the timeframe for the recidivism data is lifetime-to-date/since grant inception).
- Measure: 50% increase of program participants linked to social security or other benefits for which they are eligible.
 - 100 percent of the youth (54/54) who attended their first appointment and who were not receiving benefits for which they were eligible were linked to Medicaid benefits (during program lifetime).
- Measure: 140 law enforcement officers will be CIT trained each year (420 over the program lifetime).
 - 170 law enforcement and correctional/probation officers completed CIT training in Year 3
 - 471 individuals were CIT-trained during the program lifetime
- Measure: 90 percent of youth assessed as needing treatment are referred for treatment.
 - 85 percent (576/678) of youth assessed as needing treatment were referred for treatment during the program lifetime
- Measure: 60% of youth referred for treatment will make at least one appointment with the treatment provider.
 - 42 percent (242/576) of the youth who were referred for treatment attended their first appointment during the program lifetime
- Measure: 60% of youth referred for treatment and making at least one appointment will complete treatment.
 - 48 percent (117/242) of the youth who were referred for treatment and attended at least one appointment and received treatment, were reported as having successfully completed the treatment by the provider during the program lifetime

Program Update

As of October 2016, responsibilities previously conducted by the lead provider, Gateway Community Services, transitioned to Jewish Family & Community Services (JFCS) to conduct the assessment and care coordination services for youth. Personnel were SOAR-trained and trained to administer the GAIN-I assessment instrument. CCP refers youth to such programs as Gateway Community Services, Daniel Kids, BAYS Florida, River Regional Human Services, Family Foundations, and Jewish Family & Community Services.

The grantee overcame early barriers to the screening and treatment processes (involvement in treatment) by collaborating with the Florida Department of Juvenile Justice. Their strategies included environmental changes, JAC process alterations, and increased family involvement. The location in

which the GAIN-I is administered transitioned from being administered in the JAC, youth's home, schools, libraries, etc., to designated space in the State Attorney's Office. The State Attorney's Office agreed to include treatment recommendations in the diversion paperwork that the juvenile must complete and, if treatment is indicated on the GAIN-I assessment, treatment is included as part of the diversion sanctions.

The Effect of the CJMHS A Reinvestment Grant Program on Reducing Forensic Commitments through Meeting the Needs of Individuals

Grantee reported that this issue was not applicable. The target population of Duval County's CJMHS A grant-funded program is juveniles; the grantee's progress reports do not mention any forensic commitments for juveniles prosecuted as adults.

Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison

Information to address this issue was not provided by the grantee.

Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Commitments to State Mental Health Treatment Facilities

Information to address this issue was not provided by the grantee. However, in reviewing the grantee's quarterly reports, it appears that the program has increased access to mental health and substance abuse treatment by increasing the number of partnering mental health and substance abuse treatment organizations—Gateway Community Services, Daniel Kids, BAYS Florida, River Regional Human Services, Family Foundations, and Jewish Family & Community Services.

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

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

As of grantee's regular contract end date, April 30, 2017, Duval County expended/leveraged \$941,902 or approximately 78.5 percent of their three-year match commitment.

FLAGLER COUNTY

Flagler County’s Reinvestment Grant program is the Crisis Triage and Treatment Unit (CTTU).

Target Population

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

Program Design/Model

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

Goals/Objectives

Flagler County achieved 100 percent across their five program objectives as specified in their grant proposal. The CTTU’s five major grant objectives include:

1. Create a centralized Coordination Project within eight months of the execution of the grant agreement
2. Assure that individuals and entities who will be working with the target population are adequately trained in identifying or delivering recovery-oriented services
3. Increase access to mental health, substance abuse treatment, or prevention services for program participants identified as the target population
4. Increase public safety by reducing the number of arrests for the target population of individuals in mental health crisis
5. The CTTU will divert 75 individuals experiencing a mental health crisis from arrest or placement in a crisis stabilization unit during Year 1; 100 individuals during Year 2; and 120 individuals during Year 3

Flagler CTTU Diversions by Grant Program Year

	Target	Actual
Program Year 1	75	125
Program Year 2	100	132
Program Year 3	120	132

Evidence-based, Best, and Promising Practices and Tools Utilized

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

Number Served

Final year of the three-year grant program:

- CTTU: 305 adults in mental health crisis were provided services
- CIT: 109 law enforcement officers trained
- MHFA: 103 individuals trained

Program Lifetime:

- CTTU: 1005 adults in mental health crisis were provided services
- CIT: 369 law enforcement officers trained
- MHFA: 334 individuals trained

Overall Grant Cost

- Total award: \$1.2 million (three years)
- Total expenditures as of contract end date: \$1,145,070

Performance Measures

- Measure: 85 percent of program participants referred to the CTTU under a Baker Act will not be re-referred under Baker Act in the succeeding 12-month period.
 - 91 percent of program participants (638 of 700) who were referred under a Baker Act were not re-referred under a Baker Act in the succeeding 12-month period during the program lifetime.
- Measure: 75 percent reduction in the total number of arrests among program participants in the one-year period post program admission compared to the one-year period prior to program admission (this measure is the number of arrests, not the number of participants who were arrested).
 - 76 percent reduction (398 arrests prior, 96 arrests post) in the total number of arrests among program participants in the one-year period post-program admission compared to the one-year period prior to program admission (program lifetime).
- Measure: 90 percent of program participants will receive increased access to comprehensive community-based behavioral health services in the one-year period post-program admission compared to the one year prior to program admission.
 - 97 percent of program participants (681 of 700) reported that they received increased access to comprehensive community-based behavioral health services in the one-year period post-program admission compared to the one-year period prior to program admission (program lifetime).
- Measure: 80 percent of program participants who were not residing in stable housing at the time of admission will report living in stable housing one-year post-program admission.

- 82 percent of program participants (91 of 121) who were not residing in stable housing at the time of admission reported residing in stable housing one-year post-program admission (program lifetime).
- Measure: 100 percent of program participants who were eligible for Social Security or other benefits but not receiving them at the time of program admission will report that they have been linked to benefits within six months of admission.
 - 100 percent of program participants (133 of 133) who were eligible for Social Security or other benefits, but not receiving them at the time of admission were linked to services within six months of admission (program lifetime).
- Measure: 80 percent of the annual targeted number of Crisis Intervention Team (CIT) and Mental Health First Aid (MHFA) training participants shall complete the training.
 - 109 percent (109 of 100) of the annual target of 100 participants completed the CIT training in year three.
 - 123 percent (369 of 300) of the three-year target of 300 participants completed the CIT training in the program lifetime.
 - 103 percent (103 of 100) of the annual target number of 100 participants completed the MHFA training in year three.
 - 111 percent (334 of 300) of the three-year target of 300 MHFA participants completed the training during the program lifetime.

Program Update

The Flagler County Public Safety Coordinating Council (PSCC) meetings are held on the second Wednesday of each month. Reinvestment Grant activities are a standing agenda item over the life of the grant. During this grant cycle, the CTTU admitted and provided services to 1005 Flagler County residents.

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

The Effect of the CJMHS A Reinvestment Grant Program on Reducing Forensic Commitments through Meeting the Needs of Individuals

During the three-year grant program, there were only five forensic commitments (of CTTU clients) to a state mental health treatment facility.

Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison

On a monthly basis, public defenders, prosecutors, and the Director of the Flagler County Inmate Facility meet with case managers to staff the cases of individuals in the jail who have substance use and mental health problems. The case managers advocate and mediate on behalf of their client in an attempt to expedite the process of the judicial system. The case managers may also provide transportation for their clients who are under a Baker Act and thereby take some of the burden off law enforcement officers.

Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Commitments to State Mental Health Treatment Facilities

According to Flagler County's quarterly reports, 97 percent of program participants (681/700) reported that they received increased access to comprehensive community based behavioral health services in the one year period post program admission compared to the one year prior to program admission. In addition, Flagler County has diverted 48 clients from incarceration in FY2016-17 and 100 clients in the three-year grant program. Notably, transportation played a key role in the accessibility of effective community-based services. In FY2016-17, the CTTU staff transported 258 clients to inpatient treatment and transported 181 clients to case management services.

The CTTU program has diverted 255 clients from Baker Act processing, 127 clients from Marchman Act processing and 140 clients from arrest. In program year three, the CTTU diverted 132 clients in mental health crisis from arrest or placement in a crisis stabilization unit.

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

As of the contract end date, Flagler County has expended/leveraged \$1,145,070.55 or approximately 95.4 percent of the three-year match commitment.

HILLSBOROUGH COUNTY

Hillsborough County's Reinvestment Grant program is the Mental Health Jail Diversion-Pre-Arrest Intercept Program (JDP-PIP).

Target Population

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

Program Design/Model

JDP-PIP offers a single point of entry into the behavioral health system for screenings/assessments and linkages/referrals to appropriate placements for adult individuals experiencing a behavioral health crisis. This program diverts individuals at Intercept 2 of the criminal justice system (Initial Detention/First Appearance); individuals are "intercepted" or diverted during pre-booking or post-booking. This centralized coordination program provides immediate assessment and evaluation, medication education and treatment, crisis counseling, case management linkage, and other wraparound services. Crisis Intervention Team (CIT) training is a component of this grant program. The Agency for Community Treatment Services (ACTS), a non-profit substance abuse and mental health provider, facilitates collaboration between community providers for treatment services. ACTS' Amethyst Respite Center (ARC) offers temporary housing placements and Drug Abuse Comprehensive Coordinating Office

(DACCO) provides county-funded emergency “bridge housing” (10 beds for program participants). Additionally, SOAR-trained personnel assist program participants with linkage to social security and other applicable benefits.

Goals/Objectives

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

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

Hillsborough County achieved their five program objectives as specified in their proposal and grant agreement. JDP-PIP’s five major grant objectives included:

1. Establish the centralized coordination program within eight months of grant agreement execution
2. Ensure individuals and partners involved in the delivery of the program are appropriately trained
3. Increase access to mental health and substance use treatment and prevention services
4. Increase public safety by reducing the number of arrests for the target population
5. Manage a system of recovery-oriented reception, assessment, intervention, triage, referral, and case management services for the target population

Evidence-based, Best, and Promising Practices and Tools Utilized

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

Number Served

Final year of the three-year grant program:

- JDP-PIP: 1,133 individuals served in grant program Year 3 (151% of target 750)
- JDP-PIP: 308 individuals were enrolled in grant program Year 3
- CIT: 288 officers trained (144% of target 200)

Program Lifetime (three years):

- JDP-PIP: 3,411 individuals served during the program lifetime (151% of 2,250 target)
- JDP-PIP: 1,033 individuals were enrolled in the program lifetime
- CIT: 1,015 officers trained (169% of 600 target) during the program lifetime

Overall Grant Cost

- Total amount awarded: \$1,184,902 (three years)
- Total expenditures as of the contract end date: \$1,184,901

Performance Measures

Outcome data for the performance measures are reported below.

- Measure: Attain 35 percent reduction in rearrests (as measured by jail bookings) over the three-year grant program
 - 20 percent reduction in rearrests (20.02%) 12-months post-initial enrollment
 - An estimated 30 percent reduction in rearrests (30.47) 6-months post-initial enrollment
- Measure: 75 percent of participants will receive increased access to recovery-based mental health services or community-based substance abuse treatment services.
 - 79 percent (246/308) of participants received increased access to services in Year 3
 - 79 percent of participants (813/1033) received increased access to services during the program lifetime
- Measure: 50 percent of participants who did not reside in stable housing at the time of admission will reside in stable housing upon reentry.
 - 36 percent (58/161) of participants resided in stable housing upon reentry into the community (in Year 3)
 - 46 percent (382/838) of participants resided in stable housing upon reentry into the community (during program lifetime)
- Measure: 80 percent of participants will be offered an SSI/SSDI Outreach, Access, and Recovery (SOAR) preliminary assessment to determine eligibility for benefits.
 - 96 percent of adult participants (295/308) were offered a preliminary assessment to determine eligibility in Year 3
 - 87 percent of adult participants (903/1033) were offered a preliminary assessment to determine eligibility during the program lifetime
- Measure: 75 percent of participants who were eligible for SSI/SSDI benefits will be linked to benefits upon reentry.
 - 87 percent (41/47) of eligible participants were linked to SSI/SSDI benefits in Year 3
 - 77 percent (57/74) of eligible participants were linked to SSI/SSDI benefits during the program lifetime

Program Update

- The centralized coordination program allowed Hillsborough County to reduce the number of arrests by identifying 1,033 individuals eligible for diversion throughout the three-year grant period. Once assessed and enrolled into the program, individuals were offered case

management services, and, based on need, connected with substance use and/or mental health services. Highlights from Hillsborough County's three-year grant include:

- One-third (31%) of screenings resulted in enrollments
- On average, 29 individuals were enrolled each month throughout the duration of the grant
- The average age of enrollees was 40 years and the majority of enrollees were males (81%)
- Hillsborough collaborated with the Agency for Community Treatment Services (ACTS) for treatment services, temporary housing through the Amethyst Respite Center, service delivery, monthly data collection and reporting (UNITY system), and to assist participants in applying for benefits. Each of the lead case managers at ACTS completed training to use the evidence-based Social Security Outreach Access & Recovery (SOAR) method to assist individuals with accessing benefits.
- On January 26, 2017, the Hillsborough County Strategic Planning Department's Criminal Justice Unit sponsored and led a Mental Health Court Summit that focused on smart justice policies, system development, and the challenges in diverting individuals with substance use and/or mental health issues away from the criminal justice system. This event was attended by 320 participants.
- Late in 2015, Hillsborough County expanded the criteria for this diversion program to include post-booking (as well as pre-booking). Staff of the Office of Public Defender, the State Attorney Office, and the First Appearance Court Judge reach agreement on individuals eligible for diversion. This expands the pool of individuals eligible for diversion, which, in turn, provided opportunities for these individuals to receive needed treatment services.

The Effect of the CJMHS A Reinvestment Grant Program on Reducing Forensic Commitments through Meeting the Needs of Individuals

JDP-PIP enabled Hillsborough County to provide tailored services to 1,033 individuals enrolled in the program. These tailored services reduced or eliminated participants' involvement in the criminal justice system and served as preventive measures toward immediate and future forensic commitments to state mental health treatment facilities. Moreover, the 3,411 individuals served in the program have a better understanding of their potential and actual behavioral health needs. As misdemeanants, JDP-PIP participants were not Chapter 916, F.S., eligible; had they continued to deteriorate or engaged in further criminal activity, they likely would have been in jeopardy of forensic commitments.

Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison

The JDP-PIP decreased the influx of low-level inmates booked and housed in the county jail (awaiting trial or sentenced). As a result, the jail's responsibility as a provider of behavioral health services was reduced and jail personnel were able to focus additional attention and resources on inmates more appropriate for jail placement.

Summary of the Effect of the CJMHSA Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Commitments to State Mental Health Treatment Facilities

The program's screening process better identified individuals' needs resulting in efficient use of the grant funds. As previously mentioned, more than one thousand individuals received services specifically tailored to their assessed needs. During the course of the three-year grant, 3,411 individuals received screening and assessment services and, of those, 1,033 were diverted from the system through enrollment and participation in the program. Participants received access to entitlement assistance, wraparound services, case management, peer support services, and reduced time in jail. These services and expanded opportunities were the result of involvement in the JDP-PIP.

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

Part of Hillsborough County's long-term plan to address behavioral health issues in the criminal justice system has been to establish a Mental Health Court to operate with their other problem-solving courts. The county was able to build momentum toward this goal with their 2014-17 CJMHSA Reinvestment Grant. The January Mental Health Court Summit served as both an educational event as well as the announcement of their Mental Health Court. Establishing this problem-solving court continued their effort to improve the justice system's response to addressing the needs of individuals with behavioral health disorders and avert unnecessary costs. Throughout their grant, Hillsborough County continued to assess and map their system and develop collaborative problem solving strategies. The county was able to utilize the partnerships developed through their 2014-17 grant to apply and receive two additional CJMHSA Reinvestment Grants (one became active in February 2017 and the second grant will be executed in late 2017).

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

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

As of the contract end date, Hillsborough County expended/leveraged \$1,213,383 or approximately 101 percent of the three-year match commitment for their CJMHSA Reinvestment grant. Hillsborough County has exceeded their match obligation.

LAKE COUNTY

Lake County's reinvestment grant program is the Centralized Coordination Project-Forensic Community Services Team Program (CCP-FCST), herein referred to as the Forensic Community Services Team (FCST).

Target Population

The target population for the Forensic Community Services Team includes:

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

Program Design/Model

Lake County, in conjunction with LifeStream Behavioral Center, operates the Forensic Community Services Team (FCST). The team delivers a system of recovery-oriented screening, assessment, triage, intensive treatment, services, and rehabilitation. Individuals can be admitted into the voluntary program if they have pending criminal charges and the state attorney agrees to alternative sentencing, or an individual may be referred to the program if they are at risk for further criminal justice involvement upon reentry into the community.

Goals/Objectives

The overall goal of Lake County's Criminal Justice Mental Health and Substance Abuse grant program was to increase public safety by successfully diverting individuals with behavioral health disorders from incarceration through improving the accessibility and effectiveness of treatment services for the target population.

Lake County achieved 100 percent across the five program objectives as specified in their proposal and grant agreement. Their five major grant objectives included:

1. Establish a Central Coordination Project as an expansion of the Forensic Community Services Team within eight months of the execution of the grant agreement.
2. Assure that individuals and entities who will be working with the target population are adequately trained in identifying or delivering recovery-oriented services.
3. Increase access to substance abuse and mental health treatment or prevention services for program participants identified as the target population.
4. Increase public safety by reducing the number of arrests for the target population.
5. Reduce barriers to successful diversion and community integration for the target population.

Evidence-based, Best, and Promising Practices and Tools Utilized

- Assertive Community Treatment (ACT)
- SOAR (SSI/SSD Outreach Advocacy and Recovery)
- Motivational Interviewing (MI)
- Cognitive Behavioral Therapy (CBT)

- Forensic Intensive Case Management (FICM)
- Crisis Intervention Teams(CIT)
- Risk-Need-Responsivity framework (RNR)
- GAINS Reentry Checklist
- Forensic Community Services Team (FCST)
- Ohio Risk Assessment System (ORAS)
- Texas Christian University (TCU) Drug Screen
- Global Appraisal of Individual Needs (GAINS SS)
- Posttraumatic Stress Disorder Checklist for DSM 5 (PCL-5)
- Trauma-Informed Therapy
- Enhancement Therapy

Number Served

Final year of the three-year grant program:

- CCP-FCST: 217 individuals screened/assessed
- CCP-FCST: 52 individuals enrolled
- CIT: 92 law enforcement officers trained

Program Lifetime:

- CCP-FCST: 442 individuals screened/assessed
- CCP-FCST: 151 individuals enrolled
- CIT: 199 law enforcement officers trained

Overall Grant Cost

- Total award amount: \$1.2 million (three years)
- Total expenditures as of contract end date: \$1,198,926

Performance Measures

- Measure: 70 percent reduction in the total number of arrests among program participants in the one-year period post-program admission compared to the one-year period prior to program admission.
 - 80 percent reduction (246 arrests prior, 25 arrests post) in the total number of arrests among program participants in the one-year period post-program admission compared to the one-year period prior to program admission (program lifetime).
- Measure: 100 percent of program participants will report that they have received increased access to comprehensive community-based behavioral health services in one year.
 - 100 percent of program participants (151 of 151) reported increased access to comprehensive community based behavioral health services during the program lifetime.
- Measure: 80 percent of participants not residing in stable housing at the time of program admission will report living in stable housing one-year post-program admission.
 - 100 percent of program participants (9 of 9) in need of stable housing at program admission secured stable housing one-year post-program admission (program lifetime).

- Measure: 30 percent of program participants who were eligible for Social Security or other benefits but not receiving them at program admission will report that they were linked to benefits within six months of admission
 - 100 percent of program participants (22 of 22) were linked to Social Security or other benefits within six months of program admission (program lifetime).
- Measure: 75 percent of the annual targeted number of CIT training participants shall complete the training (DCF performance measure target is 100 percent rather than 75 percent as stated in Lake County’s contract).
 - 708 percent (92 of 13) of the annual target of 13 participants completed the CIT training in year three.
 - 510 percent (199 of 39) of the three-year target 39 participants completed the CIT training during the program lifetime.

Program Update

During Year 2 of the grant program, the CJMHS A TAC conducted a Sequential Intercept Mapping for Lake County. As a result, the Public Safety Coordinating Council updated the 2013 strategic plan to address the five intercept areas as discussed during the 2016 mapping. The grantee plans to focus on the following three objectives:

- maintain and enhance public safety,
- reduce recidivism, and
- promote recovery by improving access to behavioral health integrated care.

Despite the fact that 36 percent of clients were at high risk of substance use and criminality, 37 percent were high risk of mental health need and criminality, and 41 percent were high substance use and mental health need, the program’s participant success rate was promising. The data analysis completed by Dr. Potter (Lake County’s external program evaluator) reported that 87 percent of successful program graduates did not reoffend during or up to 18 months after program completion.

The constant challenge for Lake County was accessing housing alternatives for justice-involved homeless individuals. The FCST team and taskforce worked closely with the homeless coalition to address this challenge. The FCST applied for shelter plus vouchers for multiple consumers and they were able to secure housing for the nine clients that did not have a stable residence at intake.

