



UNIVERSITY of
SOUTH FLORIDA

College of Behavioral & Community Sciences

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

Fiscal Year 2019-2020

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

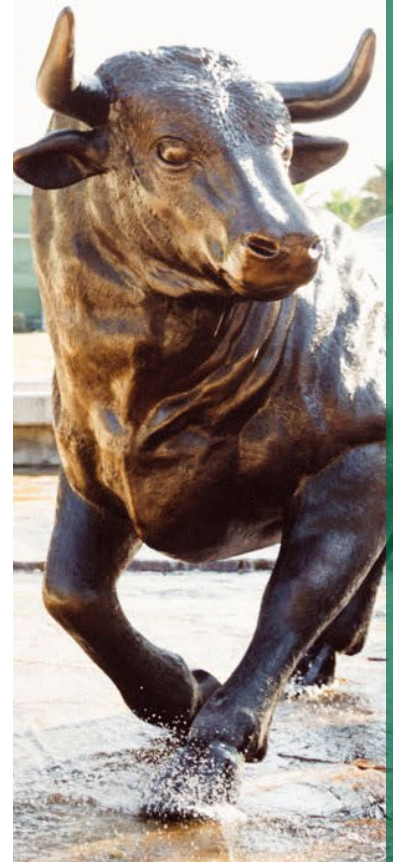
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The Criminal Justice, Mental Health, and Substance Abuse
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TABLE OF CONTENTS

Executive Summary	1
Planning Grants	16
Centerstone of Florida (Manatee County) (LHZ80)	16
Central Florida Cares Health Systems (Brevard County) (LHZ81)	17
Implementation/Expansion Grants	19
Broward Behavioral Health Coalition (Broward County) (LHZ79)	19
Centerstone of Florida (Sarasota County) (LHZ47)	22
Centerstone of Florida (Sarasota County) (LHZ84)	26
Collier County BOCC (LHZ54)	29
EPIC Behavioral Healthcare (St. Johns County) (LHZ83)	32
Guidance/Care Center, Inc. (Monroe County) (LHZ53)	35
Hillsborough County BOCC (LHZ49)	38
Hillsborough County BOCC (LHZ69)	41
Kids Hope Alliance (Duval County/City of Jacksonville) (LHZ58)	44
Lee County BOCC (LHZ59)	47
Lee County BOCC (LHZ97)	49
LifeStream Behavioral Center (Lake County) (LHZ56)	52
LifeStream Behavioral Center (Lake County) (LHZ95)	55
Lutheran Services Florida Health Systems (Marion County) (LHZ76)	58
Managed Access For Child Health (Duval County) (LHZ58)	61
Martin County BOCC (LHZ60)	64
Martin County BOCC (LHZ89)	67
Meridian Behavioral Healthcare, Inc. (Alachua and Bradford Counties) (LHZ48)	70
Meridian Behavioral Healthcare, Inc. (Alachua and Bradford Counties) (LHZ85)	73
Miami-Dade County (LHZ50)	76
Operation PAR (Pinellas County) (LH319)	79
Orange County BOCC (LHZ51)	82
Pinellas County BOCC (LHZ52)	85
Polk County BOCC (LHZ55)	88
Polk County BOCC (LHZ77)	91

Seminole County (LHZ71)	94
Southeast Florida Behavioral Health Network (Indian River County) (LHZ57)	98
Southeast Florida Behavioral Health Network (Okeechobee County) (LHZ70)	101
SMA Healthcare (Flagler County) (LHZ63)	104
SMA Healthcare (Putnam County) (LH772)	107
The CJMHSA Technical Assistance Center	112
Common Program Features and Models Across Grantees	112
Results of Satisfaction Surveys	132
Recommendations and Suggested Strategies	133
Summary of Technical Assistance	134
Appendix A: Reinvestment Grant Background	144
Appendix B: Grantees—Historical Snapshot	146

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EXECUTIVE SUMMARY

The Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center (herein referred to as CJMHSa TAC), as required in Section 394.659, F.S., is pleased to present our FY2019-20 Annual Report to the Governor, the President of the Senate, and the Speaker of the House of Representatives. The CJMHSa TAC is housed in the Florida Mental Health Institute (FMHI) at the University of South Florida (USF). FMHI is 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 CJMHSa TAC to provide technical assistance to reinvestment applicants, grantees and the Department of Children and Families. 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 a 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 mental health and substance use services for adults and juvenile who have a mental illness, substance use disorder, or co-occurring disorder. 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.

The CJMHSa 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 the prior fiscal year.
- Recommendations and suggested strategies for furthering the development of the CJMHSa TAC and grant program.
- Summary of all technical assistance provided by the CJMHSa TAC during the prior fiscal year.

This report covers Fiscal Year 2019-20 including activities provided by two planning grantees and 30 implementation/expansion grantees. Each grant operates on a project-specific grant period, defines its specific target population (**Table 1**), and provides a scope of service unique to the county's strategic planning initiative. The information presented in this document is self-reported and extracted from grantee applications, grantee contracts, and grantee quarterly progress reports. 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.

In some instances, grantee reports crossover between fiscal years, with a blend of data containing both FY19-20 and FY20-21 information. In these cases, this report includes data available from these grantees on any program reporting that took place during FY19-20. The grantee profiles with this data include Lee County (LHZ97) and Martin County (LHZ89) as the first quarter of each of their grant agreements began in June 2020 (the last month of FY19-20). The FY20-21 annual report will reflect completed year one data. This exception is noted in the grantee profiles for Lee County (LHZ97) and Martin County (LHZ89) using an * before grantee data is presented.

GRANTEE OVERVIEW- ACTIVE GRANTS DURING THIS REPORTING PERIOD

- **2017-2020 Implementation/Expansion Grantees**
 - Centerstone of Florida (Sarasota County) (LHZ47)
 - Collier County BOCC (LHZ54)
 - Guidance/Care Center (Monroe County) (LHZ53)
 - Hillsborough County BOCC (LHZ49)
 - Kids Hope Alliance (Duval County/City of Jacksonville) (LHZ58)
 - Lee County BOCC (LHZ59)
 - LifeStream Behavioral Center (Lake County) (LHZ56)
 - Martin County BOCC (LHZ60)
 - Meridian Behavioral Healthcare (Alachua and Bradford Counties) (LHZ48)
 - Miami-Dade County (LHZ50)
 - Orange County BOCC (LHZ51)
 - Pinellas County BOCC (LHZ52)
 - Polk County BOCC (LHZ55)
 - Southeast Florida Behavioral Health Network (Indian River County) (LHZ57)
- **2017-2020 Implementation/Expansion Grantees**
 - Hillsborough County BOCC (LHZ69)
 - Operation PAR (Pinellas County) (LH319)
 - Seminole County BOCC (LHZ71)
 - Southeast Florida Behavioral Health Network (Okeechobee County) (LHZ70)
 - SMA Healthcare (Putnam County) (LH772)
- **2018-2021 Implementation/Expansion Grantees**
 - Broward Behavioral Health Coalition (Broward County) (LHZ79)
 - LSF Health Systems (Marion County) (LHZ76)
 - Polk County BOCC (LHZ77)
 - SMA Healthcare (Flagler County) (LHZ63)

- **2019-2020 Planning Grantees**
 - Central Florida Cares Health System (Brevard County) (LHZ81)
 - Centerstone of Florida (Manatee County) (LHZ80)
- **2019-2022 Implementation/Expansion Grantees**
 - EPIC Behavioral Healthcare (LHZ83)
 - Managed Access for Child Health (Duval County) (LHZ82)
- **2020-2023 Implementation/Expansion Grantees**
 - Centerstone of Florida (Sarasota County) (LHZ84)
 - Lee County BOCC (LHZ97)
 - LifeStream Behavioral Center (Lake County) (LHZ95)
 - Martin County BOCC (LHZ89)
 - Meridian Behavioral Healthcare (Alachua and Bradford Counties) (LHZ85)

TARGET POPULATIONS SERVED

Table 1.

Grantee Target Populations

Grantee * Denotes planning grants	Target Population
SMA Healthcare (Flagler County) (LHZ63)	5-17 year olds
Broward Behavioral Health Coalition (Broward County) (LHZ79)	12-21 year olds
Orange County BOCC (LHZ51)	Under the age of 16
Kids Hope Alliance (Duval County/City of Jacksonville) (LHZ58)	Under the age of 18
Managed Access for Child Health (Duval County/City of Jacksonville) (LHZ82)	
Seminole County BOCC (LHZ71)	Adults and juveniles
Guidance/Care Center (Monroe County) (LHZ53)	
Centerstone of Florida (Manatee County) (LHZ80) *	Adults 18 and over
Centerstone of Florida (Sarasota County) (LHZ47)	
Centerstone of Florida (Sarasota County) (LHZ84)	
Central Florida Cares Health System (Brevard County) (LHZ81)*	
Collier County BOCC (LHZ54)	
EPIC Behavioral Healthcare (St. Johns County) (LHZ83)	
Hillsborough County BOCC (LHZ49)	

Grantee * Denotes planning grants	Target Population
Hillsborough County BOCC (LHZ69) Lee County BOCC (LHZ59) Lee County BOCC (LHZ97) LifeStream Behavioral Center (Lake County) (LHZ56) LifeStream Behavioral Center (Lake County) (LHZ95) Lutheran Services Florida Health Systems (Marion County) (LHZ76) Martin County BOCC (LHZ60) Martin County BOCC (LHZ89) Meridian Behavioral Health (Alachua/Bradford Counties) (LHZ48) Meridian Behavioral Health (Alachua/Bradford Counties) (LHZ85)	
Miami-Dade County (LHZ50) Operation PAR (Pinellas County) (LH319) Pinellas County BOCC (LHZ52) Polk County BOCC (LHZ55) Polk County BOCC (LHZ77) Southeast Florida Behavioral Health Network (Indian River County) (LHZ57) Southeast Florida Behavioral Health Network (Okeechobee County) (LHZ70) SMA Healthcare (Putnam County) (LH772)	Adults 18 and over

The primary goal of the planning grants is to develop a community-wide strategic plan for the target population. The main goal of the implementation/expansion grants is to divert persons who have a history of criminal or juvenile justice involvement and mental health and/or substance use issues away from the criminal or juvenile justice systems and state mental health treatment facilities into community-based treatment. Implementation/expansion grant objectives vary somewhat; however, generally, they include implementing diversion initiatives, collaborating with key stakeholders, and increasing access to coordinated care, person-centered treatment, and recovery support services. Many of the implementation/expansion grants are extensions or enhancements of prior CJMHSa grants. These include: Centerstone (LHZ84) (Sarasota County), Collier County, Hillsborough County (LHZ49 and LHZ69), Kids Hope Alliance (Duval County/City of Jacksonville), Lee County (LHZ59 and LHZ97),

LifeStream Behavioral Center (LHZ56 and LHZ95) (Lake County), Martin County (LHZ60 and LHZ89), Meridian Behavioral Healthcare (LHZ48 and LHZ85) (Alachua and Bradford Counties), Orange County, and Seminole County.

- Both planning grants reported achieving their proposed goals and objectives with the exception of full completion of one measure delayed by COVID-19. Objectives included a completing a community needs assessment, executing agreements with partners, developing a workforce development plan, and a strategic plan.
- Thirteen implementation/expansion grant programs completed their three-year grant programs in FY19-20. While not all performance measures were met, all thirteen generally had success in meeting the overall goals stated in their initial applications. These grantees must explore sustainability options, examine opportunities to integrate reinvestment grant programs into their existing infrastructure, and pursue additional grant opportunities as they become available. Continued efforts will ensure that workflows, partnerships, and service arrays established during the grant program can maintain improved outcomes among the target population of individuals with mental health, substance use and/or co-occurring disorders who are involved in the justice system.
- Nine implementation/expansion grant programs have completed between two and three years of operation and have made considerable progress toward achieving their goals.
- Eight implementation/expansion grants have been operational for one year or less and are on target to achieve their goals.

Implementation/expansion grantees are required to collect and report data addressing a set of performance measures (grantees set their targets).

- Of the 30 implementation/expansion grantees, ten attained their targets for each performance measure. This group includes Centerstone (Sarasota County, LHZ84), Collier County, EPIC Behavioral Healthcare (St. Johns County), Hillsborough County (LHZ49), Lee County (LHZ59), Lutheran Services Florida (Marion County), Martin County (LHZ60), Southeast Florida Behavioral Health Network (Okeechobee County, LHZ70), and SMA Healthcare (Flagler, LHZ63 and Putnam County, LHZ72).
- Ten implementation/expansion grantees attained all but one performance measure target. This group included Broward Behavioral Health Coalition, Centerstone (Sarasota County LHZ47), Hillsborough County (LHZ69), Lee County (LHZ97), Managed Access to Child Health (Duval County), Martin County (LHZ89), Miami-Dade County (LHZ50), Polk County (LHZ55), Seminole County, and Southeast Florida Behavioral Health Network (Indian River County, LHZ57).
- Ten implementation/expansion grantees continued working towards attaining their targets until the end of their agreements or are still working towards attaining their targets on performance measures. This group includes, Guidance Care Center (Monroe County), Kids Hope Alliance (Duval County/City of Jacksonville), LifeStream (Lake County, LHZ56 and LHZ95), Meridian Behavioral Healthcare (Alachua and Bradford Counties, LHZ48 and LHZ85), Operation PAR (Pinellas County LHZ319), Orange County, Pinellas County (LHZ52), and Polk County (LHZ77).

Housing was the most common measure that grantees struggled with achieving. This is a common challenge for programs for the target population of the reinvestment grant and emphasizes the need for increased transitional and permanent housing options for individuals with the combination of behavioral health and criminal justice histories. With the occurrence of COVID-19, some grantees also reported difficulties with performance measures related to employment. This is explained in more detail in the section below that addresses COVID-19 impacts on grantee programs. Additional details regarding the grant-funded programs and progress toward their objectives and performance measures are provided in the individual grantee profiles in this report.

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

Grantee applications, contracts, and quarterly reports are the sources from which information and data presented in this report originate. All grantees report success in achieving their goals or making progress toward their goals. There are some instances in which grantees had to modify timelines and program goals and operations as a result of the COVID-19 pandemic. The details of these modifications and COVID-19 impacts are discussed later on in this report.

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 following narrative corresponds to *Table 2: Grantee Progress on Diversions from State Mental Health Treatment Facilities*.

Eight implementation/expansion grantees reported *diverting 100 percent* of individuals who would have been eligible for admittance into a state mental health treatment facility. Seven grantees reported *varying levels of successful* diversion. Six grantees reported *no diversions* because participants were not at risk or not eligible for forensic commitment to a state mental health treatment facility. Nine grantees reported *no diversions* because it was either too early to report, the measure is not applicable for the target population (e.g. youth) or not included as a grantee performance measure.

It is important to note that not all grant-funded programs specifically target individuals who likely would be eligible for forensic commitment to a state mental health treatment facility pursuant to Chapter 916, F.S. Early intervention programs, some jail diversion programs, and those that serve juvenile populations do not necessarily serve persons who may be subject to forensic commitment. For example, juvenile grants (Broward Behavioral Health Coalition, Orange County and Kids Hope Alliance and SMA Healthcare-Flagler County) serve populations that are often not eligible for forensic commitment. Lee County's program is a front-end, triage program and does not report on this measure. Collier County reports this measure as not applicable to their grant program.

Table 2.*Grantee Progress on Diversions from State Mental Health Treatment Facilities*

Implementation/Expansion Grantee	Diverted 100%	Some diverted	None diverted (no clients eligible)	N/A or too early to report
Broward Behavioral Health Coalition (Broward County)			x	
Centerstone of Florida (Sarasota County) (LHZ47)		x		
Centerstone of Florida (Sarasota County) (LHZ84)	x			
Collier County BOCC				x
EPIC Behavioral Healthcare (St. Johns County)				x
Guidance/Care Center (Monroe County) (LHZ23)	x			
Hillsborough County BOCC (LHZ49)	x			
Hillsborough County BOCC (LHZ69)			x	
Kids Hope Alliance (Duval County/City of Jacksonville)				x
Lee County BOCC (LHZ59)				x
Lee County BOCC (LHZ97)				x
LifeStream Behavioral Center (Lake County) (LHZ56)			x	
LifeStream Behavioral Center (Lake County) (LHZ95)				x
Lutheran Services Florida Health Systems (Marion County)	x			
Managed Access for Child Health (Duval County)		x		
Martin County BOCC (LHZ60)		x		
Martin County BOCC (LHZ89)	x			

Implementation/Expansion Grantee	Diverted 100%	Some diverted	None diverted (no clients eligible)	N/A or too early to report
Meridian Behavioral Healthcare (Alachua and Bradford Counties) (LHZ48)		x		
Meridian Behavioral Healthcare (Alachua and Bradford Counties) (LHZ85)		x		
Miami-Dade County (LHZ50)	x			
Operation PAR (Pinellas County) (LHZ319)			x	
Orange County BOCC				x
Pinellas County BOCC (LHZ52)			x	
Polk County BOCC (LHZ55)	x			
Polk County BOCC (LHZ77)				x
Seminole County BOCC	x			
Southeast Florida Behavioral Health Network (Indian River County) (LHZ57)		x		
Southeast Florida Behavioral Health Network (Okeechobee County) (LHZ70)		x		
SMA Healthcare (Flagler County)				x
SMA Healthcare (Putnam County)			x	

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

Each grant programs applies a different approach to the assessment of its impact on the growth and expenditures of jails, juvenile detention centers, and prisons. While there is no standard equation applied to this measure, in general, many grantees assess progress towards this goal by estimating savings in terms of jail days that have been unused or shortened as a result of the grant programs. For example, one of Hillsborough County's grants (LHZ49) recorded diversion of 130 clients from further penetration into the criminal justice system. The assumption was then made that those 130 clients represented cost avoidance for the unused jail days as a result of the program's intervention. Other grantees apply a return on investment (ROI) calculation to their programs, such as Polk County (LHZ77) who reported at 19.5% ROI for FY18-19. Given the varying program effective dates for each grantee, some grantees are further along in their processes for calculating fiscal impact on these expenditures. For those grantees that have been able to conduct these analyses, cost avoidance estimates range from

\$10,195 to \$1,196,000 and vary depending on the grants target population and service areas (**Table 3**). Overall, these 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 likely shortened as a result of these grant-funded programs.

Table 3.
Grantee Fiscal Impact Summary

Grantee	Fiscal Impact (Costs avoided)	Contributing Factors
Centerstone (Sarasota) (LHZ47)	\$1,196,000	Reductions in arrests
Guidance/Care Center, Inc (Monroe County) (LHZ53)	\$374,000	Diversion from jail to grant program
Hillsborough County (LHZ49)	\$436,890	Fewer jail days
Hillsborough County (LHZ69)	\$10,195	Diversion from jail to grant program
Orange County BOCC (LHZ51)	\$275,000	Juvenile arrest diversion, juvenile arrest reduction
Southeast Florida Behavioral Health Network (Okeechobee County) (LHZ70)	\$492,000	Fewer jail days

The visuals below (**Figure 1.**) represent testimony drawn from grant reports that discusses the program impact on these expenditures. These successful diversions can substantially reduce the cost of criminal justice expenditures but are not always reflected as a 1:1 savings in jail, detention centers and prison budgets.

Figure 1.
Grantee Testimony of the Program Impact on Criminal Justice Expenditures

The jail census is down significantly. Anecdotal evidence points to the FICM program impacting arrests rates, which is reflected in the lower jail census.

-Polk County (LHZ55)

Since August 2018, the CTTU has transported 364 individuals under a Baker Act Order at the request of law enforcement officers. Of the 364 transports, 42 individuals were placed with the CSU in lieu of being arrested. Each of the 42 individuals who were involuntarily committed under a Baker Act Order would have otherwise been arrested and transported to jail.

**-SMA Healthcare
(Putnam County)**

Clients are spending less time in jail while waiting for placement in services through the specialty court programs as a result of the grant program.

-SEFBHN (Okeechobee County)

The program decreased recidivism for participants. A reduction in recidivism equates to fewer arrests and a likely positive fiscal impact associated with fewer arrests

-Pinellas County

The first annual reviews showed no new altercations with law enforcement for grant program participants.

-Seminole County

Additional grantees' descriptions of the positive impact their programs are having on the jail or detention population through a reduction in arrests, shorter jail stays, increased access to treatment, and increased diversion efforts are discussed specifically in each grantees' program profiles.

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

The grantees represented in this annual report have collectively served nearly 12,000 individuals. In this year alone, 3,840 individuals were served. Grant programs report that these individuals have increased access to triage services, screening and assessment, outpatient and inpatient treatment, transportation, housing, transition planning, and specialized court dockets. For example, Meridian Behavioral Healthcare's grant (LHZ48) reported diversion of 140 participants from the state hospital. This is critical for ensuring that people are able to remain in their community and find success with less intensive treatment and recovery supports.

Although the progress towards grantee performance measures included in this report reinforce the positive impacts of the reinvestment program on diversion and expenditures, the human impact tells the more meaningful story of the value of reinvestment programs. The impact of criminal justice involvement for individuals with substance use disorder and mental illness can be traumatic, further exacerbating symptoms that are often associated with trauma history. Oftentimes, communities and systems are not prepared to meet the complex needs they have upon reentry and stigma is a pervasive barrier that impacts their ability to find stable housing, employment, and other key social determinants of health. Interrupting the cycle of incarceration for this population is challenging, yet grantee programs demonstrate their ability to do so with best practice and evidence-informed interventions every day. For each individual that is diverted from initial or further engagement in the criminal justice system, whole families, communities and people are impacted positively, recovery becomes more likely, and both health and criminal justice sectors become less strained. Aside from individual impacts, the reinvestment program has tremendous impact on behavioral health and criminal justice systems at the local level. With support from the reinvestment grant, communities are equipped with better trained law enforcement and crisis systems personnel, expanded access to evidence-based treatment, and supports for individuals in recovery that enable them to meaningfully participate in the local workforce and economy.

A key component to many grant programs is not only service access for individuals, but also a skilled and well-trained law enforcement and behavioral health workforce that is capable of responding appropriately to individuals experiencing mental health and substance use challenges. Many grantees invest in Crisis Intervention Team Training (CIT) and Mental Health First Aid (MHFA) training initiatives to accomplish these goals. **Table 4** provides an overview of the number of individuals served and the number of individuals who participated in CIT or MHFA training in the grant-funded programs where the expansion of CIT/MHFA is a stated goal. Note that the number of individuals served varies by the model implemented and the scope of the grant-funded programs. Additionally, the duration of each grant program outlined in this report varies based on each grantees' contract effective date. Some program

models provide intense services to a small number of individuals while other programs may provide screening and assessment services to a greater number of individuals. The grant-funded programs include a range of models, employ a variety of evidence-based and best practices, and serve the number of individuals best suited for their programs.

Table 4.*Number Served – Program Lifetime*

Implementation/Expansion Grantees	Number Served Program Lifetime	CIT Training Program Lifetime	MHFA Training Program Lifetime
Broward Behavioral Health Coalition (Broward County)	48	-	-
Centerstone of Florida (Sarasota County) (LHZ47)	239	301	71
Centerstone of Florida (Sarasota County) (LHZ84)	58	-	46
Collier County BOCC	248	270	-
EPIC Behavioral Healthcare (St. Johns County)	40	29*	-
Guidance/Care Center (Monroe County) (LHZ23)	169	-	-
Hillsborough County BOCC (LHZ49)	130	-	-
Hillsborough County BOCC (LHZ69)	97	-	-
Kids Hope Alliance (Duval County/City of Jacksonville)	3,658	-	593
Lee County BOCC (LHZ59)	2,452	369	-
Lee County BOCC (LHZ97)	227	-	-
LifeStream Behavioral Center (Lake County) (LHZ56)	214	197	116
LifeStream Behavioral Center (Lake County) (LHZ95)	41	-	-
Lutheran Services Florida Health Systems (Marion County)	221	86	-
Managed Access for Child Health (Duval County)	112	61**	-
Martin County BOCC (LHZ60)	174	79	-
Martin County BOCC (LHZ89)	72	-	-
Meridian Behavioral Healthcare (Alachua and Bradford Counties) (LHZ48)	1023	277	261
Meridian Behavioral Healthcare (Alachua and Bradford Counties) (LHZ85)	147	-	20
Miami-Dade County (LHZ50)	605	-	-
Operation PAR (Pinellas County) (LH319)	187	-	-
Orange County BOCC (# served=juveniles and their families)	163	507	-
Pinellas County BOCC (LHZ52)	225	-	-
Polk County BOCC (LHZ55)	152	-	7
Polk County BOCC (LHZ77)	48	-	-

Implementation/Expansion Grantees	Number Served Program Lifetime	CIT Training Program Lifetime	MHFA Training Program Lifetime
Seminole County BOCC (# served=adults and juveniles)	168	151	-
Southeast Florida Behavioral Health Network (Indian River County) (LHZ57)	339	71	12
Southeast Florida Behavioral Health Network (Okeechobee County) (LHZ70)	120	33	-
SMA Healthcare (Flagler County)	240	-	-
SMA Healthcare (Putnam County)	655	68	-
Total Served	11,973	2,409	1,126

*In addition to CIT, EPIC Behavioral Healthcare (LHZ83) conducts various law enforcement trainings including suicide prevention training, and on-going screening and assessment tools trainings.