The Effect of the CJMHS A Reinvestment Grant Program on Reducing Forensic Commitments through Meeting the Needs of Individuals

Following the screening and assessment process to gain admission into the FCST program, the treatment team collaborated with each program participant and their social support system to customize a recovery plan using the Risk-Need-Responsivity (RNR) model. The recovery plan focused on the individual’s strengths, needs, abilities, and desired quality of life in an effort to assist the individual in meeting their basic needs and reduce criminal justice involvement. However, the county did not directly address the effect of the CJMHS A Reinvestment Grant Program on reducing forensic commitments through meeting the needs of individuals.

Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison

Information regarding growth and expenditures of the jail, juvenile detention center, and prison was not reported in Lake County's quarterly reports.

Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Commitments to State Mental Health Treatment Facilities

The FCST screened 442 individuals who were referred to the program and admitted 151 (of the 442) individuals who were screened. Any individual referred to the program who did not meet the criteria for the FCST was referred to a different program that may better serve their needs. A waiting list is utilized for appropriate referrals seeking treatment by the FCST. According to the county's external evaluator, 87 percent of successful FCST program graduates did not recidivate (during or up to 18 months after program completion) and 74 percent of unsuccessfully discharged program participants did not recidivate. In July 2014, Lake County established a 24/7 on-call services telephone line for law enforcement and consumers to utilize in the event of an after-hours emergency. One hundred percent of program participants reported increased access to community-based mental health and substance use services.

The FCST maintains that increases in participants' social support ensures compliance with treatment. As a result, individuals successfully complete their terms of probation and live a productive life. The county reported that there was an 80 percent reduction (246 arrests prior, 25 arrests post) in the total number of arrests among program participants in the one-year period post-program admission compared to the one-year period prior to program admission.

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

As of the contract end date, Lake County has expended/leveraged \$1,198,926.55 or approximately 99.9 percent of the three-year match commitment.

LEE COUNTY

Lee County's grant-funded program is the Bob Janes Triage Center/Low Demand Shelter.

Target Population

The target population for the Bob Janes Triage Center are adults in Lee County who are:

- exhibiting symptoms of substance use, mental health, or co-occurring disorder,
- at risk of arrest for low-level minor offenses, and/or
- inappropriately utilizing hospital emergency rooms.

Program Design/Model

The Bob Janes Triage Center/Low Demand Shelter, operated by The Salvation Army in conjunction with SalusCare, Lee Memorial Health System, and Lee County Department of Human Services, offers an alternative to arrest and/or incarceration when law enforcement officers encounter individuals with a substance use, mental health, or co-occurring disorder. Individuals can stay at the shelter for up to 30 days. Upon intake into the shelter, a SalusCare mental health clinician performs a bio-psychosocial assessment to identify behavioral health problems, social history, and treatment options. The Triage Center personnel work with clients to assess their needs, establish goals, provide support services and life skills, and find the most appropriate treatment or housing option. All individuals admitted into the Triage Center have access to nursing and case management services.

Goals/Objectives

Lee County achieved 100 percent across their five program objectives as specified in their grant agreement. The five major grant objectives included:

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

Evidence-based, Best, and Promising Practices and Tools Utilized

- Crisis Intervention Teams (CIT)

Number Served

Final year of the three-year grant program:

- Bob Janes Triage Center: 762 individuals (unduplicated count)
- Bob Janes Triage Center: 954 individuals served (duplicated count)

Program Lifetime:

- Bob Janes Triage Center: 1594 individuals served (unduplicated count)
- Bob Janes Triage Center: 2251 individuals served (duplicated count)

Overall Grant Cost

- Total award: \$825,000 (three years)
- Total expenditures as of contract end date: \$825,000

Performance Measures

- Measure: 15 percent reduction in the total number of arrests among individuals admitted to Triage Center services in the one-year period post-program admission compared to the one-year period prior to program admission.
 - 33 percent reduction (589 arrests prior, 395 arrests post) in the total number of arrests among individuals admitted to Triage Center services in the one-year period post-program admission compared to the one-year period prior to program admission (program lifetime).
- Measure: 20 percent of program participants will report increased access to comprehensive community-based behavioral health services in the one-year period post-admission compared to the one-year period prior to program admission.
 - 85 percent of program participants (849 of 1000) reported increased access to comprehensive community-based behavioral health services in the one-year period post-admission compared to the one-year period prior to program admission (program lifetime).
- Measure: 25 percent of those program participants not residing in stable housing at program admission will report residing in stable housing one-year after program admission.
 - 30 percent of program participants (295 of 1000) who did not reside in stable housing at the time of admission reported residing in stable housing one-year post-program admission (program lifetime).
- Measure: 10 percent of program participants determined to be eligible for Social Security or other benefits will receive benefits six months post-program admission.
 - 13 percent increase (166 of 1262) in the number of participants who were eligible for and receiving Social Security benefits six months post-program admission (program lifetime).

Program Update

Since the inception of the grant program, the Lee County PSCC met quarterly to discuss the safety and general welfare of the citizens of Lee County. At the most recent meeting, Lee County identified the key goals for the future are to assess the county jail population trends and discuss initiatives to reduce the number of individuals in the jail through pretrial intervention programs, probation programs, substance use and mental health programs, work release, and court-ordered case management. In addition, the Triage Center is also going to determine the feasibility of expanding the referral base to include the court system, more specifically to accept referrals from the specialty courts and first appearance hearings.

While it is not a performance measure for their grant program, Lee County reported that since the inception of the grant program in 2014, 1103 law enforcement officers, service providers, and Lee County citizens have received the 40-hour Memphis Model CIT training.

A barrier expressed by the grantee was their inability to follow-up with participants who are discharged because the Triage Center does not provide case management once an individual is discharged. Therefore, it becomes difficult to track the progress of participants. Due to the transient nature of the target population and despite efforts made by personnel to follow up with individuals, they are often unable to locate or maintain contact with participants after they leave the shelter. In order to address this barrier, additional personnel were hired to follow-up with individuals after discharge from the Triage Center and a formalized process has been developed through the use of the Homeless Management Information System (HMIS). The Triage Center and all participating Lee County Continuum of Care programs utilize the HMIS for reporting client information, which enables programs to track clients once their 30-day stay has expired.

The Effect of the CJMHS A Reinvestment Grant Program on Reducing Forensic Commitments through Meeting the Needs of Individuals

Lee County did not provide information regarding forensic commitments.

Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison

All individuals referred to the Bob Janes Triage Center are at imminent risk of arrest, future involvement in the criminal justice system, or are incarcerated at the time of referral. During the three-year grant program, 35 percent of individuals (789 of 2251) referred by law enforcement officers as an alternative to incarceration. Approximately 61 percent of the individuals served by the Bob Janes Triage Center since program inception were previously involved in the criminal justice system.

Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Commitments to State Mental Health Treatment Facilities

Since program inception, 84.9 percent of program participants (849 of 1000) reported that they received increased access to comprehensive community-based behavioral health services in the one-year period post-admission compared to the one-year period prior to program admission.

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

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

As of the contract end date, Lee County has expended/leveraged \$1,021,469.02 or approximately 63.4 percent of the three-year match commitment.

ORANGE COUNTY

Orange County's grant-funded program is an expansion and enhancement of Wraparound Orange (WAO) and referred to as WAO.

Target Population

The target population includes youth with mental health, substance use, or co-occurring disorders who present low risks to public safety but who are at-risk for deeper involvement in the juvenile justice system in the absence of positive, effective intervention. This project serves youth who are arrested as well as those who have not been arrested. Orange County expanded their WAO program's target population to serve youth aged 13 and 14, rather than youth aged 12 and younger. The target population includes:

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

Program Design/Model

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

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

WAO intended to change the system of care for at-risk youth and their families through leadership, coordination, and combining resources (federally, state, local). It is a system of care focused on engaging community-wide collaboration between child-serving systems to meet the multiple and changing needs of youth and their families. A wraparound team consists of a wraparound specialist (Masters level clinician) and an in-home peer support worker referred to as a "family partner". The teams serve the youth and the family. Assessments are conducted using the Child and Adolescent

Needs and Strengths – Comprehensive tool (CANS-C). Youth are assessed at intake, three months, six months, twelve months, and at discharge. A “family team” who collectively develop, implement, and monitor the Family Care Plan and Crisis Plan serves youth and families enrolled in WAO. The average length of service is 12 to 16 months, with each team serving a caseload of 10 to 12 youth and their families. All personnel serving the youth are trained in identifying and delivering recovery-oriented services. Personnel receive the following training:

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

Goals/Objectives

WAO addressed and/or completed their stated objectives:

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

Evidence-based, Best, and Promising Practices and Tools Utilized

- SSI/SSDI Outreach, Access, and Recovery model (SOAR)
- Motivation Interviewing (MI)
- Crisis Intervention Teams-Youth (CIT-Y) Training
- Child and Adolescent Needs and Strengths – Comprehensive tool (CANS-C) (assessment includes six dimensions/domains and is utilized at initial assessment and re-assessments every 90 days)
- Wellness Recovery Action Plan (WRAP)
- Positive Achievement Change Tool (PACT) (juvenile assessment instrument)

Number Served

Final year of the three-year grant program:

- WAO: 55 youth and families enrolled in the program in the last year of the program (goal was 48 per year)
- CIT-Y: 65 law enforcement and corrections officers trained
- CIT-Y: 119 community members trained

Program Lifetime (three years):

- WAO: 150 youth and their families were enrolled in the program (the goal was 48 families per year or 144 over three years)
- CIT-Y: 396 law enforcement officers/corrections officers were trained

- CIT-Y: 224 public school personnel and school resource officers were trained

Overall Grant Cost

- Total award amount: \$1,193,880 (three years)
- Total expenditures through the contract end date: \$966,144

Performance Measures

Performance measure outcomes presented below reflect outcomes over the course of the three-year grant (program lifetime).

- Measure: 50 percent reduction in the total number of arrests from the one-year period prior to enrollment compared with one-year post intake into the program (inclusion criteria: grantee included only youth who attended at least three family team meetings and either successfully transitioned or received services for at least six months). Fifty-nine (59) youth met the inclusion criteria (program lifetime):
 - There was a four percent (4.5%) reduction in the number of arrests/charges accumulated by WAO youth. The grantee reported 66 arrests/charges accumulated by youth one-year prior to enrollment and 63 arrests/charges accumulated by youth one-year post enrollment.
 - The grantee reports a reduction of 7.6 percent in the number of arrests/charges by removing the “three highest-offending youth” from the calculation.
 - A reduction in the *number of youth* arrested was not included as a performance measure; however, the grantee reported a reduction of 24 percent in the *number of youth* arrested one year prior to enrollment compared with one-year post enrollment.
- Measure: 90 percent of program participants will receive increased access to community-based behavioral health services when comparing one-year prior to program intake and one-year post-program intake.
 - 98 percent (58/59) of the youth and families who have been in the program one year and/or transitioned reported having received access and linkages to needed behavioral health services.
- Measure: 90 percent of program participants not residing in stable housing at admission will report living in stable housing one year after program admission.
 - 100 percent (34/34) of *youth and families* reported not residing in stable housing at admission were living in stable housing one-year post admission (in Year 3)
- Measure: 75 percent of participants eligible for social security will receive benefits through SOAR or another benefit program.
 - 98 percent (153/156) of *youth and families* enrolled in the program for one year had qualifying benefits at transition (discharge) (in Year 3)
- Measure: 80 percent of the annual targeted CIT-Youth training participants will complete training.
 - 100 percent (184/184) of the participants who began CIT-Y training completed it (Year 3)
 - 100 percent (620/620) of the participants who began the training completed it (program lifetime)

Program Update

- During the grant lifetime, 44 youth successfully transitioned after three Family Team meetings and 43 of those youth and families were linked to mental health services.
- All WAO staff serving families received 24 hours of training in wraparound, six hours of training on the administration of CANS, and 12 hours of training in Motivational Interviewing. CANS training was provided on eight separate occasions during the program lifetime resulting in 73 individuals having been trained and certified on the use of CANS.
- Use of the civil citation system averaged 20 percent in the six months prior to WAO and in the final six months of the grant-funded program, civil citation use averaged 42 percent.
- WAO personnel attended five civil citation meetings to provide updates on the WAO and accessing it.
- The governing board (advisory council subcommittee) met regularly (almost quarterly) to review activities, services in the continuum, assess outcomes and needs, and provide direction as needed to various components. In total, the governing board met nine times during the program lifetime.
- WAO continued collaborations with law enforcement, school personnel, judicial personnel, families, providers, and other stakeholders. Attendees at community meetings included representatives from the Youth Mental Health Commission Implementation Team, CRC Governing Board (planning council), and the Orange County Juvenile Justice Advisory Board Meeting (civil citation).

The Effect of the CJMHS A Reinvestment Grant Program on Reducing Forensic Commitments through Meeting the Needs of Individuals

The grantee indicated “not applicable” for this question. This program’s target population are juveniles. There were no reports of forensic commitments for juveniles transferred into the adult criminal justice system.

Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison

The reduction in the number of arrests/charges accumulated by WAO youth would likely result in a cost avoidance for juvenile detention. Thirty youth (30) had at least one arrest prior to enrollment in WAO and 17 youth had at least one arrest (24% reduction) one-year post-enrollment. Moreover, there was a four percent (4.5%) reduction in the number of arrests accumulated by WAO youth. The grantee reported 66 *arrests/charges* accumulated by youth one-year prior to enrollment and 63 *arrests/charges* accumulated by youth one-year post enrollment.

Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Commitments to State Mental Health Treatment Facilities

Utilizing the CANS assessment tool to assess WAO youth, there were 760 “actionable needs” across all dimensions of the tool (average of 12.9 per youth). A reassessment of the youth indicated 348 “actionable needs” remaining (5.9 per youth). After involvement in WAO, these youth experienced a 54

percent reduction in their unmet needs. *These figures relate only to youth who completed wraparound services and successfully transitioned from the program (completers only, excludes youth who did not attend all sessions and complete the program). The population of youth served by WAO is not likely to include youth likely to be incarcerated or committed to a state mental health treatment facility.* The grantee did not report information regarding reductions to incarceration and commitments to state mental health treatment facilities.

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

As of the contract end date, Orange County expended/leveraged \$1,574,903 or approximately 92.9 percent of the three-year match commitment.

SEMINOLE COUNTY

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

Target Population

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

Program Design/Model

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

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

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

In Year 2, the array of services expanded to include co-occurring outpatient groups, individual counseling, and drug testing.

SPA Teams, supported by the county's Mental Health and Substance Abuse Task Force, involve teams of professionals closely collaborating between Aspire and SCSO. Case managers, care managers, peer

specialists, and forensic staff provide CRC services. SPA team collaborations also serve as boundary spanners.

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

Seminole County's CRC established MOUs with participating law enforcement agencies, Sanford Outreach Rescue Mission, and the Children's Home Society of Florida's Health Families of Seminole.

Goals/Objectives

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

Seminole County achieved the five objectives proposed for their CRC program. CRC's objectives included:

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

Evidence-based, Best, and Promising Practices and Tools Utilized

- CIT
- SOAR
- Ohio Risk Assessment System (ORAS) (screening assessment)
- Daily Living Activities (DLA-20) Functional Assessment (tool)
- Motivational Enhancement Therapy and Cognitive Behavioral Skills Training
- Co-Morbidity Program Audit and Self-Survey (COMPASS) (tool)
- Mental Health Court
- Drug Court
- Peer support specialists

Number Served

Final year of the three-year grant program:

- CRC: 28 served (target 30)
- CIT: 60 officers trained (target 25)
- MHFA: 8 individuals trained (target 15)

Program Lifetime (three years):

- CRC: 107 served (target 100)
- CIT: 225 officers trained (target 75)
- MHFA: 55 individuals trained (target 45)
- Assessments: 100 percent of the clients during the three-year program lifetime were assessed using the DLA-20 and the ORAS

Overall Grant Cost

- Total award amount: \$1,200,000 (three years)
- Total expenditures through the contract end date: \$1,196,149

Performance Measures

Performance measure outcomes:

- Measure: 80 percent reduction in rearrests among program participants prior to entering the program compared with one-year post release from the program. *The grantee made a note that they had not been calculating this performance measure correctly (according to the wording) throughout the grant period. The calculation and outcomes reported below are the percentage of participants arrested (reduction or increase is not noted; a timeframe (e.g., one-year post release or during program involvement) is not noted.*
 - Year 1 outcome: 20% were rearrested (4/20)
Year 2 outcome: 7.9% were rearrested (10/79)
Year 3 outcome: 9% were rearrested (10/106)
 - Program lifetime: 23% were rearrested (24/106)
- Measure: 90 percent of program participants will demonstrate successful engagement with identified services
 - 100 percent of participants reported successful engagement with services in Years 1 and 2. In Year 3, 78 percent of participants reported successful engagement.
 - 93 percent (92.67) of participants reported successful engagement over the program lifetime
- Measure: 70 percent of participants who did not have stable housing upon admission to CRC will have stable housing at reentry
 - 100 percent in Year 1, 75 percent in Year 2, and 86 percent in Year
 - 87 percent of participants had stable housing at the point of reentry over the course of the program lifetime

- Measure: 100 percent of participants who did not have SSI/SSDI benefits upon admission and who meet the criteria will receive SOAR assessments.
 - 100 percent of participants who did not have SSI/SSDI benefits received SOAR assessments in each year of the program and during the program lifetime.
- Measure: 70 percent of participants who receive SOAR assessments will begin receiving benefits during the grant period
 - 100 percent of participants who were recommended for benefits based upon a SOAR assessment were assisted in applying for benefits. Seven (7) SOAR applications were submitted: three applications were approved, two applications were denied based on qualifications, and two applications are pending.
- Measure: Serve 100 at-risk participants (who meet the ORAS and DLA-20 screening criteria) (Program lifetime target is 30; Year 3 target is 30)
 - Served 106 clients over the program lifetime (106% of target); served 28 clients in Year 3 (93% of target)
 - Also noteworthy, over the program lifetime, 100 percent of the program's clients were assessed using the DLA-20 and the ORAS
- Measure: Train 25 officers in CIT and train 15 participants in Mental Health First Aid (MHFA) (Note: 25 and 15 are Year 3 targets for CIT and MHFA); Program lifetime targets are 75 for CIT and 45 for MHFA)
 - 32 trained in a CIT refresher course, 28 officers received full CIT training, and eight (8) individuals received MHFA training during Year 3 (grantee experienced challenges with MHFA attendance by community members at their 4-14-17)
 - 240 trained in CIT and 55 trained in MHFA during program lifetime

Program Update

- The external evaluator reported that among the 106 total grant participants, 24 participants (23%) experienced issues with rearrest and recidivism. In the last quarter of the last year of the grant program, two individuals were rearrested in the county; however, there were no violations of parole reported.
- Program referrals were received from law enforcement, state attorney's office, public defender's office/defense attorneys, community partners, Aspire programs (crisis stabilization unit, Turning Point, Seminole Center for Co-occurring Disorders), and the Children's Home Society of Florida's Health Families of Seminole.
- The program experienced challenges with attendance at scheduled events due to events that occurred in Orlando involving large-scale violence. For example, a MHFA training that was scheduled with a large number of registrants was poorly attended as a result of community events.
- The planning council met quarterly throughout the program lifetime.
- Collaborative relationships are in place with law enforcement, the judiciary, state attorneys, and public defenders.
- The program transitioned to Avatar, a new electronic health record (EHR) system, in late March. Previously, the program utilized Aspire's Anasazi EHR system.

- Aspire contracts with the University of Central Florida as a third party evaluator to design data collection protocols and software to track participants' arrest activity for a period of one-year post enrollment in the grant program.
- Midway through the grant, the grantee expanded services by creating a new Intensive Outpatient Counseling program. The county's contract with Aspire was amended to include co-occurring outpatient groups, individual counseling, and drug testing.

The Effect of the CJMHS A Reinvestment Grant Program on Reducing Forensic Commitments through Meeting the Needs of Individuals

During the first twelve months of the grant program, the number of individuals sent from Seminole County to the forensic state hospitals increased from 10 to 18. This reinvestment grant targets individuals with low-level criminal activity, primarily misdemeanors, less severe behavioral health concerns, and those who have not penetrated deep into the criminal justice system. In general, individuals going to the forensic state hospital have multiple previous arrests and more serious mental health concerns. It was reported that activities and services provided under this grant have the potential to decrease the number of individuals going to the state hospital over the next year (more long term) as CRC is able to divert individuals towards more pro-social activities and services. In Year 1, there were 18 forensic commitments to state mental health treatment facilities; in Year 2, there were five (5) forensic commitments; and in Year 3, there were five (5) forensic commitments.

Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison

Twenty-three percent of the participants in Seminole County's CRC program were arrested/rearrested. It is possible that the remaining participants, 77 percent of the participants who were not arrested/rearrested would yield cost avoidance for the jail and the criminal justice system.

The services provided by Aspire Health Partners Seminole and other community partners address the co-occurring effects of substance abuse, mental illness and criminal justice involvement by providing intervention services that account for the complex needs of these individuals. By keeping individuals out of jail and in a supportive community environment, individuals are able to maintain family bonds, employment and education opportunities that would have otherwise been interrupted and fractured their continuity of care that is crucial to their successful treatment. Providing services that allow individuals to remain in the community in a supportive and supervising environment has a strong likelihood of reducing their risk for future involvement in the system (jail) and may slow the growth of jail populations.

Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Commitments to State Mental Health Treatment Facilities

Services are readily available for all qualifying individuals through the reinvestment grant funding for the CRC, Aspire, and collaborating organizations. Individuals with a substance use disorder and/or co-occurring mental health disorder may access dual-diagnosis substance abuse treatment. Individuals can

receive treatment while remaining in the community rather than having to be in a residential treatment setting to receive such services.