**In addition to CIT, Managed Access to Child Health (LHZ82) conducts various law enforcement trainings including CIT, Youth Mental Health First Aid, Cultural Competency, and Linguistic Competency trainings.

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

The local matching funds primarily support provider services, such as screening, triage, case management, law enforcement participation in CIT training, building occupancy and other operational costs such as staff salaries (**Figure 2**). In many cases, the grantee county, community providers, and other stakeholders provide matching funds for occupancy and other operations and administrative expenses (**Figure 3**). This commitment to operations resources reflects the community's prioritization of the reinvestment grant program and is an excellent approach to embedding grant program staff and operations with other services that share similar goals. This approach increases the likelihood of sustaining core reinvestment operations beyond the grant period and maximizes opportunities for collaboration with other county-level initiatives and resources.

Figure 2.

Match Contribution by Category

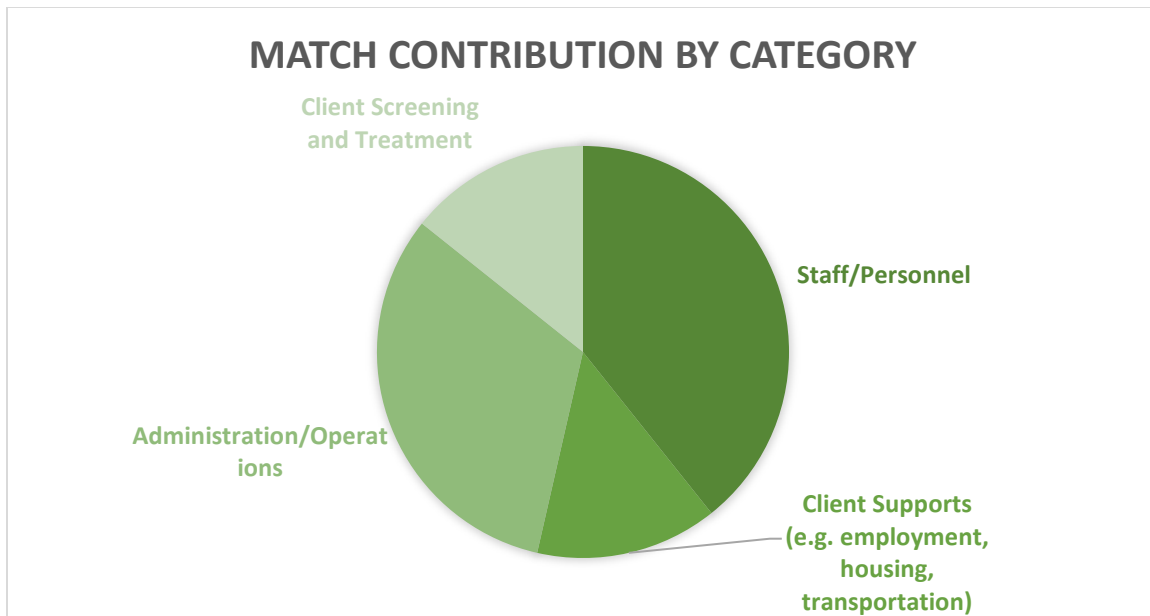
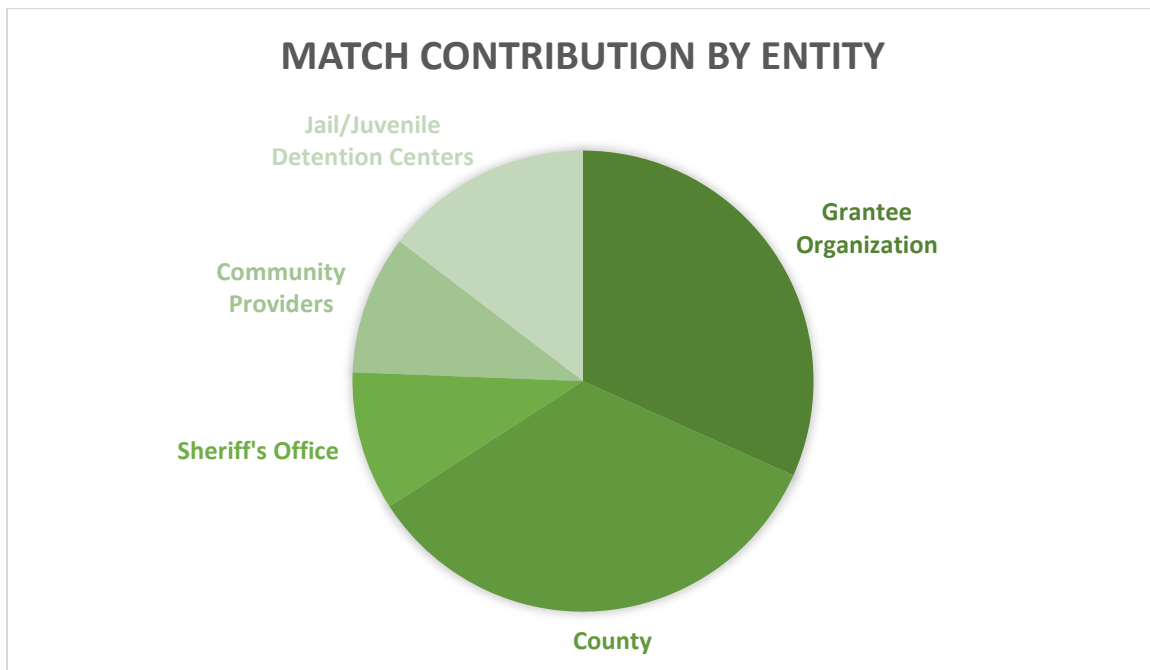


Figure 3.

Match Contribution by Entity



Additional details regarding utilization of matching funds and specific community entities that contribute to the match requirement are provided in the grantee profiles in this report.

IMPACT OF COVID-19 ON REINVESTMENT GRANT PROGRAMS

Beginning in early 2020, the COVID-19 pandemic began to take hold in Florida and normal program operations statewide required nearly immediate modification to both accommodate the Governor's Emergency Management Executive Order and adhere to Centers for Disease Control and Prevention (CDC) guidelines for prevention of infection and spread. Grantees experienced a wide variety of impacts as a result of COVID-19, largely in four categories, 1) *Funding/Sustainability*, 2) *Operations/Administration*, 3) *Collaboration/Stakeholder Engagement*, and 4) *Services/Supports*. These impacts are broadly summarized below and where possible, more detailed information on specific COVID-19 impacts are provided in individual grantee summaries. It is important to note that not all COVID-19 impacts were detrimental to programs, and that in some cases, positive changes occurred as best practices in telehealth and efficiencies in operations were realized.

Funding/Sustainability

Many local and national funders postponed or canceled procurements as a result of the pandemic. While funding for the reinvestment grant program through the Department of Children and Families was uninterrupted, supplemental or additional funds grantees planned to pursue through local community foundations and federal grant opportunities were postponed to address COVID-19 related investments. For example, a local community foundation in Sarasota County elected to focus on programs and initiatives that were impacted by COVID-19 (childcare, food insecurity, first responders) over investments in programs like enhancements or supplemental funding to the reinvestment grant program. Additionally, some grantees had to reassess their budgets to support technology and personal protective equipment investments required to safely serve individuals supported by the grant program. Some grantees also saw increased spending on expenses related to incidental housing assistance, as program participants income and housing stability was impacted.

Operations/Administration

As with many other social service organizations, grantees had to adjust their internal operations to comply with both organizational and public health policies to reduce the spread of COVID-19. This included transitioning to remote work and real-time training and onboarding of staff to virtual means of operations and engagement with clients supported by the grant. Programs designed for in-person delivery were modified for virtual settings, and tools to support client access to telehealth were acquired. In some cases where telehealth was expanded, programs found increased client engagement. For example, Duval County experienced an increase in parent and family engagement for virtual peer groups because transportation was no longer a barrier to service access. Administrative tasks, such as data collection and grant reporting were impacted due to data transfer or collection delays at partner agencies that prioritized service delivery and/or temporarily suspended services. For example, Meridian Behavioral Healthcare reported a delay in the completion of the Alachua County Annual Report as a result of COVID-19 and this impacted their ability assess the effect of the grant program on the growth and expenditures of the jail. Additionally, many grantees provide Crisis Intervention Team (CIT) and other law enforcement training as part of their grant program. Due to social distancing requirements, many scheduled CIT trainings were postponed.

Collaboration/Stakeholder Engagement

With the pandemic impacting entire health and human service systems, some grantees found it difficult to engage with key stakeholders or new partners that were initially part of their strategic plan. Priorities shifted to address internal organization needs to respond to COVID-19 while more external engagements were postponed or given limited attention. An example of this challenge can be seen in reports from SMA Healthcare (Putnam County), where outreach to hospital partners was halted as a result of COVID-19 response taking precedent over grant program discussions. Many programs also suspended new referrals from external partners in order to fully support current program participants.

Services and Supports

While many grant program services continued in virtual settings, there were instances reported where grant services experienced decreased utilization or capacity as a result of COVID-19. Some grantees reported reduced utilization of detox beds (Seminole County) and program referrals (Miami-Dade County) as program capacities were reduced to accommodate social distancing requirements. Some grantees providing services in-jail reported suspension of that programming as a result of more stringent jail visitor policies (Southeast Florida Behavioral Health Network-Okeechobee County). Additionally, grantees working to connect clients with employment opportunities reported challenges with these measures. An example of this can be seen in Collier County's report, where client job loss related to COVID-19 exacerbated an already challenging employment environment based on the target populations' criminal justice histories blended with a seasonal workforce and low rate of local unemployment. Juvenile programs that relied heavily on collaboration or service delivery in school settings experienced challenges with participant engagement and retention due to school closures and transitions to e-learning. These programs quickly identified a need for additional resources to not only support the juvenile participant but also their family members, who were experiencing stress and burnout as a result of the pandemic.

CJMHSa TAC ACTIVITIES

As required, the report provides detailed information on the technical assistance activities of the CJMHSa TAC at the University of South Florida. During FY2019-20, the CJMHSa TAC provided individualized, technical assistance as requested by applicants as well as current grantees. For grantees, needs and priorities were identified through a CJMHSa TAC Technical Assistance Needs Assessment Survey administered to each grantee upon contract execution and again at the beginning of each subsequent fiscal year. Technical assistance was provided to grantees through on-site visits, virtually by way of Zoom, webinars, conference calls, and electronic communications. The most frequently administered technical assistance area was reentry and discharge planning. Quarterly webinar topics included the Opioid Crisis in Rural Areas, Behavioral Health Stigma, and the Stepping Up Initiative. This report also highlights key program modifications the TAC undertook to comply with COVID-19 prevention measures.

PLANNING GRANTS

This section of the report provides profiles of the two one-year planning grants.

CENTERSTONE OF FLORIDA (MANATEE COUNTY) (LHZ80)

Centerstone's planning grant for Manatee County began July 10, 2019 and ended on June 30, 2020. Centerstone was awarded \$78,696 over one year.

Target Population

The target population was adults (18+) with behavioral health conditions.

Goals/Objectives

The overall objectives of this planning grant were to develop a strategic plan through key stakeholder collaboration in the service area and develop more efficient processes to identify and track individuals in the Manatee County jail, who present behavioral health symptomology and have experienced childhood trauma. The strategic plan identified 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 use disorder, and/or co-occurring disorder who are in, or at risk of entering, the juvenile or criminal justice systems.

Performance Measures

Outcome data for the performance measures reflects progress through June 30, 2020 (Year 1, Quarter 4).

- Measure: 100 percent completion of the **needs assessment** within 90 days of contract execution.
 - September 30, 2019: Needs assessment was completed and disseminated
- 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.
 - August 2019: Three Memorandums of Understanding (MOUs) in place
 - August 21, 2019: Established partnership with Manatee Board of County Commissioners
 - August 26, 2019: Established partnership with Florida Department of Health
 - August 27, 2019: Established partnership with NAMI of Sarasota and Manatee Counties, Inc.
- Measure: 100 percent completion of identifying a **data tracking system** for reporting among partners within 270 days of grant execution.
 - March 31, 2020: Data tracking system identified
- Measure: 100 percent completion of a **SIM workshop** through the CJMHSa TAC within 90 days of contract execution.
 - July 19, 2019: Completed SIM workshop with the CJMHSa TAC
 - September 30, 2019: SIM Report disseminated
- Measure: 100 percent completion of a **strategic plan** within 365 days of contract execution
 - May 15, 2020: Final strategic plan completed and approved

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 for the planning grants as they do not support 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 for the planning grants as they do not support direct services.

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

As of June 30, 2020, Centerstone expended/leveraged \$97,674 or approximately 123.92 percent of the one-year match commitment for their CJMHSa Reinvestment grant.

CENTRAL FLORIDA CARES HEALTH SYSTEMS (BREVARD COUNTY) (LHZ81)

Central Florida Cares Health Systems (CFCHS) planning grant for Brevard County began July 10, 2019 and ended on June 30, 2020. CFCHS was awarded \$61,590 over one year.

Target Population

The target population was adults (18+) with behavioral health conditions from jail or other criminal settings to community-based interventions.

Goals/Objectives

The overall objective of this planning grant was to develop a strategic plan through key stakeholder collaboration in the service area. The strategic plan identified 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 use disorder, or co-occurring disorder who are in, or at risk of entering, the juvenile or criminal justice systems. CFCHS also conducted a Sequential Intercept Mapping to determine the feasibility of expanding the Brevard County Mental Health Court.

Performance Measures

Outcome data for the performance measures reflects progress through June 30, 2020 (Year 1, Quarter 4).

- Measure: 100 percent completion of the **needs assessment and identification of the target population** within 90 days of contract execution.
 - October 31, 2019: Needs assessment was completed (approved extension)
 - September 30, 2019: 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
 - December 31, 2019: 10 Memorandums of Understanding (MOUs) in place

- Measure: 100 percent completion of determining the methodology for **data sharing** and reporting among partners within 270 days of grant execution
 - Not applicable: Strategic plan included recommendations for data collection, data sharing, data reporting and workforce development. Prior to the COVID-19 pandemic, draft data sharing agreements were developed with Brevard County providers and Melbourne Police Department for a mobile crisis co-responder program. The draft agreements need further refinement.
- Measure: 100 percent completion of a **SIM workshop** through the CJMHSAC TAC within 90 days of contract execution
 - October 3-4, 2019: Completed SIM workshop with the CJMHSAC TAC
 - March 31, 2020: Completion of strategic plan (SIM Report and Map)
- Measure: 100 percent completion of a **feasibility study** report to determine through the SIM the feasibility of expanding Brevard County's Mental Health Court to be completed by June 30, 2020
 - June 30, 2020: Completed feasibility study for the Brevard County Mental Health Court expansion. The Brevard County SIM Report was presented to the Public Safety Coordinating Council and the BHTF for input and approval. While the SIM Priority areas did not include expansion of the Brevard County Mental Health Court, during the mapping the CJMHSAC TAC informed stakeholders of evidence-based strategies for diversion.

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

Not applicable for the planning grants as they do not support direct services.

Summary of the Effect of the CJMHSAC 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 for the planning grants as they do not support direct services.

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

As of June 30, 2020, Central Florida Cares Health System expended/leveraged \$139,924.19 or approximately 226 percent of the one-year match commitment for their CJMHSAC Reinvestment grant.

IMPLEMENTATION/EXPANSION GRANTS

This section of the report provides profiles of the 30 implementation/expansion grant programs.

BROWARD BEHAVIORAL HEALTH COALITION (BROWARD COUNTY) (LHZ79)

Broward Behavioral Health Coalition's grant program, the Broward Youth Reentry Program (BYRP), began May 6, 2019. Broward Behavioral Health Coalition was awarded \$1,200,000 over three years.

Target Population

The target population for the BYRP are youth and young adults between age 12-to-21 who have a mental health, substance use, and/or co-occurring mental health and substance use disorder and are at risk of entering or reentering the juvenile or criminal justice systems.

Program Design/Model

The BYRP is a four-phase program: (1) in-reach, (2) transition to independence, (3) treatment and support, and (4) aftercare and support. Youth are admitted to the BYRP at the time of adjudication to a Department of Juvenile Justice (DJJ) residential program.

Phase 1 (in-reach) begins in the juvenile detention center and participants engage with youth peers and initiate services including Wellness Recovery Action Planning (WRAP). Family peers will engage with the youth's family at this time as well. Participants begin phase 2 (transition to independence) 60 days before release from residential commitment programs. During phase 2, youth are assigned a Transition to Independence (TIP) Coach and a Wraparound case manager. The TIP and/or Wraparound case manager coordinates with DJJ and community providers to ensure an effective transition and establish the youth's reentry plan. The TIP Coach begins the Future Planning Process and the Wraparound case manager begins the Plan of Care with the assistance of the youth and family peers. In phase 3 (treatment and support), the youth reenters the community. The Wraparound Plan of Care is formalized and the TIP Coach and Wraparound case manager continue to provide services to the youth and their family as well as connecting youth with additional services and supports. Broward Behavioral Health Coalition also provides Moral Reconnection Therapy (MRT) to youth and their families. After completion of MRT, youth are admitted to phase 4. Aftercare and support services are provided to youth for three months by the TIP Coach, Wraparound case manager, and youth and family peers. After three months, the TIP Coach and Wraparound case manager will provide linkages to the youth and family's provider of choice.

Goals/Objectives

The primary goal of the program is to create a recovery-oriented, consumer-focused approach to behavioral health services and supports that eliminates re-involvement in the juvenile/criminal justice system by youth and young adults with behavioral health needs.

Broward Behavioral Health Coalition's three main objectives:

1. Effectively divert and treat youth and young adults with mental health, substance use, and/or co-occurring disorders who are in or at risk of entering the justice systems
2. Provide an information system to track youth and young adults during their involvement with the BYRC, and for at least one year after program discharge
3. Create and encourage collaboration among key stakeholders

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

- Wraparound Practice Model (Wraparound)
- Youth and Family Peer Specialists
- Wellness Recovery Action Planning (WRAP)
- Future Planning Process
- Multi-systematic Family Therapy
- Strategic Family Therapy
- Moral Reconnection Therapy
- Transition to Independence (TIP)
- Beat the Odds
- Integrated Group Counseling and Group Drumming
- Individual Placement and Support
- Trauma Incident Reduction
- Family CPR
- Medication Assisted Treatment (MAT)
- Supported Employment
- Supportive Housing
- Supported Education

Number Served through June 30, 2020 (Year 2, Quarter 1):

BYRP	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served (enrolled)	32	16	-	48
Number Served Target	40	60	50	150

Performance Measures

Outcome data for the performance measures reflect progress through June 30, 2020 (Year 2, Quarter 1).

- Measure: 30 percent reduction in number of **arrests** among program participants while enrolled in the program compared to one-year period prior to program admission
 - 97 percent reduction (169 arrests prior to admission; 4 arrests during enrollment)

- Measure: 35 percent reduction in 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. None of the participants have been discharged from the program.
- Measure: 55 percent of program participants who did not reside in **stable housing** at admission to phase 3 will reside in stable housing within 90 days after admission to phase 3
 - The grantee is collecting data; however, it is too early to report on this measure. Participants are only in phase 1 and 2 of the program.
- Measure: 65 percent of program participants in program year 1 and program year 2 who did not reside in **stable housing** at the time of admission will reside in stable housing one year following program discharge
 - The grantee is collecting data; however, it is too early to report on this measure. None of the participants have been discharged from the program.
- Measure: 65 percent of program participants in program year 3 who did not reside in **stable housing** at the time of admission will reside in stable housing by program end date
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 50 percent of program participants who are **not employed** at program admission are employed full or part-time within 180 days of program admission
 - 6 percent employed (3/49 participants)
- Measure: 50 percent of program participants who are **not employed** at program admission are employed full or part-time within one year following program admission
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 85 percent of program participants who were assisted in obtaining **Social Security or other benefits** for which they may have been eligible but were not receiving at program admission
 - The grantee is collecting data and did not report any eligible youth to be receiving benefits.
- Measure: 85 percent of youth and families will be assigned and engaged in **Peer/Life Coach services** within nine months of admission
 - 100 percent of youth and families were assigned in engaged in peer/life coach services in Y2Q1 (16/16 youth).

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

As of July 2020, participants were enrolled in phase 1 and phase 2 of the program and the grantee maintained there was no fiscal impact determined thus far. However, of the 48-youth enrolled, only seven youth have been arrested since enrollment in the program providing some evidence of diversion from juvenile detention and reduced detention expenditures.

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 COVID-19 pandemic has adversely impacted the accessibility of community-based services because youth must access service providers virtually through telehealth. The burden lies on the youth to have access to a computer and the internet. Of the 48-youth enrolled, 20 are currently in commitment centers across the State of Florida. Thus, these youth are not eligible to access community-based services.

As of July 2020, none of the youth enrolled in the BYRP have been admitted to state mental health treatment hospitals or children's state hospitals.

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

As of June 30, 2020, Broward Behavioral Health Coalition expended/leveraged \$239,951.72 or approximately 54.5 percent of the three-year match commitment for their CJMHSa Reinvestment grant. Match funds were utilized to assist youth and families in meeting educational, employment, housing, and transportation needs, as well as training needs of BYRP program personnel.

CENTERSTONE OF FLORIDA (SARASOTA COUNTY) (LHZ47)

Centerstone's grant program for Sarasota County, the Sarasota County Reinvestment Project (SRP), began February 1, 2017 and ended January 31, 2020. Centerstone was awarded \$1,200,000 over three years.

Target Population

The target population for the Comprehensive Treatment Court (CTC) was 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 was 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 was the county's Comprehensive Treatment Court (CTC). The CTC operated in close partnership with Centerstone's SRP. This program provided referrals and linked clients to community-based services such as outpatient treatment, housing, and other services. Services are provided 24/7 and are supported by an on-call phone service that is answered 24 hours/day.

The public defender/private attorney, and the state attorney conducted in-jail screening. Within 72 hours, the Public Defender's Office conducted assessments to identify immediate service needs. For potential participants, prosecutors made 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 engaged in intensive case management for transition planning for treatment provided by Centerstone (inpatient and/or outpatient) and linkages to housing and psychosocial supports. Clients received comprehensive, coordinated care, which addresses mental health and/or substance abuse issues through case management, therapy, psychiatric, and nursing services. The CTC team consisted of a psychiatrist, director, supervisor, therapist, case manager/educator, Licensed Practical Nurse/case manager, and data specialist. Student interns provided added support and additional group counseling for the program participants. Case managers maintained communication with the Court Mental Health Liaison. CTC participants were referred for treatment at community-based programs.

Goals/Objectives

The primary goal of the program was 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 facilities) and into community-based treatment services.

Centerstone's three objectives included:

1. Implementing treatment services and diversion initiatives.
2. Creating and encouraging collaboration among key stakeholders.
3. Shifting identification, care, and treatment of the target population from the criminal justice system into the behavioral healthcare system.
4. Utilizing evidence-based tools, programs, and models to identify and provide comprehensive treatment and support services.
5. Developing 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) (CTC personnel are trained and certified)
- Motivational Interviewing (MI)
- SSI/SSDI, Outreach, Assist, and Recovery (SOAR) (all CTC personnel are SOAR certified)
- Mental Health First Aid (MHFA)
- Housing First model
- Functional Assessment Rating Scale (FARS)
- 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 January 31, 2020 (Year 3, Quarter 4)

SRP/CTC	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	74	84	81	239
Number Served Target	79	79	79	237
MHFA Training	21	24	26	71
MHFA Training Target	15	2	2	19
CIT Training (no target)	85	139	77	301

Performance Measures

Outcome data for the performance measures reflect progress through January 31, 2020 (Year 3, Quarter 4).

- 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
 - 84 percent reduction in the number of arrests
- 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
 - 66 percent reduction in the number of arrests
- 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
 - 100 percent of participants resided in stable housing
- Measure: 50 percent of participants who did not reside in **stable housing** at the time of admission will reside in stable housing one year following program discharge
 - 66 percent of participants resided in stable housing
- Measure: 80 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
 - 55 percent of participants employed within 180 days
- Measure: 50 percent of participants who are **not employed** and who express a desire to work at program admission are employed full or part-time one year following program discharge
 - 74 percent of participants employed
- 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 were assisted
- Measure: 80 percent of participants will be diverted from a **state mental health treatment facility**
 - 96 percent of participants were diverted

- Measure: 60 percent of participants will have reduced **mental health symptomology** within 180 days of admission based on pre- and post-assessment test results
 - 84 percent of participants had reduced mental health symptomology

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

Centerstone estimated that the grant-funded program saved the county \$1,196,000 in reduced arrests (booking, court hearings). This cost savings does not take into consideration jail costs (if housed in jail while waiting trial or as a sentence).

Of the 239 individuals served by the CTC, one year prior to admission, they had a combined total of 784 arrests. Using an approximate total cost of \$2,000 per arrest (estimate given by Sarasota County Government) to process individuals repeatedly through the criminal justice system (arrest, booking, first appearance), the total cost was \$1,568,000. This estimate only accounts for the arrests the participants received one year prior to admission into the program. The total lifetime arrests were significantly higher. The stability each participant achieved while in the program will likely have a long-term impact. The CTC linked program participants to services while reducing the fiscal strain on the Sarasota County criminal justice system.

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 Forensic Commitments to State Mental Health Treatment Facilities

Many of the program participants were not receiving behavioral health services prior to admission to the CTC due to circumstances of homelessness. The program provided mental health and substance use disorder services while also connecting participants with other community resources for ongoing care.

Since program inception, the CTC served 125 participants who were at risk for forensic commitment. Five of these individuals went to the state hospital. The services provided by the CTC program potentially diverted 120 participants from admission to the state hospital.

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

As of January 31, 2020, Centerstone expended/leveraged \$1,331,878 or approximately 111 percent of the three-year match commitment for their CJMHSa Reinvestment grant. Centerstone's matching funds supplement rent for participants' short-term housing as well as covering such incidentals as medical services, medication, clothing, food, and bus passes. Supplementing rent for participants is critical because it helps them maintain their housing while they are receiving treatment and enables them to be stable while participating in their treatment program.

CENTERSTONE OF FLORIDA (SARASOTA COUNTY) (LHZ84)

Centerstone's grant program for Sarasota County, the Sarasota County Reinvestment Project Expansion (SRP2), began February 2, 2020. Centerstone was awarded \$1,200,000 over three years.

Target Population

The target population for the Comprehensive Treatment Court (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 SRP2 expansion 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 SRP2's primary focus is the county's Comprehensive Treatment Court (CTC). The CTC operates in close partnership with Centerstone's SRP2. This program is primarily a linkages program, making referrals and linking clients with community-based services such as outpatient treatment, housing, and other services. Services are provided 24/7 and are supported by an on-call phone service that is answered 24 hours/day.

The public defender/private attorney and the state attorney conduct in-jail screening. SRP2 has enhanced the screening process with utilization of an evidence-based tool, the Global Appraisal of Individual Needs (GAIN Q-3) administered by behavioral health professionals to develop Individual Treatment Plans (ITP). Within 72 hours, the Public Defender's Office conducts assessments to identify immediate service needs. For potential participants, prosecutors determine if 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 management to begin transition planning for treatment provided by Centerstone (inpatient and/or outpatient) and linkages to housing and psychosocial supports. Clients receive comprehensive, coordinated care, which addresses mental health and/or substance abuse issues through case management, therapy, psychiatric, and nursing services. The CTC team consist of a psychiatrist, director, supervisor, therapist, case manager/educator, Licensed Practical Nurse/case manager, and data specialist. Student interns provide added support and additional group counseling for the program participants. Case managers maintain communication 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 away from the criminal justice system (and potentially, state mental health facilities) and into community-based treatment services.

Centerstone's three objectives included:

1. Implementing treatment services and diversion initiatives.
2. Creating and encouraging collaboration among key stakeholders.
3. Shifting identification, care, and treatment of the target population from the criminal justice system into the behavioral healthcare system.

4. Utilizing evidence-based tools, programs, and models to identify and provide comprehensive treatment and support services.
5. Developing 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) (CTC personnel are trained and certified)
- SSI/SSDI, Outreach, Assist, and Recovery (SOAR) (all CTC personnel are SOAR certified)
- Mental Health First Aid (MHFA)
- Housing First model
- Functional Assessment Rating Scale (FARS)
- Tailored Individual Treatment Plans (ITP)
- Integrated Treatment for Co-occurring Disorders (ITC)
- Personal Health Questionnaire (PHQ-9)
- Correctional Mental Health Screen for men and women (CHMS-M; CHMS-W)
- Cognitive Behavioral Therapy (CBT)
- Global Appraisal of Individual Needs (GAIN Q-3)
- Individual Treatment Plans (ITP)
- Columbia Suicide Severity Rating Scale (C-SSRS)
- Motivational Interviewing (MI)
- Solution Focused

Number Served through April 30, 2020 (Year 1, Quarter 1)

SRP/CTC	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	58	-	-	58
Number Served Target	79	79	79	237
MHFA Training	46	-	-	46
MHFA Training Target	10	10	10	30
CIT Training (no target)	-	-	-	

Performance Measures

- Measure: Less than 30 percent of participants shall be **arrested** while enrolled
 - 13 percent arrested while enrolled
- Measure: Less than 30 percent of participants shall be **arrested** within one year following program discharge
 - 25 percent arrested following discharge
- Measure: A minimum 50 percent of participants who do not reside in a **stable housing** environment at admission will reside in a stable housing environment within 90 days.
 - 100 percent resided in stable housing
- Measure: A minimum 40 percent of participants will reside 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: A minimum 40 percent of participants not employed and eligible for employment at admission will be **employed** full or part-time within 180 days of admission.
 - 100 percent employed
- Measure: A minimum 40 percent of participants who are eligible for employment will be **employed** full or part-time one year following program discharge.
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: A minimum 90 percent of participants will be assisted by the grantee in applying for **Social Security or other benefits** for which they may have been eligible but were not receiving them at admission.
 - 100 percent assisted in applying for Social Security or other benefits
- Measure: A minimum 80 percent of participants will be diverted from commitment to a **state mental health treatment facility**.
 - 100 percent diverted
- Measure: A minimum 60 percent of participants will have **reduced mental health symptomatology** within 180 days of admission based on pre-and-post assessment test results.
 - 66 percent reduced mental health symptomatology among participants

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

No fiscal impact determined at this time.

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 Forensic Commitments to State Mental Health Treatment Facilities

No fiscal 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, 2020, Centerstone expended/leveraged \$106,867 or approximately 8.2 percent of the three-year match commitment for their CJMHSa Reinvestment grant.

COLLIER COUNTY BOCC (LHZ54)

Collier County's grant program began July 1, 2017 and ended June 30, 2020. Collier County's program was an expansion of their 2014-2017 CJMHSa Reinvestment Grant program encompassing the David Lawrence Center (DLC) Centralized Assessment Center (CAC) and the Collier County Forensic Intensive Reintegration Support Team (FIRST). Collier County was awarded \$1,042,506 over three years.

Target Population

The target population included adults with a serious mental illness and/or co-occurring mental health and substance use disorder who are in, or at risk of entering, the criminal justice system.

Program Design/Model

The Centralized Assessment Center (CAC) operated by (and located at) the DLC, provided clinical assessments for potential FIRST clients or on a walk-in basis for existing FIRST clients, at no cost to the individual. The CAC staff worked closely with the FIRST Team to assure appropriate referral and linkages for clients.

The Collier County FIRST Team provided intensive case management services to individuals with mental health, substance use and/or co-occurring mental health and substance use disorders discharged from the Collier County Jail. Screening for the FIRST Team was conducted by Collier County Sheriff's Office Pretrial Supervision program during initial detention. Intensive case management services for FIRST clients began immediately upon reentry into the community and case management services are provided for approximately one year. If a client is still in need of services after one year, the FIRST Team provided linkages to programs including case management, supported employment, and permanent supportive housing. The FIRST Team was comprised of in-jail screeners, a case manager, therapist, peer support specialist, and a living skills coach.

Goals/Objectives

The primary goal of this grant program was to increase public safety, avert increased spending on criminal justice systems, and improve the accessibility and effectiveness of treatment services for 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; and reduce crime, recidivism, and use of forensic institutions.

Collier County's three grant objectives included:

1. Expand CJMHSa services and diversion initiatives.
2. Create and encourage collaboration among key stakeholders.
3. Improve quality of life among program participants.

Evidence-based, Best and Promising Practices and Tools Utilized

- Crisis Intervention Teams (CIT)
- SSI/SSDI, Outreach, Assist, and Recovery (SOAR)
- Forensic Intensive Case Management (FICM) model
- Motivational Interviewing
- Seeking Safety
- Peer Specialists

- Supported Employment
- Permanent Supportive Housing
- Mental Health Screening Form III (MHSF III)
- Ohio Risk Assessment System Reentry Tool (ORAS-RT)
- PLC-5 Trauma Assessment (PLC-5)
- Texas Christian University Drug Screen IV Substance Abuse Assessment (TCUDS V)

Number Served through June 30, 2020 (Year 3, Quarter 4)

FIRST	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	126	80	42	248
Number Served Target	100	100	100	300
CIT Training	109	98	63	270
CIT Training Target	80	80	80	240

Performance Measures

The outcomes listed below reflect progress through June 30, 2020 (Year 3, Quarter 4).

- Measure: 50 percent reduction in the total number of **arrests or re-arrests** among participants while enrolled in the program compared to the one-year period prior to program admission
 - 81 percent reduction
- Measure: 50 percent reduction in the total number of **arrests or re-arrests** among participants within the one-year period following program discharge compared to the one-year period prior to program admission
 - 58 percent reduction
- Measure: 40 percent of 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
 - 59 percent in stable housing
- Measure: 10 percent of participants not residing in a **stable housing** environment at program admission will report living in stable housing one year following program discharge
 - 20 percent in stable housing
- Measure: 40 percent of participants **not employed** at program admission who are employed full or part-time within 180 days of program admission.
 - 60 percent employed
- Measure: 10 percent of participants **not employed** at program admission who are employed full or part-time within one year of program discharge
 - 15 percent employed

- Measure: 60 percent of participants assisted in applying or be linked to for **Social Security or other benefits** for which they may have been eligible but were not receiving at program admission
 - 71 percent received assistance
- Measure: 50 percent of participants will be diverted from a **state mental health treatment facility**
 - Not applicable to this grant program. None of the individuals screened for program eligibility met the criteria for enrollment into a State Mental Health Treatment Facility.
- Measure: 90 percent of participants who complete assessment will exhibit improvement in a **Quality of Life Self-Assessment**
 - 100 percent exhibited improvement

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

The goal of the grant program was to divert individuals from arrest, incarceration, and prosecution. Despite the onset of the COVID-19 pandemic during year three, which lowered the number of referrals, overall the grant saw an increase over three years in the number of individuals screened for potential mental health and substance use issues/concerns. Funds allowed more individuals to be screened for eligibility, therefore diverting persons from jail. Moreover, Collier County approved a one penny tax in November 2018. The tax will fund expansion of the David Lawrence Center (DLC) and enabled DLC to function as the largest mental health and substance use treatment center in Collier County, thus taking the burden off the jail.

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 Forensic Commitments to State Mental Health Treatment Facilities

Availability and accessibility of effective community-based services increased due to the number of staff available to focus and serve the target population. Without the grant funding, Collier County would not have been able to help incarcerated individuals with mental illnesses and substance use disorders to successfully reintegrate into the community. Trained staff continued to establish new partnerships that assisted inmates with co-occurring disorders upon their release from jail. The program continued to contribute to reducing recidivism, and related criminal justice costs to the county. Incidental funding and sliding fees allowed clients to receive the support and guidance they needed by providing temporary assistance with food, clothing, and transportation. In addition, these funds linked clients to medical services and prescriptions as well, making it possible for early intervention and treatment.

Since the inception of the grant, there were not any clients screened for program eligibility that met the criteria for enrollment into a state mental health treatment center; therefore, there have not been any forensic commitments to state mental health treatment facilities. This was likely a result of immediate access to treatment services and caseloads limited to 30 clients each. All cases were reviewed for possible discharge to ensure that there were no delays in accessing services.

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

As of June 30, 2020, Collier County expended/leveraged \$1,039,288.27 or approximately 107 percent of the three-year match commitment. The match funds for this grant program provided by Collier County, Collier County Sheriff's Office, the David Lawrence Center, and NAMI funded key grant personnel such as case managers, a peer support specialist, therapists, reintegration specialists, accounting, clerical support, and grant management tasks. Match funds also supported travel for Medication Assisted Treatment (MAT) initiative meetings and CIT training expenses. Matching funds doubled client services and the capacity of clients served by the grant program.

EPIC BEHAVIORAL HEALTHCARE (ST. JOHNS COUNTY) (LHZ83)

EPIC Behavioral Healthcare's (EPIC) grant program, the St. Johns County Jail-Based EPIC Transition Program (JET), began July 10, 2019. EPIC was awarded \$1,200,000 over three years.

Target Population

The target population is adults, 18 years of age or older who have a mental health, substance use, and/or co-occurring mental health and substance use disorder; who are sentenced to jail or about to be sentenced to jail; and are considered high utilizers of criminal justice and behavioral health services.

Program Design/Model

The St. Johns County Jail-Based EPIC Transition Program (JET) is a care transition program for individuals discharged from the St. Johns County Jail. The JET Program develops and implements care coordination to reduce recidivism among program participants. Program staff improve their transition into the community through providing coping skills training, conduct discharge planning prior to release from jail, provide behavioral health treatment and linkages to appropriate services when they return to the community. The JET Program supports pre-booking diversion through CIT training, in-jail treatment, and post-booking diversion through the problem-solving courts such as Adult Drug Court and Veteran's Treatment Court.

Goals/Objectives

The primary goal of this grant program is to expand diversion programs for adults 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.

EPIC's grant objectives include:

1. Increase public safety, avert increased spending on the criminal justice system, and improve the accessibility and effectiveness of treatment services.
2. Create and encourage collaboration among key stakeholders.
3. Improve individual reintegration outcomes for JET participants through access to evidence-based substance use and mental health treatment strategies.

4. Provide evidence-based trainings to JET program staff, law enforcement, partners and community stakeholders, to enhance intervention and assessment skills to better identify people that may be at risk for mental health or substance use problems.

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

- Medication Assisted Treatment (MAT)
- Peer Recovery Specialists
- Crisis Intervention Teams (CIT)
- Serenity, Integrity, Goals, Hope, and Trust (SIGHT)
- Proxy Risk Triage Screener
- Patient Health Questionnaire 9 (PHQ-9)
- Columbia-Suicide Severity Rating Scale (C-SSRS)
- Drug Abuse Screening Test (DAST)
- Alcohol Use Disorders Identification Test (AUDIT)
- Generalized Anxiety Disorder-7 (GAD-7)
- Daily Living Activities (DLA-20)
- Level of Care Utilization System (LOCUS)
- American Society of Addiction Medicine (ASAM)
- Suicide Severity Rating Scale (C-SSRS)
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Life Events Checklist (LEC)
- Ohio Risk Assessment System: Pre-Trial Assessment Tool (ORAS-PAT)

Number Served through June 30, 2020 (Year 1, Quarter 4)

JET Program	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Enrolled	40	-	-	40
Number Enrolled Target	45	60	60	165
Total Trainings	29	-	-	29
Total Trainings Target	4	4	4	12

Performance Measures

The outcomes listed below reflect progress through June 30, 2020 (Year 1, Quarter 4).

- Measure: 50 percent reduction in the total number of **arrests** among participants while enrolled in the program compared to the one-year period prior to program admission
 - 92 percent reduction
- Measure: 50 percent reduction in the total 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: 70 percent of participants not residing in a **stable housing** environment at program admission will reside in a stable housing environment within 90 days of program admission
 - 70 percent in stable housing
- Measure: 80 percent of participants in program year 1 and 2, 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: 70 percent of participants in program year 3, not residing in stable housing at program admission will report living in stable housing by program end date
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 60 percent of participants **not employed** at program admission are employed full or part-time within 180 days of program admission.
 - 92 percent employed
- Measure: 50 percent of participants **not employed** 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 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 assisted in applying for benefits
- Measure: 75 percent of participants shall complete a minimum of one **life skills training** series
 - 92 percent completed life skills training
- Measure: 75 percent of participants who are assessed in need of additional **educational trainings**, enroll and complete the trainings
 - 100 percent completed education trainings

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

The grantee has not determined direct effects of the CJMHSa Reinvestment Grant Program pursuant to growth and expenditures of the jail.

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 Forensic Commitments to State Mental Health Treatment Facilities

No fiscal 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, 2020, EPIC expended/leveraged \$444,493.54 or approximately 444.5 percent of the three-year match commitment. Match funds support care coordination and peer recovery specialist positions, technical support for program personnel, and utilization of the Proxy Screen by St. Johns County Jail deputies.

GUIDANCE/CARE CENTER, INC. (MONROE COUNTY) (LHZ53)

Guidance/Care Center's (GCC) grant program for Monroe County, Motivated Interventions for Needs and Deflection (MIND), began January 13, 2017 and ended December 31, 2019. GCC expended \$1,073,044 over three years.

Target Population

The target population was 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 was 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 were identified during community encounters by law enforcement, at initial detention, or at first appearance. Pretrial Services, the Public Defender's Office, Veterans Justice Outreach specialists, judges, and court staff coordinated with the GCC clinical personnel to provide screening, assessment, initial engagement, and linkages for the target population. Upon admission to the MIND program, clients were linked to community or home-based best practices with mental health services provided by GCC. All clients received a comprehensive psychiatric evaluation from a licensed psychiatrist. Based on the findings of the psychiatric evaluation, clients received mental health services, psychotropic medications as needed, and linkages for additional psychiatric services when appropriate. The client and the therapist developed, as a collaborative effort, an individualized Wellness and Recovery Action Plan (WRAP). The client and therapist reviewed the WRAP monthly. The client also participated in a weekly one-hour individual therapy session and three one-hour case management sessions for six months or longer until services are complete. Incentives in the form of restricted use gift cards are awarded for client milestones.

Goals/Objectives

The primary goal of this grant program was 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 included:

1. Implementing services and diversion initiatives.
2. Creating and encouraging collaboration among key stakeholders.
3. Incorporating and acculturating 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 Reconation 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)
- Wellness and Recovery Action Plan (WRAP)

Number Served through December 31, 2019 (Year 3, Quarter 4)

MIND	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	41	74	54	169
Number Served Target	50	65	65	180

Performance Measures

The outcomes listed below reflect progress through December 31, 2019 (Year 3, Quarter 4).

- Measure: 20 percent reduction in the total number of **arrests** among participants while enrolled in the program compared to the one-year period prior to program admission
 - 76 percent reduction
- Measure: 30 percent reduction in the total number of **arrests** among participants within the one-year period following program discharge compared to the one-year period prior to program admission
 - 84 percent reduction
- Measure: 80 percent of 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
 - 91 percent in stable housing
- Measure: 80 percent of participants not residing in **stable housing** at program admission will report living in stable housing one year following program discharge
 - 80 percent in stable housing
- Measure: 80 percent of 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.
 - 98 percent employed
- Measure: 70 percent of participants **not employed** and who express a desire to work at program admission are employed full or part-time one year following program admission
 - 99 percent employed
- Measure: 70 percent of participants assisted in applying for **Social Security or other benefits** for which they may have been eligible but were not receiving at program admission
 - 98 percent assisted in applying for benefits

- Measure: 90 percent of participants will be diverted from a **state mental health treatment facility**
 - 100 percent diverted
- Measure: 80 percent of participants will have **reduced mental health symptoms** at discharge
 - 81 percent had reduced mental health symptoms
- Measure: 70 percent of participants will **maintain mental health improvements** at three, six, and 12 months post-discharge
 - 62 percent maintained improvements
- Measure: 75 percent of participants will be **substance free** at discharge
 - 82 percent were substance free
- Measure: 70 percent of participants will **remain substance free** at three, six, and 12 months post-discharge
 - 66 percent remained substance free
- Measure: 80 percent of participants will have **improved physical health** at discharge
 - 39 percent improved physical health
- Measure: 70 percent of participants will **maintain improved physical health** at three, six, and 12 months post-discharge
 - 21 percent maintained improved health

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

Over the three-year grant program, there was significant cost savings through client participation in the MIND program rather than housing individuals in the jail. The cost savings for housing individuals with a mental health diagnosis in the Monroe County Detention Center averaged \$34,254 quarterly, with a total cost savings of \$374,00 over the grant lifetime.

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 Forensic Commitments to State Mental Health Treatment Facilities

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

According to GCC, 100 percent of the MIND clients at risk of being committed were diverted from the state hospital. There were no forensic 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 December 31, 2019, GCC expended/leveraged \$1,230,101.55 or approximately 115 percent of the three-year match commitment. Match funds supported integrated care and medical services to divert clients from higher levels of care.

HILLSBOROUGH COUNTY BOCC (LHZ49)

Hillsborough County's grant program, the Mental Health Court-Enhanced Offender Diversion Initiative (MHC-EODI), began February 1, 2017 and ended January 31, 2020. Hillsborough County was awarded \$1,200,000 over three years.

Target Population

Tier One (first priority target population) was 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) was 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 provided recovery-oriented services and intensive case management for individuals who had 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 were screened using co-occurring capable screening tools (listed below). Screening results placed 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 was employed by Gracepoint and embedded with court administration. The Mental Health Court Liaison coordinated court processes, provided linkages to the Agency for Community Treatment Services (ACTS) Intensive Case Management, and ensured comprehensive, intensive case management and care coordination were provided.

Assistance with issues that contribute to non-compliance were 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 addressed participants' psychosocial rehabilitation for inclusion, affiliation, recreation, employment assistance, educational skills, and drop-in capability.

Goals/Objectives

The primary goal of the program was 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.

Hillsborough County's three objectives included:

1. Implementing services and diversion initiatives.
2. Creating and encourage collaboration among key stakeholders.

3. Ensuring 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
- SSI/SSDI, Outreach, Assist, and Recovery (SOAR)
- Comprehensive, Continuous, Integrated Systems of Care (CCISC)

Number Served through January 31, 2020 (Year 3, Quarter 4):

MHC-EODI	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	44	44	42	130
Number Served Target	30	30	30	90

Performance Measures

Outcome data for the performance measures reflect progress up through January 31, 2020 (Year 3, Quarter 4).

- Measure: Attain 50 percent reduction in number of **arrests or re-arrests** among participants while enrolled in the program compared to one-year period prior to program admission
 - 88 percent reduction
- Measure: Attain 25 percent reduction in number of **arrests or re-arrests** among participants within the one-year period following program discharge compared to the one-year period prior to program admission
 - 85 percent reduction
- 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
 - 100 percent reside in stable housing
- Measure: 25 percent of participants who did not reside in **stable housing** at the time of admission will reside in stable housing one year following program discharge
 - 82 percent reside in stable housing
- Measure: 10 percent of participants who are not **employed** at admission will be employed full or part-time within 180 days of program admission
 - 65 percent employed

- Measure: 7 percent of participants who are not **employed** at program admission are employed full or part-time within one year following program discharge
 - 45 percent employed
- 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
 - 97 percent of participants assisted
- Measure: 50 percent of participants will be diverted from **a state mental health treatment facility**
 - 100 percent diverted
- Measure: 70 percent of participants will **successfully complete** the MHPTI and leave the program
 - 80 percent successfully completed

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

Over the course of the three-year grant program, the MHC EODI diverted 130 clients from further penetration into the criminal justice system. Based on an average daily cost for being house in the jail of \$124.47, this results in cost avoidance of approximately \$436,889.70 for the county (assuming an average jail stay of 27 days for program participants).

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 Forensic Commitments to State Mental Health Treatment Facilities

MHC-EODI increased access to individualized evidence-based behavioral health treatment and support services. A great benefit for program participants was linkages from the courts to the healthcare plan coverage exclusive to Hillsborough County residents. Grantee partners such as the Public Defender's Office, Administrative Office of the Courts, and the State Attorney's Office, and Judges witnessed the wellness resulting from behavioral health treatment through participation in this grant program.

Through participation in this program, 130 clients were potentially diverted from 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 January 31, 2020, Hillsborough County expended/leveraged \$1,264,119.91 or approximately 105 percent of the three-year match commitment for their CJMHSa Reinvestment grant. Hillsborough County's matching funds assisted program participants in funding residential and outpatient psychiatric evaluation and medication management services. Additionally, it assisted personnel in connecting clients to the level of care necessary to meet individualized treatment needs and reduce their risk of recidivism.

HILLSBOROUGH COUNTY BOCC (LHZ69)

Hillsborough County's grant program, the Drug-Enhanced Service Initiative (DC-ESI), began October 4, 2017. Hillsborough County was awarded \$1,200,000 over three years.

Target Population

Tier One/First Priority expands current Drug Pretrial Intervention (DPTI) program to serve individuals who have a co-occurring disorder, are charged with a non-violent third-degree felony, and who have been approved for DPTI.

Tier Two/Second Priority encompasses individuals in quadrants III and IV of SAMHSA's Four Quadrant Framework for Co-occurring Disorders who are defendants in the county's Adult Drug Court for whom lower levels of service are deemed inappropriate.

Program Design/Model

Hillsborough County's second, current CJMHSa Reinvestment grant, the DC-ESI (awarded in late 2017), expands the county's existing DPTI by adding 30 additional clients to the existing DPTI (up to 90 over three years) and adding approximately 100 days in length of service for participants. The grant-funded program increases level II residential treatment beds and intensive outpatient services. The DC-ESI utilizes the Comprehensive, Continuous, Integrated System of Care (CCISC) as the overall model for this program.

Hillsborough County's main partners for this program include the Administrative Office of the Courts, the Agency for Community Treatment Services (ACTS) (provides residential substance use disorder and mental health services), Drug Abuse Comprehensive Coordinating Office (DACCO) (provides intensive outpatient services), Tampa Crossroads (residential, outpatient, and intensive outpatient services) and Phoenix Programs of Florida, Inc (residential services). Other services include assisting participants in applying for social security and other benefits using SOAR-trained provider personnel, the use of peer navigators, and the provision of incidental funds for client specific needs.