In October 2015, Aspire started an Intensive Outpatient Program to address the needs of individuals with co-occurring disorders who may not require residential treatment. Available outpatient medical clinic services include medication services and day treatment for individuals with mental health disorders. Entitlement services are also available for qualifying individuals utilizing Aspire's medical benefits team. The crisis stabilization unit is on the property, which allows for short-term psychiatric stabilization for individuals who are experiencing a crisis. With the exception of the crisis stabilization unit, all services are available to participants through the Community Access Center, where the initial assessments are completed. Once an assessment is completed, referrals to other programs, including the CRC are possible. As these programs work closely with law enforcement partners, there is a strong continuum of care with the purpose to increase health and wellness and reduce incarcerations.

Services provided by Aspire Health Partners Seminole are centrally located in areas that are accessible by public transportation and includes residential capabilities on site. This makes access to services more attainable for the population of individuals with mental health and substance use issues, who are often destitute.

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

As of the contract end date, Seminole County has expended/leveraged \$1,233,791 or approximately 102.8 percent of the three-year match commitment.

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2017-18 PLANNING GRANTS

In the fall of 2016, the Florida Department of Children and Families awarded seven new planning CJMHS A Reinvestment Grants. Five private, not-for-profit providers and two managing entities received planning grants. This section of the report provides profiles of the seven “new” one-year, planning grants (2017-18).

- BayCare Behavioral Health (Pasco County)
- Broward Behavioral Health Coalition (Broward County)
- Hanley Center Foundation (Hendry County)
- Hanley Center Foundation (Putnam County)
- Lutheran Services Florida (LSF) Health Systems (Hernando County)
- Stewart Marchman Act (SMA) Behavioral Healthcare (Flagler County)
- Stewart Marchman Act (SMA) Behavioral Healthcare (St. Johns County)

BAYCARE BEHAVIORAL HEALTH (PASCO COUNTY)

BayCare’s planning grant for Pasco County began February 1, 2017.

Target Population

The target population is individuals aged 18 years or older with substance use disorders, with a focus on females, who are at risk of entering the criminal justice system.

Goals/Objectives

The overall objective of this planning grant is to develop a strategic plan through key stakeholder collaboration in Pasco County. The strategic plan should identify methods to increase public safety, avert increased spending on criminal justice, and improve the accessibility and effectiveness of treatment services for persons who have a mental illness, substance abuse disorder, and/or co-occurring disorder who are in, or at risk of entering, the criminal justice system.

BayCare’s goal is to develop a plan to divert individuals, particularly females, with high-risk factors associated with possible criminal behavior away from the criminal justice system and into community-based treatment. In addition to substance use and mental health disorders, risk factors also include homelessness, unstable living environments, unemployment, victims of abuse, trauma, end of sentence or jail reentry consumers, and prior criminal history.

Overall Grant Award

- Total amount awarded: \$50,000 (one year)

Performance Measures

Outcome data for the performance measures reflect progress through July 31, 2017 (Year 1 Quarter 2).

- Measure: 100 percent completion of the needs assessment and identification of the target population within 90 days of contract execution.
 - The needs assessment was completed April 30, 2017.
 - The target population was narrowed from adults with an emphasis on females, to females with substance use and/or co-occurring disorders in or at risk of entering the criminal justice system.
- Measure: 100 percent of formal partnerships established, as evidenced by legally binding agreements, with a minimum of three agencies within 180 days of contract execution
 - By August 15, 2017, BayCare executed Memoranda of Understanding (MOUs) with Pasco County Transportation, Pasco County Sheriff's Office, the Public Defender of the Sixth Judicial Circuit, and Central Florida Behavioral Health Network (managing entity).
- Measure: 100 percent completion of the Workforce Development Plan within 270 days of contract execution
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 100 percent completion of the Strategic Plan within 365 days of contract execution
 - The grantee is collecting data; however, it is too early to report on this measure.

Program Update

- BayCare and Pasco County stakeholders participated in a Sequential Intercept Mapping facilitated by the CJMHSa TAC on May 11, 2017.
- BayCare executed Memoranda of Understanding (MOUs) with Pasco County Transportation, Pasco County Sheriff's Office, the Public Defender of the Sixth Judicial Circuit, and Central Florida Behavioral Health Network.
- BayCare submitted their FY2016-17 Technical Assistance Needs Assessment to CJMHSa TAC on February 16, 2017; their three technical assistance needs were: (1) Sequential Intercept Mapping (SIM), (2) use of evidence-based practices, and (3) jail diversion systems and models.
- Pasco County's planning council met February 21, 2017.
- BayCare participated in the USF CJMHSa TAC quarterly webinars conducted on March 28th and June 13th.

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

Not applicable as the grant is not supporting a program or direct services.

Summary of the Effect of the CJMHSa Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Commitments to State Mental Health Treatment Facilities

Not applicable as the grant is not supporting a program or direct services.

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

Matching funds and in-kind services provided by the Public Defender's Office supported attendance at steering committee meetings and engagement in activities at the subcommittee level.

As of March 31, 2017, BayCare expended/leveraged \$27,344 or approximately 54.7 percent of the one-year match commitment for their CJMHS A Reinvestment grant.

BROWARD BEHAVIORAL HEALTH COALITION (BROWARD COUNTY)

Broward Behavioral Health Coalition's (BBHC) planning grant for Broward County began March 1, 2017.

Target Population

- The target population *as identified in the contract* is youth and young adults aged 12-to-21 with a primary mental health, substance use, and/or co-occurring mental health and substance use disorder who are in, or at risk of entering, the criminal or juvenile justice systems.
- In the quarterly report, the grantee reported that they chose to focus on a more specific target population. The target population *as identified in the quarterly reports* are "youth and young adults who have been residentially committed and/or released back into the community from a residential treatment facility".

Goals/Objectives

The major objective of the grant is to submit a strategic plan through key stakeholder collaboration in Broward County. The plan shall identify ways to increase public safety, avert increased spending on criminal justice, and improve the accessibility and effectiveness of treatment services for persons who have a mental illness, substance use disorder, and/or co-occurring mental health and substance use disorder and who are in, or at risk of entering, the criminal or juvenile justice systems.

Overall Grant Award

- Total award amount: \$100,000 (one year)

Performance Measure

The outcomes listed below reflect progress through August 31, 2017 (Year 1 Quarter 2).

- Measure: 100 percent completion of the Needs Assessment and identification of the target population within 90 days of execution of the grant agreement.
 - The needs assessment was submitted on May 31, 2017.
 - The target population was identified on May 11, 2017.
- Measure: 100 percent of formal partnerships established, as evidenced by legally binding agreements, with a minimum of three agencies within 180 days of execution of the final grant agreement.
 - Executed on June 30, 2016: data sharing agreement between BBHC, Children's Services Council, ChildNet, United Way, SOS Children's Village, JAFCP, 4Kids, FLITE to support the youth Transition to Independent Living system of care initiative

- Executed on April 17, 2017: Memoranda of Understanding (MOUs) between BBHC, DCF-SAMH, and ChildNet to establish consumer outcome improving partnerships and communication and data sharing protocols between BBHC and subcontractors serving child welfare-involved families through their Family Engagement Program
- Pending: Education and data sharing agreement between BBHC, DJJ, School Board of Broward County, Career Source Broward, ADP, ChildNet, and DCF
- Measure: 100 percent completion of determining the methodology for data sharing and report among partners within 270 days of contract execution.
 - The grantee is collecting data; however, it is too early to report on this measure.
 - The Broward Youth Reentry Collaborative (BYRC) established a Data Sharing Subcommittee to develop a data sharing model specific to the strategic plan on July 21, 2017.
- Measure: 100 percent completion of the Strategic Plan within 365 days of execution of the final grant agreement.
 - The grantee is collecting data; however, it is too early to report on this measure.

Program Update

- The Broward Youth Reentry Collaborative (BYRC) meets regularly each quarter.
- BBHC submitted the FY2016-17 Technical Assistance Needs Assessment Survey to USF CJMHSAs TAC on March 16, 2017; their three technical assistance needs were: (1) SIM follow-up, (2) discharge planning and reentry, and (3) jail diversion systems and models.
- BBHC participated in the USF CJMHSAs TAC quarterly webinars held on March 18th and June 13th.

The Effect of the CJMHSAs Reinvestment Grant Program on Reducing Forensic Commitments through Meeting the Needs of Individuals

Not applicable as the grantee is not supporting a program or direct services.

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

Not applicable as the grantee is not supporting a program or direct services.

Summary of the Effect of the CJMHSAs Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Commitments to State Mental Health Treatment Facilities

Not applicable as the grantee is not supporting a program or direct services.

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

As of March 31, 2017, BBHC has expended/leveraged \$31,634.08 or approximately 31.3 percent of the three-year match commitment. BBHC's in-kind matching funds have been instrumental in increasing workforce development activities and training initiatives.

HANLEY CENTER FOUNDATION (HENDRY COUNTY)

The Hanley Center Foundation's planning grant for Hendry County began February 1, 2017.

Target Population

- The target population, *as identified in the contract*, is youth and young adults aged 12-to-21 who have a mental health, substance use, and/or co-occurring mental health and substance use disorder who are involved in, or at risk of entering, the criminal or juvenile justice systems.
- The target population, *as identified in quarterly reports*, is 12-to-18 year-olds with behavioral health problems who are involved with, or at risk of entering the juvenile justice or criminal justice systems.

Goals/Objectives

The major objective of the grant is to submit a strategic plan through key stakeholder collaboration in Hendry County. The plan shall identify ways to increase public safety, avert increased spending on criminal justice, and improve the accessibility and effectiveness of treatment services for persons who have a mental illness, substance use disorder, and/or co-occurring mental health and substance use disorder and who are in, or at risk of entering, the criminal justice system.

Overall Grant Award

- Total award amount: \$100,000 (one year)

Performance Measure

The outcomes listed below reflect progress through July 31, 2017 (Year 1 Quarter 2).

- Measure: 100 percent completion of the Needs Assessment and identification of the target population within 90 days of execution of the grant agreement.
 - The needs assessment was completed and approved by the Planning Council on April 27, 2017.
 - The target population was identified on April 27, 2017.
- Measure: 100 percent of formal partnerships established, as evidenced by legally binding agreements, with a minimum of three agencies within 180 days of execution of the final grant agreement.
 - Executed on July 18, 2017: Memorandum of Understanding (MOU) with the Department of Juvenile Justice
 - Executed on July 20, 2017: Memorandum of Understanding (MOU) with the Public Defender's Office of the Twentieth Judicial Circuit
 - Executed on July 7, 2017: Memorandum of Understanding (MOU) with the Hendry County Sheriff's Office
- Measure: 100 percent completion of determining the methodology for data sharing and report among partners within 270 days of contract execution.
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 100 percent completion of the Strategic Plan within 365 days of execution of the final grant agreement.
 - The grantee is collecting data; however, it is too early to report on this measure.

Program Update

- Hanley Center Foundation submitted the FY2016-17 Technical Assistance Needs Assessment Survey to USF CJMHS A TAC on February 13, 2017; their three technical assistance needs were: (1) SIM, (2) grant development, and (3) juvenile justice.
- Hanley Center Foundation participated in the USF CJMHS A TAC quarterly webinars held on March 28th and June 13th.

The Effect of the CJMHS A Reinvestment Grant Program on Reducing Forensic Commitments through Meeting the Needs of Individuals

Not applicable as the grantee is not supporting a program or direct services.

Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison

Not applicable as the grantee is not supporting a program or direct services.

Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Commitments to State Mental Health Treatment Facilities

Not applicable as the grantee is not supporting a program or direct services.

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

As of March 31, 2017, Hanley Center Foundation has expended/leveraged \$16,131.88 or approximately 32.3percent of the three-year match commitment.

HANLEY CENTER FOUNDATION (PUTNAM COUNTY)

Hanley Center Foundation's planning grant for Putnam County began February 1, 2017.

Target Population

The target population, as stated in the application, is individuals aged 12 through 21 years with substance use, mental health, and/or co-occurring disorders who are at risk of involvement in or already involved in the juvenile or criminal justice systems. Putnam County Public Safety Coordinating Council and the Hanley Center Foundation narrowed the target population to youth aged 12-to-18 who are engaged with, or at risk of entering the juvenile or criminal justice systems and who have behavioral health concerns.

Goals/Objectives

The overall objective of this planning grant is to develop a strategic plan through key stakeholder collaboration in the service area. The strategic plan should identify methods to increase public safety, avert increased spending on criminal justice, and improve the accessibility and effectiveness of

treatment services for persons who have a mental illness, substance abuse disorder, and/or co-occurring disorder who are in, or at risk of entering, the criminal justice system.

Overall Grant Award

- Total amount awarded: \$100,000 (one year)

Performance Measures

Outcome data for the performance measures reflect progress through July 31, 2017 (Year 1 Quarter 2).

- Measure: 100 percent completion of the Needs Assessment and identification of the target population within 90 days of contract execution.
 - The Needs Assessment was completed April 20, 2017
 - The target population narrowed slightly from individuals aged 12-to-21 to youth aged 12-to-18 with behavioral health issues who are in or at risk of entering the juvenile or criminal justice systems (completed by March 8, 2017).
- Measure: 100 percent of formal partnerships established, as evidenced by legally binding agreements, with a minimum of three agencies within 180 days of contract execution
 - By July 21, 2017, the Hanley Center Foundation executed Memoranda of Understanding (MOUs) with six entities (named below in the program update).
- Measure: 100 percent completion of determining the methodology for data sharing and reporting among partners within 270 days of grant execution
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 100 percent completion of the Strategic Plan within 365 days of contract execution
 - The grantee is collecting data; however, it is too early to report on this measure.

Program Update

- The Putnam County Public Safety Coordinating Council met March 8th, March 23rd, April 6th, April 20th, May 11th, May 25th, and June 29th.
- The Putnam County Public Safety Coordinating Council and the grantee narrowed the target population from 12-to-21 year olds to youth aged 12 to 18 who are engaged with, or at risk of entering the juvenile or criminal justice systems and who have behavioral health concerns.
- The Hanley Center Foundation (Putnam County) received a Sequential Intercept Mapping workshop from the USF CJMHS A TAC on May 25, 2017.
- The Hanley Center Foundation executed Memoranda of Understanding (MOUs) with the Children's Home Society, Community Partnership for Children, Welaka Police Department, Putnam County Sheriff's Office, Seventh Judicial Circuit Office of the Public Defender, and Seventh Judicial Circuit Office of the State Attorney.
- The Hanley Center Foundation submitted their USF CJMHS A TAC Technical Assistance Needs Assessment on February 16, 2017; their three technical assistance needs were: (1) SIM, (2) Screening and Risk Assessment, and (3) ACT Fidelity Scales.
- The Hanley Center Foundation participated in the USF CJMHS A TAC quarterly webinars conducted on March 28th and June 13th.

Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison

Not applicable as the grant is not supporting a program or direct services.

Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Commitments to State Mental Health Treatment Facilities

Not applicable as the grant is not supporting a program or direct services.

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

As of March 31, 2017, the Hanley Center Foundation expended/leveraged \$20,137 or approximately 40.3 percent of the one-year match commitment for their CJMHS A Reinvestment grant.

LUTHERAN SERVICES FLORIDA (LSF) HEALTH SYSTEMS (HERNANDO COUNTY)

LSF Health Systems' planning grant for Hernando County began February 2, 2017.

Target Population

The target population includes adults (18 years and older) with mental health, substance use, and/or co-occurring disorders who are in or at risk of entering the criminal justice system.

Goals/Objectives

The overall objective of this planning grant is to develop a strategic plan through key stakeholder collaboration in the service area. The strategic plan should identify methods to increase public safety, avert increased spending on criminal justice, and improve the accessibility and effectiveness of treatment services for persons who have a mental illness, substance abuse disorder, and/or co-occurring disorder who are in, or at risk of entering, the criminal justice system.

Overall Grant Award

- Total amount awarded: \$58,312 (one year)

Performance Measures

Outcome data for the performance measures reflect progress through July 31, 2017 (Year 1 Quarter 2).

- Measure: 100 percent completion of the Needs Assessment and identification of the target population within 90 days of contract execution.
 - April 28, 2017: the Needs Assessment was completed
 - April 28, 2017: the target population was identified and confirmed
- Measure: 100 percent of formal partnerships established, as evidenced by legally binding agreements, with a minimum of three agencies within 180 days of contract execution

- By July 31, 2017, LSF Health Systems executed Memoranda of Understanding (MOUs) with four entities: Mid-Florida Homeless Coalition, Springbrook Hospital, BayCare Behavioral Health, and LifeStream Behavioral Center. An MOU with the Hernando County Sheriff's Office is in the process of being executed.
- Measure: 100 percent completion of determining the methodology for data sharing and reporting among partners within 270 days of grant execution
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 100 percent completion of the Strategic Plan within 365 days of contract execution
 - The grantee is collecting data; however, it is too early to report on this measure.

Program Update

- The Public Safety Coordinating Council met April 21st, May 19th, June 23rd, and July 21st.
- LSF Health Systems and Hernando County participated in a Sequential Intercept Mapping facilitated by the USF CJMHS A TAC on June 23, 2017.
- LSF Health Systems submitted a Bureau of Justice Assistance (BJA) proposal to secure sustainability funding for services and practices identified in the strategic plan.
- LSF Health Systems executed Memoranda of Understanding (MOUs) with four entities: Mid-Florida Homeless Coalition, Springbrook Hospital, BayCare Behavioral Health, and LifeStream Behavioral Center.
- LSF Health Systems submitted their USF CJMHS A TAC Technical Assistance Needs Assessment on February 23, 2017; their three technical assistance needs were: (1) SIM, (2) Supportive Housing, and (3) evaluation methods.
- LSF Health Systems participated in the quarterly webinars conducted on March 28th and June 13th.

Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison

Not applicable as the grant is not supporting a program or direct services.

Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Commitments to State Mental Health Treatment Facilities

Not applicable as the grant is not supporting a program or direct services.

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

As of March 31, 2017, LSF Health Systems expended/leveraged \$36,543 or approximately 62.7 percent of the one-year match commitment for their CJMHS A Reinvestment grant.

STEWART MARCHMAN ACT (SMA) BEHAVIORAL HEALTHCARE (FLAGLER COUNTY)

SMA Behavioral Healthcare's planning grant for Flagler County began February 15, 2017.

Target Population

The target population includes youth, 18 years and younger, with mental health, substance use, and/or co-occurring disorders who are in or at risk of entering the juvenile or criminal justice systems.

Goals/Objectives

The overall objective of this planning grant is to develop a strategic plan through key stakeholder collaboration in the service area. The strategic plan should identify methods to increase public safety, avert increased spending on criminal justice, and improve the accessibility and effectiveness of treatment services for persons who have a mental illness, substance abuse disorder, or co-occurring disorder who are in, or at risk of entering, the juvenile or criminal justice systems.

Overall Grant Award

- Total amount awarded: \$71,023 (one year)

Performance Measures

Outcome data for the performance measures reflect progress through July 31, 2017 (Year 1 Quarter 2).

- Measure: 100 percent completion of the Needs Assessment and identification of the target population within 90 days of contract execution.
 - The Needs Assessment was completed April 12, 2017
 - The target population, identified at the planning committee meeting on April 2, 2017, was refined after the Sequential Intercept Mapping conducted on May 1, 2017.
- Measure: 100 percent of formal partnerships established, as evidenced by legally binding agreements, with a minimum of three agencies within 180 days of contract execution
 - SMA Behavioral Healthcare executed Memoranda of Understanding (MOUs) with six entities: Flagler Schools, Flagler Cares, Flagler County, Halifax Health, The House Next Door, and Flagler County.
- Measure: 100 percent completion of determining the methodology for data sharing and reporting among partners within 270 days of grant execution
 - Completed July 31, 2017
- Measure: 100 percent completion of the Strategic Plan within 365 days of contract execution
 - The grantee is collecting data; however, it is too early to report on this measure.

Program Update

- The Public Safety Coordinating Council met March 8th, April 8th, May 1st, and June 5th.
- SMA Behavioral Healthcare, in partnership with Flagler Cares, conducted a Sequential Intercept Mapping workshop on May 1, 2017.
- SMA Behavioral Healthcare has executed Memoranda of Understanding (MOUs) with six entities (listed above).

- SMA Behavioral Healthcare submitted their USF CJMHS A TAC Technical Assistance Needs Assessment on February 22, 2017; their three technical assistance needs were: (1) SIM, (2) HIPAA, and (3) cost effectiveness/cost avoidance methods.
- SMA Behavioral Healthcare participated in the USF CJMHS A TAC quarterly webinars conducted on March 28th and June 13th.

Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison

Not applicable as the grant is not supporting a program or direct services.

Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Commitments to State Mental Health Treatment Facilities

Not applicable as the grant is not supporting a program or direct services.

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

As of March 31, 2017, SMA Behavioral Healthcare expended/leveraged \$32,755 or approximately 38.9 percent of the one-year match commitment for their CJMHS A Reinvestment grant. Matching funds facilitated the assessment and planning process for the grantee and led to active engagement of community leaders and staff from Flagler Schools, Flagler Cares, Halifax Health, The House Next Door, and Flagler County.

STEWART MARCHMAN ACT (SMA) BEHAVIORAL HEALTHCARE (ST. JOHNS COUNTY)

SMA Behavioral Healthcare’s planning grant for St. Johns County began February 17, 2017.

Target Population

The target population includes adults residing in St. Johns County who have a severe mental illness and/or addictive disease and who are involved in or at risk of involvement in the criminal justice system.