Participants are identified by the Public Defender's Office and screened for legal eligibility by the State Attorney's Office. If eligible, the Drug Court Specialist conducts a full biopsychosocial assessment. Through the use of the *211 system, operated by The Crisis Center of Tampa Bay, a database of known programs and services related to acute care and the community receiving system plan is being developed. Continuous Quality Improvement (CQI) Coalition meetings provide an opportunity for reviewing data, trends, and critical components of the program and troubleshooting issues that arise in real-time.

Goals/Objectives

The primary goal of the program is to provide residential treatment and stepdown for "difficult to treat" individuals who have co-occurring disorders, coupled with a history of offending.

Objectives:

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

3. Develop a countywide service catalog.

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

- Motivational Interviewing
- Housing First approach
- American Society of Addiction Medicine (ASAM) Criteria (2013)
- National Council for Behavioral Health/MTM Services Daily Living Activities 20 (DLA-20)
- SAMHSA-HRSA and SAMHSA TIP 57 recommended PTSD Checklist-Civilian (PCL-C)
- Global Appraisal of Individual Needs Q3 (GAIN Q3)
- Accelerated Resolution Therapy (ART)
- Medication-Assisted Treatment
- SSI/SSDI, Outreach, Assist, and Recovery (SOAR)
- Comprehensive Continuous Integrated System of Care (CCISC)

Number Served through June 30, 2020 (Year 3, Quarter 3):

DC-ESI	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	30	47	20	97
Number Served Target	30	30	30	90

Performance Measures

Outcome data for the performance measures reflect progress up through June 30, 2020 (Year 3, Quarter 3).

- Measure: 80 percent reduction in the total number of **arrests or re-arrests** among participants while enrolled in the program compared to one-year period prior to program admission
 - 90 percent reduction
- Measure: 75 percent reduction in the total number of **arrests or re-arrests** among participants within the one-year period following program discharge compared to the one-year period prior to program admission
 - 67 percent reduction
- Measure: 75 percent of participants who did not reside in **stable housing** at the time of admission will report living in stable housing within 90 days of program admission
 - 89 percent in stable housing
- Measure: 60 percent of participants who did not reside in **stable housing** at the time of admission will report living in stable housing one year following program discharge
 - 99 percent in stable housing
- Measure: 60 percent of participants who are **not employed** at admission will be employed full- or part-time within 180 days of program admission
 - 70 percent employed

- Measure: 55 percent of participants who are **not employed** at program admission are employed full- or part-time within one year following program discharge
 - 61 percent employed
- Measure: 85 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
 - 93 percent assisted
- Measure: 100 percent of participants will be **diverted** from a State Mental Health Treatment Facility
 - Not applicable. No program participants were eligible for admission to a State Mental Health Treatment Facility.
- Measure: 75 percent of enrolled participants will experience a **decrease** in psychiatric symptoms and substance use within six months of admission
 - 92 percent experienced a decrease in symptoms

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

The DC ESI diverted three participants between April and June 2020. An average Hillsborough County jail day costs \$125.87. Thus, this results in a potential cost avoidance of approximately \$10,195.47 when considering an average jail stay is 27 days for this target population of clients.

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 expanded services and specialized drug court docket provided through this grant has diverted 97 participants from further involvement in the criminal justice system or to be housed in the county jail thus far. Successfully completing the requirements of the program offers participants the opportunity to be Nolle Prosequi. The success of the program has provided a platform for the Hillsborough County to pursue funding to expand community-based services in additional points of intercept where individuals with behavioral health needs can be diverted to care rather than incarcerated.

During Year 3 Quarter 2, the COVID-19 pandemic impacted grant program processes and grant personnel emphasized the importance of maintaining court and client services. Many providers implemented telehealth services to continue serving clients. Additionally, incidental grant funds provided support for clients in need of housing assistance due to COVID-19 and providers in need of personal protective equipment to serve clients safely during the pandemic.

To date, the participants in the grant-funded program have not been eligible for commitment to a state mental health treatment facility (Ch. 916, F.S.).

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

As of June 30, 2020, Hillsborough County expended/leveraged \$1,210,666.76 or approximately 100.88 percent of the three-year match commitment for their CJMHSa Reinvestment grant. Hillsborough

County's matching funds are used to provided participants enrolled in the DC-ESI with residential and outpatient services, psychiatric evaluations, and medication management services.

KIDS HOPE ALLIANCE (DUVAL COUNTY/CITY OF JACKSONVILLE) (LHZ58)

The Central Coordination Project (CCP) is an expansion of Duval's 2014-17 grant program and began November 1, 2017. Kids Hope Alliance was awarded \$1,200,000 over three years.

Target Population

The target population for the CCP includes Duval County youth under age 18, referred by the Department of Juvenile Justice who:

- Have an indication for mental health and/or substance use (indicated on the Positive Achievement Change Tool (PACT) assessment);
- Have a moderate or high risk of becoming homeless when departing the Juvenile Assessment Center (JAC);
- Are at risk for re-entering the juvenile system; and
- Are eligible for a diversion program.

These youth would have already been assessed and/or served by the JAC and/or the Jacksonville Youth Detention Center prior to their referral to the CCP.

Program Design/Model

The Centralized Coordination Project (CCP) was 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. It operates within the framework of the county's System of Care service delivery model. 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 JAC or the detention facility are screened by juvenile probation officers using the PACT assessment and youth with a "hit" for mental health, substance use, trauma, or suicide are referred to the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Program (located and available at the detention facility 24/7 for further assessment).

Three Bachelor's level care coordinators/assessors with Jewish Family and Community Services, housed at the JAC, conduct assessments on youth using the GAIN-I. A licensed mental health clinician validates the assessments and makes referrals for treatment. Steps to Recovery services are provided by several community-based and alcohol treatment providers, which include Gateway Community Services, Family Foundation, Daniel Kids, the Runaway Youth Crisis Center, Jewish Family and Community Services, and Operation New Hope. When needed, care coordinators provide mental health treatment almost immediately rather than referring the youth and parents to a community provider and waiting on an appointment. Care coordinators alert the State Attorney's Office to treatment recommendations that should be included in the youth's diversion plan.

During the initial 21 days after law enforcement contact, the assessment counselor serves as the care coordinator to connect 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 use 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

The primary goal of Duval County's CCP is to continue to identify and refer youth with a mental health and/or substance use disorder who can benefit from diversion and services in an effort to prevent continued involvement in the juvenile justice system. The objectives contributing the completion of this goal include:

- Implement mental health and substance use services and diversion initiatives as detailed in the application.
- Create and encourage collaboration among key stakeholders, identified in the application.
- Collect Mental Health First Aid training data regarding all new law enforcement hires in Duval County.

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

- Motivational Interviewing (MI)
- Global Appraisal of Individual Needs (GAIN-I) (assessment tool used by Jewish Family and Community Services for juveniles in the JAC) (all program personnel are trained in the use of the GAIN assessment)
- SSI/SSDI Outreach, Access, and Recovery (SOAR)
- Mental Health First Aid (MHFA) training
- High Intensity Wraparound
- Positive Achievement Change Tool (PACT) assessment
- Motivational Enhancement Therapy (MET)
- Cognitive Behavioral Therapy (CBT)

Number Served through April 30, 2020 (Year 3, Quarter 2)

CPP	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served (screened/assessed)	1,407	1,498	753	3,658
Number Served Target	900	900	900	2,700
MHFA Training (LEOs trained)	227	263	53	593
MHFA Training Target	80	80	80	240

Performance Measures

Progress toward meeting the grantees' performance measures as of Year 3, Quarter 2 (April 30, 2020):

- Measure: 80 percent reduction in the total number of **re-arrests** among program participants while enrolled in the program compared to the one-year period prior to admission.
 - 52 percent reduction
- Measure: 75 percent reduction in the total number of **re-arrests** among program participants within the one-year period following program discharge compared to the one-year period prior to admission.
 - 68 percent reduction
- Measure: 50 percent of eligible participants (17-and-18-year olds) **not employed** at the time of admission will be employed full- or part-time within 180 days of admission.
 - 17 percent employed (12/71 eligible participants employed)
- Measure: 75 percent of eligible participants (17-and-18-year olds) **not employed** at the time of admission will be employed full- or part-time one year following discharge.
 - 16 percent employed (The majority of participants were lost to follow up, with others not reporting employment and 1 being deceased.)
- Measure: 60 percent of participants who were eligible for, but not receiving **benefits** at the time of admission will be assisted in applying for benefits within 180 days of admission.
 - 100 percent assisted
- Measure: 90 percent of participants will be **diverted** from a state mental health treatment facility.
 - Not applicable to this grant program as the target population is youth under age 18.
- Measure: 80 percent of the annual targeted number of **MHFA training** participants will complete the training.
 - 247 percent completed MHFA training (Kids Hope Alliance exceeded their target of 240 trained; 593 individuals have been trained in MHFA to date.)

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

Through early screening, assessment and identification of youth with mental health and/or substance use disorders, youth are able to receive treatment to mitigate the impact of their issues on delinquency. Over the course of the grant, the program has resulted in a 73 percent reduction in arrests of the 34 total youth who have successfully completed the program and were discharged over 1 year ago. The majority of youth treated have remained out of the juvenile justice system.

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 Forensic Commitments to State Mental Health Treatment Facilities

Juveniles who access the program through the JAC are provided linkages to evidence-based and best practices related to behavioral health treatments. The program provides early identification for juveniles with mental health issues and links the juvenile and their families to the appropriate services.

Juveniles with co-occurring disorders have access to community partners that provide substance use disorder treatment. These services are enhanced with wraparound supports, including physical health services through a pediatric wellness center and educational advocacy services.

The grantee reported that data related to forensic commitments was not applicable. The target population of Duval County's CJMHSa grant-funded program is juveniles.

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

As of April 30, 2020, Kids Hope Alliance expended/leveraged \$1,008,693.43 or approximately 84.06 percent of their three-year match commitment. Kids Hope Alliance utilizes matching funds to help support security at the JAC, salary costs of the program coordinator, and partial contractual costs.

LEE COUNTY BOCC (LHZ59)

Lee County's grant program, the Bob Janes Triage Center/Low Demand Shelter, began April 1, 2017 and ended March 31, 2020. Lee County's 2017-20 grant was an expansion of their 2014-17 CJMHSa Reinvestment Grant. The Bob Janes Triage/Low Demand Shelter was established in 2008. Lee County was awarded \$825,000 over three years.

Target Population

The target population for the Bob Janes Triage Center was adult residents of Lee County who exhibited symptoms of substance use, mental health, and/or co-occurring disorders; were at risk of arrest for low-level minor offenses; and were 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, offered an alternative to arrest and incarceration when law enforcement officers encounter individuals with a substance use, mental health, and/or co-occurring disorders. Individuals could stay at the shelter for up to 30 days. Upon intake into the shelter, a SalusCare mental health clinician performed a bio-psychosocial assessment to identify behavioral health problems, social history, and treatment options. The Triage Center personnel worked 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 had access to nursing and case management services. A Governing Board met regularly to track data, identify trends, discuss areas of concern and opportunities for improvement, and identify funding opportunities for sustainability and expansion of programs.

Goals/Objectives

The primary goal of this grant program was 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 allowed individuals to seek help immediately when they were motivated to do so by providing a safe place to stay while accessing services.

Lee County's three major grant objectives included:

1. Implementing services and diversion initiatives.
2. Encouraging and emphasizing collaboration among key stakeholders.
3. Training 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
- Peer Specialists
- Permanent Supportive Housing

Number Served through March 31, 2020 (Year 3, Quarter 4):

Bob Janes Triage Center	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	819	790	843	2,452
Number Served Target	500	500	500	1,500
CIT Training	77	157	135	369
CIT Training Target	100	100	100	300

Performance Measures

The outcomes listed below reflect progress through March 31, 2020 (Year 3, Quarter 4).

- Measure: 25 percent reduction in the total number of **arrests or re-arrests** among program participants while enrolled in the program compared to the one-year period prior to program admission.
 - 64 percent reduction
- Measure: 20 percent reduction in the total number of **arrests or re-arrests** among 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
- Measure: 25 percent of 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
 - 31 percent in stable housing

- 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 received assistance
- 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
 - 82 percent received increased access to services

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

The Bob Janes Triage Center served to divert individuals with serious mental illnesses from the Lee County Jail, as 98 percent of the clientele did not have stable housing. Program participants admitted to the Triage Center received treatment services and were at a lesser risk for recidivism.

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 Forensic Commitments to State Mental Health Treatment Facilities

Given the high-risk factors of all clients served by the Triage Center, all Triage Center clients were at risk of involvement with the criminal justice system if no diversion strategy was utilized. Program participants received increased access to community, comprehensive, recovery-based mental health and/or substance use treatment services while participating in the program.

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

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

As of March 31, 2020, Lee County expended/leveraged \$1,517,939.65 or approximately 184 percent of the three-year match commitment.

LEE COUNTY BOCC (LHZ97)

Lee County's grant program, the Bob Janes Triage Center/Low Demand Shelter, began June 1, 2020. Lee County's 2020-23 grant is an expansion of their 2017-20 and 2014-17 CJMHSa Reinvestment Grant. The Bob Janes Triage/Low Demand Shelter was established in 2008. Lee County was awarded \$975,000 over three years.

*The following profile includes data through August 2020 as the first quarter of this grant agreement began during the last year of FY19-20. The FY20-21 report will reflect completed one-year data.

Target Population

The target population for the Bob Janes Triage Center are adults in Lee County who exhibit symptoms of a behavioral health issue (substance use, mental health, and/or co-occurring disorders) and who are at risk of arrest or prolonged incarceration for low-level minor offenses and/or inappropriate utilization of 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 disorders. 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. A Governing Board meets regularly to track data, identify trends, discuss areas of concern and opportunities for improvement, and identifying funding opportunities for sustainability and expansion of programs.

As a part of the program expansion, a housing assistance component has been implemented to address barriers to affordable, permanent housing experienced by program participants in the past. The housing component assists participants in transitioning to the housing of their choice based on the Housing First approach. Participants are eligible for up to 12 months of rental assistance. Based on income and ability to pay, they may also be eligible for 100% subsidized rent which will incrementally reduce as they become more stable. Supportive housing services available include case management, housing assessment, employment and life skills assistance, career counseling. The Triage Center also now employs a mental health clinician to address behavioral health needs among program participants and ensure linkages to appropriate care.

Goals/Objectives

The primary goal of this grant program is to divert individuals from involvement in the criminal justice system and provide a more suitable and less costly alternative to incarceration or the inappropriate utilization of emergency rooms by individuals who are homeless and experiencing behavioral health issues; allowing 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. Address gaps in SIM intercepts 1 and 2 by enhancing availability of services that address social service needs including housing, life skills, and employment skills.

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

- Crisis Intervention Teams (CIT)
- Housing First approach

- Coordinated Entry
- Peer Specialists
- Permanent Supportive Housing
- Comprehensive, Continuous, Integrated System of Care Model (CCISC)

Number Served through August 31, 2020 (Year 1, Quarter 1):

Bob Janes Triage Center	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	227	-	-	227
Number Served Target	400	400	400	1,200

Performance Measures

The outcomes listed below reflect progress through August 31, 2020 (Year 1, Quarter 1).

- Measure: Less than 10 percent of program participants shall be **arrested** while receiving services
 - 2 percent arrested while receiving services
- Measure: Less than 10 percent of participants shall be **arrested** within the one-year period following their ending date for program services
 - 31 percent arrested within one year of conclusion of services
- Measure: 25 percent of participants will be assisted in applying for **Social Security or other benefits** for which they may have been eligible but were not receiving at their program start date
 - 64 percent were assisted in applying for benefits
- Measure: 20 percent of participants will have **increased access** to community comprehensive recovery-based mental health and/or substance use treatment services while participating in the program
 - 93 percent had increased access to behavioral health services
- Measure: 25 percent of participants that received case management services while residing at the Triage Center and discharged to permanent housing will not return to homelessness six months following discharge
 - 96 percent success; only 4 percent returned to homelessness

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

No fiscal impact determined at this time. During FY19-20, the grant program was only active for one month.

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 Forensic Commitments to State Mental Health Treatment Facilities

The expansion of the Bob Janes Triage Center continues to provide an alternative to incarceration and involvement in the criminal justice system. Additionally, the Triage Center provides increased access to behavioral health services and linkages to community supports.

The target population of the Triage Center is dissimilar from the target population of individuals committed to state mental health treatment facilities. The Triage Center aims to divert individuals from incarceration and involvement in the justice system, where it is more likely for them to decompensate. Individuals who receive treatment are less likely to incur additional charges and become more involved in the justice system.

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

As of August 31, 2020, Lee County has expended/leveraged \$121,730.15 or approximately 125.5 percent of the three-year match commitment. Match funds support 19 percent of the overall annual expenses of the grant project. These funds are essential to the continued operation of the project and enhancing the project's goals and objectives.

LIFESTREAM BEHAVIORAL CENTER (LAKE COUNTY) (LHZ56)

LifeStream Behavioral Center's (LifeStream) grant program for Lake County began April 1, 2017 and ended April 22, 2020. A no-cost extension was granted until their new grant agreement was executed on April 23, 2020. It is an expansion of Lake County's 2014-17 CJMHSa Reinvestment Grant program, the Forensic Community Services Team (FCST). LifeStream was awarded \$1,200,000 over three years.

Target Population

The target population for the FCST was adult residents (ages 18 and over) of Lake County who:

- Had a mental health, substance use, and/or co-occurring mental health and substance use disorder;
- Were charged with misdemeanor and/or non-violent felony offenses; and
- Had a history or presentation of moderate-to-high criminogenic risks and needs.

Violent offenders with a mental health, substance use, and/or co-occurring disorder were eligible to participate on a case-by-case basis at the discretion of the FCST supervisor.

Program Design/Model

LifeStream, in conjunction with Lake County, operated the FCST. The FCST, a modified Assertive Community Treatment (ACT) team, delivered a system of recovery-oriented screening, assessment, triage, intensive treatment services, and rehabilitation. Individuals were referred to the voluntary program if they have pending criminal charges and the State Attorney agrees to alternative sentencing

or individuals may be referred to the program if they are at risk for further criminal justice involvement upon reentry into the community. Minimum requirements for enrollment included:

- A score of moderate-to-high with regard to mental health needs on the Global Appraisal of Individual Needs (GAIN-SS), Posttraumatic Stress Disorder Checklist for DSM (PLC-5), and Life Events Checklist for DSM-5 (LEC-5),
- A score of moderate-to-high criminogenic factors based on the Ohio Risk Assessment System (ORAS), and/or
- A score of moderate-to-high substance use based on the Texas Christian University (TCU) Drug Screen.

Program participants received weekly individual therapy and case management services and are required to attend one weekly group session. Participants met weekly or bi-weekly with a peer recovery specialist based on need. FCST aftercare was available for up to six months post successful discharge from FCST. Aftercare services provided monthly individual therapy and medication management as needed.

Goals/Objectives

The primary goal of the FCST was 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 included:

1. Implementing services and diversion initiatives.
2. Creating and encouraging collaboration among key stakeholders.
3. Establishing 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)
- Mental Health First Aid (MHFA)
- Risk-Need-Responsivity framework (RNR)
- Forensic Community Services Team (FCST)
- Interactive Journaling
- Eye Movement Desensitization and Reprocessing (EMDR)
- 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)
- Life Events Checklist for DSM 5 (LEC-5)
- Trauma-Informed Therapy
- SSI/SSDI, Outreach, Assist, and Recovery (SOAR)
- Peer Specialists

Number Served through April 22, 2020 (Year 3, Quarter 4):

FCST	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	74	63	77	214
Number Served Target	70	70	70	210
CIT Training (no CIT target)	63	95	39	197
MHFA Training (no MHFA target)	49	35	32	116

Performance Measures

The outcomes listed below reflect progress through April 22, (Year 3, Quarter 4).

- Measure: 70 percent reduction in the total number of **arrests or re-arrests** among program participants while enrolled in the program compared to the one-year period prior to program admission.
 - 97 percent reduction
- Measure: 70 percent reduction in the total number of **arrests or re-arrests** among program participants within the one-year period following program discharge compared to the one-year period prior to program admission.
 - 76 percent reduction
- 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.
 - 52 percent in stable housing
- Measure: 60 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.
 - 78 percent 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.
 - 53 percent employed
- Measure: 40 percent of program participants **not employed** at program admission who are employed full or part-time one year following program discharge.
 - 40 percent employed
- Measure: 80 percent of 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 were assisted in applying for benefits; 32.2 were determined to be eligible to receive benefits
- Measure: 10 percent of 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 participants receiving intensive evidence-based trauma treatment (EMDR).
 - 8 percent reduction

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

There was no fiscal impact discussed in the grantee quarterly reports.

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 Forensic Commitments to State Mental Health Treatment Facilities

The FCST interventions improved access and effectiveness of mental health and substance use services for justice-involved individuals requiring such services. None of the program participants were identified as at risk for 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 April 20, 2020, LifeStream expended/leveraged \$1,266,781.05 or approximately 106 percent of the three-year match commitment

LIFESTREAM BEHAVIORAL CENTER (LAKE COUNTY) (LHZ95)

LifeStream Behavioral Center's (LifeStream) grant program for Lake County began April 23, 2020. It is an expansion of Lake County's 2017-20 and 2014-17 CJMHSa Reinvestment Grant program, the Forensic Community Services Team (FCST). LifeStream was awarded \$1,200,000 over three years.

Target Population

The target population for the FCST is adults with misdemeanor or non-violent felony offenses and a history of or presentation of a moderate to higher severity of mental health or co-occurring disorders and moderate to high criminogenic risks and needs. Adults charged with a violent felony will be considered on a case-by-case basis after a screening of current risks and needs; and based on the severity of the mental health, substance use and/or co-occurring disorder.

Program Design/Model

LifeStream, in conjunction with Lake County, operates the FCST. The FCST, a modified Assertive Community Treatment (ACT) team, delivers a system of recovery-oriented screening, assessment, triage, intensive treatment services, and rehabilitation. Individuals can be referred to the voluntary program if they have pending criminal charges and the State Attorney agrees to alternative sentencing or individuals may be referred to the program if they are at risk for further criminal justice involvement upon reentry into the community. Minimum requirements for enrollment include:

- A score of moderate-to-high with regard to mental health needs on the Global Appraisal of Individual Needs (GAIN-SS), Posttraumatic Stress Disorder Checklist for DSM (PLC-5), and Life Events Checklist for DSM-5 (LEC-5),
- A score of moderate-to-high criminogenic factors based on the Ohio Risk Assessment System (ORAS), and/or
- A score of moderate-to-high substance use based on the Texas Christian University (TCU) Drug Screen.

The team provides services to up to 38 consumers at time, an expansion from the 2017-2020 grant where only 35 consumers may be served at any given time. Program participants receive weekly individual therapy and case management services and are required to attend one weekly group session. Participants meet weekly or bi-weekly with a peer recovery specialist based on need. FCST aftercare is available for up to six months post successful discharge from FCST. Aftercare services provide monthly individual therapy and medication management as needed.

Goals/Objectives

The primary goal of the FCST is to increase access to treatment and support for adults who have co-occurring mental health and substance use disorders in Lake County 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. Expanding client service programs designed to increase public safety, avert increased spending on criminal justice, and improve the accessibility and effectiveness of treatment services.
2. Creating and encouraging collaboration among key stakeholders.
3. Collaborate towards the establishment of a Mental Health Court in Lake County.

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

- Assertive Community Treatment (ACT)
- Motivational Interviewing (MI)
- Cognitive Behavioral Therapy (CBT)
- Crisis Intervention Teams (CIT)
- Mental Health First Aid (MHFA)
- Risk-Need-Responsivity framework (RNR)
- Forensic Community Services Team (FCST)
- Interactive Journaling
- Eye Movement Desensitization and Reprocessing (EMDR)
- 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)
- Life Events Checklist for DSM 5 (LEC-5)
- Trauma-Informed Therapy
- SSI/SSDI, Outreach, Assist, and Recovery (SOAR)
- Peer Specialists

Number Served through June 30, 2020 (Year 1, Quarter 1):

FCST	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	41	-	-	41
Number Served Target	76	76	76	228

Performance Measures

The outcomes listed below reflect progress through June 30, 2020 (Year 1, Quarter 1).

- Measure: Less than 30 percent of participants shall be **arrested** while receiving program services
 - 5 percent arrested
- Measure: Less than 30 percent of participants shall be **arrested** within the one-year period following their program end date
 - 22 percent arrested
- Measure: 35 percent of participant not residing in **stable housing** at their program start date shall report living in a stable housing environment within 120 days of the start date.
 - 50 percent in stable housing
- Measure: 50 percent of participants not residing in **stable housing** at their program start date shall report living in a stable housing environment one year following their program end date
 - 88 percent in stable housing
- Measure: 30 percent of participants not **employed** at their program start date shall be employed full or part-time within 180 days of their program start date
 - 25 percent employed
- Measure: 40 percent of participants not **employed** at program start date who are employed full or part-time one year following program end date
 - 29 percent employed
- Measure: 30 percent of eligible participants shall be assisted in applying for **Social Security or other benefits** for which they may have been eligible but were not receiving at their program start date
 - 100 percent assisted
- Measure: 10 percent of participants shall be **diverted** from a State Mental Health Treatment Facility
 - Not applicable. None of the participants were identified as “at risk” for state mental health treatment facilities.
- Measure: 70 percent of individuals identified with a mental illness shall be **diverted** to appropriate community services
 - 100 percent diverted

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

There has been no fiscal impact determined at this time as the grant was only active for three months.

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 Forensic Commitments to State Mental Health Treatment Facilities

The FCST is instrumental in serving clients with mental health problems and co-occurring disorders who would not have access to services without grant funds. Program services are tailored to their unique needs and serve to divert participants from incarceration and deeper involvement in the justice system.

The grantee did not assess any clients to be at risk for admission 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 June 30, 2020, LifeStream has expended/leveraged \$52,393.19 or approximately 61.2 percent of the three-year match commitment. Match funds support an increased number of participants to be served and improve the array of services available to program participants including opportunities for residential treatment and medications. In-kind match funds support staff FTE and training initiatives such as CIT.

LUTHERAN SERVICES FLORIDA HEALTH SYSTEMS (MARION COUNTY) (LHZ76)

LSF Health Systems' three-year grant program, the Marion County Mental Health Court (MCMHC), began August 13, 2018 and is an expansion of the existing Marion County Mental Health Court established in 2009. LSF Health systems was awarded \$1,198,362 over three years.

Target Population

The target population for the MCMHC includes adults over the age of 18 who are non-violent defendants from the Marion County jail and who have been diagnosed with a mental illness and/or co-occurring disorder.

Program Design/Model

The MCMHC is a voluntary program for individuals charged with a non-violent offense who have a mental health and/or co-occurring substance use disorder. The MCMHC currently has 3 case managers capable of serving up to 120 individuals at any one time. The expansion of the MCMHC includes efforts to improve care coordination, enhance treatment and support service capacity for MCMHC participants, and access to peer specialists to encourage participation and engagement.

The Marion County Jail screens every inmate who enters the jail with a complete medical and mental health screening. Immediate crisis intervention may occur based on the result of this screening and immediate referral or precautionary measures are taken at that time. All intake screenings are made available to the mental health professionals working in the jail who then do a comprehensive psychosocial assessment, which includes a mental status exam. This assessment establishes a diagnosis and identifies needed treatment as available. Inmates may at this point be referred to the psychiatrist for medications and/or mental health court. Those who are admitted to the MCMHC program are

administered drug screens to identify those with substance use issues quickly and get them into appropriate treatment. When a defendant is referred to The Centers, the primary provider for MCMHC participants, they receive a bio-psychosocial assessment, AC-OK Screen for Co-Occurring Disorders, and a Functional Adult Rating Scale. An individualized treatment plan is then developed in collaboration with the individual and his treatment provider. The average length of participation in the program is 6 to 12 months.

Goals/Objectives

The primary goal of the MCMHC is to divert non-violent adults with a mental health and/or co-occurring substance use disorder from the Marion County jail to appropriate community-based treatment and support services.

Marion County's three major grant objectives include:

1. Increase referrals to the Mental Health Court Program through increased education and awareness of law enforcement personnel.
2. Increase access to behavioral health services for Mental Health County participants.
3. Establish a Pre-Booking diversion program.

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

- AC-OK Screen for Co-Occurring Disorders
- Center for Alternative Sentencing and Employment Services (CASES) Transitional Case Management
- SSI/SSDI, Outreach, Assist, and Recovery (SOAR)
- Permanent Supportive Housing
- Peer Specialists
- Functional Assessment Rating Scale (FARS)

Number Served through June 30, 2020 (Year 2, Quarter 4):

MHC	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	145	76	-	221
Number Served Target	150	150	-	450
Law Enforcement Training	23	63	-	86
Law Enforcement Training Target	20	20	-	60

Performance Measures

The outcomes listed below reflect progress through June 30, 2020 (Year 2, Quarter 4).

- Measure: 50 percent reduction in the total number of **arrests or re-arrests** among program participants while enrolled in the program compared to the one-year period prior to program admission.
 - 53 percent reduction
- Measure: 65 percent reduction in the total number of **arrests or re-arrests** among program participants within the one-year period following program discharge compared to the one-year period prior to program admission.
 - 86 percent reduction
- Measure: 60 percent of 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.
 - 83 percent in stable housing
- Measure: 60 percent of program participants in program Year 1 and program Year 2, 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: 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.
 - 57 percent employed
- 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.
 - 70 percent employed
- Measure: 75 percent of program participants assisted in obtaining Social Security or other benefits for which they may have been eligible but were not receiving at program admission.
 - 87 percent received assistance
- Measure: 10 percent of participants will be **diverted** from a State Mental Health Treatment Facility.
 - 100 percent diverted

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

Approximately 30 percent of the Marion County jail population are identified as having a mental health problem or diagnosis, by investing in targeted community-based diversion programs like Marion County Mental health Court, cost savings can be achieved through reductions in the number of days that participants spend in jail. As the program progresses, cost savings are expected to be achieved through reductions in arrests and the number of days that participants spend in jail. Additionally, increased rates of stable housing, employment, and benefits attainment are evident.

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

Marion County continues to review the effect that the grant-funded program has on the needs of MCMHC clients. No determinable impact has been assessed at this time. However, MCMHC's mission is to divert select non-violent defendants who have a mental health disorder from the Marion County Jail and from active criminal prosecution to community-based treatment and support services in order to best protect public safety, reduce recidivism, and help individuals build successful and productive lives.

To date, only one participant assessed met criteria for state hospital admission and was diverted to this program.

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

As of June 30, 2020, Marion County has expended/leveraged \$632,907.74 or approximately 108 percent of the three-year match commitment.

MANAGED ACCESS FOR CHILD HEALTH (DUVAL COUNTY) (LHZ58)

Managed Access for Child Health (MATCH) / Partnership for Child Health's grant-funded program, Wraparound and INtervention Strategies (WINS) initiative, began July 30, 2019.—MATCH's 2019-21 grant program is an expansion of their 2017-20 Reinvestment Grant. MATCH was awarded \$1,200,000 over three years.

Target Population

The target population includes youth under age 18 with identified mental health and trauma indicators who are:

- Referred by the state attorney's office for diversion with High-Fidelity Wraparound (HFW); or
- On probation or have received technical violations and are at risk of commitment, and who are referred by the Department of Juvenile Justice for Juvenile Mental Health Court.

Program Design/Model

The WINS program builds on the success of the Kids Hope Alliance / City of Jacksonville reinvestment grant program and aims to fill the intervention gap in the continuum for low and moderate risk youth with high social, emotional, and educational needs. To participate in the program, the State Attorney's Office (SAO) will make a filing decision on all youth who are arrested to dismiss, divert or prosecute. The SAO diversion case manager refers youth for a GAIN Q, a trauma screen, and Youth Level of Services/Case Management Inventory (YSL/CMI). Eligible low to moderate risk youth with high social and emotional needs will be referred for the High-Fidelity Wraparound (HFW) diversion. Wraparound is a strengths-based, collaborative, and team-based approach that organizes all services a youth may need

across systems, while also providing support and care coordination for the youth and their family. The youth's plan of care is individualized, family-driven, and culturally competent, and community based.

Youth on probation who receive technical violations are referred for a GAIN-Q and the trauma instrument is also administered. Youth who present mental health and trauma indicators are referred to the multidisciplinary staffing team, are paired with a care coordinator from the Children's Home Society and are also referred to the pilot Juvenile Mental Health Court (JMCH). JMHCs are designed to address the needs of youth with mental health problems utilizing a multidisciplinary approach with representatives from mental health, probation, state attorney's office, and defense counsel. The goal is to engage and maintain youth in community-based treatment as an alternative to involvement in the justice system.

Youth referred to HFW and the JMHC are then referred to the Center for Children's Rights for an educational-legal assessment for Educational-Legal Advocacy. The educational advocate provides a comprehensive educational records review, advises the youth and family of the child's legal rights, and advocates with the local school district to ensure that their educational rights are fulfilled. Advocacy is related to provision of services and supports under an Individualized Education Plan and addresses disciplinary measures related to frequent suspensions, alternative school settings, and risk of expulsion.

Goals/Objectives

The primary goal of WINS Initiative is to fill gaps in the continuum of care by providing interventions to prevent youth from entering higher levels of care through diversions and expansion of community-based resources; establishment of a coordinated SOC based on core values of community-based, family driven, youth-guided, culturally responsive, and trauma-informed programming; and implementation of best practices. The objectives contributing the completion of this goal are to:

- Implement programs and diversion initiatives that increase public safety, reduce spending, and provide service in the least restrictive environment.
- Create and encourage collaboration among key stakeholders.
- Measure positive change in youth and families served by WINS.

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

- Child and Adolescent Needs and Strengths – Comprehensive tool (CANS)
- High-Fidelity Wraparound
- Transitional Readiness Scale (TRS)
- Wraparound Fidelity Instrument (WFI-EZ)
- High-Fidelity Wrap Assessment (HFWA)
- Coaching and peer review
- Mental Health First Aid (MHFA)
- Juvenile Mental Health Court
- System of Care values

Number Served through June 30, 2020 (Year 1, Quarter 4)

WINS	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served (youths consenting to receive WINS array of services)	112	-	-	112
Number Served Target	230	230	230	690
Law Enforcement Training	61	-	-	61
Law Enforcement Training Target	100	100	100	300

Performance Measures

Outcome data for the performance measures reflect progress through June 30, 2020 (Year 1, Quarter 4).

- Measure: 20 percent of youth or less shall be arrested while receiving services
 - 6 percent not arrested
- Measure: 25 percent of youth or less shall be arrested within one year following successful completion of services
 - The grantee is collecting data; however, it is too early to report on this measure. grantee is collecting data, but it is too early to report on this measure.
- Measure: 75 percent of youth or greater/equal who do not reside in a stable housing environment on their program start date will reside in stable housing within 90 days
 - Not applicable. Grantee reported no youth who were not in stable housing at the time of admission.
- Measure: 75 percent of 17 and 18-year-old youth or greater/equal who have completed school and are not enrolled in secondary education will be employed or enrolled in continuing education full or part-time within 180 days of their start date
 - 100 percent employed or enrolled
- Measure: 75 percent of 17 and 18-year-old youth or greater/equal who have completed school and are not enrolled in secondary education will be employed or enrolled in continuing education full or part-time one year following successful completion of services
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 75 percent of youth shall be assisted by the grantee or subgrantee in applying for Social Security or other benefits for which they may have been eligible for but were not receiving at their program start date
 - Not applicable. None of the youth required assistance.
- Measure: 85 percent of youth or greater/equal shall be receiving educational-legal advocacy who demonstrate an improvement in academic achievement
 - 96 percent received educational-legal advocacy
- 75 percent of youth shall successfully complete HWC or JMHC
 - 58 percent successfully completed HWC or JMHC

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

The WINS program provides services for juvenile justice involved youth with mental health and/or trauma indicators. This program serves to fill gaps in the system for mental health services for justice-involved youth. The program impacts youth referred for diversion by the State Attorney's Office and youth on probation and those at risk of commitment to DJJ.

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 Forensic Commitments to State Mental Health Treatment Facilities

Although community-based services are available within the community, they are costly for youth and families. The WINS program connects families with services and determines if they are eligible for Medicaid or public service programs, or federal assistance programs that may provide security to the family for future services. In light of the COVID-19 pandemic, the grantee requested a COVID-19 Exception regarding service targets as their program has been greatly impacted and unable to receive the number of referrals they anticipated prior to COVID-19. Additionally, delivery of services was delayed due to transitions to a virtual platform.

The WINS program diverts youth from possible commitment to state mental health treatment facilities through a comprehensive mental health treatment program. The High-Fidelity Wraparound diversion program and juvenile mental health court provide wraparound services for the youth and family to maintain stabilization and engagement in treatment services.

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

As of June 30, 2020, Managed Access for Child Health expended/leveraged \$218,962.77 or approximately 100% percent of their three-year match commitment for their CJMHSa Reinvestment grant. Match funds support direct services for juvenile justice involved youth enrolled in the program.

MARTIN COUNTY BOCC (LHZ60)

Martin County's grant program, the Martin County Mental Health Court (MHC), began June 8, 2017 and ended May 31, 2020. The grant was expansion of the Mental Health Court established in 2007. Martin County was awarded \$1,200,000 over three years.

Target Population

The target population for the MHC included adults who have a mental health, substance use, and/or co-occurring disorder; who are in, or at risk of entering the criminal justice system; and referred to the MHC.

Program Design/Model

The CJMHSa Reinvestment grant enabled Martin County to expand and improve the existing Mental Health Court (MHC) established in 2007. The MHC is a voluntary program for individuals charged with misdemeanor or felony offense who have a mental health disorder. The expansion of the MHC included improved case management capacity and access to community-based treatment.

Individuals were referred to the MHC post-booking and, upon referral, received an initial psychosocial assessment and drug test to determine the most appropriate placement. Once accepted in the MHC, Martin County Health and Human Services (HHS) case managers assessed individuals' needs and made recommendations to the court. HHS case managers met regularly with participants to provide court liaison services, administer drug tests, and to link clients with New Horizons case managers. Case managers assisted participants in establishing/reestablishing client-centered mental health treatment services. While participating in the MHC, individuals were released on their own recognizance (ROR) and agreed to a minimum of six months in the program. MHC supervision included attending court hearings and monitoring by case managers and probation officers. Upon successful completion of the program, participants graduated and were eligible to have their charges dismissed.

Goals/Objectives

The primary goal of the Martin County Mental Health Court was to divert individuals 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 included:

1. Implementing services and diversion initiatives.
2. Creating and encouraging collaboration among the key stakeholders.
3. Increasing diversion and treatment of individuals who have a mental health, substance use, and/or co-occurring disorder who are at in, or at risk of entering the criminal justice system.
4. Increasing 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 (BJMHS)
- SSI/SSDI, Outreach, Assist, and Recovery (SOAR)
- Ohio Risk Assessment System (ORAS)

Number Served through May 31, 2020 (Year 3, Quarter 4):

MHC	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	92	39	43	174
Number Served Target	100	100	100	300
CIT Training	79	0	0	79
CIT Training Target	15	15	14	44

Performance Measures

The outcomes listed below reflect progress through May 31, 2020 (Year 3, Quarter 4).

- Measure: 20 percent reduction in the total number of **arrests or re-arrests** among participants while enrolled in the program compared to the one-year period prior to program admission.
 - 91 percent reduction
- Measure: 10 percent reduction in the total number of **arrests or re-arrests** among participants within the one-year period following program discharge compared to the one-year period prior to program admission.
 - 96 percent reduction
- Measure: 75 percent of 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.
 - 98 percent in stable housing
- Measure: 75 percent of participants not residing in **stable housing** at program admission will report living in a stable housing environment one year following program discharge.
 - 100 percent in stable housing
- Measure: 20 percent of 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.
 - 54 percent employed
- Measure: 20 percent of participants **not employed** and who express a desire to work at program admission are employed full or part-time one year following program discharge.
 - 54 percent employed
- Measure: 100 percent of 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 received assistance
- Measure: 20 percent of participants will be **diverted** from a state mental health treatment facility.
 - 92 percent diverted
- Measure: 60 percent of participants shall **successfully complete** the program.
 - 67 percent successfully completed the program

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

The grantee did not report on the impact related growth and expenditures of the jail.

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 Martin County Mental Health Court provided more services to a large number of clients resulting in increased medication compliance, therapeutic services, and employment opportunities. Over the three-year grant period, 72 participants successfully graduated from the Martin County Mental Health Court contributing to a 67 percent success rate.

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

As of May 31, 2020, Martin County expended/leveraged \$1,240,969.07 or approximately 103 percent of the three-year match commitment.

MARTIN COUNTY BOCC (LHZ89)

Martin County's grant program, the Martin County Mental Health Court (MHC), began June 1, 2020. The grant is an expansion of the FY2017-20 grant, the Martin County Mental Health Court program, established in 2007. Martin County was awarded \$951,000 over three years.

*The following profile includes data through August 2020 as the first quarter of this grant agreement began during the last year of FY19-20. The FY20-21 report will reflect completed one-year data.

Target Population

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

Program Design/Model

The CJMHSa Reinvestment grant enables Martin County to expand and improve the existing Mental Health Court (MHC). The MHC is a voluntary program for individuals charged with misdemeanor or felony offense who have a mental health disorder. The expansion of the MHC increases the caseload to 75-to-100 participants at a time.

Individuals may be referred to the MHC post-booking and, upon referral, receive an initial psychosocial assessment and drug test to determine the most appropriate placement. Once accepted in the MHC, Martin County Health and Human Services (HHS) case managers assess individuals' needs and make recommendations to the court. HHS case managers meet regularly with participants to provide court liaison services, administer drug tests, and to link clients with New Horizons case managers. Case

managers assist participants in establishing/reestablishing client-centered mental health treatment services. While participating in the MHC, individuals are released on their own recognizance (ROR) and must agree to a minimum of six months in the program. MHC supervision includes attending court hearings and monitoring by case managers and probation officers. Upon successful completion of the program, participants graduate and may be eligible to have their charges dismissed.

Goals/Objectives

The primary goal of the Martin County Mental Health Court is to divert individuals 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. Expanding and enhancing the Martin County Mental Health Court to increase public safety, avert increased spending on criminal justice, and improve the accessibility and effectiveness of treatment services.
2. Creating and encouraging collaboration among the key stakeholders.
3. Increasing diversion and treatment of individuals who have a mental health, substance use, and/or co-occurring disorder who are at in, or at risk of entering the criminal justice system.
4. Increasing 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 (BJMHS)
- SSI/SSDI, Outreach, Assist, and Recovery (SOAR)
- GAINS Reentry Checklist
- Ohio Risk Assessment System (ORAS)
- Assess, Plan, Identify, and Coordinate (APIC)
- Peer Support

Number Served through August 31, 2020 (Year 1, Quarter 1):

MHC	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	72	-	-	72
Number Served Target	100	100	100	300

Performance Measures

The outcomes listed below reflect progress through August 31, 2020 (Year 1, Quarter 1).

- Measure: A minimum of 20 percent of participants will not be **arrested** while receiving program services
 - 99 percent not arrested

- Measure: A minimum of 10 percent of participants will not be **arrested** within the one-year period following program discharge
 - 93 percent not arrested
- Measure: A minimum of 75 percent of participants who do not reside in a **stable housing** environment at program admission will reside in a stable housing environment within 90 days of program admission.
 - 100 percent in stable housing
- Measure: A minimum of 40 percent of participants will reside 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: A minimum of 20 percent of participants not **employed** at admission who are not receiving disability or have a disability case pending will be employed full or part-time within 180 days of program admission.
 - 100 percent employed
- Measure: A minimum of 15 percent of participants who are not receiving disability or have a disability case pending will be **employed** full or part-time one year following program discharge.
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: A minimum of 100 percent of participants will be assisted by the grantee or sub-grantee in applying for **Social Security or other benefits** for which they may have been eligible but were not receiving at program admission.
 - 100 percent assisted
- Measure: A minimum of 20 percent of participants will be **diverted** from admission to a state mental health treatment facility.
 - 100 percent diverted
- Measure: A minimum of 60 percent of participants shall **successfully complete** the program and graduate.
 - 36 (5/14 participants) percent successfully completed the program

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

There has been no fiscal impact determined at this time.

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

Through the expansion of the 2017-20 grant, the Martin County Mental Health Court has been able to provide services to a larger number of clients resulting in increased medication compliance, therapeutic services, and employment opportunities. During the first quarter of this grant program, there were five successful graduates with documented follow-up.

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

As of August 31, 2020, Martin County has expended/leveraged \$68,441.87 or approximately 133 percent of the three-year match commitment.

MERIDIAN BEHAVIORAL HEALTHCARE, INC. (ALACHUA AND BRADFORD COUNTIES) (LHZ48)

Meridian Behavioral Healthcare's (Alachua and Bradford Counties) grant program began April 5, 2017 and ended March 31, 2020. It was an expansion of the Alachua County Criminal Justice and Substance Abuse Reinvestment Grant Program (CJMHSAG) which was an implementation grant awarded in 2007. Meridian Behavioral Healthcare was awarded \$1,500,000 over three years.

Target Population

The target population for the Forensic Diversion Program was adults from Bradford and Alachua County 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. Subpopulations with identified service gaps were prioritized and included:

- Individuals with chronic mental illness who have misdemeanor charges and one of more of the following: 1) have been deemed incompetent to proceed; 2) do not meet criteria for mental health court; and/or 3) have high recidivism rates;
- Individuals with chronic mental illness who have been deemed incompetent to proceed, but have regained their competency and are released to the community; and/or,
- Individuals who have been identified as "high utilizers" of the jail and acute care services.

Program Design/Model

The Meridian Forensic Diversion Program (FDP) was 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 provided ongoing, direct recovery-oriented services to program participants. Recovery techniques included setting recovery goals, identifying strengths, linking to formal supports, developing treatment plans, and discharge and aftercare transition planning.

Goals/Objectives

The primary goal of the grant program was 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 included:

1. Implementing services and diversion initiatives.
2. Creating and encourage collaboration among the key stakeholders.
3. Increasing 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 (MHFA)
- 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
- Peer Specialists
- Moral Reconation Therapy
- Cognitive Behavioral Therapy
- Criminal Justice Targeted Research and Application of Knowledge (CJ-TRAK)
- Trauma-Informed Therapy
- Anger Management Therapy
- Motivational Interviewing (MI)
- Transition Skills for Recovery

Number Served through March 31, 2020 (Year 3, Quarter 4)

Forensic Diversion Program	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	420	330	273	1023
Number Served Target	330	330	330	990
CIT Training	69	102	106	277
CIT Training Target	120	120	120	360
MHFA Training	117	86	58	261

Performance Measures

The outcomes listed below reflect progress through March 31, 2020 (Year 3, Quarter 4).

- Measure: 65 percent reduction in the number of **arrests or re-arrests** among participants while enrolled in the program compared to the one-year period prior to program enrollment
 - 72 percent reduction
- Measure: 60 percent reduction of arrests among discharged participants who are arrested within one-year post-discharge (12 months or less).
 - 81 percent reduction

- 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.
 - 68 percent in stable housing
- Measure: 65 percent of participants not **residing in a stable housing environment** at Program admission who reside in a stable housing environment one year following program discharge.
 - 73 percent in stable housing
- Measure: 50 percent of 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.
 - 52 percent employed
- Measure: 50 percent of participants not **employed** and who express a desire to work at program admission are employed full or part-time one year following program discharge.
 - 68 percent employed
- Measure: 65 percent of 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.
 - 99 percent received assistance
- Measure: 45 percent of participants will be **diverted** from a state mental health treatment facility.
 - 97 percent diverted
- Measure: 50 percent of participants will report having received **increased access** to comprehensive community-based services one-year past admission to the program.
 - 32 percent received increased access
- Measure: 20 percent increase in the number of officers receiving **CIT or MHFA training** annually.
 - 87 percent increase in CIT and MHFA-trained officers
- Measure: 60 percent decrease in the number of **jail bed days** for participants one-year past admission to the program.
 - 55 percent decrease in jail bed days

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

The grantee reported insufficient data for this question due to a delay in the Alachua County Annual Report as a result of COVID-19.

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 Forensic Commitments to State Mental Health Treatment Facilities

The grantee continued to expand its services, training, and awareness through Alachua and Bradford Counties, as well as Levy County. The Forensic Program promoted timely screening, defense notification, and court advocacy to release participants back into the community in a timely manner. Upon release, participants were assisted with transportation from the jail by a Forensic Specialist, connected with same-day services, and access to a benefits coordinator.

As a result of participation in the grant program, 140 participants were diverted from the state hospital who were incompetent to proceed (ITP) or not guilty by reason of insanity (NGI). Other participants

who were ITP and NGI received intensive case management, made possible with the CJMHSa grant funding. Jail competency restoration was also available for participants who are diverted from the state hospital and instead receive a short competency restoration period and are then likely to be sent to prison once they gain competency. Additionally, jail competency maintenance services were provided to ITP participants returning from the state hospital to maintain competency through the deposition of their legal case to prevent a readmission to the state hospital. A majority of participants in community therapy groups funded by the grant were Chapter 916, F.S. individuals.

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

As of March 31, 2020, Meridian expended/leveraged \$1,557,778.30 or approximately 94 percent of the three-year match commitment. In Alachua County, the match funds supported a benefit coordinator position in the jail. In Bradford County, the match funds were utilized to expand capacity through an increase in the identification and referral of individuals from the jail.

MERIDIAN BEHAVIORAL HEALTHCARE, INC. (ALACHUA AND BRADFORD COUNTIES) (LHZ85)

Meridian Behavioral Healthcare's (Alachua and Bradford Counties) grant program began April 1, 2020. It is an expansion of the Alachua County Criminal Justice and Substance Abuse Reinvestment Grant Program (CJMHSAG) which was awarded an implementation grant in 2007 and most recently in 2017-20. Meridian Behavioral Healthcare was awarded \$1,500,000 over three years.

Target Population

The target population for the Forensic Diversion 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. This includes, but is not limited to:

- Individuals with chronic mental illness who have misdemeanor charges and do not meet criteria for mental health court or have high arrest recidivism rates.
- Individuals with chronic mental illness who are judicially determined as restored to competency and subsequently released to the community; and
- Individuals who have been identified as "high utilizers" of the jail and acute services.