Goals/Objectives

The overall objective of this planning grant is to develop a strategic plan through key stakeholder collaboration in the service area. The strategic plan should identify methods to increase public safety, avert increased spending on criminal justice, and improve the accessibility and effectiveness of treatment services for persons who have a mental illness, substance abuse disorder, and/or co-occurring disorder who are in, or at risk of entering, the criminal justice system.

Overall Grant Award

- Total amount awarded: \$50,204 (one year)

Performance Measures

Outcome data for the performance measures reflect progress through July 31, 2017 (Year 1 Quarter 2).

- Measure: 100 percent completion of the Needs Assessment and identification of the target population within 90 days of contract execution.
 - The Needs Assessment was completed April 1, 2017
 - The target population was identified April 1, 2017 and will be refined if appropriate after the Sequential Intercept Mapping (scheduled for August 2017).
- Measure: 100 percent of formal partnerships established, as evidenced by legally binding agreements, with a minimum of three agencies within 180 days of contract execution
 - SMA Behavioral Healthcare executed Memoranda of Understanding (MOUs) with EPIC Behavioral Healthcare, St. Johns Public Safety Coordinating Council, and the Health Planning Council of Northeast Florida (completed by August 24, 2017).
- Measure: 100 percent completion of determining the methodology for data sharing and reporting among partners within 270 days of grant execution
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 100 percent completion of the Strategic Plan within 365 days of contract execution
 - The grantee is collecting data; however, it is too early to report on this measure.

Program Update

- The Health Planning Council of Northeast Florida in partnership with SMA Behavioral Healthcare and EPIC Behavioral Healthcare (EPIC) developed the Needs Assessment.
- St. Johns County participated in a half-day Sequential Intercept Mapping workshop facilitated by the USF CJMHS A TAC on May 24, 2017. The event was coordinated and planned with SMA Behavioral Healthcare, EPIC, and the Health Planning Council of Northeast Florida.
- The Public Safety Coordinating Council met regularly.
- SMA Behavioral Healthcare scheduled a full Sequential Intercept Mapping to be conducted by the USF CJMHS A TAC on August 25, 2017.
- SMA Behavioral Healthcare has executed Memoranda of Understanding (MOUs) with EPIC Behavioral Healthcare, St. Johns Public Safety Coordinating Council, and the Health Planning Council of Northeast Florida.
- SMA Behavioral Healthcare submitted their USF CJMHS A TAC Technical Assistance Needs Assessment on February 24, 2017; their three technical assistance needs were: (1) SIM, (2) SIM workshop, and (3) SIM follow-up.
- SMA Behavioral Healthcare participated in the USF CJMHS A TAC quarterly webinars conducted on March 28th and June 13th.

Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison

Not applicable as the grant is not supporting a program or direct services.

Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Commitments to State Mental Health Treatment Facilities

Not applicable as the grant is not supporting a program or direct services.

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

As of March 31, 2017, SMA Behavioral Healthcare expended/leveraged \$25,053 or approximately 49.9 percent of the one-year match commitment for their CJMHS A Reinvestment grant. SMA Behavioral Healthcare, EPIC Behavioral Healthcare, Flagler Hospital St. Augustine, Health Planning Council of Northeast Florida, NAMI Volusia/Flagler/ St. Johns, St. Augustine Police Department, St. Johns County Sheriff's Office, St. Johns County Board of County Commissioners, and the Public Safety Coordinating Council provided matching funds (in-kind and/or cash) for this planning grant.

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2017-2020 IMPLEMENTATION/EXPANSION GRANTS

In the fall of 2016, the Florida Department of Children and Families awarded fourteen new implementation/expansion CJMHSa Reinvestment Grants. Four private, not-for-profit providers; nine county governments; and one managing entity received implementation/expansion grants. This section of the report provides profiles of the fourteen “new” three-year, implementation/expansion grant programs (2017-20).

- Centerstone of Florida (Sarasota County)
- City of Jacksonville/Duval County (new grant not active in FY2016-17)
- Collier County (new grant was not active in FY2016-17)
- Guidance/Care Center (Monroe County)
- Hillsborough County
- Lee County
- LifeStream Behavioral Center (Lake County)
- Martin County
- Meridian Behavioral Health (Alachua and Bradford Counties)
- Miami-Dade
- Orange County
- Pinellas County
- Polk County
- Southeast Florida Behavioral Health Network (Indian River County)

CENTERSTONE OF FLORIDA (SARASOTA COUNTY)

Centerstone’s grant program for Sarasota County, the Sarasota County Reinvestment Project (SRP), began February 1, 2017.

Target Population

The target population for the CTC is adults with mental health and/or co-occurring mental health and substance use disorders who are in or at risk of entering the criminal justice system.

Program Design/Model

The SRP is a diversion program providing substance use and mental health treatment to individuals at risk of entering the system and to those already in the criminal justice system. The SRP’s primary focus is the county’s Comprehensive Treatment Court (CTC). The CTC operates in close partnership with Centerstone’s SRP.

The public defender/private attorney and the state attorney conduct in-jail screening. Within 72 hours, the Public Defender’s Office conducts assessments to identify immediate service needs.

For potential participants, prosecutors make a determination that the individual’s underlying mental illness was the primary factor in the commission of the alleged crime and obtaining mental health treatment is the most appropriate goal for this individual. The Court Mental Health Liaison engages in

intensive case manager to begin transition planning for treatment provided by Centerstone (inpatient and/or outpatient) and linkages to housing and psychosocial supports. Intensive case managers maintain regular communications with the Court Mental Health Liaison. CTC participants are referred for treatment at community-based programs.

Goals/Objectives

The primary goal of the program is to divert adults who have a history of criminal justice involvement and mental health issues away from the criminal justice system (and potentially, state mental health hospitals) and into community-based treatment services.

Objectives:

1. Implement services and diversion initiatives
2. Create and encourage collaboration among key stakeholders
3. Shift identification, care, and treatment of the target population from the criminal justice system into the behavioral healthcare system
4. Utilize evidence-based tools, programs, and models to identify and provide comprehensive treatment and support services
5. Develop a sound infrastructure and enhanced capacity to sustain effective services for the target population

Evidence-based, Best, and Promising Practices and Tools Utilized

- Assertive Community Treatment (ACT) team approach
- Crisis Intervention Teams (CIT)
- Risk-Need-Responsivity Level of Care Service Case Management Inventory (LS-CMI)
- Motivational Interviewing
- SOAR (benefits enrollment assistance)
- Mental Health First Aid (MHFA)
- Tailored Individual Treatment Plans (ITP)
- Integrated Treatment for Co-occurring Disorders (ITC)
- Personal Health Questionnaire (PHQ-9)
- Correctional Mental Health Screen for Women (CMHS-W)
- Cognitive Behavioral Therapy (CBT)

Number Served through July 31, 2017 (Year 1 Quarter 2)

SRP/CTC	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	46	-	-	46
Number Served Target	79	79	79	237
MHFA	21	-	-	21
MHFA Target	15	2	2	19

Overall Grant Award

- Total amount awarded: \$1,200,000 (three years)

Performance Measures

Outcome data for the performance measures reflect progress up through July 31, 2017 (Year 1 Quarter 2).

- Measure: Attain 25 percent reduction in number of arrests among participants while enrolled in the program compared to one-year period prior to program admission
 - 97.32 percent (7 arrests during program involvement compared to 261 arrests one year prior to program involvement)
- Measure: Attain 25 percent reduction in number of arrests among participants within the one-year period following program discharge compared to the one-year period prior to program admission
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 90 percent of participants who did not reside in stable housing at the time of admission will reside in stable housing within 90 days of program admission
 - 39.71 percent (27/68) resided in stable housing within 90 days
- Measure: 100 percent of participants who are not employed and who express a desire to work at program admission are employed full or part-time within 180 days of program admission
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 100 percent of participants who are not employed and who express a desire to work at program admission are employed full or part-time within one year of program admission
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 100 percent of participants who were eligible for but not receiving Social Security or other benefits at admission will be assisted in applying for benefits within 180 days of admission
 - 100 percent (40/40) were assisted in applying for benefits
- Measure: 80 percent of participants will be diverted from a state mental health treatment Facility
 - 100 percent (44/44) of participants were diverted from a state mental health treatment facility
- Measure: 60 percent of participants will have reduced mental health symptomology within 180 days of admission based on pre- and post-assessment rest results
 - The grantee is collecting data; however, it is too early to report on this measure.

Program Update

- The Planning Council met March 20, 2017.
- One challenge faced in the first two quarters of the program was the process of preparing and submitting Social Security benefit applications and waiting for a response was more time consuming than the duration that participants are in the CTC. The CTC is a short-term program and the process for applying for benefits outlasts the length of time participants are in the program. Moreover, CTC staff were not SOAR-trained and some Social Security benefit applications needed corrections for resubmission. However, CTC staff will be SOAR-certified in the near future.

- Centerstone’s Treatment Team meets bi-weekly and the CTC staff meet weekly.
- CTC staff are in the process of being training and certified in the Level of Service/Case Management Inventory.
- Centerstone facilitated Mental Health First Aid (MHFA) training for CTC staff, corrections officers, Community Assisted Supportive Living (CASL) housing staff, and Salvation Army staff (twenty-one individuals trained).
- The SRP does not subcontract any clinical services.
- Centerstone entered into Memoranda of Understanding (MOUs) with CASL, Coastal Behavioral Healthcare, and the Salvation Army.
- Centerstone has a sustainability plan outlining the use of existing resources as well as local government and local foundations for future funding.
- Centerstone submitted their FY16-17 Technical Assistance Needs Assessment Survey to USF CJMHTA TAC on February 1, 2017; their three technical assistance needs were: (1) SIM, (2) SIM follow-up, and (3) overall grant approach.
- Centerstone and Sarasota County stakeholders participated in a Sequential Intercept Mapping on February 2-3, 2017 facilitated by the USF CJMHTA TAC.
- Centerstone participated in the USF CJMHTA TAC quarterly webinars on March 28th and June 13th.

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

Centerstone estimates that, by the end of Year 1 Quarter 2, the program saved the county \$164,000 in jail costs.

Summary of the Effect of the CJMHTA Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Commitments to State Mental Health Treatment Facilities

Centerstone reported that the vast majority of individuals enrolled in their program were not receiving appropriate treatment services for their mental health and substance use needs prior to enrollment. The program provided appropriate treatment services and linkages to community-based resources.

Centerstone reported that 44 participants (16 in Year 1 Quarter 1 and 28 in Year 1 Quarter 2) were at risk for commitment to a state hospital. However, there were no commitments to state hospitals for these individuals.

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

Centerstone utilized the matching funds to provide short-term housing for program participants (until they can maintain rent independently) and to cover costs of such incidentals as medical services, medication, clothing, food, and bus passes.

As of April 30, 2017, Centerstone expended/leveraged \$32,405 or approximately 2.5 percent of the three-year match commitment for their CJMHTA Reinvestment grant.

CITY OF JACKSONVILLE/DUVAL COUNTY

The City of Jacksonville/Duval County was awarded an implementation/expansion CJMHS A Reinvestment Grant to begin in 2017; however, due to the extension of their 2014-17 grant, the grant agreement for the new 2017-20 grant was not executed during FY2016-17. It will be executed in November-December 2017 and will be included in next year's annual report.

COLLIER COUNTY

Collier County's new 2017-20 grant program is an expansion of their 2014-2017 CJMHS A Reinvestment Grant program encompassing the Centralized Assessment Center (CAC) operated by (and located at) the David Lawrence Center (DLC) and the Collier County Forensic Intensive Reintegration Support Team (FIRST). The grant agreement for the new 2017-20 grant was effective on July 1, 2017. Due to the grant agreement execution date, this grant was not active during FY2016-2017 and will be included in next year's annual report.

GUIDANCE/CARE CENTER, INC. (MONROE COUNTY)

Guidance/Care Center's (GCC) grant program for Monroe County, Motivated Interventions for Needs and Deflection (MIND) Program, began January 13, 2017.

Target Population

The target population is adults, 18 years of age or older and juveniles, under the age of 18, who have a mental illness, substance use, and/or co-occurring mental health and substance use disorder and who are in, or at risk of entering the criminal justice system.

Program Design/Model

The MIND program, currently in the start-up phase, is an intensive six-month outpatient program with the primary purpose of diverting individuals with a mental health and/or co-occurring mental health and substance use disorder from the criminal justice system. Potential clients are identified at Intercept 1 by law enforcement and during initial detention and first appearance at Intercept 2. Pretrial Services, the Public Defender's Office, Veterans Justice Outreach specialists, judges, and court staff coordinate with the GCC clinical and care coordinator staff to provide screening, assessment, initial engagement, and linkages for the target population. Upon admission to the MIND program, clients are linked to community and evidence-based mental health services provided by GCC. All clients will receive a comprehensive psychiatric evaluation from a licensed psychiatrist. Based on the findings of the psychiatric evaluation, clients receive mental health services, psychotropic medications as needed, and linkages for additional psychiatric services when appropriate. The client and the therapist develop, as a collaborative effort, an individualized Wellness and Recovery Plan.

Goals/Objectives

The primary goal of this grant program is to divert adults and juveniles with a history of criminal justice involvement who are at risk of reentering the criminal justice system or a state mental health treatment facility and divert them into community services and treatment.

GCC’s three grant objectives include:

1. Implement services and diversion initiatives
2. Create and encourage collaboration among key stakeholders
3. Incorporate and acculturate the Comprehensive, Continuous, Integrated System of Care (CCISC) and recovery models of best practices across diversion, treatment, and supportive service provider approaches

Evidence-based, Best, and Promising Practices and Tools Utilized

- Crisis Intervention Teams (CIT)
- Motivational Interviewing (MI)
- Moral Reconciliation Therapy (MRT)
- Seeking Safety
- Comprehensive, Continuous, Integrated System of Care (CCISC)
- Individual Placement & Support (IPS)
- Justice Steps (JSTEPS)
- Correctional Assessment and Intervention System (CAIS)
- Modified Mini Screen (MMS)
- Post-traumatic Stress Disorder Checklist for DSM 5 (PCL-5)

Number Served through June 30, 2017 (Year 1 Quarter 2)

MIND	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	15	-	-	15
Number Served Target	50	65	65	180

Overall Grant Award

- Total award amount: \$1,073,044 (three years)

Performance Measures

The outcomes listed below reflect progress through June 30, 2017 (Year 1 Quarter 2).

- Measure: 20 percent reduction in the total number of arrests among program participants while enrolled in the program compared to the one-year prior to program admission
 - 94.74 percent reduction in the total number of arrests among participants enrolled in the program (19 arrests prior, 1 arrest during enrollment)

- Measure: 30 percent reduction in the total number of arrests among program participants within the one-year period following program discharge compared to the one-year period prior to program admission
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 80 percent of program participants not residing in a stable housing environment at program admission will report living in a stable housing environment within 90 days of program admission
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 80 percent of program participants not residing in stable housing at program admission will report living in stable housing one-year following program discharge
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 80 percent of program participants not employed and who express a desire to work at program admission are employed full or part-time within 180 days of program admission.
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 70 percent of program participants not employed and who express a desire to work at program admission are employed full or part-time within one-year of program discharge
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 70 percent of program participants assisted in applying for Social Security or other benefits for which they many have been eligible but were not receiving at program admission
 - 100 percent of eligible program participants (5/5) were assisted in applying for benefits
- Measure: 90 percent of program participants will be diverted from a state mental health treatment facility
 - 100 percent of program participants (2/2) were diverted from a state mental health treatment facility
- Measure: 80 percent of program participants will have reduced mental health symptoms at discharge
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 70 percent of program participants will maintain improvements at three, six, and 12 months post-discharge
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 75 percent of program participants will be substance free at discharge
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 70 percent of program participants will remain substance free at three, six, and 12 months post-discharge
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 80 percent of program participants will have improved physical health at discharge
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 70 percent of program participants will maintain improved health at three, six, and 12 months post-discharge
 - The grantee is collecting data; however, it is too early to report on this measure.

Program Update

- During the initial two quarters of year one, GCC was in the process of hiring a program director, an evaluator, a program coordinator, a mental health therapist, and a care coordinator.

- New personnel completed such trainings as clinical evaluation training, training for the clinical data system (KIS), and courses on evidence-based screening tools (CAIS and MMS) and promising practices (MI, JSTEPS, MRT, IPS, and Seeking Safety).
- All grant personnel attended the Criminal Justice Reinvestment Council meeting on February 2, 2017 and May 2, 2017.
- Limited safe and affordable housing options in the Florida Keys has been a challenge for the grant program.
- In July 2017, the USF CJMHSAs TAC facilitated a technical assistance workshop on supportive housing to help the community address this challenge.
- GCC submitted the FY2016-17 Technical Assistance Needs Assessment Survey to USF CJMHSAs TAC on February 28, 2017; their three technical assistance needs were: (1) supportive housing, (2) specialty courts, and (3) supported employment.
- GCC participated in the USF CJMHSAs TAC quarterly webinar held on June 13th.

The Effect of the CJMHSAs Reinvestment Grant Program on Reducing Forensic Commitments through Meeting the Needs of Individuals

The grant began enrolling clients in April 2017; therefore, no impact has been determined at this time.

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

The grant began enrolling clients in April 2017; therefore, no impact has been determined at this time.

Summary of the Effect of the CJMHSAs Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Commitments to State Mental Health Treatment Facilities

The grant program is increasing the availability and access to mental health, specialized therapy, and case management services for this population.

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

Match funds support medical services to divert clients from higher levels of care and to provide integrated care. As of March 31 2017, GCC has expended/leveraged \$103,923.67 or approximately 8.7 percent of the three-year match commitment.

HILLSBOROUGH COUNTY

Hillsborough County's grant program, the Mental Health Court-Enhanced Offender Diversion Initiative (MHC-EODI), began February 1, 2017.

Target Population

Tier One (first priority target population) is comprised of adults charged with a non-violent third degree felony and who are approved for Mental Health Pretrial Intervention (MHPTI) by the State Attorney's Office.

Tier Two (second priority target population) is comprised of adults who have been suspected of committing a misdemeanor, for whom lower levels of service have been deemed inappropriate.

Program Design/Model

The MHC-EODI adds MHPTI into Hillsborough County's continuum of diversion treatment options. This program provides recovery-oriented services and intensive case management for individuals who have a serious mental illness or substance use disorder or both, are considered "difficult to treat", and who have a history of offending.

Referral and Screening:

To be eligible for enrollment in this program, both Tier One and Tier Two individuals must be screened using the Comprehensive Continuous Integrated System of Care (CCISC) Model. Screening results must place individuals in either *Quadrant II* (a more serious mental health disorder and a less severe substance disorder) or *Quadrant IV* (a severe mental health disorder and a severe substance disorder) to be considered for this program.

The Mental Health Court Liaison is employed by Gracepoint Behavioral Health and embedded with court administration. The Mental Health Court Liaison coordinates court processes, provides linkages to the Agency for Community Treatment Services (ACTS) Intensive Case Management, and ensures comprehensive, intensive case management and care coordination are provided.

Non-compliance issues are an area of emphasis in this program to increase the likelihood that these individuals will not return to the criminal justice system. Through the affiliation with ACTS, this program addresses participants' psychosocial rehabilitation for inclusion, affiliation, recreation, employment assistance, educational skills, and drop-in capability.

Goals/Objectives

The primary goal of the program is to provide recovery-oriented services and intensive case management for "difficult-to-treat" individuals who have a serious mental illness or substance use disorder or both, coupled with a history of offending.

Objectives:

1. Implement services and diversion initiatives
2. Create and encourage collaboration among key stakeholders

3. Ensure stakeholder participation in the online Hillsborough County Needs Assessment implemented in collaboration with the University of South Florida’s Department of Mental Health Law and Policy and the Crisis Center of Tampa Bay

Evidence-based, Best, and Promising Practices and Tools Utilized

- Risk-Need-Responsivity (RNR)
- Level of Service / Case Management Inventory Risk Assessment Tool (LS/CMI)
- Texas Christian University Drug Screen
- PTSD Checklist for DSM-5 (PCL-5)
- Peer specialists
- SOAR

Number Served through July 31, 2017 (Year 1 Quarter 2):

MHC-EODI	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	25	-	-	25
Target	30	30	30	90

Overall Grant Award

- Total amount awarded: \$1,200,000 (three years)

Performance Measures

Outcome data for the performance measures reflect progress up through July 31, 2017 (Year 1 Quarter 2).

- Measure: Attain 50 percent reduction in number of arrests/rearrests among participants while enrolled in the program compared to one-year period prior to program admission
 - 96 percent (1/25) reduction in arrests/rearrests
- Measure: Attain 25 percent reduction in number of arrests/rearrests among participants within the one-year period following program discharge compared to the one-year period prior to program admission
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 50 percent of participants who did not reside in stable housing at the time of admission will reside in stable housing within 90 days of program admission
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 25 percent of participants who did not reside in stable housing at the time of admission will reside in stable housing one-year post-discharge
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 10 percent of participants who are not employed at admission will be employed full or part-time within 180 days of program admission

- 17 percent (3/18) employed
- Measure: 7 percent of participants who are not employed at program admission are employed full or part-time within one year post-discharge
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 75 percent of participants assisted in applying for Social Security or other benefits for which they may have been eligible but were not receiving at admission
 - 100 percent (6/6) of participants assisted
- Measure: 50 percent of participants will be diverted from a state mental health treatment Facility
 - 100 percent (5/5) diverted
- Measure: 70 percent of participants will successfully complete the MHPTI and leave the program
 - The grantee is collecting data; however, it is too early to report on this measure.