Program Design/Model

The Meridian Forensic Diversion Program (FDP) 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 including diversion services such as outreach, screening and assessment, case management, treatment and aftercare, and expanded assessment of criminogenic needs through use of the RNR model. The FDP expansion initiatives include Biopsychosocial assessment and initial treatment services beginning when the participant is identified in jail, addresses long extended jail stays before release and transitional housing provided in the new Meridian Lodge dedicated to CJMHSa grant clients who do not have housing.

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 in the criminal justice system or commitment to a state hospital system by referring them to community-based services and treatment.

Meridian's three major grant objectives include:

1. Expanding services and diversion initiatives to increase public safety, reduce criminal justice costs, and enhance accessibility to comprehensive evidence-based treatment and recovery support services.
2. Creating and encouraging collaboration among the key stakeholders.
3. Adapting existing service capacity and models to better address recovery-oriented needs.

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

- Crisis Intervention Teams (CIT)
- Mental Health First Aid (MHFA)
- Risk Need Responsivity (RNR) assessment tool
- Assess, Plan, Identify, Coordinate (APIC) Model
- GAINS Reentry Checklist
- Motivational Interviewing (MI)
- Historical Clinical Risk Management-20 Version 3 (HCR-20 V3)
- Medication Assisted Treatment (MAT)
- Wellness Recovery Action Plan (WRAP)
- SSI/SSDI, Outreach, Assist, and Recovery (SOAR)
- Seeking Safety
- Peer Specialists
- Moral Reconation Therapy
- Cognitive Behavioral Therapy
- Transition Skills for Recovery
- Trauma-informed Therapy

Number Served through June 30, 2020 (Year 1, Quarter 1)

Forensic Diversion Program	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	132	-	-	132
Number Served Target	330	330	330	990
CIT Training	0	-	-	0
CIT Training Target	20	20	20	60
MHFA Training	20	-	-	20

Performance Measures

The outcomes listed below reflect progress through June 30, 2020 (Year 1, Quarter 1).

- Measure: A minimum of 25 percent of participants will not be **arrested** while receiving program services
 - 90 percent not arrested
- Measure: A minimum of 25 percent of participants will not be **arrested** within the one-year period following program discharge
 - 86 percent not arrested
- Measure: A minimum of 65 percent of participants who do not reside in a **stable housing** environment at program admission will reside in a stable housing environment within 90 days of program admission.
 - 36 percent in stable housing
- Measure: A minimum of 65 percent of participants will reside 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: A minimum of 50 percent of participants not **employed** at admission who are not receiving disability or have a disability case pending will be employed full or part-time within 180 days of program admission.
 - 17 percent employed
- Measure: A minimum of 50 percent of participants who are not receiving disability or have a disability case pending will be **employed** full or part-time one year following program discharge.
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: A minimum of 65 percent of 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 received assistance
- Measure: A minimum of 45 percent of participants will be **diverted** from admission to a state mental health treatment facility.
 - 97 percent diverted
- Measure: A minimum of 50 percent of participants will report receiving **increased access** to comprehensive community-based behavioral health services one year following program admission.
 - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: A minimum of 40 percent less days spent in jail among participants one year following program admission compared to the one-year period prior to admission.
 - The grantee is collecting data; however, it is too early to report on this measure.

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

No fiscal impact determined at this time. During FY19-20, Meridian's FRP was only active for three months.

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 Forensic Commitments to State Mental Health Treatment Facilities

No fiscal impact determined at this time. During FY19-20, Meridian's FRP was only active for three months. However, the grant has had a direct impact on forensic commitments with no participants this reporting quarter being admitted 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 June 30, 2020, Meridian has expended/leveraged \$110,722.92 or approximately 86 percent of the three-year match commitment. In Alachua County, the match funds support a benefit coordinator position in the jail. In Bradford County, the match funds are utilized to expand capacity through an increase in the identification and referral of individuals from the jail.

MIAMI-DADE COUNTY (LHZ50)

Miami-Dade County's grant program, the Jail In-Reach Team, began March 7, 2017 and ended February 28, 2020, but had a no-cost extension through August 31, 2020. This profile reports through May 31, 2020. The final grant summary for Miami-Dade's program will be provided in the FY20-21 annual report. Miami-Dade County was awarded \$999,000 over the grant agreement period.

Target Population

The target population for the Jail In-Reach Team was adults who have a mental health, substance use, 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 expanded 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 provided an initial health assessment at booking and referred individuals who are clinically eligible to the CMHP for diversion. Evidence-based assessment tools (listed below under evidence-based practices) helped the team determine the appropriate level of treatment. The team utilized 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-program admission.

Goals/Objectives

The primary goal of the grant program was to divert adults with a history of criminal justice involvement who were 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 included:

1. Implementing services and diversion initiatives.
2. Creating and encouraging collaboration among the key stakeholders.
3. Providing 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)
- Ohio Risk Assessment- Community Supervision Tool (ORAS-CST)
- Peer Specialists

Number Served through May 31, 2020 (Year 3, Quarter 5)

Jail In-Reach Team	Program Year 1	Program Year 2	Program Year 3 (Q1-Q5)	Program Lifetime
Number Served	107	218	280	605
Number Served Target	125	125	150	400

Performance Measures

The outcomes listed below reflect progress through 31, 2020 (Year 3, Quarter 5).

- Measure: 50 percent reduction in the total number of **arrests** among participants while enrolled in the program compared to the one-year period prior to program admission.
 - 96 percent reduction
- Measure: 50 percent reduction in the total number of **arrests** among participants within the one-year period following program discharge compared to the one-year period prior to program admission.
 - 64 percent reduction
- Measure: 50 percent of 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.
 - 86 percent in stable housing
- Measure: 50 percent of participants not residing in **stable housing** at program admission will report living in a stable housing environment one year following program discharge.
 - 36 percent in stable housing
- Measure: 100 percent of 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 received assistance
- Measure: 15 percent of participants will be **diverted** from a state mental health treatment facility.
 - 100 percent diverted

- Measure: 15 percent of participants served by the program will be **veterans**.
 - Not applicable. The grantee did not report on this measure.
- 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.
 - 14 participants received benefits
- 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 received an individualized transition plan

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

Procedures were developed to ensure collaboration among the Miami-Dade Corrections and Rehabilitation Department (MDCRD), Correctional Health Services (CHS), and South Florida Behavioral Health Network (SFBHN). These procedures help reduce expenditures by reducing jail bed days, forensic commitments, and recidivism.

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 Forensic Commitments to State Mental Health Treatment Facilities

The Criminal Mental Health Project, Jail In-Reach Program was successful in enrolling eligible individuals into the program and met the lifetime target within two years. The program served over 605 individuals over the course of three years. Each participant enrolled in the program was assessed for benefits eligibility and assisted in applying for benefits. Participants were also assessed utilizing evidence-based screening tools, which were utilized to develop a formal transition plan to coordinate linkages to community-based treatment and services through use of the APIC model. As a component of a participant's discharge plan, grant program personnel assisted in coordinating services and housing. Participants also received on-going peer support services. In general, participants in the grant program received greater access to community-based services.

The Jail In-Reach Project received a no-cost extension for the project from March through August 31, 2020. Due to the COVID 19 crisis, Miami-Dade County courts were ordered on March 17 to restrict operations to only mission-critical components and staff were encouraged to work from home. Daily program operations were modified. Referrals were suspended and the focus was directed toward providing support to individuals that were currently enrolled in the project. All partners and staff continued to perform the primary functions of the project without direct face to face contact. Identified barriers to accessing community resources were seriously limited due to quarantine and need for COVID-19 testing. Individuals scheduled to reenter the community from jail were delayed as a result. However, as time moved forward, solutions were developed based on proactive stakeholder collaborations. As the court developed new systems of operation utilizing technology, necessary court staffings and hearings were scheduled beginning in April. Referrals and new enrollments began in May. Assessment interviews were conducted remotely via phone or video conference.

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

As of May 31, 2020, Miami-Dade County expended/leveraged \$463,077.52 or approximately 47 percent of the three-year match commitment. Matching funds were instrumental in supporting program staff and active collaboration of all grant partners.

OPERATION PAR (PINELLAS COUNTY) (LH319)

Operation PAR's grant program, the Pinellas County Behavioral Health Treatment Pilot, began November 15, 2017. Operation PAR was awarded \$614,250 over three years.

Target Population

The Pinellas County Behavioral Health Treatment Pilot was designed to serve adults brought to the Pinellas County Jail and placed in protective custody pursuant to the Marchman Act under s. 397.677, F.S., as well as individuals released from a Baker Act Receiving Facility who have a co-occurring mental health and substance use disorder and are assessed as at risk of involvement in the criminal justice system.

Three criteria determine the eligibility of an individual to receive services in this program:

- Placed in protective custody pursuant to the Marchman Act under s. 397.677, F.S.; or
- Referred to the Program upon release from a Baker Act Receiving Facility; and
- Identified based upon pre-admission screening utilizing the Global Appraisal of Individual Needs Short Screener (GAIN-SS) that screens for mental health and substance use disorders and calculates the risk of recidivism within 6 months; have substance use or co-occurring disorders; and identified as at risk for criminal justice involvement.

Program Design/Model

Operation PAR's pilot program assists individuals with substance use disorders and/or co-occurring mental health and substance use disorders. Potential program participants are identified through a pre-admission screening administered by Personal Enrichment through Mental Health Services (PEMHS). Following the pre-admission screening, if the individual is eligible for referral and agrees to participate in the program, PEMHS and Operation PAR arranges for the individual to begin treatment at Operation PAR.

Partners for the Recovery Team include the Pinellas County Sheriff's Office (PCSO), PEMHS, and Central Florida Behavioral Health Network (CFBHN). PEMHS will administer the pre-admission screening in the Pinellas County Jail, using the GAIN Short Screener (GAIN-SS).

Operation PAR provides program participants with voluntary detoxification services, case management, navigation services, residential substance use treatment, and outpatient substance use treatment. A case manager and recovery support specialist assist participants in making the transition from detoxification including addressing such basic needs as housing, employment, benefits, and education. PEMHS provides program participants with co-occurring mental health outpatient treatment.

Goals/Objectives

The primary goal is to provide recovery-oriented services for individuals who have substance use and/or co-occurring disorders and are at risk of entering the criminal justice system.

Operation PAR's three major grant objectives include:

1. Implementing substance use or co-occurring disorder treatment services and diversion initiatives.
2. Creating and encouraging collaboration among key stakeholders.
3. Enhancing the services available to program participants.

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

- Motivational Interviewing (MI)
- Mental Health Empowerment Team approach
- GAIN Short Screener (GAIN-SS), GAIN Q3, and GAIN-I Core
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Medication Assisted Treatment
- Cognitive Behavioral Therapy

Number Served through April 30, 2020 (Year 3, Quarter 2):

Pinellas County Behavioral Health Treatment Pilot	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Enrolled in Treatment	14	116	44	187
Number Enrolled Target	44	59	59	162

Performance Measures

Outcome data for the performance measures reflect progress through April 30, 2020 (Year 3, Quarter 2)

- Measure: 40 percent reduction in the total number of **arrests or re-arrests** among participants while enrolled in the program compared to the one-year period prior to program admission
 - 66 percent reduction
- Measure: 30 percent reduction in the total number of **arrests or re-arrests** among participants within the one-year period following program discharge compared to the one-year period prior to program admission
 - 6 percent reduction
- Measure: 30 percent of 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
 - 6 percent in stable housing
- Measure: 25 percent of participants not residing in **stable housing** at program admission will report living in stable housing one year following program discharge
 - 0 percent in stable housing

- Measure: 25 percent of participants **not employed** at program admission will be employed full or part time within 180 days of program admission
 - 0 percent employed
- Measure: 20 percent of participants **not employed** at program admission who are employed full or part time one year following program discharge
 - 0 percent employed
- Measure: 50 percent of participants assisted in applying for **Social Security or other benefits** for which they may have been eligible but were not receiving at program admission
 - Not applicable because the data for this measure is not tracked.
- Measure: 5 percent of participants will be **diverted** from a state mental health treatment facility
 - Not applicable because none of the participants were eligible for the state hospital.
- Measure: 35 percent of all potential participants will be **screened**
 - 61 percent screened

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

Operation PAR and the Pinellas County Jail collaborated to modify existing processes that facilitated efficiency in identifying potential clients. Standard Operating Procedures were developed for screening of Marchman detainees prior to their release from jail and enhanced engagement in the grant program. Additionally, increased communication between PEMHS CSU and detox resulted in greater identification of potential clients for the grant program to divert them from further involvement in the justice system.

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 grant program enhanced the exchange of information between PEMHS and Operation PAR by incorporating CareConnect to send referral data quickly and reliably between the agencies. The program also enhanced communication between the jail, PEMHS, and Operation PAR which has resulted in the jail sharing a list of Marchman detainees from each weekend that were released prior to screening, PAR case managers have access to the jail to assist the PEMHS screener, and PEMHS and PAR have increased communication relating to individuals under a Baker Act Order.

To enhance treatment access, Operation PAR adapted its procedures to maintain open daily appointments for admission to detox. The Detox Department streamlined the nursing assessment for admission to enhance engagement and expanded its role as a multi-service hub to funnel clients into case management services. These case management services then acted as a springboard to place clients in other needed treatments such as outpatient treatment, Medication Assisted Treatment and residential substance use treatment.

None of the program participants have been admitted 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 April 30, 2020, Operation PAR expended/leveraged \$511,875 or approximately 83 percent of the three-year match commitment for their CJMHSa Reinvestment grant. Matching funds support the detoxification bed, which allow the program to engage clients in detox and utilize motivational techniques to engage them in other treatment services.

ORANGE COUNTY BOCC (LHZ51)

Orange County's grant-funded program, Wrap-Around Orange (WAO), began April 8, 2017 and ended March 31, 2020. Orange County's 2017-20 grant program was an expansion and enhancement of their 2014-17 WAO CJMHSa Reinvestment Grant. Orange County was award \$1,200,000 over three years.

Target Population

The target population included 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 served youth under the age of 16 (arrested as well as those not in the juvenile justice system) and their families. The target population included:

- 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 was a Centralized Coordination Project for youth under the age of 16, in or at risk of entering the juvenile justice system and their families. For this population, WAO shifted the target population's care and treatment to the behavioral healthcare systems rather than the juvenile justice system. WAO utilized high-fidelity wraparound services based on the System of Care core values. Each wraparound team served an average caseload of 10-to-12 youth for an average length of stay of 12-to-16 months.

WAO used a family team approach and provided 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. The family-driven component relied on the Family Partner for Wraparound—a peer support worker who ensures the family has a voice in the decision-making process. The youth is also part of the Family Team.

Goals/Objectives

Orange County's goals and objectives included:

Goals:

- Provide WAO Central Coordination Project services to youth under the age of 16.
- 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 CJMHSa 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

- Child and Adolescent Needs and Strengths – Comprehensive tool (CANS-C) (completed at intake, at three months, six months, twelve months, and at discharge/transition)
- Car, Relax, Alone, Forget, Friends, Trouble (CRAFT) (screening tool)
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Crisis Intervention Teams-Youth (CIT-Y) Training
- SSI/SSDI Outreach, Access, and Recovery model (SOAR)
- Motivational Interviewing
- System of Care values
- High-Fidelity Wraparound (intensive, individualized care planning and management)

Number Served through March 31, 2020 (Year 3, Quarter 4)

WAO	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served (youth & their families)	53	42	68	163
Number Served Target	48	48	48	144
CIT-Y Training	90	208	209	507
CIT-Y Training Target	70	70	70	210

Performance Measures

Outcome data for the performance measures reflect progress through March 31, 2020 (Year 3, Quarter 4).

- Measure: 50 percent reduction in the number of **arrests/re-arrests** of participants while enrolled in the program compared with the one-year period prior to program enrollment
 - 60 percent increase in arrests

- Measure: 85 percent reduction in the number of **arrests/re-arrests** of participants within the one-year period following program discharge compared to the one-year period prior to admission
 - 23 percent increase in arrests
- 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
 - 100 percent in stable housing
- Measure: 90 percent of program participants not residing in **stable housing** at admission will report living in stable housing one year following discharge
 - 100 percent in stable housing
- 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
 - 100 percent received assistance
- Measure: 100 percent of participants needing substance use treatment based on the CRAFFT are **referred for treatment**
 - 100 percent referred for treatment

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

Based on a cost of \$5,000 per juvenile arrested, Orange County estimated cost avoidance for two categories of juveniles:

Category 1: Youth with no involvement with the juvenile justice system or DJJ but are referred to WAO because the juvenile is believed to be at risk.

- 53 youth fell into this category and based on an estimated one arrest diverted per youth, WAO may result in a cost-savings of approximately \$265,000.

Category 2: Youth who have at least one arrest prior to referral and enrollment in WAO.

- 19 youth fell into this category and based on 32 prior arrests and the program reduced the number of arrests by 9 percent in the year period after enrollment resulting in an estimated cost savings of \$10,000 for two reduced arrests.

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 Forensic Commitments to State Mental Health Treatment Facilities

Wraparound care coordination supported an increase and accessibility of community-based service in Orange County because Wraparound services were not available until this grant program was implemented. WAO introduced an effective approach to address the behavioral health needs of youth and their families. WAO contributed to lower rates of youth arrests. There was an average of 43 percent of eligible youth issued a civil citation or other alternatives to arrest in the most recent three-month period of complete data available (November-January 2020). This rate was higher than the prior two quarters.

The grantee reported no impact on reducing forensic commitments because the target population of Orange County's CJMHSa grant-funded program was juveniles under the age of 16 who have not committed serious offenses.

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

As of March 31, 2020, Orange County expended/leveraged \$858,515.34 or 100 percent of their matching funds. Orange County matching funds supported wraparound services for youth, mobile crisis services and security at the Juvenile Assessment Center.

PINELLAS COUNTY BOCC (LHZ52)

Pinellas County's grant program, the Pinellas County Recovery Project (PCRP), began February 1, 2017 and ended January 31, 2020, but had a no-cost extension through June 30, 2020. Pinellas County was awarded \$1,200,000 over the grant agreement period.

Target Population

The target population for the PCRP was adults with substance use disorder and/or co-occurring mental health conditions who have been charged with a crime. Pinellas County targeted high system utilizers.

Program Design/Model

The PCRP is was extension of an existing Pinellas County jail diversion program, in operation since 2004 by the Sixth Judicial Circuit's Office of the Public Defender. Partners included WestCare Gulfcoast of Florida, and the Sixth Judicial Circuit's Office of the Public Defender.

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

The judiciary conducted initial screening and appropriate individuals were referred to the Public Defender's Office for jail diversion. Law enforcement also had an opportunity to screen individuals and refer them directly to WestCare's A Turning Point (emergency inebriate receiving facility); or they may be referred by family members, or other agencies. WestCare utilized a bio-psychosocial assessment developed by the clinical team at the agency for determining diagnostic appropriateness for admission to the CJMHSa program and including assessments completed by referral agencies in the client file.

WestCare administered a comprehensive, strengths-based, and integrated assessment for co-occurring disorders and a health assessment. WestCare utilized the Risk-Need-Responsivity Model as a framework. Individuals may reside at A Turning Point for up to 30 days (voluntarily).

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

Phase II services included guided assistance into transitional housing at WestCare, Mustard Seed Inn 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 allowed program staff to maintain contact with participants for at least one-year post-discharge.

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

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

Goals/Objectives

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

Objectives include:

1. Implementing services and diversion initiatives.
2. Creating and encouraging collaboration among key stakeholders.
3. Planning, developing, and adjusting as needed a sustainability plan.

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

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

Number Served through June 30, 2020 (Year 3, Quarter 6):

PCRP	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	66	90	69	225
Number Served Target	100	100	142	342

Performance Measures

Outcome data for the performance measures reflect progress through June 30, 2020 (Year 3, Quarter 6).

- Measure: 75 percent reduction in number of **arrests** among participants while enrolled in the program compared to the one-year period prior to program admission
 - 96 percent reduction

- Measure: 61 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
 - 63 percent reduction
- Measure: 65 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
 - 59 percent reside in stable housing
- Measure: 40 percent of participants who did not reside in **stable housing** at the time of admission will reside in stable housing one-year post-discharge
 - 35 percent reside in stable housing
- Measure: 35 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
 - 16 percent employed
- Measure: 41 percent of participants who are **not employed** and who express a desire to work at program admission are employed full or part-time one year following program discharge
 - 13 percent employed
- 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
 - 89 percent assisted
- 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: 86 percent of participants will decrease one or more **risk domain(s)** at discharge
 - 99 percent decreased risk domains

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

The grantee reported that the program decreased recidivism for program participants. A reduction in recidivism equates to fewer arrests and a likely positive fiscal impact associated with fewer arrests (law enforcement manpower), fewer individuals processed (booking, screening, assessments), and fewer individuals awaiting trial in jail or sentenced to jail.

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 increased the availability of community-based substance use and mental health treatment services for the target population. The grantee reported individuals enrolled in the program were not being detained and individuals discharged from the program are not being rearrested.

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

As of June 30, 2020, Pinellas County expended/leveraged \$1,209,845.39 or approximately 101 percent of the three-year match commitment for their CJMHSa Reinvestment grant. Matching funds and in-kind services allowed the program to expand while maintaining program personnel who are familiar with the structure of the program and the population served.

POLK COUNTY BOCC (LHZ55)

Polk County's grant program, the Polk County Forensic Intensive Case Management Project (PC-FICM), began February 1, 2017 and ended January 31, 2020, but had a no-cost extension through April 30, 2020. Polk County was awarded \$1,200,000 over the grant agreement period.

Target Population

The target population for PC-FICM was adults with substance use, mental health, and/or co-occurring disorders who are in or at risk of entering the criminal justice system; or adults with a history of repeated Baker or Marchman Acts.

Program Design/Model

The initial PC-FICM eligibility screening was 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 were generated from community partners as well as the jail. The PC-FICM program manager served as the central point of contact to determine eligibility. The PC-FICM program manager and case managers comprised the FICM team. The FICM team reviewed the screening results and confirms the assignment of a case manager. Participants had to voluntarily participate and sign an agreement. Caseloads were limited to 15 per case manager. Polk County's Indigent Health Care Division housed the PC-FICM program manager and assisted with care coordination. Case managers developed individualized case plans for participants.

Polk County worked 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 were the core tenets of the grant program. Additionally, Polk County explored implementation of the evidence-based 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 was to divert individuals with a history of criminal justice involvement who were 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 included:

1. Implementing services and diversion initiatives.
2. Creating and encouraging collaboration among key stakeholders.
3. Developing 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)
- Mental Health First Aid
- Contingency Management
- Wellness Recovery Action Plan (WRAP)
- SSI/SSDI, Outreach, Assist, and Recovery (SOAR)

Number Served through April 30, 2020 (Year 3 Quarter 5):

PC-FICM	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served (screened)	101	112	81	294
Number Served (enrolled)	48	51	53	152
Number Served Target	50	50	50	150

Performance Measures

Outcome data for the performance measures reflect progress through April 30, 2020 (Year 3, Quarter 5).

- Measure: 20 percent reduction in number of **arrests or re-arrests** among program participants while enrolled in the program compared to one-year period prior to program admission
 - 75 percent reduction
- Measure: 15 percent reduction in number of **arrests or re-arrests** among program participants within the one-year period following program discharge compared to the one-year period prior to program admission
 - 71 percent reduction
- Measure: 25 percent of program participants who did not reside in **stable housing** at the time of admission will reside in stable housing within 90 days of program admission
 - 65 percent in stable housing
- Measure: 75 percent of program participants who did not reside in **stable housing** at the time of admission will reside in stable housing within 180 days of program admission
 - 83 percent in stable housing

- Measure: 60 percent of program participants who did not reside in **stable housing** at the time of admission will reside in stable housing one year following program discharge
 - 51 percent in stable housing
- Measure: 25 percent of program 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
 - 75 percent employed
- Measure: 20 percent of program participants who are **not employed** and who express a desire to work at program admission are employed full or part-time one year following program discharge
 - 28 percent employed
- Measure: 95 percent of program 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 program admission
 - 98 percent received assistance
- Measure: 10 percent of participants will be diverted from a **state mental health treatment facility**
 - 100 percent diverted
- Measure: 90 percent of participants who do not have a means of **transportation** will receive program related transportation services while in the program
 - 100 percent with transportation services

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

The program's participants were receiving a variety of services previously unavailable to them and achieving positive results. Participants secured employment, received medical care and treatment, and experienced other quality of life improvements. During the March 2019 Public Safety Coordinating Council meeting, it was reported that the jail census is down significantly. The grantee noted that anecdotal evidence points to the FICM program impacting arrests rates, which is reflected in the lower jail census.

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

FICM contingency funding provided participants with resources for housing assistance, medications, medical and mental health services, transportation assistance, and assistance with food and identification cards. The program worked with the Polk County Indigent Health Care Program to streamline the application process that would enable FICM participants to receive healthcare under the plan. Overall, 72 FICM clients were approved for the indigent healthcare plan which ensures access to primary care, urgent care, specialty care, and hospital visits for the population beyond the grant terms.

The impact on reduced commitments to state mental health treatment facilities could not be documented.

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

As of April 30, 2020, Polk County expended/leveraged \$1,200,000 or approximately 100 percent of the three-year match commitment for their CJMHSa Reinvestment grant. Polk County's cash match supported the PC-FICM program manager.