Program Update

- Hillsborough County executed a subcontract with ACTS to provide services and a subcontract with the University of South Florida to provide technical assistance and monitoring with the implementation of the Risk-Need-Responsivity (RNR) model to ACTS and its community partners.
- All grant-funded positions were filled by the second quarter of implementation.
- Two program case managers completed SOAR training.
- The Public Safety Coordination Council met February 17, 2017 and May 19, 2017; its Executive Committee met on April 28, 2017.
- Accessing HUD Housing Vouchers for program participants is a continuing challenge for Hillsborough County and this program.
- Hillsborough County submitted their FY16-17 Technical Assistance Needs Assessment Survey to USF CJMHS A TAC on March 24, 2017; their three technical assistance needs were: (1) HIPAA, (2) Co-Occurring Disorders, and (3) Use of Evidence-based Practices.
- Hillsborough County participated in the USF CJMHS A TAC quarterly webinars on March 28th and June 13th.

Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison

To date, the program diverted 25 participants from deeper involvement in the criminal justice system. Based on an average daily cost for being housed in the jail of \$125.87, diverting 25 individuals has the potential to save the county *more than* \$50,000 (based on an average stay of 27 days).

Summary of the Effect of the CJMHTSA Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Commitments to State Mental Health Treatment Facilities

MHC-EODI increased access to individualized and evidence-based behavioral health treatment and support services. Moreover, this program potentially prevented, through diversion, the admittance of 25 individuals into the forensic state mental health treatment hospitals.

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

Hillsborough County's matching funds are used to expand treatment services from community-based providers. As of July 31, 2017, Hillsborough County expended/leveraged \$42,847 or approximately 3.6 percent of the three-year match commitment for their CJMHTSA Reinvestment grant.

LEE COUNTY

Lee County's grant program, the Bob Janes Triage Center/Low Demand Shelter, began April 1, 2017. Lee County's 2017-20 grant is an expansion of their 2014-17 CJMHTSA Reinvestment Grant. The Bob Janes Triage/Low Demand Shelter is not a new program and has received previous CJMHTSA Reinvestment grants.

Target Population

The target population for the Bob Janes Triage Center are adult residents of Lee County who exhibit symptoms of substance use, mental health, and/or co-occurring disorders; are at risk of arrest for low-level minor offenses; and are inappropriately utilizing hospital emergency rooms.

Program Design/Model

The Bob Janes Triage Center/Low Demand Shelter, operated by The Salvation Army in conjunction with SalusCare, Lee Memorial Health System, and Lee County Department of Human Services, offers an alternative to arrest and incarceration when law enforcement officers encounter individuals with a substance use, mental health, and/or co-occurring disorder. Individuals can stay at the shelter for up to 30 days. Upon intake into the shelter, a SalusCare mental health clinician performs a bio-psychosocial assessment to identify behavioral health problems, social history, and treatment options. The Triage Center personnel work with clients to assess their needs, establish goals, provide support services and life skills, and find the most appropriate treatment or housing option. All individuals admitted into the Triage Center have access to nursing and case management services.

Goals/Objectives

The primary goal of this grant program is to provide a less costly alternative to incarceration or the inappropriate utilization of emergency rooms by individuals who are homeless and experiencing behavioral health problems and more efficiently utilize existing resources. Additionally the Bob Janes Triage Center allows individuals to seek help immediately when they are motivated to do so by providing a safe place to stay while accessing services.

Lee County’s three major grant objectives include:

1. Implement services and diversion initiatives
2. Encourage and emphasize collaboration among key stakeholders
3. Train law enforcement and corrections personnel in identifying and effectively responding to individuals who have a mental illness and/or substance use disorder

Evidence-based, Best, and Promising Practices and Tools Utilized

- Crisis Intervention Teams (CIT)
- Housing First approach
- Coordinated Entry

Number Served through June 30, 2017 (Year 1 Quarter 1):

Bob Janes Triage Center	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	270	-	-	270
Number Served Target	500	500	500	1,500
CIT	0 *	-	-	0
CIT Target	100	100	100	300

* CIT: There were no CIT trainings held in year one, quarter one of the grant program. Trainings are scheduled for July, October, and November 2017.

Overall Grant Award

- Total award: \$825,000 (three years)

Performance Measures

The outcomes listed below reflect progress through June 30, 2017 (Year 1 Quarter 1).

- Measure: 25 percent reduction in the total number of arrests or rearrests among program participants while enrolled in the program compared to the one-year prior to program admission.
 - 93 percent reduction in arrests/rearrests (292 arrests prior, 19 arrests while enrolled).
- Measure: 20 percent reduction in the total number of arrests or rearrests among program participants within the one-year period following program discharge compared to the one-year period prior to program admission for those individuals who received case management services while residing at the Triage Center and were discharged into a participating Lee County Continuum of Care (CoC) program or other participating supportive housing program
 - 28 percent reduction in arrests/rearrests (141 arrests prior, 102 arrests post)
- Measure: 25 percent of program participants not residing in stable housing at admission that received case management services while residing at the Triage Center and discharged into a

participating Lee County Continuum of Care (CoC) program or other participating Homeless Management Information System (HMIS) supportive housing program will report living in stable housing one year following program discharge

- 28 percent of participants were in stable housing (68 of 243)
- Measure: 10 percent of program participants will be assisted in applying or be linked to Social Security or other benefits for which they may have been eligible but were not receiving at program admission
 - 14 percent of participants were provided benefit application assistance (225 participants eligible but not receiving benefits, 31 participants assisted)
- Measure: 60 percent of enrolled program participants will have increased access to community comprehensive recovery-based mental health and/or substance use treatment services while participating in the program
 - 79 percent of enrolled participants received increased access to treatment services (237 not receiving treatment before, 187 reported access to treatment while enrolled)

Program Update

- The Lee County Public Safety Coordinating Council met during the first quarter of this program.
- Program personnel are researching additional funding sources to sustain the program at the conclusion of this grant.
- With the execution of the 2017 grant program, NAMI, who provides the CIT training, broadened the target audience for CIT training to include law enforcement dispatch, ancillary personnel, and other service providers. Previously, the training was available only to law enforcement officers.
- The grantee reported that a challenge for achieving optimum results is their inability to measure the performance of program participants long-term. The program is a 30-day diversion shelter without ongoing case management services upon discharge and it is difficult to measure long-term objectives once the client leaves the shelter. The use of the Homeless Management Information System has helped to address the challenge and additional personnel were hired to follow-up individuals post-discharge.
- Lee County submitted the FY2016-17 Technical Assistance Needs Assessment Survey to USF CJMHS A TAC on June 20, 2017; their three technical assistance needs were: (1) supportive housing, (2) cost effectiveness, cost offset, or cost avoidance methods, and (3) grant development.
- Lee County participated in the USF CJMHS A TAC quarterly webinar held on June 13th.

The Effect of the CJMHS A Reinvestment Grant Program on Reducing Forensic Commitments through Meeting the Needs of Individuals

Historically, one percent of Bob Janes Triage Center clients were possibly eligible for admittance in a state mental health treatment facility. Therefore, the program does not anticipate having a significant impact on such diversions.

Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison

The grantee did not provide information regarding the effect of the Reinvestment Grant Program on the growth and expenditures of the jail, juvenile detention center, and prison.

Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Commitments to State Mental Health Treatment Facilities

According to Lee County, 79 percent of enrolled program participants (237 not receiving treatment before, 187 reported access to treatment while enrolled) received increased access to community comprehensive recovery-based mental health and/or substance use treatment services while participating in the program.

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

As of June 30, 2017, Lee County has expended/leveraged \$83,261 or approximately 5.5 percent of the three-year match commitment.

LIFESTREAM BEHAVIORAL CENTER (LAKE COUNTY)

LifeStream Behavioral Center's (LifeStream) grant program for Lake County began April 1, 2017. It is an expansion of Lake County's 2014-2017 CJMHS A Reinvestment Grant program, the Forensic Community Services Team (FCST).

Target Population

The target population for the Forensic Community Services Team is adult residents of Lake County who have a mental illness, substance use disorder, and/or co-occurring mental health and substance use disorder with misdemeanor and/or non-violent felony offenses, and a history or presentation of moderate to high criminogenic risks and needs.

Program Design/Model

LifeStream Behavioral Center, in conjunction with Lake County, operates the Forensic Community Services Team (FCST). The team delivers a system of recovery-oriented screening, assessment, triage, intensive treatment, services, and rehabilitation. Individuals can be admitted into the voluntary program if they have pending criminal charges and the state attorney agrees to alternative sentencing or an individual may be referred to the program if they are at risk for further criminal justice involvement upon reentry into the community. The team serves 35 consumers at any given time. This grant program shall expand the previous FCST to increase the annual number of program participants served by increasing staffing levels and expanding the use of evidence-based practices.

Goals/Objectives

The primary goal of the FCST is to increase access to treatment and to support the target population through the provision of evidence-based, trauma-informed services that address and reduce criminogenic risks and needs.

LifeStream’s three major grant objectives include:

1. Implement services and diversion initiatives
2. Create and encourage collaboration among key stakeholders
3. Establish program sustainability

Evidence-based, Best, and Promising Practices and Tools Utilized

- Assertive Community Treatment (ACT)
- Motivational Interviewing (MI)
- Cognitive Behavioral Therapy (CBT)
- Crisis Intervention Teams(CIT)
- Risk-Need-Responsivity framework (RNR)
- Forensic Community Services Team (FCST)
- Interactive Journaling
- Ohio Risk Assessment System (ORAS)
- Texas Christian University (TCU) Drug Screen
- Global Appraisal of Individual Needs (GAINS SS)
- Posttraumatic Stress Disorder Checklist for DSM 5 (PCL-5)
- Trauma-Informed Therapy

Number Served through June 30, 2017 (Year 1 quarter 1):

FCST	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	33	-	-	33
Number Served Target	70	70	70	210

Overall Grant Award

- Total award amount: \$1.2 million (three years)

Performance Measures

The outcomes listed below reflect progress through June 30, 2017 (Year 1 Quarter 2). Some of the performance measure outcomes listed below include program participants who were screened, enrolled, and discharged as part of Lake County’s 2014-17 grant program (same program for both grants).

- Measure: 70 percent reduction in the total number of arrests or rearrests among program participants while enrolled in the program compared to the one-year period prior to program admission.
 - 98 percent reduction in arrests (50 prior arrests, 1 arrest while enrolled)
- Measure: 70 percent reduction in the total number of arrests or rearrests among program participants within the one-year period following program discharge compared to the one-year period prior to program admission.
 - 70 percent reduction in arrests (52 individuals discharged, 15 individuals recidivated)
- Measure: 60 percent of program participants not residing in a stable housing environment at program admission will report living in a stable housing environment within 90 days of program admission.
 - 100 percent of participants (1/1) in stable housing
- Measure: 80 percent of program participants not residing in a stable housing environment at program admission will report living in a stable housing environment one-year following program discharge.
 - 100 percent of participants (1/1) in stable housing
- Measure: 30 percent of program participants not employed at program admission who are employed full or part-time within 180 days of program admission.
 - 21 percent of participants (5/24) were employed full or part-time
- Measure: 40 percent of program participants not employed at program admission who are employed full or part-time one year following program discharge.
 - 60 percent of participants (21/35) were employed
- Measure: 80 percent of program participants will be assisted in applying or be linked to Social Security or other benefits for which they may have been eligible but were not receiving at program admission.
 - 100 percent of participants (1/1) were assisted in applying for benefits
- Measure: 10 percent of program participants will be diverted from a state mental health treatment facility.
 - There were no participants diverted from a state mental health treatment facility. None of the program participants were identified as “at risk” for state mental health treatment facilities.
- Measure: 50 percent reduction in the total number of PTSD symptoms of pre vs. post intervention, as assessed by the PCL-5, for program participants receiving intensive evidence-based trauma treatment.
 - The grantee is collecting data; however, it is too early to report on this measure.

Program Update

- LifeStream submitted the FY2016-17 Technical Assistance Needs Assessment Survey to USF CJMHS A TAC on September 20, 2017; their three technical assistance needs were: (1) specialty courts, (2) co-occurring disorders, and (3) evaluation methods.
- LifeStream participated in the USF CJMHS A TAC quarterly webinar on June 13th.
- FCST personnel are working to become SOAR certified by the end of the next quarterly reporting period.

- Eighteen (18) law enforcement officers participated in CIT training in Year 1 Quarter 1 of the grant program.
- Access to transitional housing and transportation continues to be a barrier for FCST clients. To increase the likelihood of successful recovery and attendance at doctor appointments, the FCST offers transportation (rides) and bus passes to participants provides clients. The FCST is working with county leaders and partners to provide safe and affordable housing.
- An additional challenge is the gap in services for individuals with a history of violent felonies.

The Effect of the CJMHS A Reinvestment Grant Program on Reducing Forensic Commitments through Meeting the Needs of Individuals

None of the program participants were identified as “at risk” for state mental health treatment facilities.

Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison

The grantee did not report information addressing this question.

Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Commitments to State Mental Health Treatment Facilities

The grantee did not report information specific to this question. However, including carry-over participants from the 2014-17 grant program, the FCST maintained 34 active participants in Year 1 Quarter 1 of the 2017-20 grant program. During Year 1 Quarter 1, the program expanded the number of participants served at any given time by five participants (from 25 to 30).

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

As of June 30, 2017, LifeStream has expended/leveraged \$189,100 or approximately 15.8 percent of the three-year match commitment.

MARTIN COUNTY

Martin County’s grant program, the Martin County Mental Health Court (MHC), began June 8, 2017.

Target Population

The target population for the Mental Health Court includes juveniles and adults who have a mental health, substance use, and/or co-occurring disorder; who are in, or at risk of entering the juvenile and/or criminal justice systems; and referred to the MHC.

Program Design/Model

The Martin County Mental Health Court is a voluntary program for individuals charged with a misdemeanor or felony offense who have mental health issues. The State Attorney’s Office and the victim (where applicable) must approve the individual’s participation in the court. The MHC served a

caseload of approximately 25-to-30 individuals prior to the CJMHS A Reinvestment Grant and expanded the caseload to 70-to-100 participants with grant funding.

Goals/Objectives

The primary goal of the Martin County Mental Health Court is to divert juveniles and adults with a history of criminal justice involvement who are at risk of recidivism and link them to community services and treatment.

Martin County’s four major grant objectives include:

1. Implement services and diversion initiatives.
2. Create and encourage collaboration among the key stakeholders.
3. Increase diversion and treatment of individuals who have a mental health, substance use, or co-occurring disorder who are at in, or at risk of entering the criminal justice system.
4. Increase connections to housing, employment, and educational resources.

Evidence-based, Best, and Promising Practices and Tools Utilized

- Crisis Intervention Teams (CIT)
- Brief Jail Mental Health Screen

Number Served through August 31, 2017 (Year 1 Quarter 1):

MHC	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	54	-	-	54
Number Served Target	100	100	100	300
CIT	30	-	-	30
CIT Target	15	15	14	44

Overall Grant Award

- Total award amount: \$1.2 million (three years)

Performance Measures

The outcomes listed below reflect progress through August 31, 2017 (Year 1 Quarter 1).

- Measure: 20 percent reduction in the total number of arrests among program participants while enrolled in the program compared to the one-year period prior to program admission.
 - 100 percent reduction in arrests (54 arrests prior, 0 arrests enrolled)
- Measure: 10 percent reduction in the total number of arrests among program participants within the one-year period following program discharge compared to the one-year period prior to program admission.
 - The grantee is collecting data; however, it is too early to report on this measure.

- Measure: 75 percent of program participants not residing in a stable housing environment at program admission will report living in a stable housing environment within 90 days of program admission.
 - 100 percent of participants (54/54) reported living in a stable housing environment
- Measure: 75 percent of program participants not residing in stable housing at program admission will report living in a stable housing environment one-year following program discharge.
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 20 percent of program participants not employed and who express a desire to work at program admission are employed full or part-time within 180 days of program admission.
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 20 percent of program participants not employed and who express a desire to work at program admission are employed full or part-time within one year of program admission.
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 100 percent of program participants will be assisted in applying for Social Security or other benefits for which they may have been eligible but were not receiving at program admission.
 - 100 percent of participants (6/6) were assisted in applying for benefits
- Measure: 20 percent of program participants will be diverted from a state mental health treatment facility.
 - 100 percent of participants (6/6) were diverted
- Measure: 60 percent of program participants shall successfully complete the program.
 - The grantee is collecting data; however, it is too early to report on this measure.

Program Update

- Martin County grantee personnel participate in Public Safety Coordinating Council meetings regularly.
- Martin County did not submit the FY2016-17 Technical Assistance Needs Assessment Survey to USF CJMHS A TAC.
- Martin County participated in the USF CJMHS A TAC quarterly webinar held on March 28th.

The Effect of the CJMHS A Reinvestment Grant Program on Reducing Forensic Commitments through Meeting the Needs of Individuals

Martin County's grant began June 2017; therefore, no impact determined at this time.

Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison

Martin County's grant began June 2017; therefore, no impact determined at this time.

Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Commitments to State Mental Health Treatment Facilities

Martin County's grant began June 2017; therefore, no impact determined at this time.

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

As of August 31, 2017, Martin County has expended/leveraged \$30,547 or approximately 2.5 percent of the three-year match commitment.

MERIDIAN BEHAVIORAL HEALTHCARE, INC. (ALACHUA AND BRADFORD COUNTIES)

Meridian Behavioral Healthcare's (Meridian) grant program began April 5, 2017. Meridian's program is an expansion of Alachua County's 2014-2017 CJMHS A Reinvestment Grant, the Alachua County Forensic Diversion Program, herein referred to as the Meridian Forensic Program. The 2017-20 grant program extends the services to neighboring Bradford County. Meridian is the grantee for Alachua and Bradford Counties.

Target Population

The target population for the Forensic program is adults who have a mental illness, substance use disorder, and/or co-occurring mental health and substance use disorder and who are in, or at risk of entering the criminal justice system.

Program Design/Model

The Meridian Forensic program is a coordinated care, team-based approach with the goal of helping high-need, high-risk individuals navigate complex service systems as they transition from jail to the community. The program provides ongoing, direct recovery-oriented services to program participants. Recovery techniques include setting recovery goals, identifying strengths, linking to formal supports, developing treatment plans, discharge planning, and aftercare transition.

Goals/Objectives

The primary goal of the grant program is to divert adults with a history of criminal justice involvement who are at risk of recidivism or commitment to a state hospital system by referring them to community-based services and treatment.

Meridian's three major grant objectives include:

1. Implement services and diversion initiatives
2. Create and encourage collaboration among the key stakeholders
3. Increase access to coordinated care, person-centered treatment, and recovery support services

Evidence-based, Best, and Promising Practices and Tools Utilized

- Crisis Intervention Teams (CIT)

- Mental Health First Aid
- Risk Need Responsivity (RNR) Model
- Assess, Plan, Identify, Coordinate (APIC) Model
- GAINS Reentry Checklist
- Wellness Recovery Action Plan (WRAP)
- SSI/SSDI, Outreach, Assist, and Recovery (SOAR)
- Seeking Safety
- Moral Reconation Therapy
- Cognitive Behavioral Therapy
- Motivational Therapy

Number Served through June 30, 2017 (Year 1 Quarter 1)

Forensic Program	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	170	-	-	170
Number Served Target	330	330	330	990
CIT	15	-	-	15
CIT Target	n/a	n/a	n/a	n/a
MHFA	14	-	-	14
MHFA Target	n/a	n/a	n/a	n/a

Overall Grant Award

- Total award amount: \$1.5 million (three years)

Performance Measures

The outcomes listed below reflect progress through June 30, 2017 (Year 1 Quarter 1).

- Measure: 65 percent reduction in the total number of arrests among program participants while enrolled in the program compared to the one-year period prior to program admission.
 - 96.67 percent reduction in the number of arrests (60 arrests prior, 2 arrests post)
- Measure: 60 percent reduction in the total number of arrests among program participants within the one-year period following program discharge compared to the one-year period prior to program admission.
 - 96.67 percent reduction in the number of arrests (60 arrests prior, 2 arrests post)
- Measure: 65 percent of program participants not residing in a stable housing environment at program admission will report living in a stable housing environment within 90 days of program admission.

- 0 percent of participants (0/19) reported living in a stable housing environment within 90 days of program admission
- Measure: 65 percent of program participants not residing in stable housing at program admission will report living in a stable housing environment one-year following program discharge.
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 50 percent of program participants not employed and who express a desire to work at program admission are employed full or part-time within 180 days of program admission.
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 50 percent of program participants not employed and who express a desire to work at program admission are employed full or part-time within one year of program admission.
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 65 percent of program participants will be assisted in applying for Social Security or other benefits for which they may have been eligible but were not receiving at program admission.
 - 100 percent of participants (20/20) were assisted in applying for benefits
- Measure: 45 percent of program participants will be diverted from a state mental health treatment facility.
 - 63.16 percent of participants (12/19) eligible for admission to a state mental health treatment facility were diverted
- Measure: 50 percent of program participants will report having received increased access to comprehensive community-based services one-year past admission to the program.
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 20 percent increase in the number of officers receiving CIT or MHFA training annually.
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 60 percent decrease in the number of jail bed days for participants one-year past admission to the program.
 - The grantee is collecting data; however, it is too early to report on this measure.

Program Update

- The CJMHTA Grant Planning Committee met quarterly.
- Meridian submitted the FY2016-17 Technical Assistance Needs Assessment Survey to USF CJMHTA TAC on May 17, 2017; their three technical assistance needs were: (1) evaluation methods, (2) cost effectiveness, and (3) review of the CJMHTA planning council.
- Meridian participated in the USF CJMHTA TAC quarterly webinar held on March 28th.

The Effect of the CJMHTA Reinvestment Grant Program on Reducing Forensic Commitments through Meeting the Needs of Individuals

There has been no impact determined at this time.

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

There has been no impact determined at this time.

Summary of the Effect of the CJMHSAs Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Commitments to State Mental Health Treatment Facilities

There has been no impact determined at this time.

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

As of June 30, 2017, Meridian has expended/leveraged \$95,526 or approximately 5.7 percent of the three-year match commitment.

MIAMI-DADE COUNTY

Miami-Dade County's grant program, the Jail In-Reach Team, began March 7, 2017.

Target Population

The target population for the Jail In-Reach Team is adults who have a mental illness, substance use disorder, and/or co-occurring mental health and substance use disorder; a history of repeated involvement in the criminal justice, acute care treatment, or homeless systems; and are in jail. Individuals must be at a moderate-to-high risk of recidivism and eligible to participate in the Criminal Mental Health Project (CMHP) diversion program.

Program Design/Model

Miami-Dade County is expanding the existing CMHP by implementing a specialized Jail In-Reach Team to work collectively, with input from program participants, to screen, assess, and develop an individualized transition plan for community reentry. The Jail In-Reach Team provides an initial health assessment at booking and refers individuals who are clinically eligible to the CMHP for diversion. Evidence-based assessment tools (listed below) help the team determine the appropriate level of treatment. The team utilizes the Assess, Plan, Identify, and Coordinate (APIC) model to develop a transition plan for reentry. The CMHP provides linkages to an array of services to participants for up to one-year post-admission to the program.

Goals/Objectives

The primary goal of the grant program is to divert adults with a history of criminal justice involvement who are at risk of recidivism or commitment to a state hospital system by referring them to community-based services and treatment.

Miami-Dade's three major grant objectives include:

1. Implement services and diversion initiatives
2. Create and encourage collaboration among the key stakeholders
3. Provide effective transition planning that will enhance public safety by increasing the possibility that individuals will participate in supervision and complete treatment requirements that will promote recovery and successful community reintegration

Evidence-based, Best, and Promising Practices and Tools Utilized

- Assess, Plan, Identify, and Coordinate (APIC) Model
- Texas Christian University Drug Screen (TCUD-V)
- Mental Health Screen Form- III (MHSF-III)
- Ohio Risk Assessment- Community Supervision Tool (ORAS-CST)

Number Served through August 31, 2017 (Year 1 quarter 2)

Jail In-Reach Team	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	36	-	-	36
Number Served Target	125	125	125	375

Overall Grant Award

- Total award amount: \$1.2 million (three years)

Performance Measure

The outcomes listed below reflect progress through August 31, 2017 (Year 1 Quarter 2).

- Measure: 50 percent reduction in the total number of arrests among program participants while enrolled in the program compared to the one-year period prior to program admission.
 - 95 percent reduction in arrests (103 arrests prior, 5 arrests post)
- Measure: 50 percent reduction in the total number of arrests among program participants within the one-year period following program discharge compared to the one-year period prior to program admission.
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 50 percent of program participants not residing in a stable housing environment at program admission will report living in a stable housing environment within 90 days of program admission.
 - 84 percent of participants (21/25) reported living in a stable housing environment
- Measure: 50 percent of program participants not residing in stable housing at program admission will report living in a stable housing environment one-year following program discharge.
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 100 percent of program participants will be assisted in applying for Social Security or other benefits for which they may have been eligible but were not receiving at program admission.
 - 100 percent of participants (13/13) were assisted in applying for benefits
- Measure: 15 percent of program participants will be diverted from a state mental health treatment facility.
 - 57.14 percent of participants (3/7) were diverted from a state mental health treatment facility

- Measure: 15 percent of program participants served by the program will be veterans.
 - 11 percent of participants (4/36) were veterans
- Measure: The number of program participants unable to receive benefits at program admission due to immigration problems will decrease by at least six during the program.
 - Only one participant has been unable to receive benefits at program admission due to immigration problems
- Measure: 100 percent of program participants will receive an individualized transition plan, matched to identified risks and needs and the appropriate level of service.
 - 100 percent of participants (36/36) received an individualized transition plan

Program Update

- The Public Safety Coordinating Council met quarterly.
- Miami-Dade County submitted the FY2016-17 Technical Assistance Needs Assessment Survey to USF CJMHS A TAC on May 16th; their three technical assistance needs were: (1) overall grant approach, (2) cost effectiveness, and (3) sanctions and awards for mental health specialty courts.
- Miami-Dade County participated in the USF CJMHS A TAC quarterly webinars held on March 28th and June 13th.

The Effect of the CJMHS A Reinvestment Grant Program on Reducing Forensic Commitments through Meeting the Needs of Individuals

No impact has been determined at this time.

Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison

No impact has been determined at this time.

Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Commitments to State Mental Health Treatment Facilities

No impact has been determined at this time.

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

As of May 31, 2017, Miami-Dade County has expended/leveraged \$18,547 or approximately 1.5 percent of the three-year match commitment.

ORANGE COUNTY

Orange County's grant-funded program, Wrap-Around Orange (WAO), began April 1, 2017. Orange County's 2017-20 grant program is an expansion and enhancement of their 2014-17 WAO CJMHS A Reinvestment Grant.

Target Population

The target population includes youth with mental health, substance use, or co-occurring disorders who present low risk to public safety but who are at-risk for deeper involvement into the juvenile justice system in the absence of positive, effective intervention. This project serves youth aged 13-to-15 years old (arrested as well as those not in the juvenile justice system). The target population includes:

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

Program Design/Model

WAO is a Centralized Coordination Project for youth aged 13-15 years old who are in or at risk of entering the juvenile justice system. For this population, WAO shifts the target population's care and treatment to the behavioral healthcare systems rather than the juvenile justice system. WAO utilizes wraparound services based on the System of Care core values. Each wraparound team serves an average caseload of 10-to-12 youth for an average length of stay of 12-to-16 months.

WAO provides care coordination and case management to youth and their families through the WAO team, local hospitals, community-based treatment providers, the Central Florida Cares Health Network, Community Based Care of Central Florida, and the Homeless Services Network of Central.

Goals/Objectives

Orange County's goals and objectives include:

Goals:

- Provide WAO Central Coordination Project services to youth 13 through 15 years of age
- Establish System of Care core values of community-based, family-driven, youth-guided, and culturally and linguistically competent services as the foundation of all services provided
- Reduce the factors which contribute to youth arrests

Objectives:

- Implement CJMHS A services and diversion initiatives
- Encourage and emphasize collaboration among key stakeholders
- Increase youth and family functioning across multiple life domains based on the individual needs of the youth and their family

Evidence-based, Best, and Promising Practices and Tools Utilized

- Car, Relax, Alone, Forget, Friends, Trouble (CRAFT) (screening tool)
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Crisis Intervention Teams-Youth (CIT-Y) Training
- Child and Adolescent Needs and Strengths – Comprehensive tool (CANS-C)
- SSI/SSDI Outreach, Access, and Recovery model (SOAR)
- Motivation Interviewing
- Wraparound (intensive, individualized care planning and management)

Number Served through June 30, 2017 (Year 1 Quarter 1)

WAO	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served (youth & their families)	10	-	-	10
Number Served Target	48	48	48	144
CIT-Y	23	-	-	23
CIT-Y Target	70	70	70	210

Overall Grant Award

- Total award amount: \$1,200,000 (three years)

Performance Measures

Outcome data for the performance measures reflect progress through June 30, 2017 (Year 1 Quarter 1).

- Measure: 50 percent reduction in the number of arrests/rearrests of participants while enrolled in the program compared with one-year prior to program enrollment
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 85 percent reduction in the number of arrests/rearrests of participants within the one-year period following program discharge compared to the one-year period prior to admission
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 50 percent of program participants not residing in stable housing at admission will report living in stable housing within 90 days of program admission
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 90 percent of program participants not residing in stable housing at admission will report living in stable housing one year following discharge
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 90 percent of participants assisted in applying for Social Security or other benefits for which they may have been eligible but were not receiving at admission

- The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 100 percent of participants needing substance abuse treatment based on the CRAFFT are referred for treatment
 - The grantee is collecting data; however, it is too early to report on this measure.

Program Update

- The 2017-20 grant expanded their target population to include fifteen-year-old-youth effective April 1, 2017.
- Orange County extended their existing contract with Aspire Health Partners.
- Orange County initiated a contract with the National Alliance on Mental Illness, Greater Orlando on June 26, 2017 for the provision of CIT-Y training for law enforcement and the community members.
- The planning council met May 13, 2017.
- Orange County submitted their FY16-17 Technical Assistance Needs Assessment Survey to the USF CJMHS A TAC; their three technical assistance needs were: (1) strategic planning and local systems development, (2) juvenile justice systems development, and (3) review of overall grant approach.
- Orange County participated in the USF CJMHS A TAC quarterly webinar held on March 28th.

The Effect of the CJMHS A Reinvestment Grant Program on Reducing Forensic Commitments through Meeting the Needs of Individuals

The target population of Orange County's CJMHS A grant-funded program is juveniles under the age of 16. The grantee reported no forensic commitments for juveniles prosecuted as adults.

Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison

No impact determined at this time.

Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Commitments to State Mental Health Treatment Facilities

As an evidence-based practice, wraparound care coordination allows Orange County to increase the accessibility of community-based services. Wraparound services for youth were not available in Orange County until the implementation of WAO; therefore, WAO introduced an effective approach to address the behavioral health needs of youth and their families.

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

As of June 30, 2017, Orange County had not expended/leveraged any portion of their matching funds. Orange County is using the matching funds to support security at the Juvenile Assessment Center and to support mobile crisis services.

PINELLAS COUNTY

Pinellas County's grant program, the Pinellas County Recovery Project (PCRP), began February 1, 2017.

Target Population

The target population for the PCRP is adults with substance use or co-occurring mental health and substance use disorders charged with a crime. Pinellas County is targeting high-system-utilizers.

Program Design/Model

The PCRP is an extension of an existing Pinellas County jail diversion program that has been in operation since 2004 by the Sixth Judicial Circuit's Office of the Public Defender. Pinellas County was one of three counties examined under Governor Rick Scott's Executive Order 15-175 which documented comprehensive care coordination as a critical service component for high utilizers (this project's target population).

Initial provider partners included WestCare Gulfcoast of Florida, A Turning Point, Mustard Seed Inn, and Vincent House of Van Goh's Palette. The Sixth Judicial Circuit's Office of the Public Defender is a key partner in this program as well. However, Vincent House of Van Goh's Palette withdrew as a partner. Vincent House was slated to provide individualized vocational and employment counseling and service.

An array of trauma-informed services is provided to participants for a period of up to 90 days. Phase I services are provided as needed for up to 30 days post-admission and Phase II services are provided for up to 60 days upon Phase I completion.

The judiciary conducts initial screening and appropriate individuals are referred to the Public Defender's Office for jail diversion. The Public Defender's Office court psychiatrist conducts evaluations and recommends individuals for the PCRP. Law enforcement may also screen individuals and refer them directly to WestCare's A Turning Point (emergency inebriate receiving facility). WestCare administers a comprehensive, strengths-based, and integrated assessment for co-occurring disorders and a health assessment. WestCare utilizes the Risk-Need-Responsivity Model as a framework. Individuals may reside at A Turning Point for up to 30 days (voluntarily).

Phase I services include individualized health and wellness planning; individual and group counseling; case management; coordinated access to primary medical care; relapse prevention services; education, psychoeducation, and support groups; and discharge and reentry planning.

Phase II services include guided assistance into transitional housing at WestCare, Mustard Seed Inn, Veteran's Community Living program, or other form of temporary; housing counseling; outpatient relapse prevention and recovery support services; and follow-up services and coordination by recovery peer advocates or forensic diversion and recovery specialists. Follow-up services allows program staff to maintain contact with participants for at least one-year post-discharge.

Services are provided 24 hours per day, seven days per week while participants are in transitional housing. Recovery support outpatient services are available five days per week between 12:00 p.m. and 8:00 p.m.

Participants receive a medical screen and service prioritization decision assistance tool (SPDAT) assessment to determine community assistance priority. Participants receive assistance with securing identification cards, seeking county health insurance, and transportation.

Goals/Objectives

The primary goal of the program is to divert high-risk individuals from arrest, prosecution, or incarceration and into treatment and recovery support services.

Objectives include:

1. Implement services and diversion initiatives
2. Create and encourage collaboration among key stakeholders
3. Plan, develop, and adjust as needed a sustainability plan

Evidence-based, Best, and Promising Practices and Tools Utilized

- Motivational Interviewing (MI)
- Cognitive Behavioral Therapy (CBT)
- Seeking Safety (SS)
- Peer-based recovery support
- Comprehensive case management (housing counseling, benefits, linkages, etc.)
- Service Prioritization Decision Assistance Tool (SPDAT)

Number Served through July 31, 2017 (Year 1 Quarter 2):

PCRP	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	29	-	-	29
Number Served Target	100	100	100	300

Overall Grant Award

- Total amount awarded: \$1,200,000 (three years)

Performance Measures

Outcome data for the performance measures reflect progress through July 31, 2017 (Year 1 Quarter 2).

- Measure: Attain 75 percent reduction in number of arrests among participants while enrolled in the program compared to one-year period prior to program admission
 - 94.74 percent reduction in arrests (1 arrest during and 19 arrests prior)
- Measure: Attain 65 percent reduction in number of arrests among participants within the one-year period following program discharge compared to the one-year period prior to program admission
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 75 percent of participants who did not reside in stable housing at the time of admission will reside in stable housing within 90 days of program admission

- No participants not residing in stable housing at admission reported residing in stable housing
- Measure: 70 percent of participants who did not reside in stable housing at the time of admission will reside in stable housing within one year post-discharge
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 75 percent of participants who are not employed and who express a desire to work at program admission are employed full or part-time within 180 days of program admission
 - 28.57 percent (7/2) were employed
- Measure: 70 percent of participants who are not employed and who express a desire to work at program admission are employed full or part-time within one year of program admission
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 75 percent of participants who were eligible for but not receiving Social Security or other benefits at admission will be assisted in applying for benefits within 180 days of admission
 - 100 percent (2/2) of participants were assisted in applying for benefits
- Measure: 10 percent of participants will be diverted from a State Mental Health Treatment Facility
 - No participants were eligible for possible admission into a state mental health treatment facility, therefore none were diverted
- Measure: 90 percent of participants will decrease one or more risk domain at discharge
 - No participants experienced a decrease in risk domains

Program Update

- PCRP began accepting participants in April 2017.
- The Planning Council met May 8, 2017 (WestCare made a presentation) and again on August 7, 2017.
- Pinellas County and partners are working on their sustainability planning.
- PCRP experienced delays in filling the Vocational Specialist position
- A challenge involved Vincent House withdrawing as a partner.
- Another challenge involves participants' medications. Some participants were unable to cope in the program without their prescriptions. WestCare is working with the Public Defender's Office to address this issue and ensure appropriate and sufficient medications are available prior to and during participants' time at Turning Point.
- Other challenges include the inability to accept participants who are unable to work or have no source of income (e.g., SSI or SSDI). Housing and employment are present challenges.
- Memoranda of Understanding (MOUs) were executed with the Public Defender's Office, WestCare, and Vincent House Van Gogh's Palette (though Vincent House later withdrew from the project).
- WestCare agreed to take on the vocational assistance that Vincent House was supposed to provide. WestCare will hire a vocational counselor.
- Pinellas County participated in a conference call with USF CJMHS A TAC on August 8, 2017 to discuss technical assistance needs and services.
- Pinellas County submitted their FY16-17 Technical Assistance Needs Assessment Survey to USF CJMHS A TAC on February 8, 2017; their three technical assistance needs were: (1) supportive

housing, (2) discharge planning and reentry, and (3) supported employment/recovery-oriented systems/consumer involvement

- Pinellas County participated in the USF CJMHS A TAC quarterly webinars on March 28th and June 13th.

Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison

No impact determined at this time.

Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Commitments to State Mental Health Treatment Facilities

No impact determined at this time.

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

As of April 30, 2017, Pinellas County expended/leveraged \$12,127 or approximately 1.0 percent of the three-year match commitment for their CJMHS A Reinvestment grant. Matching funds and in-kind services have allowed the program to expand while maintaining program personnel who are familiar with the structure of the program and the population served.

POLK COUNTY

Polk County's grant program, the Polk County Forensic Intensive Case Management Project (PC-FICM), began February 1, 2017.

Target Population

The target population for PC-FICM is adults with substance use, mental health, and/or co-occurring disorders who are in or at risk of entering the criminal justice system.

Program Design/Model

The initial PC-FICM eligibility screening is conducted using a customized tool which screens for basic eligibility requirements and risk factors (homelessness, criminal justice involvement, mental illness, substance use, and veteran status). Referrals may be generated from community partners as well as the jail. The PC-FICM program manager serves as the centralized point of contact to determine eligibility. The PC-FICM program manager and case managers comprise the FICM team. There are two case managers from Tri-County Human Services (TCHS) and two case managers from Peace River Center (PRC). The FICM team reviews the screening results and confirms the assignment of a case manager. Participants must agree to participate and sign an agreement. Caseloads are limited to 15 per case manager. Polk County's Indigent Health Care Division houses the PC-FICM program manager and assists with care coordination. Case managers develop individualized case plans for participants.

Polk County is working with the Polk County Housing and Neighborhood Development Division and a private housing developer to generate plans to meet the housing need. Diverting individuals from the system, collaborating with community partners to increase access to community-based treatment services (wrap-around services), and promoting stable and safe housing for participants are the core tenets of the grant program. Additionally, Polk County is exploring the implementation of the evidence-based model APIC model (Assess, Plan, Identify, Coordinate) for transition planning with Peace River (treatment provider) and the jail.

Goals/Objectives

The primary goal of the program is to divert individuals with a history of criminal justice involvement who are at risk of recidivism into either the criminal justice system or a state mental health treatment hospital and divert them into community-based treatment services.

Polk County’s three main objectives:

1. Implement services and diversion initiatives
2. Create and encourage collaboration among key stakeholders
3. Develop a housing initiative in support of the grant’s target population

Evidence-based, Best, and Promising Practices and Tools Utilized

- Forensic Intensive Case Management (FICM)
- Motivational Interviewing (MI)
- Cognitive Behavioral Therapy (CBT)
- Assess, Plan, Identify, Coordinate (APIC)
- Wellness Recovery Action Plan (WRAP)
- SOAR

Number Served through July 31, 2017 (Year 1 Quarter 2):

PC-FICM	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served (screened)	52	-	-	52
Number Served (enrolled)	28	-	-	28
Number Served Target	50	50	50	150

Overall Grant Award

- Total amount awarded: \$1,200,000 (three years)

Performance Measures

Outcome data for the performance measures reflect progress through July 31, 2017 (Year 1 Quarter 2).

- Measure: Attain 20 percent reduction in number of arrests among participants while enrolled in the program compared to one-year period prior to program admission
 - 86.96 percent reduction in arrests (3 arrests during enrollment; 23 arrests prior to enrollment)
- Measure: Attain 15 percent reduction in number of arrests among participants within the one-year period following program discharge compared to the one-year period prior to program admission
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 25 percent of participants who did not reside in stable housing at the time of admission will reside in stable housing within 90 days of program admission
 - 28.57 percent (four of the 14 individuals not residing in stable housing at enrollment were in stable housing within 90 days of admission)
- Measure: 75 percent of participants who did not reside in stable housing at the time of admission will reside in stable housing within 180 days post-discharge
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 70 percent of participants who did not reside in stable housing at the time of admission will reside in stable housing within one-year post-discharge
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 25 percent of participants who are not employed and who express a desire to work at program admission are employed full or part-time within 180 days of program admission
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 30 percent of participants who are not employed and who express a desire to work at program admission are employed full or part-time within one year of program admission
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 95 percent of participants who were eligible for but not receiving Social Security or other benefits at admission will be assisted in applying for benefits within 180 days of admission
 - 100 percent (20/20) of participants received assistance in applying for benefits
- Measure: 10 percent of participants will be diverted from a State Mental Health Treatment Facility
 - No participants eligible for possible admission in a state mental health treatment facility; therefore none were diverted
- Measure: 95 percent of participants who do not have a means of transportation will receive program related transportation services while in the program
 - 100 percent (10/10) participants received transportation services

Program Update

- Polk County's FICM program is utilizing Carescope, an electronic health information system, to capture and maintain participant data.
- Polk County received a Sequential Intercept Mapping on May 18-19, 2017 (formal technical assistance).
- At the June 8th planning council meeting, members received updates on the FICM program and the Sequential Intercept Mapping.
- Polk County Housing and Neighborhood Development staff and Indigent Health Care staff participated in the Homeless Coalition of Polk County to address the housing shortage for this population.
- Case managers were SOAR-trained and WRAP-trained.
- Polk County participated in the quarterly webinars with USF CJMHS A TAC on March 28th and June 13th.
- Polk County submitted their FY16-17 Technical Assistance Needs Assessment Survey to USF CJMHS A TAC on February 13, 2017; their three technical assistance needs were: (1) SIM, (2) SIM follow-up, (3) cost effectiveness/cost avoidance methods.

Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison

No impact determined at this time.

Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Commitments to State Mental Health Treatment Facilities

FICM contingency funding has provided opportunities for participants to receive housing assistance, medications, medical and mental health services, transportation assistance, and assistance with food and identification cards.

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

As of Year 1, Quarter 2, Pinellas County expended/leveraged \$859,130 or approximately 12.3 percent of the three-year match commitment for their CJMHS A Reinvestment grant. The county's cash match provides funding to support the PC-FICM program manager.