POLK COUNTY BOCC (LHZ77)

Polk County's grant program, Roots (housing component) of Polk County's Helping Healthcare: Access, Navigation, Delivery, and Support (Helping HANDS) began September 1, 2018. Polk County was awarded \$1,200,000 over three years.

Target Population

The target population for Roots are adults with mental health, substance use, and/or co-occurring disorders who are:

- Homeless or an at-risk Polk County resident;
- Enrolled in the Helping Hands Program;
- Assessed using an Evidence- Based Mental Health assessment tool and diagnosed with Serious Mental Illness (SMI);
- Receiving psychotropic medications and arrested two or more times within the past 12 months; or
- An Inmate with behavioral health disorder referred by Polk County Sheriff's Office and/or Corizon Health; or
- An individual with a history of arrests and mental illness referred by a partner agency;
- Engaged in behavioral health treatment; and
- Have a Helping HANDS Transition Plan in place.

Program Design/Model

The Roots Project supports the housing and sustainability components of the Polk County Helping HANDS jail transition program. Roots serves Polk County's Helping HANDS clients who do not reside in stable housing or those who are at risk of homelessness. The Roots Housing and/or Benefits Specialists assist the program participants through locating and securing housing, securing benefits to promote housing sustainability and providing housing vouchers with rent and utility assistance for up to six months.

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. Engage in training opportunities that support diversion activities.

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

- Mental Health First Aid
- Recovery Oriented System of Care (ROSC)
- Wellness Recovery Action Plan (WRAP)
- Certified Recovery Peer Specialists
- SSI/SSDI, Outreach, Assist, and Recovery (SOAR)
- Functional Assessment Rating Scale (FARS)

Number Served through May 31, 2020 (Year 2 Quarter 3):

Roots	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served (enrolled)	18	30	-	48
Number Served Target	23	30	30	83

Performance Measures

Outcome data for the performance measures reflect progress through May 31, 2020 (Year 2, Quarter 3).

- Measure: 50 percent reduction in number of **arrests** among program participants while enrolled in the program compared to one-year period prior to program admission
 - 93 percent reduction
- Measure: 20 percent reduction in number of **arrests** among program participants within the one-year period following program discharge compared to the one-year period prior to program admission
 - 69 percent reduction
- Measure: 25 percent of program participants who did not reside in **stable housing** at the time of admission will reside in stable housing within 90 days of program admission
 - 57 percent in stable housing
- Measure: 25 percent of program participants who did not reside in **stable housing** at the time of admission will reside in stable housing one year following program discharge
 - The grantee reports that there was one participant that did not have stable housing at admission that meets the discharge criteria for one year. That participant was lost to follow up and unable to be assessed for housing status.

- Measure: 24 percent of program participants who are **not employed** and who express a desire and who are able to work at program admission are employed full or part-time within 180 days of program admission
 - 18 percent employed
- Measure: 24 percent of program participants who are **not employed** and who express a desire and who are able to work at program admission are employed full or part-time one year following program discharge
 - The grantee reports that there was one participant who had been discharged for at least one year who was unable to work at admission, therefore N/A to this measure.
- Measure: 90 percent of program participants who were 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 received assistance
- Measure: 50 percent of participants will be engaged in **behavioral health treatment** while enrolled in the program
 - 87 percent were engaged in treatment

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

Data from the Helping HANDS program, of which Roots is a component, showed a reduction in the number of jail days, emergency medical service encounters, hospital emergency room visits, and crisis stabilization usage.

The calculations for return on investment (ROI) in the Helping HANDS program was calculated at 19.5% for Fiscal Year 2018-2019 (ROI for FY19-20 is still being assessed). The table below identifies specific costs associated with each of the categories identified above used to calculate initial ROI.

Service	Cost/Rate
Jail Day	\$56.44/day
Crisis Stabilization	\$371.69/day
Detoxification	\$218.60/day
Emergency Medical Service/911 transports	\$600/transport

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

Polk County reports reduced use of crisis stabilization services for the Helping HANDS and Roots population. While reductions in jail days and other crisis services was reported, use of detoxification services in the community for the target population increased. This is likely the result of individuals being diverted to treatment from criminal justice and other more costly services, which is the preferred setting for the target population.

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

As of May 31, 2020, Polk County expended/leveraged \$396,859.92 or approximately 33 percent of the three-year match commitment for their CJMHSa Reinvestment grant.

To promote sustainability of the grant program, Polk County pursued and was awarded Supportive Housing project funding from the Florida Housing Finance Corporation. COVID-19 impacted Polk County's opportunities to pursue external grant funding to support the Helping HANDS/Roots program. However, a recently hired (June 2019) Planner with a background in behavioral health and grant writing continues to seek opportunities for funding and pursue opportunities for strategic partnerships to support sustainability.

SEMINOLE COUNTY (LHZ71)

Seminole County's grant program began October 5, 2017. Seminole County was awarded \$1,200,000 over three years.

Target Population

The program serves adults and juveniles:

- Adults who are at risk of criminal justice involvement, in need of detoxification services, or who exhibit other risk factors such as homeless or unstable living conditions, history of victimization, history of transitions (from jail or a forensic facility), or a history of criminal justice involvement.
- Juveniles (boys and girls) between the ages of 6 through 17 who are in crisis or at risk of involvement in the juvenile justice system and who exhibit risk factors related to family, friends/peers, school, or community.

Program Design/Model

Seminole County's grant is a diversion and care coordination program, which includes the following components: detoxification, single point of access (SPA), care coordination, CIT training, and shelter services. A primary function of the program is to provide detoxification services (up to 198 bed-days for detoxification annually). The co-located Crisis Stabilization Unit (CSU)/Detoxification Unit on site provides a safe environment for individuals in need of short-term psychiatric stabilization during a crisis and those in need of substance use withdrawal. The program relies heavily on a strong partnership with Aspire Health Partners, which provides participants with services through their Centralized Coordination Program including a Community Resource Center which is staffed by recovery staff trained as forensic case managers. Participants are also provided with linkages to temporary housing and supportive housing placements in the community. The Police Mental Health Collaboration oversees the mental health and substance use services for juveniles.

In year two, the grant program began serving juveniles. Referrals for juvenile services are received through Seminole County Sheriff's Office (SCSO) School Resources Officers, Child Protective Services, and SCSO programs such as: Prosecution Alternatives for Youth, Youth Intervention Services, Evolution Diversion Program and Eugene Gregory. Following the referral, program staff conduct eligibility screenings using the Florida Network of Youth and Family Services NetMIS screening form and a

Conduct/Oppositional Problem Checklist. Eligible youth and their parents participate in the 13-week Stop Now And Plan (SNAP) grant program. SNAP is an evidence-based cognitive behavioral model that provides a framework to teach youth struggling with behavioral issues how to effectively regulate their emotions, practice self-control, and utilize problem solving skills in structured, curriculum-based group therapy settings. Services include life skills training, Motivational Interviewing, counseling services and decision-making classes for the youth and their parents.

Goals/Objectives

The primary goal of the program is to provide mental health and substance use disorder recovery services to adults and juveniles in Seminole County to prevent interaction or further engagement with the criminal and juvenile justice systems.

Objectives:

1. Implement services and diversion initiatives.
2. Create and encourage collaboration among key stakeholders.
3. Provide treatment services for adults with mental health, substance use, and/or co-occurring disorders.
4. Train law enforcement (CIT).
5. Provide SNAP program diversion services and treatment for juveniles with mental health, substance use, and/or co-occurring disorders.

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

- Drug Abuse Screening Tool (DAST)
- Daily Living Activities 20 (DLA-20)
- Alcohol Use Disorder Identification Test (AUDIT)
- Ohio Risk Assessment Screen (ORAS)
- Child and Adolescent Needs and Strengths (CANS) assessment
- Forensic Intensive Case Management (FICM)
- Positive Achievement Change Tool (PACT)
- Motivational Interviewing
- Cognitive Behavioral Therapy (CBT)
- Co-occurring capable services
- Trauma-informed care with Eye Movement Desensitization and Reprocessing Therapy (EMDR)
- Crisis Intervention Team Training (CIT)
- Stop Now And Plan (SNAP)
- Conduct/Oppositional Problem Checklist
- Motivational Enhancement Therapy (MET)

Number Served through June 30, 2020 (Year 3 Quarter 3):

Seminole Co. Grant Program	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served (adults)	24	31	24	79
Number Served Target (adults)	30	35	35	100
Number Served (juveniles) <i>(serving juveniles in Program Years 2 and 3)</i>	-	66	23	89
Number Served Target (juveniles)	-	25	25	50
Detox bed days	82	151	78	311
Target (county-based medical detox bed days)	100	100	100	300
CIT Training	29	122	-	151
CIT Training Target	25	25	25	75

Performance Measures

Outcome data for the performance measures reflect progress through June 30, 2020 (Year 2 Quarter 3).

- Measure: 70 percent reduction in **arrests** among adult participants while enrolled in the program compared to the one-year period prior to enrollment
 - 89 percent reduction
- Measure: 75 percent reduction in **arrests** among juvenile participants while enrolled in the program compared to the one-year period prior to enrollment
 - 56 percent reduction
- Measure: 80 percent reduction in **arrests** among adult participants within the one-year period following discharge compared to the one-year period prior to admission
 - 92 percent reduction
- Measure: 75 percent reduction in **arrests** among juvenile participants within the one-year period following discharge compared to the one-year period prior to admission
 - 100 percent reduction
- Measure: 70 percent of adult participants who did not reside in **stable housing** at the time of admission will reside in stable housing within 90 days of program admission
 - 86 percent resided in stable housing
- Measure: 50 percent of adult participants who did not reside in **stable housing** at the time of admission will reside in stable housing one-year post-discharge
 - 100 percent resided in stable housing

- Measure: 20 percent of adult participants who are **not employed** at admission will be employed full or part-time within 180 days of program admission
 - 31 percent employed
- Measure: 10 percent of eligible adult participants who are **not employed** at program admission are employed full or part-time within one-year post-discharge
 - 67 percent employed
- Measure: 75 percent of participants not receiving eligibility-based **Social Security benefits** upon program admission will receive a SOAR assessment within 30 days of program enrollment
 - 96 percent of participants assessed
- Measure: 25 percent of participants will be **diverted** from a state mental health treatment facility
 - 100 percent diverted
- Measure: 75 percent of participants who would have otherwise been taken to the Seminole County Jail in lieu of an addictions receiving facility will be provided a **medical detox** by Aspire
 - 86 percent provided medical detox
- Measure: 75 percent of juvenile program participants' families will receive **follow-up** by staff at 30- and 60-days post-discharge to ensure **aftercare services** are in place
 - 98 percent received follow up at 30 days, 100 percent received follow up at 60 days

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

The grant program has been designed to reduce the growth and expenditures of the jail, juvenile detention center, and prison by providing support and delivering evidence-based practices to consumers. As of June 30, 2020, Seminole County's grant program is trending towards a positive impact for the adult services and a decrease in activity with law enforcement. Seminole County's first annual reviews showed no new altercations with law enforcement for grant program participants.

Although the grantee reports a decrease in interactions with law enforcement for the juvenile population, it is too early to report on any official impact of the juvenile services have had on the growth and expenditures of the juvenile detention center.

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

Regarding the expansion of services, Seminole County is providing appropriate services to all individuals in the program through agreements with Aspire Health Partners and the Community Resource Center. Entitlement services are available for qualifying individuals utilizing Aspire's medical benefits team. Outpatient services for substance use disorder, mental health, and co-occurring disorders are available. The co-located Crisis Stabilization Unit (CSU)/Detox is utilized for individuals in need of short-term psychiatric stabilization during a crisis and those in need of substance use withdrawal management. Individuals are assessed through the access center, which provides the path to all services, except the CSU. All programs are working closely with law enforcement partners to ensure a strong continuum of care with the goal of reducing incarcerations. Preliminary data shows that the grant resources have

assisted 79 individuals in accessing services that they would not otherwise receive. The grant has also provided 351 days of detox beds for individuals, which diverts them from the jail system. The grant has also supported 89 juveniles in diversion programming to reduce the risk of further legal system involvement. The grantee reported that they diverted 100 percent of participants from admission 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 June 30, 2020, Seminole County expended/leveraged \$1,032,424.79 or approximately 99 percent of the three-year match commitment for their CJMHSa Reinvestment grant. Seminole County is utilizing match funds to address homelessness among program participants (personnel and direct costs). Aspire Health Partners and the Seminole County Sheriff's Office is also providing some match.

SOUTHEAST FLORIDA BEHAVIORAL HEALTH NETWORK (INDIAN RIVER COUNTY) (LHZ57)

Southeast Florida Behavioral Health Network's (SEFBHN) grant program began January 31, 2017 and ended January 31, 2020 but had a no-cost extension through June 30, 2020. This grant program expanded Indian River County's existing Mental Health Court (IRC-MHC). SEFBHN was awarded \$1,200,000 over the grant agreement period.

Target Population

The target population for the Mental Health Court included

- Adults with serious mental illness (SMI), substance use disorder (SUD), and/or co-occurring disorder (COD) who demonstrated 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 had 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 CJMHSa grant program was an expansion of the Indian River County Mental Health Court (IRC-MHC). As an alternative to incarceration, the MHC linked participants to long-term, community-based treatment services. The clients' behavioral health needs were addressed through mental health assessments, individualized treatment plans, and ongoing judicial monitoring. Individuals were referred to the program at booking, initial detention, first appearance hearings, or through attorney referrals. The program implemented 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 MHC were 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, Legacy Behavioral Health Center, and the Indian River County Sheriff's Office.

Goals/Objectives

The primary goal of the grant program was to divert adults with a history of criminal justice involvement who were 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. Implementing services and diversion initiatives.
2. Creating and encouraging collaboration among the key stakeholders.
3. Creating 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
- Peer Specialists
- High Fidelity Wraparound

Number Served through June 30, 2020 (Year 3, Quarter 6)

IRC-MHC	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	169	83	87	339
Number Served Target	175	175	225	575
CIT Training	15	16	40	71
CIT Training Target	30	30	45	105

Performance Measures

The outcomes listed below reflect progress through June 30, 2020. (Year 3, Quarter 6)

- Measure: 40 percent reduction in the total number of **arrests** among participants while enrolled in the program compared to the one-year period prior to program admission.
 - 67 percent reduction
- Measure: 30 percent reduction in the total number of **arrests** among participants within the one-year period following program discharge compared to the one-year period prior to program admission.
 - 81 percent reduction
- Measure: 67 percent of 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.
 - 69 percent in stable housing
- Measure: 90 percent of participants not residing in **stable housing** at program admission will report living in a stable housing environment one year following program discharge.
 - 23 percent in stable housing
- Measure: 10 percent of 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.
 - 69 percent employed
- Measure: 24 percent of participants **not employed** and who express a desire to work at program admission are employed full or part-time one year following program discharge.
 - 69 percent employed
- Measure: 65 percent of 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.
 - 94 percent received assistance
- Measure: 15 percent of participants will be **diverted** from a state mental health treatment facility.
 - 94 percent diverted
- Measure: 50 percent of participants will be **diverted** from the criminal justice system and graduate from the program.
 - 57 percent diverted

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

Since the inception of the Mental Health Court, the number of participants increased and there was a greater number of clients receiving jail sanctions as a consequence of having positive drug tests. In the beginning of the grant program, clients were receiving jail sanctions as punishment for testing positive on drug tests, and occasionally spending longer periods in the jail while waiting for placement through the IRC-MHC program. However, in year three, the team became less punitive with sanctions, and expanded sanctions to including community service, Alcoholics Anonymous (AA) group attendance, and other treatment as a viable alternative to jail. The fiscal impact of these changes on the jail expenditures has not yet been assessed by the grantee.

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 Forensic Commitments to State Mental Health Treatment Facilities

Through the MHC, referrals to community services were improved and wait times for these services were reduced. The IRC-MHC team worked to resolve any delays in access to services that arose, including ensuring that there were no delays in required appointments or medications. Additionally, Legacy Behavioral Health hired a full-time therapist to ensure there were no delays in assessments or therapy for IRC-MHC participants.

Over the course of the grant program, 20 participants were committed to a state mental health treatment facility. Many of these clients were transitioned to a less restrictive step-down facility. Those clients who may have been considered for commitment to the state hospital system stayed in the program with the assistance of the FACT team and ADP Counseling Services.

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

As of April 30, 2020, Southeast Florida Behavioral Health Network expended/leveraged \$1,251,600 or approximately 100 percent of the three-year match commitment. Match funds supported an increased caseload for the MHC and supported the FTEs of peer specialists.

SOUTHEAST FLORIDA BEHAVIORAL HEALTH NETWORK (OKEECHOBEE COUNTY) (LHZ70)

Southeast Florida Behavioral Health Network's (SEFBHN) grant, to establish a Mental Health Court and expand the existing Drug Court for Okeechobee County, began November 20, 2017 and has a no cost extension until April 30, 2021. The program is called Okeechobee Specialty Courts (OSC). SEFBHN was awarded \$1,126,044 over the grant agreement period.

Target Population

The target population for OSC includes 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. Individuals may have factors associated with possible criminal behavior, including homelessness, unstable living conditions, history of victimization or abuse, and prior arrests, hospitalization, or incarceration.

Program Design/Model

SEFBHN's grant expands OSC by establishing a Mental Health Court and expanding the current Drug Court—with the aim of serving individuals who are without insurance. The OSC links participants to community-based services and supports. Referrals to the OSC may occur at pre-arrest, arrest, booking, first appearance hearings, and upon discharge from a treatment facility or jail. Referrals can be made by law enforcement officers, booking officers, jail medical staff, the Public Defender's Office, the State Attorney's Office, or by a family member of the individual.

The Drug Court serves first-time offenders who have been arrested for a qualifying drug offense. The Mental Health Court intercepts arrested individuals primarily at jail booking, initial detention, first appearance hearings, and through attorney referrals. If the individual successfully completes the Mental Health Court program, they are eligible for dismissal of charges.

In addition to the expansion of the Drug Court and the implementation of the Mental Health Court, the grant program provides Crisis Intervention Team (CIT) training to law enforcement officers in Okeechobee County.

The grant program is in partnership with the Okeechobee County Public Safety Coordinating Council, Okeechobee County Sheriff's Office (OCSO), Legacy Behavioral Health Center, and Mental Health Association of Indian River County.

Goals/Objectives

The primary goal is to divert adults from deeper involvement in the criminal justice system or from involvement with the state mental health treatment facilities system and divert them into community-based treatment services and treatment.

Objectives include:

1. Modifying the Coordination of Care model for OSC to address implementation of a mental health court and expansion of services.
2. Creating and encouraging collaboration among key stakeholders.
3. Planning, developing, and adjusting as needed a sustainability plan.

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

- Crisis Intervention Teams (CIT)
- Brief Jail Mental Health Screen (BJMHS)
- Cognitive Behavioral Therapy (CBT)
- Motivational Enhancement Therapy (MET)
- Motivational Interviewing (MI)
- Trauma-Focused Cognitive Behavioral Therapy (TF_CBT)
- SSI/SSDI, Outreach, Assist, and Recovery (SOAR)
- Wellness Recovery Action Plan (WRAP)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Whole Health Action Management (WHAM)
- Referral Decision Scale (RDS)
- High-Fidelity Wraparound
- Mobile Crisis Teams
- Peer Specialists
- Forensic Needs Assessment
- Mindfulness-based Stress Reduction (MBSR)
- Ohio Risk Assessment System (ORAS)

Number Served through April 30, 2020 (Year 3, Quarter 2):

OSC	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	56	55	9	120
Number Served Target	30	40	55	125
CIT Training	33	-	-	33
CIT Training Target	15	15	15	45

Performance Measures

Outcome data for the performance measures reflect progress through April 30, 2020 (Year 2, Quarter 2)

- Measure: 40 percent reduction in the total number of **arrests** among participants while enrolled in the program compared to the one-year period prior to program admission
 - 80 percent reduction
- Measure: 30 percent reduction in the total number of **arrests** among participants within the one-year period following program discharge compared to the one-year period prior to program admission
 - 91 percent reduction
- Measure: 67 percent of 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
 - 83 percent in stable housing
- Measure: 90 percent of participants not residing in **stable housing** at program admission will report living in stable housing one year following program discharge
 - The grantee is collecting this data, however the 1 year after discharge period has not been reached.
- 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
 - 43 percent employed
- Measure: 24 percent of participants **not employed** and who express a desire to work at program admission are employed full or part time within one year following program discharge
 - 75 percent employed
- Measure: 65 percent of participants were assisted in applying **for Social Security or other benefits** for which they may have been eligible but were not receiving at program admission
 - 96 percent received assistance
- Measure: 15 percent of participants will be **diverted** from a state mental health treatment facility
 - 96 percent diverted

- Measure: 50 percent of participants will be **diverted** from the criminal justice system and graduate from the program
 - 70 percent diverted

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

Since the inception of the OSC program, the grantee has observed that clients are spending less time in jail while waiting for placement in services through the specialty court programs. A cost avoidance estimate was completed using averages on OSC clients stays in jail and an average cost per day. Calculations were completed using the average jail day multiplied by the average number of days for sentencing for both a misdemeanor and a felony. Assuming the rate of \$125/per day to be housed in jail, it is estimated that approximately \$100,00 in costs have been avoided as a result of the OSC program for individuals with misdemeanor charges and \$392,000 in costs have been avoided for those with felony charges. The total cost avoidance for the program is calculated at \$492,000.

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 Forensic Commitments to State Mental Health Treatment Facilities

The OSC team works to ensure that clients can obtain behavioral health appointments and medications in a timely manner. There has been one client committed to the state mental health treatment hospital. Other clients in the program who may have been considered for commitment previously have maintained stability in the community through supportive services provided to them through the OSC. In addition to preventing placement in state mental health treatment facilities, clients are experiencing better connections to services with limited delays to access care. Additionally, delays in medication access have been prevented, which increase the likelihood of client success in treatment services and community integration.

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

As of April 30, 2020, Southeast Florida Behavioral Health Network expended/leveraged \$494,280.05 or approximately 83 percent of the three-year match commitment for their CJMHSa Reinvestment grant.

SMA HEALTHCARE (FLAGLER COUNTY) (LHZ63)

SMA Healthcare's (SMA) grant program, the Flagler County Youth Diversion Project, began August 1, 2018. SMA Healthcare was awarded \$625,181 over three years.

Target Population

The target population for the Flagler County Youth Diversion Project is school-aged youth between age 5-to-17 who reside in Flagler County and have early indicators of mental health, substance use, and/or co-occurring mental health and substance use disorders, who are at risk of involvement or involved in the juvenile justice system.

Program Design/Model

The Flagler County Youth Diversion Project is a System of Care (SOC) initiative, in partnership with Flagler County Schools, Flagler County behavioral health agencies, Flagler County community stakeholders and law enforcement. The program accomplishes early identification of mental health and substance use disorders through the mobilization of parents, school staff, and youth-serving agencies to divert youth from the school-to-prison pipeline. County-based screening, referral, service coordination, and follow-up is provided to school-aged youth at risk of involvement or involved in the juvenile justice system. Through the SOC framework, the grant-funded personnel can address each youth's needs related to behavioral health and other needs for services to increase school successes such as improved academic performance and attendance, and less disciplinary actions. The project emphasizes school-based services and utilizes the principles of the National Center for Mental Health and Juvenile Justice's School Responder Model by providing services in the least restrictive and natural environment, where fewer barriers exist for families with financial and transportation barriers. The Flagler County Youth Diversion Project Implementation Team is comprised of one fulltime adolescent outpatient counselor hired by SMA and housed at Flagler Schools; one fulltime clinical liaison hired by Halifax Health, one fulltime coordinator hired by Flagler Schools, and the Flagler Cares' Executive Director to oversee the SOC component and evaluation of the grant program.

Goals/Objectives

The primary goal of the program is to create a coordinated and comprehensive system of community-based mental health and substance use services for youth that have a mental illness, substance use disorder, and/or co-occurring mental health and substance use disorder, and who are most at risk of entering or involved in the juvenile justice system and who do not have access to Department of Juvenile Justice-funded behavioral health services.

SMA Healthcare's three main objectives:

1. Increase access for at-risk youth to receive effective mental health and substance use interventions at the earliest possible point to prevent or divert youth from involvement with the juvenile justice system.
2. Establish a comprehensive and coordinated youth behavioral health System of Care in Flagler County.
3. Provide mental health, substance use and other support services to help at-risk youth succeed in school.

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

- National Center for Mental Health and Juvenile Justice School Responder Model
- SAMHSA's Comprehensive Children's System of Care model
- Community Action Teams (CAT)
- Cognitive Behavioral Therapy
- Behavioral Health Assessment for Children (BASC-3)
- Car, Relax, Alone, Forget, Friends, Trouble (CRAFT) screener
- Global Appraisal of Individual Needs-Short Screen (GAIN-SS)
- Massachusetts Youth Screening Instrument (MAYSI)

- Positive Achievement Change Tool (PACT; residential, community, prevention)

Number Served through June 30, 2020 (Year 2 Quarter 4):

Youth Diversion Project	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served (enrolled)	117	123	-	240
Number Served Target	140	150	165	455

Performance Measures

Outcome data for the performance measures reflect progress through June 30, 2020 (Year 2, Quarter 4).