SOUTHEAST FLORIDA BEHAVIORAL HEALTH NETWORK (INDIAN RIVER COUNTY)

Southeast Florida Behavioral Health Network's (SEFBHN) grant program began January 31, 2017 and expands Indian River County's existing Mental Health Court (IRC-MHC).

Target Population

The target population for the Mental Health Court includes:

- adults with serious mental illness (SMI), substance use disorder (SUD), and/or co-occurring disorder (COD) who demonstrate high utilization of acute care services, including crisis stabilization, inpatient, and inpatient detoxification services (high utilization is defined as adults with three or more acute care admissions within 180 days or adults with acute care admissions that last 16 days or longer),
- adults with a SMI awaiting placement in a state mental health treatment facility or awaiting discharge from the facility back into the community,
- persons with SMI, SUD, CODs who have a history of multiple arrests, involuntary placements, or violations of parole leading to institutionalization or incarceration,
- caretakers/parents with a SMI, SUD, or COD involved with the child welfare system,
- individuals identified by SEFBHN, network providers, or the department as potentially high risk due to concerns that warrant care coordination, and
- additional specifications for the target population are provided with regard to a defendant's charges and Chapter 916, F.S. status

Program Design/Model

The CJMHTA grant program expands and improves access to treatment and adds additional services and personnel needed to increase the number of IRC-MHC clients. As an alternative to incarceration, the IRC-MHC links offenders to long-term, community-based treatment services. The clients' behavioral health needs are addressed through mental health assessments, individualized treatment plans, and ongoing judicial monitoring. Individuals are referred to the program at booking, initial detention, first appearance hearings, or through attorney referrals. The program implements a Coordination of Care plan (education, training and activities supporting community integration) to improve transitions from jail to less restrictive community-based levels of care.

Services for the IRC-MHC are provided by the Mental Health Collaborative McCabe Connections Center, Legacy Behavioral Health, the Mental Health Association of Indian River County, New Horizons of the Treasure Coast, Substance Abuse Council of Indian River County, and the Indian River County Sheriff's Office.

Goals/Objectives

The primary goal of the grant program is to divert adults with a history of criminal justice involvement who are at risk of recidivism or commitment to a state hospital system by referring them to community-based services and treatment.

SEFBHN's three major grant objectives include:

1. Implement services and diversion initiatives
2. Create and encourage collaboration among the key stakeholders
3. Create a Coordination of Care model specific for the Mental Health Court

Evidence-based, Best, and Promising Practices and Tools Utilized

- SSI/SSDI, Outreach, Assist, and Recovery (SOAR)
- Wellness Recovery Action Plan (WRAP)
- Whole Health Action Management (WHAM)
- Cognitive Behavioral Therapy (CBT)
- Mindfulness-based Stress Reduction (MBSR)
- Dialectical Behavioral Therapy (DBT)
- Living in Balance (LIB)
- Forensic Needs Assessment

Number Served through July 31, 2017 (Year 1 Quarter 2)

IRC-MHC	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	207	-	-	207
Number Served Target	175	175	175	525
CIT	0	-	-	0
CIT Target	30	30	30	90

Overall Grant Award

- Total award amount: \$1.2 million (three years)

Performance Measure

The outcomes listed below reflect progress through July 31, 2017.

- Measure: 40 percent reduction in the total number of arrests among program participants while enrolled in the program compared to the one-year period prior to program admission.
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 30 percent reduction in the total number of arrests among program participants within the one-year period following program discharge compared to the one-year period prior to program admission.
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 67 percent of program participants not residing in a stable housing environment at program admission will report living in a stable housing environment within 90 days of program admission.
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 90 percent of program participants not residing in stable housing at program admission will report living in a stable housing environment one-year following program discharge.
 - The grantee is collecting data; however, it is too early to report on this measure.

- Measure: 10 percent of program participants not employed and who express a desire to work at program admission are employed full or part-time within 180 days of program admission.
 - 6.12 percent of participants (12/196) were employed
- Measure: 24 percent of program participants not employed and who express a desire to work at program admission are employed full or part-time within one-year of program admission.
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 65 percent of program participants will be assisted in applying for Social Security or other benefits for which they may have been eligible but were not receiving at program admission.
 - 6.25 percent of participants (1/6) were assisted in applying for benefits
- Measure: 15 percent of program participants will be diverted from a state mental health treatment facility.
 - 61.53 percent of participants (8/13) were diverted from a state mental health treatment facility
- Measure: 50 percent of program participants will be diverted from the criminal justice system and graduate from the program.
 - The grantee is collecting data; however, it is too early to report on this measure.

Program Update

- The Public Safety Coordinating Council met monthly.
- The Reinvestment Grant Team, comprised of the grant program providers, meets monthly.
- The weekly staffing meeting occurred weekly with the Sheriff's Office, peer specialists, and the Connections Center personnel.
- SEFBHN submitted their FY2016-17 Technical Assistance Needs Assessment Survey to USF CJMHTA TAC on May 6, 2017; their three technical assistance needs were: (1) overall grant approach, (2) supportive housing, and (3) strategic planning and local systems development.
- SEFBHN participated in the USF CJMHTA TAC quarterly webinars on March 28th and June 13th.
- Affordable housing in Indian River County is a challenge for grant program clients. The Connections Center has addressed this need by roommate-matching clients who are eligible to live independently, but cannot afford to do so. SEFBHN began efforts to establish a structured, supervised housing program.
- Another barrier identified by the grantee is the long wait period for individuals to receive their benefits.

The Effect of the CJMHTA Reinvestment Grant Program on Reducing Forensic Commitments through Meeting the Needs of Individuals

Since the inception of the grant program, four participants were committed to a state mental health treatment facility.

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

No impact determined at this time.

Summary of the Effect of the CJMHSAs Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Commitments to State Mental Health Treatment Facilities

The grant program allowed the IFC-MHC to aid more efficiently their participants through connection to services without an extended delay as there was previously. Legacy Behavioral Health hired a full-time therapist to ensure that there would be no delays in assessments or therapy for IRC-MHC participants.

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

As of July 31, 2017, Southeast Florida Behavioral Health Network has expended/leveraged \$0 or approximately 0 percent of the three-year match commitment.

THE CJMHS A TECHNICAL ASSISTANCE CENTER

This section summarizes the USF CJMHS A TAC’s technical assistance during FY2016-17. Technical assistance activities include assisting grantees in projecting and monitoring the effect of grant-funded interventions on the criminal justice system, acting as a clearinghouse for disseminating information on best practices, facilitating Sequential Intercept Mappings, and other information relevant to the criminal justice system; the juvenile justice system; and mental health, substance use and/or co-occurring disorders.

COMMON PROGRAM FEATURES AND MODELS ACROSS GRANTEES

The table below presents the common program/model features of the 2014-17 and the 2017-20 grant programs. Also included in the table are the system intercepts where programs intervene; evidence-based, best, and promising practices and tools; and whether the target population includes adults, juveniles, or both.

Based on the implementation of the 2014-17 and 2017-20 grant programs, several common program features have emerged among the grantees.

- The beneficial impact that the Sequential Intercept Mapping process can have on strategic planning at the community level.
- The increased emphasis placed on screening individuals in need of treatment that will lead to increased diversion rather than incarceration.
- The use of central receiving systems and triage systems to divert individuals from the criminal justice system.
- The implementation of Forensic Intensive Case Management and juvenile justice “wraparound” community-based programs.
- The expansion of mental health courts to increase access to community-based services and divert individuals from the criminal justice system.
- Recognition that the development and expansion of permanent supportive housing is essential to success of all reinvestment programs and recovery for individuals with mental health and substance use disorders involved in the criminal justice system.

The following pages display two tables, the first table presents the program features among the 2014-17 grantees and the second table presents the program features for the 2017-20 implementation/expansion grantees.

Common Program Features for 2014-17 CJMHS A Reinvestment Grantees (implementation/expansions grants)

2014 Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
Alachua	Adult	1, 2, 3	<ul style="list-style-type: none"> • Assess, Plan, Identify, Coordinate (APIC) Model • Cognitive Behavioral Therapy (CBT) • Crisis Intervention Teams (CIT) • SSI/SSDI Outreach, Assistance and Recovery (SOAR) • GAINS Reentry Checklist • Motivational Interviewing (MI) • Mental Health First Aid (MHFA) • Moral Reconciliation Therapy (MRT) • Peer Specialists • Seeking Safety • Trauma-Informed Care 	Diversion Model: Centrally Coordinated Criminal Justice Diversion Program (CC-CJDP)
Collier	Adult	1, 4, 5	<ul style="list-style-type: none"> • SSI/SSD Outreach Advocacy and Recovery (SOAR) • Crisis Intervention Teams (CIT) • Seeking Safety • Peer Specialists • Forensic Intensive Reintegration Support Team (FIRST) • Florida Assertive Community Treatment Team (FACT) • Assess, Plan, Identify, and Coordinate model (APIC) • Motivational Interviewing (MI) 	Diversion/Reentry Model: Centralized Assessment Center (CAC) operated by the Collier County Forensic Intensive Reintegration Support Team (FIRST)

2014 Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
			<ul style="list-style-type: none"> • Daily Living Activities (DLA-20) (screening/assessment tool) • Texas Christian University Drug Screen (TCUDS V) • Posttraumatic Stress Disorder Checklist for DSM 5 (PCL-5) • Mental Health Screening Form-III (MHSF-III) 	
Duval	Juvenile	1, 2, 3	<ul style="list-style-type: none"> • Motivational Enhancement Therapy/Cognitive Behavioral Therapy (5 sessions) (MET/CBT-5) • Motivational Interviewing (MI) • Global Appraisal of Individual Needs (GAIN-I) (assessment tool used by Gateway when the juvenile is in the JAC) • SSI/SSDI Outreach, Access, and Recovery (SOAR) • Crisis Intervention Team (CIT) training • High Intensity Wrap Around (part of System of Care) • Positive Achievement Change Tool (PACT) (assessment) 	Diversion Model: Centralized Coordination Project (CCP)
Flagler	Adult	1, 2, 4, 5	<ul style="list-style-type: none"> • SSI/SSDI Outreach, Access, and Recovery (SOAR) • Crisis Intervention Teams (CIT) • Mental Health First Aid (MHFA) 	Diversion/Reentry Model: Crisis Triage and Treatment Unit (CTTU)

2014 Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
Hillsborough	Adult	1, 2, 3	<ul style="list-style-type: none"> • Critical Time Intervention (CTI) • Motivational Interviewing (MI) • SSI/SSDI Outreach, Access, and Recovery (SOAR) • Crisis Intervention Teams (CIT) • Level of Care Utilization System (LOCUS) for Psychiatric and Addiction Services (psycho-social assessment) (utilized by ACTS) • Stages of Change Model (assessment to match needs with service/service provider) (utilized by ACTS) 	Diversion Model: Mental Health Jail Diversion-Pre-Arrest Intercept Program (JDP-PIP)

2014 Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
Lake	Adult	1, 2, 3, 4	<ul style="list-style-type: none"> • Assertive Community Treatment (ACT) • SOAR (SSI/SSD Outreach Advocacy and Recovery) • Motivational Interviewing (MI) • Cognitive Behavioral Therapy (CBT) • Forensic Intensive Case Management (FICM) • Crisis Intervention Teams (CIT) • Risk-Need-Responsivity framework (RNR) • Forensic Community Services Team (FCST) • GAINS Reentry Checklist • Ohio Risk Assessment System (ORAS) • Texas Christian University (TCU) Drug Screen • Global Appraisal of Individual Needs (GAINS SS) • Posttraumatic Stress Disorder Checklist for DSM 5 (PCL-5) • Trauma-Informed Therapy • Enhancement Therapy 	Diversion/Reentry Model: Centralized Coordination Project and Forensic Community Services Team (CCP-FCST)
Lee	Adult	1, 2	<ul style="list-style-type: none"> • Crisis Intervention Team (CIT) 	Diversion/Reentry Model: Bob Janes Triage Center/Low Demand Shelter
Orange	Juvenile	1	<ul style="list-style-type: none"> • SSI/SSDI Outreach, Access, and Recovery model (SOAR) • Motivation Interviewing (MI) • Crisis Intervention Team-Youth (CIT-Y) Training • Child and Adolescent Needs and Strengths – Comprehensive tool (CANS-C) (assessment includes six dimensions/domains; utilized at 	Diversion Model: Wraparound Orange (WAO)- Centralized Coordination Project

2014 Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
			initial assessment and re-assessments every 90 days) <ul style="list-style-type: none"> Wellness Recovery Action Plan (WRAP) Positive Achievement Change Tool (PACT) (juvenile assessment instrument) 	
Seminole	Adult	1, 2, 3, 4	<ul style="list-style-type: none"> Crisis Intervention Team (CIT) SSI/SSDI Outreach, Access, and Recovery model (SOAR) Ohio Risk Assessment System (ORAS) (screening assessment) Daily Living Activities (DLA-20) Functional Assessment (tool) Motivational Enhancement Therapy and Cognitive Behavioral Skills Training Co-Morbidity Program Audit and Self-Survey (COMPASS) (tool) Mental Health Court Drug Court Peer support specialists 	Diversion/Reentry Model: Centralized Coordination Program with a Community Resource Center (CRC)

Common Program Features for 2017-20 CJMHS A Reinvestment Grantees (implementation/expansion grants)

2017 Implementation/Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
Centerstone (Sarasota County)	Adult	1,2,3	<ul style="list-style-type: none"> • Assertive Community Treatment (ACT) • Crisis Intervention Teams (CIT) • Risk-Need-Responsivity Level of Care Service Case Management Inventory (LS-CMI) (staff were not trained or certified to use this too at the onset of the program) • Motivational Interviewing • SOAR (benefits enrollment assistance) (CTC staff were not SOAR certified at the onset of the program) • Mental Health First Aid (MHFA) • Tailored Individual Treatment Plans (ITP) • Integrated Treatment for Co-occurring Disorders (ITC) • Personal Health Questionnaire (PHQ-9) • Correctional Mental Health Screen for Women (CMHS-W) • Cognitive Behavioral Therapy (CBT) • 	<ul style="list-style-type: none"> • Diversion model through the Comprehensive Treatment Court (Mental Health Court) • Linkages
City of Jacksonville (Duval County)	Program not active during FY2016-17			
Collier County	Program not active during FY2016-17			

2017 Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
Guidance Care Center (Monroe County)	Both (Adult and Juvenile)	1, 2	<ul style="list-style-type: none"> • Crisis Intervention Teams (CIT) • Motivational Interviewing (MI) • Moral Reconciliation Therapy (MRT) • Seeking Safety • Comprehensive, Continuous, Integrated System of Care (CCISC) • Individual Placement & Support (IPS) • Justice Steps (JSTEPS) • Correctional Assessment and Intervention System (CAIS) • Modified Mini Screen (MMS) • Post-traumatic Stress Disorder Checklist for DSM 5 (PCL-5) 	<ul style="list-style-type: none"> • Diversion • Intensive outpatient treatment
Hillsborough County	Adult	1, 2, 3	<ul style="list-style-type: none"> • Risk-Need-Responsivity (RNR) • Level of Service / Case Management Inventory Risk Assessment Tool (LS/CMI) • Texas Christian University Drug Screen • PTSD Checklist for DSM-5 (PCL-5) • Peer specialists • SOAR 	<ul style="list-style-type: none"> • Diversion for SPMI offenders through the Mental Health Pretrial Intervention Program • Mental Health Court • Stable Housing (20 Tampa Housing Authority vouchers) • Linkages
Lee County	Adult	1, 2, 3	<ul style="list-style-type: none"> • Crisis Intervention Teams (CIT) • Housing First approach • Coordinated Entry 	<ul style="list-style-type: none"> • Triage Center/Low demand shelter • Diversion • Reentry • Linkages (from specialty courts)

2017 Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
Lifestream Behavioral Center (Lake County)	Adult	1, 2, 3, 4, 5	<ul style="list-style-type: none"> • Assertive Community Treatment (ACT) • Motivational Interviewing (MI) • Cognitive Behavioral Therapy (CBT) • Crisis Intervention Teams(CIT) • Risk-Need-Responsivity framework (RNR) • Forensic Community Services Team (FCST) • Interactive Journaling • Ohio Risk Assessment System (ORAS) • Texas Christian University (TCU) Drug Screen • Global Appraisal of Individual Needs (GAINS SS) • Posttraumatic Stress Disorder Checklist for DSM 5 (PCL-5) • Trauma-Informed Therapy 	<ul style="list-style-type: none"> • Diversion • Linkages • Reentry
Martin County	Both (Adult and Juvenile)	1,2,3	<ul style="list-style-type: none"> • Brief Jail Mental Health Screen (BJMHS) • CIT 	<ul style="list-style-type: none"> • Diversion • Linkage • Case management for the Mental Health Court participants

2017 Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
Meridian Behavioral Health (Alachua & Bradford Counties)	Adult	1, 2, 3, 4, 5	<ul style="list-style-type: none"> • Crisis Intervention Teams (CIT) • Mental Health First Aid • Risk Need Responsivity (RNR) Model • Assess, Plan, Identify, Coordinate (APIC) Model • GAINS Reentry Checklist • Wellness Recovery Action Plan (WRAP) • SSI/SSDI, Outreach, Assist, and Recovery (SOAR) • Seeking Safety • Moral Reconciliation Therapy • Cognitive Behavioral Therapy • Motivational Therapy 	<ul style="list-style-type: none"> • Diversion • Reentry • Linkages
Miami Dade	Adult	4, 5	<ul style="list-style-type: none"> • Assess, Plan, Identify, and Coordinate (APIC) Model • Texas Christian University Drug Screen (TCUD-V) • Mental Health Screen Form- III (MHSF-III) • Ohio Risk Assessment- Community Supervision Tool (ORAS-CST) 	<ul style="list-style-type: none"> • Discharge planning and reentry

2017 Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
Orange County	Juvenile ≤16	1,2,3,4,5	<ul style="list-style-type: none"> • Car, Relax, Alone, Forget, Friends, Trouble (CRAFTT) (screening tool) • Screening, Brief Intervention, and Referral to Treatment (SBIRT) • Crisis Intervention Teams-Youth (CIT-Y) Training • Child and Adolescent Needs and Strengths – Comprehensive tool (CANS-C) • SSI/SSDI Outreach, Access, and Recovery model (SOAR) • Motivation Interviewing • Wraparound (intensive, individualized care planning and management) 	<ul style="list-style-type: none"> • Diversion • Wraparound services based on System of Care core values • Family-involvement
Pinellas County	Adult	1, 2	<ul style="list-style-type: none"> • Motivational Interviewing (MI) • Cognitive Behavioral Therapy (CBT) • Seeking Safety (SS) • Peer-based recovery support 	<ul style="list-style-type: none"> • Diversion (high utilizers) • Linkages to community-based treatment providers
Polk County	Adult	1,2,3,4,5	<ul style="list-style-type: none"> • Forensic Intensive Case Management (FICM) • Motivational Interviewing (MI) • Cognitive Behavioral Therapy (CBT) • Assess, Plan, Identify, Coordinate (APIC) • Wellness Recovery Action Plan (WRAP) • SOAR 	<ul style="list-style-type: none"> • Case management • Linkages to community-based treatment • Post-booking • Reentry • Housing

2017 Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
Southeast Florida Behavioral Health Network (Indian River County)	Adult	2,3,4	<ul style="list-style-type: none"> • SSI/SSDI, Outreach, Assist, and Recovery (SOAR) • Wellness Recovery Action Plan (WRAP) • Whole Health Action Management (WHAM) • Cognitive Behavioral Therapy (CBT) • Mindfulness-based Stress Reduction (MBSR) • Dialectical Behavioral Therapy (DBT) • Living in Balance (LIB) • Forensic Needs Assessment 	Mental Health Court Diversion from incarceration Linkages

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RESULTS OF SATISFACTION SURVEYS COMPLETED BY GRANTEES RECEIVING FORMAL TECHNICAL ASSISTANCE SITE VISITS

Seven of the twenty-one 2017 grantees (both planning and implementation/expansion) received “formal” technical assistance in FY2016-17. The USF CJMHS A TAC exceeded the satisfactory benchmark of 85% by achieving 100% satisfaction for technical assistance provided to BayCare Behavioral Health (Pasco County), Hanley Center Foundation (Putnam County), Lutheran Services Florida Health Systems (Hernando County), Polk County, Stewart Marchman Act Behavioral Healthcare (Flagler County), and Stewart Marchman Act Behavioral Healthcare (St. Johns County). The USF CJMHS A TAC exceeded the satisfactory benchmark of 85% by achieving 98% satisfaction for technical assistance provided to Centerstone of Florida (Sarasota County). The table below displays the satisfaction survey results for formal technical assistance conducted in FY2016-17.

Summary of Grantee Satisfaction Survey Results

Grantee	Date of On-site TA	Satisfaction Survey Results
BayCare (Pasco County)	May 11, 2017	100%
Centerstone (Sarasota County)	February 2-3, 2017	98%
Hanley Center (Putnam County)	May 25, 2017	100%
LSF Health Systems (Hernando County)	June 23, 2017	100%
Polk County	May 18-19, 2017	100%
SMA Behavioral (Flagler County)	February 21, 2017	100%
SMA Behavioral (St. Johns County)	May 24, 2017	100%

RECOMMENDATIONS AND SUGGESTED STRATEGIES FOR FURTHERING THE DEVELOPMENT OF THE CJMHS A TAC AND THE REINVESTMENT GRANT PROGRAM

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

County-level/Program-level Strategies

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

DCF/State-level Strategies

- Increase involvement by managing entities at the state, regional, and county levels
- Encourage CJMHS A planning in the DCF Northwest Region

CJMHS A Technical Assistance Center Strategies

In our FY2015-16 Annual Report, the CJMHS A TAC proposed four strategies for FY2016-17 to improve our ability to serve grantees. During this past fiscal year, CJMHS A TAC accomplished or implemented all four strategies (listed below) proposed in last year's report.

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

Strategies for FY2017-18 include:

- Continue to work with DCF and grantees to improve quarterly grantee reporting of progress, activities, and performance measure data
- Explore the option of providing technical assistance to one or two grantees via an interactive webinar format (in addition to on-site and telephonically)
- Showcase selected grantees who have implemented countywide Sequential Intercept Mappings with high impact action plans

SUMMARY OF TECHNICAL ASSISTANCE PROVIDED DURING PRIOR FY (7/1/16-6/30/17)

The USF CJMHS A TAC provides assistance in-person (site visits), via electronic mail, and telephonically (quarterly conference calls). As stated previously, seven of the twenty-one grantees received formal technical assistance from the USF CJMHS A TAC during the previous fiscal year. The FY2016-17 formal technical assistance events focused on Sequential Intercept Mapping (SIM). Four of the seven events were Sequential Intercept Mappings and the remaining three events were SIM workshops. The following pages provide a summary of the assistance provided by the USF CJMHS A TAC.

Activities and Accomplishments

Per the USF CJMHS A TAC contract with DCF, the TAC must conduct a technical assistance needs assessment survey at the beginning of each fiscal year. The CJMHS A TAC disseminated each *FY16-17 Technical Assistance Needs Assessment Survey* individually as DCF forwarded executed grantee contracts to us. Martin County has not submitted their survey (disseminated 7.7.17). Upon receiving each grantee's *FY16-17 Technical Assistance Needs Assessment Survey*, grantees were emailed suitable dates/times for a planning call to discuss strategies. The CJMHS A TAC prioritized addressing the needs of the planning grants due to their limited grant duration. Five of the seven planning grantees received formal assistance during FY2016-17.

The top three priorities identified in the FY16-17 needs assessment surveys were:

- Sequential Intercept Mapping (SIM)
- Cost-effectiveness and avoidance methods
- Overall grant development/approach

In July 2016, the Florida Department of Children and Families (DCF) released RFA06H16GS1, the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant for FY2016-17 through FY2019-20. The CJMHSa TAC participated in the DCF-initiated RFA conference call that occurred on July 20, 2016. Approximately 40 entities were present on this call. The RFA deadline was September 21, 2016. During this call, Mark Engelhardt communicated an offer to provide technical assistance to applicants.

Grant applicants for RFA06H16GS1 had the ability to request pre-award technical assistance up until the grant submission deadline of September 21, 2016. Prior to September 21, 2016, the CJMHSa TAC provided on-site technical assistance to three applicants: **Polk County, Centerstone of Florida, Inc., (Sarasota County), and Hillsborough County.** Telephonic and electronic assistance was provided to twelve applicants: **The Centers (Citrus/Marion counties), Collier County, Lutheran Services Florida Health Systems(LSF) (Hernando County), Hillsborough County, LifeStream Behavioral Center, Inc. (Lake County), Centerstone of Florida, Inc. (Manatee), Miami-Dade County, Orange County Health Services, BayCare Behavioral Health, Inc. (Pasco County), Pinellas County, Polk County, and Centerstone of Florida, Inc. (Sarasota County).**

On August 16, 2016, the CJMHSa TAC provided on-site technical assistance to a large group preparing **Polk County's** application. Polk County pursued a CJMHSa Reinvestment Grant (implementation/expansion), as well as a Centralized Receiving Systems Grant.

On September 9, 2016, Mark Engelhardt and Karen Mann traveled to the Judicial Center in **Sarasota County** for a Sequential Intercept Mapping (SIM) workshop (not a full mapping). Mark Engelhardt presented an overview of the SIM process for their Reinvestment Grant RFA workgroup consisting of approximately 30 individuals representing the county, the judiciary, court administration, Public Defender's Office, Centerstone, Vincent House, and other interested parties.

On September 22, 2016, Mark Engelhardt disseminated (via email) a proffer of technical assistance to the 2014-17 grantee counties. The email offered each grantee assistance via an on-site visit or telephonic call prior to the end of their grant.

The CJMHSa TAC finalized the list of subject matter experts aligned with the technical assistance areas delineated in contract #LH289. DCF approved the list of subject matter experts on October 19, 2016. On March 29, 2017, the CJMHSa TAC submitted bios for three additional subject matter experts and an updated bio for one subject matter expert. DCF approved the additional subject matter experts on March 30, 2017.

On October 25, 2016, following the announcement of the twenty-one contracts awarded, the CJMHSa TAC, Mark Engelhardt and Karen Mann, attended the kick-off conference call facilitated by DCF.

The CJMHS A TAC submitted the draft Annual Legislative Report draft on December 5, 2016 and the final Annual Legislative Report on December 15, 2016. The report was approved by DCF on December 19, 2016. In addition to DCF, the report was submitted to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

Per contractual requirements, the CJMHS A TAC reviewed the approved CJMHS A Reinvestment Grant applications. The summary/review of the planning grant applications was submitted to DCF on November 15, 2016 (draft) and November 22, 2016 (final version). On December 13, 2016, a summary/review of seven implementation/expansion grant applications was submitted to DCF and the summary/review of the remaining seven implementation/expansion grant applications was submitted to DCF on December 19, 2016.

On January 18, 2017, the CJMHS A TAC attended (via telephone) the CJMHS A Reinvestment Grant Committee Meeting. The meeting began with a brief history of the CJMHS A Reinvestment Grant Program and, following this introduction, Mark Engelhardt gave a summary of the CJMHS A TAC FY15-16 Annual Report. Feedback was provided regarding the 2017 RFA 03H17GN2 solicitation document, an update was provided on the FY2016-17 award implementation, and the CJMHS A Reinvestment Grant Program Statewide Grant Review Committee Charter was reviewed. There was discussion regarding a future meeting (to be scheduled) to finalize the charter. CJMHS A TAC serves in a non-voting, technical assistance capacity.

In March 2017, Karen Mann and Katelind Halldorsson provided assistance to DCF regarding the planning and implementation/expansion grantee's quarterly program status reporting template.

On March 29, 2017, the CJMHS A TAC participated in the DCF Conference Call to discuss RFA requirements. Mark Engelhardt gave an overview of the CJMHS A TAC and extended an offer to provide technical assistance to prospective CJMHS A Reinvestment Grant Program applicants.

On June 20, 2017, CJMHS A TAC attended the CJMHS A Reinvestment Grant Committee Meeting. Scores for RFA 03H17GN2 were announced and all six applicants for the RFA were recommended for a grant award. CJMHS A TAC serves in a non-voting, technical assistance capacity.

The new CJMHS A TAC website went live on May 12, 2017. The University of South Florida now hosts the CJMHS A TAC website. The URL for the website remains the same: www.floridatac.org. Updates and new materials are uploaded on a regular basis.

Grantee Technical Assistance Needs

The following table presents priority technical assistance needs identified by grantees during FY2016-17 and FY2017-18. The Technical Assistance Needs Assessment Survey table (presented below) includes the date that the CJMHS A TAC emailed the survey to the grantee, the date the survey was completed/submitted, and each grantee's three technical assistance priority needs.

CJMHS A TAC Quarterly Updates

Summaries of the three quarterly calls convened by the CJMHS A TAC and attended by the grantees are below. Please note that during FY2016-17, the CJMHS A TAC updated the medium for the quarterly conference calls. The quarterly calls in March and June 2017 were executed using a webinar platform to enhance the presentation. The webinars were recorded and are posted on our website, allowing grantees to revisit each webinar at their convenience.

Quarter 2 Call: December 12, 2016

On December 12, 2016, Dr. Sam Tsemberis, CJMHS A TAC subject matter expert and founder of Housing First and Pathways to Housing, Inc., led the conference call, “Housing First—Planning and Implementation of Permanent Supportive Housing for Individuals Who are Homeless with a Mental Illness and/or Substance Use Disorder Involved in the Criminal Justice System.” All of the 2014 grantees were present on the call. The CJMHS A TAC participated as well as CJMHS A TAC subject matter expert Jim Winarski.

Quarter 3 Call: March 28, 2017

On March 28, 2017, Dr. Fred Osher, a nationally recognized psychiatrist with the Council of State Governments and CJMHS A TAC subject matter expert, led the quarterly webinar, “Stepping-Up Initiative—A National Initiative to Reduce the Number of People with Mental Illnesses in Jails.” The webinar included representation from all grantees and CJMHS A TAC.

Quarter 4 Call: June 13, 2017

On June 13, 2017, Dr. Holly Hills, CJMHS A TAC subject expert and Chair of the Department of Mental Health Law and Policy in the College of Behavioral and Community Sciences at the University of South Florida, led the quarterly webinar, “Opioid Use and Justice Involvement: Challenges in Treatment, Engagement, and Continuity.” The webinar included representation from CJMHS A TAC and all grantees with the exception of Meridian Behavioral Healthcare, Inc. (Alachua and Bradford Counties) and Orange County Health Services.

On-Site and Off-Site “Formal” and “Informal” Grantee Technical Assistance

The following table summarizes the formal and informal technical assistance (on-site and off-site) provided by CJMHS A TAC during FY2016-17 organized chronologically (not alphabetically by grantee). The distinction between formal and informal technical assistance is the administration and collection of a satisfaction survey completed by participants of the technical assistance event.

FY2016-17 CJMHS A TAC “Formal and Informal” Technical Assistance Overview

*Denotes formal Technical Assistance

Applicant/County	Date of TA	Organization/ Individual Receiving TA	Organization/ Individual Providing TA	Topic Area(s) of TA	Type of TA (on-site, telephonic, email)
Polk County	8/16/16	Polk County’s RFA workgroup	CJMHS A TAC	RFA and application overview	On-site (pre-award)
Polk County	9/6/16	Polk County	CJMHS A TAC	Letter of Support (SIM)	Email (pre-award)
Centerstone of Florida, Inc. Sarasota County	9/9/16	Centerstone and Sarasota County RFA workgroup	CJMHS A TAC	SIM workshop	On-site (pre-award)
LSF Health Systems Hernando County	9/12/16	LSF (Kareen Ver Helst)	CJMHS A TAC	Review RFA application and provide feedback	Email (pre-award)
Centerstone of Florida, Inc. Sarasota County	9/14/16	Centerstone (Melissa Larkin-Skinner)	CJMHS A TAC	Review RFA application and provide feedback	Email (pre-award)
LSF Health Systems Hernando County	9/14/16	LSF (Kareen Ver Helst)	CJMHS A TAC	Letter of Support (SIM)	Email (pre-award)

Applicant/County	Date of TA	Organization/ Individual Receiving TA	Organization/ Individual Providing TA	Topic Area(s) of TA	Type of TA (on-site, telephonic, email)
Hillsborough County	9/14/16	Hillsborough County RFA workgroup	CJMHS A TAC	Review RFA application and provide feedback	Email (pre-award)
Hillsborough County	1/26/17	Hillsborough County	CJMHS A TAC	Participate in the Mental Health Court Summit	On-site
LSF Health Systems Hernando County	4/21/17	LSF (Kareen Ver Helst)	CJMHS A TAC	Assistance with MOUs	Telephonic
Southeast Florida Behavioral Health Network Indian River County	5/10/17	SEFBHN (Alison Vergez)	CJMHS A TAC	Supportive housing definition and clarification	Email
Miami-Dade County	6/16/17	Cindy Schwartz and Sheryl St. Pierre	CJMHS A TAC	Mental health courts rewards/ sanctions	Email
LSF Health Systems Hernando County	6/20/17	LSF (Kareen Ver Helst)	CJMHS A TAC	MOU examples	Email
LSF Health Systems Hernando County	6/28/17	LSF (Kareen Ver Helst)	CJMHS A TAC	HIPAA restrictions	Email
Centerstone of Florida, Inc. Sarasota County	2/2- 2/3/2017	Centerstone of Florida, Inc.	CJMHS A TAC	SIM mapping	On-site *

Applicant/County	Date of TA	Organization/ Individual Receiving TA	Organization/ Individual Providing TA	Topic Area(s) of TA	Type of TA (on-site, telephonic, email)
Stewart Marchman Act Behavioral Healthcare Services Flagler County	2/21/17	SMA Behavioral Healthcare (Patrick Miley & Alicia Vincent), Flagler Cares (Carrie Baird), DJJ (Louis Berardi)	CJMHS A TAC	SIM workshop	Telephonic *
Centerstone of Florida, Inc. Sarasota County	2/2- 2/3/2017	Centerstone of Florida, Inc.	CJMHS A TAC	SIM mapping	On-site *
BayCare Behavioral Health, Inc. Pasco County	5/11/17	BayCare & Pasco County	CJMHS A TAC	SIM mapping	On-site *
Polk County	5/18- 5/19/17	Polk County	CJMHS A TAC & subject-matter expert, Michele Saunders	SIM mapping	On-site *
Stewart Marchman Act Behavioral Healthcare St. Johns County	5/24/17	SMA Behavioral Healthcare, EPIC, HPCNEF, St. Johns County	Karen Mann	SIM workshop	On-site *
Hanley Center Foundation Putnam County	5/25/17	Hanley Center & Putnam County	Karen Mann	SIM workshop	On-site *
LSF Health Systems Hernando County	6/23/17	LSF & Hernando County	CJMHS A TAC (Karen Mann, Katelind Halldorsson) & subject matter expert, Dr. Kathy Moore	SIM mapping	On-site *

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APPENDIX A: REINVESTMENT GRANT BACKGROUND

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

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

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

In March 2014, nine counties were awarded reinvestment grants and new grantee contracts were executed by June 2014.

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

As reflected in Chapter 2016-241, Laws of Florida, the CJMHS A Reinvestment Grant Program statute was amended to expand eligible applicants to include not-for-profit providers and managing entities. In October 2016, DCF-SAMH awarded 21 new grants: seven planning grants and 14 implementation/expansion grants. All applicants who responded to the 2016 Request for Applications for the 2017-2020 Reinvestment Grant Program were awarded a grant. The twenty-one grantees included nine providers, three managing entities, and nine county governments.

On March 8, 2017, DCF-SAMH released RFA 03H17GN2 (CJMHS A Reinvestment grant program) and on June 27, 2017, DCF awarded six new grants: one planning grant and five implementation/expansion grants. Grantees include two providers, one managing entity, and two county governments.

On November 9, 2017, DCF-SAMH released RFA 11H20GN1 to fund additional CJMHS A Reinvestment grant programs. Applications are due to DCF on January 23, 2018 and it is anticipated that DCF will post awards on May 1, 2018.

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APPENDIX B: GRANTEES—HISTORICAL SNAPSHOT

Historical Snapshot of CJMHS A Reinvestment Grantees

Not all of the grantees listed below are “county grantees,” new grantees may be county governments, managing entities, or private, not-for-profit providers. The table below lists grants alphabetically by county in which the grant was/is implemented. If the grantee is not a county government entity, the grantee’s name is listed in parentheses under the county’s name.

County Grantee	Grant Agreement #	Grant Type	Target Population	Begin Date	End Date
Alachua	LHZ09	Implementation	Adults	3/28/2008	3/27/2011
	LHZ33	Expansion	Adults	3/17/2011	3/16/2014
	LHZ45	Implementation/ Expansion	Adults	4/1/2014	3/31/2017
Alachua/ Bradford <i>(Meridian Behavioral Healthcare)</i>	LHZ48	Implementation/ Expansion	Adults	4/5/2017	3/31/2020
Broward	LHZ06	Implementation	Adults	5/14/2008	5/13/2011
	LHZ62	Planning	Juveniles & Young Adults (12-21 yrs)	3/1/2017	2/28/2018
Charlotte	LHZ08	Planning	Adults	3/28/2008	3/27/2009
	LHZ26	Implementation	Adults	1/12/2011	5/11/2014
Citrus	LHZ02	Planning	Adults	3/28/2008	3/27/2009
Collier	LHZ25	Implementation	Adults	2/24/2011	6/30/2014
	LHZ46	Implementation/ Expansion	Adults	7/1/2014	6/30/2017
	LHZ54	Implementation/ Expansion	Adults	7/1/2017	6/30/2020
Duval / Jacksonville	LHZ21	Planning	Adults	5/9/2008	5/8/2009
	LHZ31	Implementation	Adults	2/10/2011	2/9/2014
	LHZ43	Implementation/ Expansion	Juveniles (under 18 yrs)	5/1/2014	10/31/2017

County Grantee	Grant Agreement #	Grant Type	Target Population	Begin Date	End Date
	LHZ58	Implementation/ Expansion	Juveniles	11/1/2017	10/31/2020
Flagler	LHZ18	Planning	Adults	4/24/2008	4/23/2009
<i>(SMA Behavioral Healthcare)</i>	LHZ34	Implementation	Adults	2/4/2011	2/3/2014
	LHZ38	Implementation/ Expansion	Adults	4/1/2014	3/31/2017
	LHZ63	Planning	Juveniles	2/15/2017	1/31/2018
Hendry <i>(Hanley Center Foundation)</i>	LHZ64	Planning	Adults & Juveniles	2/1/2017	1/31/2018
Hernando <i>(LSF Health Systems)</i>	LHZ61	Planning	Adults	2/2/2017	1/31/2018
Hillsborough	LHZ20	Implementation	Adults	5/5/2008	6/30/2011
	LHZ40	Implementation/ Expansion	Adults	4/1/2014	3/31/2017
	LHZ49	Implementation/ Expansion	Adults	2/1/2017	1/31/2020
Indian River <i>(Southeast Florida Behavioral Health Network)</i>	LHZ57	Implementation/ Expansion	Adults	1/31/2017	1/31/2020
Lake <i>(LifeStream Behavioral Center)</i>	LHZ16	Planning	Adults	4/16/2008	4/15/2009
	LHZ30	Implementation	Adults	2/22/2011	2/21/2014
	LHZ39	Implementation/ Expansion	Adults	4/16/2014	3/31/2017
	LHZ56	Implementation/ Expansion	Adults	4/1/2017	3/31/2020
Lee	LHZ10	Implementation	Adults	4/7/2008	4/6/2011
	LHZ28	Expansion	Adults	1/13/2011	1/12/2014
	LHZ44	Implementation/ Expansion	Adults	4/1/2014	3/31/2017
	LHZ59	Implementation/ Expansion	Adults	4/1/2017	3/31/2020
Leon	LHZ19	Implementation	Adults	5/1/2008	6/30/2011

County Grantee	Grant Agreement #	Grant Type	Target Population	Begin Date	End Date
Marion	LHZ03	Planning	Adults	3/28/2008	3/27/2009
	LHZ32	Implementation	Adults	2/28/2011	2/27/2014
Martin	LHZ05	Planning	Adults	3/28/2008	3/27/2009
	LHZ60	Implementation/ Expansion	Adults & Juveniles	6/8/2017	5/31/2020
Miami-Dade	LHZ15	Implementation	Adults	4/15/2008	6/30/2011
	LHZ27	Expansion	Adults	1/31/2011	6/30/2014
	LHZ50	Implementation/ Expansion	Adults	3/7/2017	2/28/2020
Monroe <i>(Guidance/Care Center)</i>	LHZ12	Planning	Adults	4/10/2008	4/9/2009
	LHZ37	Implementation	Adults	4/22/2011	6/30/2014
	LHZ53	Implementation/ Expansion	Adults & Juveniles	1/13/2017	12/31/2019
Nassau	LHZ07	Implementation	Adults	3/28/2008	3/27/2011
Orange	LHZ17	Implementation	Adults	4/16/2008	4/15/2011
	LHZ29	Expansion	Adults	2/10/2011	2/9/2014
	LHZ42	Implementation/ Expansion	Juveniles	4/1/2014	3/31/2017
	LHZ51	Implementation/ Expansion	Juveniles	4/1/2017	3/31/2020
Osceola	LHZ14	Planning	Adults	4/15/2008	4/14/2009
	LHZ24	Implementation	Adults	4/1/2011	3/31/2014
Palm Beach	LHZ22	Planning	Adults	5/20/2008	5/19/2009
	LHZ36	Implementation	Adults	3/29/2011	6/30/2014
Pasco <i>(BayCare)</i>	LHZ67	Planning	Adults (Females)	2/1/2017	1/31/2018
Pinellas	LHZ23	Implementation	Adults	6/30/2008	6/29/2011
	LHZ35	Expansion	Adults	2/22/2011	2/21/2014
	LHZ52	Implementation/ Expansion	Adults	2/1/2017	1/31/2020
Polk	LHZ13	Implementation	Adults	4/10/2008	6/30/2011

County Grantee	Grant Agreement #	Grant Type	Target Population	Begin Date	End Date
	LHZ55	Implementation/ Expansion	Adults	2/1/2017	1/31/2020
Putnam <i>(Hanley Center Foundation)</i>	LHZ65	Planning	Adults & Juveniles	2/1/2017	1/31/2018
Sarasota <i>(Centerstone of Florida)</i>	LHZ47	Implementation/ Expansion	Adults	2/1/2017	1/31/2020
Seminole	LHZ41	Implementation	Adults	5/1/2014	4/30/2017
St. Johns <i>(SMA Behavioral Healthcare)</i>	LHZ66	Planning	Adults	2/17/2017	1/31/2018
St. Lucie	LHZ11	Implementation	Adults	4/10/2008	6/30/2011
Sumter	LHZ01	Planning	Adults	3/28/2008	3/27/2009
Volusia	LHZ04	Planning	Adults	3/28/2008	3/27/2009