- Measure: 50 percent of participants will have **no arrests or rearrests** while enrolled in the program
 - 86 percent had no arrests or rearrests
- Measure: 85 percent of participants will have **no arrests or re-arrests** one year after program discharge
 - 96 percent had no arrests or rearrests
- 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
 - Not applicable.
- Measure: 85 percent of participants who did not reside in **stable housing** at the time of admission will reside in stable housing one year after program discharge
 - Not applicable.
- Measure: 85 percent of participants were 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 received assistance
- Measure: 85 percent of participants positively increased performance by 10 percent on two or more **school successes measures** (academic performance, attendance, disciplinary actions) compared to the previous school year prior to program admission
 - Not applicable at this time. Due to COVID-19, school closures, cancellation of standardized tests and “hold harmless” policies for student grades, all data normally collected was not available for this program year. 54 percent of the program participants that did not improve academically fell in this category because no comparable data was available.

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

There is no fiscal impact determined at this time.

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

From the August 1, 2018 through June 30, 2020, a combination of the Flagler County Diversion Project and the launch of Flagler Schools' Mental Health Plan (mandated by SB 7026) screened 2,100 Flagler youth. Of the students screened for mental health and substance use concerns, 239 students have been enrolled in the diversion program. This demonstrates the need for services and the improved methods of early identification, screening, and referrals to service. The teamwork approach to youth services that has resulted from the grant funded positions has improved the ability to connect Flagler County youth to necessary services thus far.

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

As of June 30, 2020, SMA Healthcare expended/leveraged \$416,195.16 or approximately 93 percent of the three-year match commitment for their CJMHSa Reinvestment grant.

Each of the grant partners have committed match funds to support the infrastructure for identification, screening, referral and service system coordination. Match funds are being leveraged to support:

- SMA Healthcare's utilization of community-based outpatient substance use treatment services to provide services off school campuses,
- Flagler Cares staff resources to facilitate the implementation of the grant program and develop system-level strategies to support the System of Care,
- Flagler County staff facilitation of Public Safety Coordinating Council meetings,
- Flagler schools staff positions for early identification and referral of students with behavioral health concerns,
- Flagler County Sheriff's Office staff and deputies to connect with students regularly as a means of early identification,
- United Way's 211 database of available community resources and,
- Halifax Health use of staff for grant administration purposes.

SMA HEALTHCARE (PUTNAM COUNTY) (LH772)

SMA's Putnam County grant program, the Putnam County Crisis Triage and Treatment Unit (CTTU), began January 3, 2018. SMA Healthcare was awarded \$1,200,000 over three years.

Target Population

The CTTU serves Putnam County adult residents who are experiencing a mental health and/or substance use crisis.

Program Design/Model

The CTTU provides screening, transportation, and continued care to individuals who are committed to treatment under a Baker Act or Marchman Act order. There are three primary interventions provided by the CTTU:

1. Provides transportation, twelve hours per day, for individuals under a Baker Act or Marchman Act order (most transported out of county),
2. Once individuals are at the Baker Act receiving facility, SMA personnel conducts an assessment to the appropriate clinical disposition and provide all necessary transportation and linkage to continuing treatment services, and
3. Provide CIT training and MHFA training to law enforcement officers and community members.

Goals/Objectives

The primary goal of the program is to provide a more suitable and cost-efficient alternative to providing services to individuals who are committed to treatment under Chapter 394, F.S. (Baker Act) or Chapter 396, F.S. (Marchman Act).

Objectives:

1. Establish a diversion program to increase public safety, avert increased spending on criminal justice, and improve the accessibility and effectiveness of treatment services;
2. Create and encourage collaboration among key stakeholders;
3. Provide CTTU services to reduce costs to Putnam County and manpower for law enforcement officers transporting individuals under a Baker Act or Marchman Act order; and
4. Provide CIT training to law enforcement officers.

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

- Crisis Intervention Team (CIT)
- Case managers trained in Targeted Case Management
- SSI/SSDI, Outreach, Assist, and Recovery (SOAR)
- Motivational Interviewing
- myStrength (online support system using cognitive behavioral therapy, motivational interviewing, dialectical behavioral therapy, and behavior activation techniques)
- Peer Specialists
- Mental Health First Aid (MHFA)

Number Served through June 30, 2020 (Year 3 Quarter 2):

CTTU	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	279	224	152	655
Number Served Target	175	250	250	675
CIT Training	20	42	6	68
CIT Training Target	20	30	30	80

Performance Measures

Outcome data for the performance measures reflect progress up through June 30, 2020 (Year 3 Quarter 2).

- Measure: 90 percent of participants will have no **arrests** while enrolled in the program
 - 100 percent had no arrests
- Measure: 85 percent of participants will have no **arrests** one year after program discharge
 - 89 percent had no arrests
- 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
 - 100 percent resided in stable housing
- Measure: 85 percent of participants who did not reside in **stable housing** at the time of admission will reside in stable housing one-year post-discharge
 - 90 percent resided in stable housing
- Measure: 25 percent of participants who are **not employed** at admission will be employed full or part-time within 180 days of program admission
 - 25 percent employed
- Measure: 50 percent of participants who are **not employed** at program admission are employed full or part-time within one-year post-discharge
 - 57 percent employed
- Measure: 85 percent of participants will be assisted in applying for **Social Security** or other benefits for which they may have been eligible but were not receiving at admission
 - 100 percent of participants assisted
- Measure: 90 percent of participants will be **diverted** from a state mental health treatment Facility
 - There have been no participants who would have been eligible to be admitted to a state mental health facility.
- Measure: 85 percent of participants referred to the CTTU under a **Baker Act order** will not be referred under a Baker Act order again within one year following program discharge
 - 90 percent were not referred again

- Measure: 90 percent of participants will report that they have 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 admission
 - 100 percent reported increased access

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

Since the inception of the grant program in August 2018, the CTTU has transported 364 individuals under a Baker Act Order at the request of law enforcement officers. Of the 364 transports, 42 individuals were placed with the CSU in lieu of being arrested. Each of the 42 individuals who were involuntarily committed under a Baker Act Order would have otherwise been arrested and transported to jail. More than half of the 42 individuals (69%) involved with the CTTU had a previous arrest history. Through admission of these individuals to the CSU rather than jail, the CTTU program facilitated cost avoidance in regard to cost of jail days for the 42 individuals.

Since the beginning of the grant program, recidivism among program participants who have accepted case management services has been greatly reduced. Through June 30, 2020, 533 individuals have received services; 129 of those participants have opted to receive case management with 404 declining case management. Of the 129 individuals enrolled in case management services, only thirteen (approximately ten percent) have been arrested or rearrested. Of the 404 who declined case management services, 45 were arrested within a year of being offered assistance. Continued reduction of recidivism is anticipated as the CTTU continues to support law enforcement agencies and thus the program will have a positive impact on cost avoidance/expenditures of the jail and prison.

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 Forensic Commitments to State Mental Health Treatment Facilities

The CTTU continues to have an impact on ensuring Putnam County residents who enter a CSU receive continuity of care when they return to the community. CTTU case managers are available to assist individuals in connecting them with community resources and services to prevent a relapse that would result in re-admission to the CSU.

Moreover, the CTTU program has improved accessibility of community-based services through linkages to: SMA FACT Team, physician services, and outpatient substance use and mental health treatment, Azalea Health for Primary Care, Palatka Housing Authority, Lee Conlee House, Habitat for Humanity, Career Source, Palatka Christian Services Center, Division of Vocational Rehabilitation, Vickers Rental Services, local church groups, and local Alcoholics and Narcotics Anonymous (AA/NA) groups.

The CTTU has also reduced forensic commitments to state mental health treatment facilities. Only two participants were admitted 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 June 30, 2020, SMA expended/leveraged \$520,613.88 or approximately 52 percent of the three-year match commitment for their CJMHSa Reinvestment grant. SMA Healthcare's matching funds enable the safe transport of individuals under a Baker Act or Marchman Act order with funds provided by the county and through the use of two caged vehicles (Putnam County Sheriff's Office). Match funds also support the oversight committee and enable law enforcement officers to attend CIT and MHFA training.

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THE CJMHSa TECHNICAL ASSISTANCE CENTER

This section summarizes the CJMHSa TAC's technical assistance during FY2019-20. 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 providing training and resources 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 "Common Program Features" table beginning on page 114 presents the common program/model features of the implementation/expansion 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 grant programs, several common program features have emerged among the grantees.

- Increased emphasis on reentry and the vast benefits realized through comprehensive transition planning using a team approach.
- 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 juvenile justice "wraparound" community-based programs.
- The expansion of crisis response models to prevent criminal justice involvement, including mobile crisis response teams and Community Action Teams.
- The expansion of the use of Certified Peer Specialists and peer recovery supports as critical early intervention and reentry supports.
- The expansion of mental health and drug 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 need to formalize informal relationships between providers and/or staff members of providers to ensure that collaboration exists beyond any individual persons' tenure with an organization.
- Recognition that virtual supports and telehealth play a role in mitigating barriers to service access and engagement and exploring opportunities to sustain telehealth initiatives developed due to COVID-19.
- The increased emphasis on community supports to sustain recovery, including Supported Employment, drop-in and recovery community organizations, and housing assistance.

Sequential Intercept Mapping (SIM) is an effective strategy for conducting strategic or systems planning especially when conducting systems planning involving criminal and juvenile justice populations with behavioral health needs. Conducting a SIM involves analyzing strengths and weaknesses in resources and processes transitioning through the “intercepts” of the criminal or juvenile justice system. The CJMHSa TAC conducts SIMs for grantees when requested as a priority technical assistance need. The “Common Program Features” table on the following pages includes the “intercepts” impacted by the various models employed by grantees. In chronological order, the intercepts 0 through 5 are Community Services (prevention), Law Enforcement and Emergency Services, Initial Detention and First Appearance, Jails and Courts, Reentry, and Community Corrections/Supervision/Services. The CJMHSa TAC also provides “mini-mapping” workshops, which target specific intercepts or sub-populations within the grantee program.

COVID-19 IMPACTS ON CJMHSa TAC PROGRAMMING

Much like the rapid modifications that took place among grantees, the TAC also pursued key program changes to comply with COVID-19 prevention measures dictated by the University of South Florida, the Governor’s Executive Order, and CDC guidelines. With substantial University-wide travel restrictions and remote work orders in place beginning in April 2020, the TAC adapted its technical assistance delivery in order to provide meaningful and effective virtual technical assistance. This was accomplished by a transition to the Zoom platform as a primary communication tool between the TAC and its grantees. Through Zoom, events were conducted online that would traditionally occur in-person or onsite in a grantee’s community. Following each event, the TAC disseminated electronic satisfaction surveys using an anonymous Qualtrics survey. Although it did not replace the value of in-person interaction, the transition to Zoom provided many benefits to our grantees. For instance, technical assistance preparation calls took place on Zoom and provided more of an “in-person” interaction than typically would have been experienced on telephonic preparation calls. Zoom has also allowed the TAC to facilitate ongoing support by way of periodic Zoom meetings and provides the TAC with the opportunity to attend and participate in more community meetings, which better informs the guidance offered to grantees. Thus far, grantee reviews of virtual assistance have been positive.

Most notably, virtual engagements gave the TAC a greater opportunity to recruit subject matter experts (SMEs) who may previously have been hesitant to assist with TAC events citing burdensome travel required. This is reflected in the TAC’s increased use of both external and internal SMEs over the past year. Just prior to COVID-19, the TAC released its first quarterly newsletter, which aims to inform grantees about upcoming webinars, trainings, grant opportunities, and publications related to criminal justice, mental health, and substance use. It also includes important communications from DCF, provides highlights from recent TA events, and TAC updates. This newsletter has been increasingly helpful during COVID-19 as a strategy to remain engaged with grantees and provide opportunities to communicate with them in-between technical assistance events.

As the COVID-19 pandemic persists into the next operating year for the TAC, the Center is committed to continued exploration of meaningful approaches to virtual grantee engagement until travel restrictions at both the University and grantee level are lifted and grantee communities are able to safely host onsite events.

Common Program Features for CJMHSa Reinvestment Grantees (Implementation/Expansion grants)

Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
Broward Behavioral Health Coalition (Broward County)	Juvenile	3, 4, 5	<ul style="list-style-type: none"> • Wraparound Practice Model (Wraparound) • Youth and Family Peer Specialists • Wellness Recovery Action Planning (WRAP) • Future Planning Process • Multi-systematic Family Therapy • Strategic Family Therapy • Moral Reconation Therapy • Transition to Independence (TIP) • Beat the Odds • Integrated Group Counseling and Group Drumming • Individual Placement and Support • Trauma Incident Reduction • Family CPR • Medication Assisted Treatment (MAT) • Supported Employment • Supportive Housing • Supported Education 	<ul style="list-style-type: none"> • Reentry, transition planning, and aftercare • Youth and family peer specialists

Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
Centerstone of Florida (Sarasota County) (LHZ47)	Adult	0, 1, 2, 3	<ul style="list-style-type: none"> • Assertive Community Treatment (ACT) team approach • Crisis Intervention Teams (CIT) • Risk-Need-Responsivity Level of Care Service Case Management Inventory (LS-CMI) (CTC personnel are trained and certified) • Motivational Interviewing (MI) • SSI/SSDI, Outreach, Assist, and Recovery (SOAR) (all CTC personnel are SOAR certified) • Mental Health First Aid (MHFA) • Housing First model • Functional Assessment Rating Scale (FARS) • 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 through the Comprehensive Treatment Court (Mental Health Court) • Linkages to community-based treatment providers

Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
Centerstone of Florida (Sarasota County) (LHZ84)	Adult	0, 1, 2, 3	<ul style="list-style-type: none"> • Assertive Community Treatment (ACT) team approach • Crisis Intervention Teams (CIT) • Risk-Need-Responsivity Level of Care Service Case Management Inventory (LS-CMI) (CTC personnel are trained and certified) • SSI/SSDI, Outreach, Assist, and Recovery (SOAR) (all CTC personnel are SOAR certified) • Mental Health First Aid (MHFA) • Housing First model • Functional Assessment Rating Scale (FARS) • Tailored Individual Treatment Plans (ITP) • Integrated Treatment for Co-occurring Disorders (ITC) • Personal Health Questionnaire (PHQ-9) • Correctional Mental Health Screen for men and women (CHMS-M; CHMS-W) • Cognitive Behavioral Therapy (CBT) • Global Appraisal of Individual Needs (GAIN Q-3) • Individual Treatment Plans (ITP) • Columbia Suicide Severity Rating Scale (C-SSRS) • Motivational Interviewing (MI) • Solution Focused 	<ul style="list-style-type: none"> • Diversion through the Comprehensive Treatment Court (Mental Health Court) • Linkages to community-based treatment providers

Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
Collier County BOCC	Adult	1, 4, 5	<ul style="list-style-type: none"> • Crisis Intervention Teams (CIT) • SSI/SSDI, Outreach, Assist, and Recovery (SOAR) • Forensic Intensive Case Management (FICM) • Motivational Interviewing • Seeking Safety • Peer Specialists • Supported Employment • Permanent Supportive Housing • Mental Health Screening Form III (MHSF III) • Ohio Risk Assessment System Reentry Tool (ORAS-RT) • PLC-5 Trauma Assessment (PLC-5) • Texas Christian University Drug Screen IV Substance Abuse Assessment (TCUDS V) 	<ul style="list-style-type: none"> • Diversion/Reentry • Centralized Assessment Center (CAC) operated by the Collier County Forensic Intensive Reintegration Support Team (FIRST)
EPIC Behavioral Healthcare (St. Johns County)	Adult	2, 3, 4, 5	<ul style="list-style-type: none"> • Medication Assisted Treatment (MAT) • Peer Recovery Specialists • Crisis Intervention Teams (CIT) • Serenity, Integrity, Goals, Hope, and Trust (SIGHT) • Proxy Risk Triage Screener • Patient Health Questionnaire 9 (PHQ-9) • Columbia-Suicide Severity Rating Scale (C-SSRS) • Drug Abuse Screening Test (DAST) • Alcohol Use Disorders Identification Test (AUDIT) 	<ul style="list-style-type: none"> • Pre-booking diversion • Reentry and discharge planning • Linkages to community-based services

Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
			<ul style="list-style-type: none"> • Generalized Anxiety Disorder-7 (GAD-7) • Daily Living Activities (DLA-20) • Level of Care Utilization System (LOCUS) • American Society of Addiction Medicine (ASAM) • Suicide Severity Rating Scale (C-SSRS) • Screening, Brief Intervention, and Referral to Treatment (SBIRT) • Life Events Checklist (LEC) • Ohio Risk Assessment System: Pre-Trial Assessment Tool (ORAS-PAT) 	
Guidance Care Center (Monroe County) (LHZ53)	Both (Adult and Juvenile)	1, 2	<ul style="list-style-type: none"> • Crisis Intervention Teams (CIT) • Motivational Interviewing (MI) • Moral Reconation 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

Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
			<ul style="list-style-type: none"> Wellness and Recovery Action Plan (WRAP) 	
Hillsborough County BOCC (LHZ49)	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 SSI/SSDI, Outreach, Assist, and Recovery (SOAR) Comprehensive, Continuous, Integrated Systems of Care (CCISC) 	<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 to community-based treatment providers
Hillsborough County BOCC (LHZ69)	Adult	1,2,3	<ul style="list-style-type: none"> Motivational Interviewing Housing First approach American Society of Addiction Medicine (ASAM) Criteria (2013) National Council for Behavioral Health/MTM Services Daily Living Activities 20 (DLA-20) SAMHSA-HRSA and SAMHSA TIP 57 recommended PTSD Checklist-Civilian (PCL-C) Global Appraisal of Individual Needs Q3 (GAIN Q3) Accelerated Resolution Therapy (ART) Medication-Assisted Treatment (MAT) 	<ul style="list-style-type: none"> Expansion of Drug Pre-trial Intervention with an expanded Adult Drug Court docket and service infrastructure

Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
			<ul style="list-style-type: none"> SSI/SSDI, Outreach, Assist, and Recovery (SOAR) Comprehensive Continuous Integrated System of Care (CCISC) 	
Kids Hope Alliance (Duval County/City of Jacksonville)	Juvenile	0, 1, 2, 3	<ul style="list-style-type: none"> Motivational Interviewing (MI) Global Appraisal of Individual Needs (GAIN-I) (assessment tool used by Jewish Family and Community Services for juveniles in the JAC) (all program personnel are trained in the use of the GAIN assessment) SSI/SSDI Outreach, Access, and Recovery (SOAR) Mental Health First Aid (MHFA) training High Intensity Wraparound Positive Achievement Change Tool (PACT) assessment Motivational Enhancement Therapy (MET) Cognitive Behavioral Therapy (CBT) 	<ul style="list-style-type: none"> Diversion Centralized Coordination Project (CCP)
Lee County BOCC (LHZ59)	Adult	1, 2, 3	<ul style="list-style-type: none"> Crisis Intervention Teams (CIT) Housing First approach Coordinated Entry Peer Specialists Permanent Supportive Housing 	<ul style="list-style-type: none"> Triage Center/Low demand shelter Diversion Reentry

Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
				<ul style="list-style-type: none"> • Linkages from specialty courts to community-based treatment providers
Lee County BOCC (LHZ97)	Adult	1, 2, 3	<ul style="list-style-type: none"> • Crisis Intervention Teams (CIT) • Housing First approach • Coordinated Entry • Peer Specialists • Permanent Supportive Housing • Comprehensive, Continuous, Integrated System of Care Model (CCISC) 	<ul style="list-style-type: none"> • Triage Center/Low demand shelter • Diversion • Reentry • Linkages from specialty courts to community-based treatment providers
LifeStream Behavioral Center (Lake County) (LHZ56)	Adult	0, 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) • Mental Health First Aid (MHFA) • Risk-Need-Responsivity framework (RNR) • Forensic Community Services Team (FCST) • Interactive Journaling • Eye Movement Desensitization and Reprocessing (EMDR) • Ohio Risk Assessment System (ORAS) 	<ul style="list-style-type: none"> • Diversion • Reentry • Linkages to community-based treatment providers

Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
			<ul style="list-style-type: none"> • Texas Christian University (TCU) Drug Screen • Global Appraisal of Individual Needs (GAINS-SS) • Posttraumatic Stress Disorder Checklist for DSM 5 (PCL-5) • Life Events Checklist for DSM 5 (LEC-5) • Trauma-Informed Therapy • SSI/SSDI, Outreach, Assist, and Recovery (SOAR) • Peer Specialists 	
LifeStream Behavioral Center (Lake County) (LHZ95)	Adult	0, 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) • Mental Health First Aid (MHFA) • Risk-Need-Responsivity framework (RNR) • Forensic Community Services Team (FCST) • Interactive Journaling • Eye Movement Desensitization and Reprocessing (EMDR) • 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) 	<ul style="list-style-type: none"> • Diversion • Reentry • Linkages to community-based treatment providers

Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
			<ul style="list-style-type: none"> Life Events Checklist for DSM 5 (LEC-5) Trauma-Informed Therapy SSI/SSDI, Outreach, Assist, and Recovery (SOAR) Peer Specialists 	
Lutheran Services Florida Health Systems (Marion County)	Adult	2, 3, 4	<ul style="list-style-type: none"> AC-OK Screen for Co-Occurring Disorders Center for Alternative Sentencing and Employment Services (CASES) Transitional Case Management SSI/SSDI, Outreach, Assist, and Recovery (SOAR) Permanent Supportive Housing Peer Specialists Functional Assessment Rating Scale (FARS) 	<ul style="list-style-type: none"> Mental Health Court
Managed Access for Child Health (Duval County)	Juvenile	1, 2, 3	<ul style="list-style-type: none"> Child and Adolescent Needs and Strengths – Comprehensive tool (CANS) High-Fidelity Wraparound Transitional Readiness Scale (TRS) Wraparound Fidelity Instrument (WFI-EZ) High-Fidelity Wrap Assessment (HFWA) Coaching and peer review Mental Health First Aid (MHFA) Juvenile Mental Health Court System of Care values 	<ul style="list-style-type: none"> Wraparound model Diversion Juvenile Mental Health Court

Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
Martin County BOCC (LHZ60)	Adult	1, 2, 3	<ul style="list-style-type: none"> • Crisis Intervention Teams (CIT) • Brief Jail Mental Health Screen (BJMHS) • SSI/SSDI, Outreach, Assist, and Recovery (SOAR) • Ohio Risk Assessment System (ORAS) 	<ul style="list-style-type: none"> • Case management for the Mental Health Court participants • Diversion • Linkages to community-based treatment providers
Martin County BOCC (LHZ89)	Adult	1, 2, 3	<ul style="list-style-type: none"> • Crisis Intervention Teams (CIT) • Brief Jail Mental Health Screen (BJMHS) • SSI/SSDI, Outreach, Assist, and Recovery (SOAR) • GAINS Reentry Checklist • Ohio Risk Assessment System (ORAS) • Assess, Plan, Identify, and Coordinate (APIC) • Peer support 	<ul style="list-style-type: none"> •
Meridian Behavioral Health (Alachua & Bradford Counties) (LHZ48)	Adult	0, 1, 2, 3, 4, 5	<ul style="list-style-type: none"> • Crisis Intervention Teams (CIT) • Mental Health First Aid (MHFA) • 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 • Peer Specialists 	<ul style="list-style-type: none"> • Diversion • Reentry • Linkages to community-based treatment providers

Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
			<ul style="list-style-type: none"> • Moral Reconation Therapy • Cognitive Behavioral Therapy • Criminal Justice Targeted Research and Application of Knowledge (CJ-TRAK) • Trauma-Informed Therapy • Anger Management Therapy • Motivational Interviewing (MI) • Transition Skills for Recovery 	
Meridian Behavioral Health (Alachua & Bradford Counties) (LHZ85)	Adult	0, 1, 2, 3, 4, 5	<ul style="list-style-type: none"> • Crisis Intervention Teams (CIT) • Mental Health First Aid (MHFA) • Risk Need Responsivity (RNR) assessment tool • Assess, Plan, Identify, Coordinate (APIC) Model • GAINS Reentry Checklist • Motivational Interviewing (MI) • Historical Clinical Risk Management-20 Version 3 (HCR-20 V3) • Medication Assisted Treatment (MAT) • Wellness Recovery Action Plan (WRAP) • SSI/SSDI, Outreach, Assist, and Recovery (SOAR) • Seeking Safety • Peer Specialists • Moral Reconation Therapy • Cognitive Behavioral Therapy 	<ul style="list-style-type: none"> • Diversion • Reentry • Linkages to community-based treatment providers

Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
			<ul style="list-style-type: none"> Transition Skills for Recovery Trauma-informed Therapy 	
Miami-Dade County (LHZ50)	Adult	4, 5	<ul style="list-style-type: none"> Assess, Plan, Identify, and Coordinate (APIC) Model Texas Christian University Drug Screen (TCUD-V) Ohio Risk Assessment- Community Supervision Tool (ORAS-CST) Peer Specialists 	<ul style="list-style-type: none"> Discharge planning and reentry
Operation PAR (Pinellas County) (LH319)	Adult	1, 2	<ul style="list-style-type: none"> Motivational Interviewing (MI) Mental Health Empowerment Team approach GAIN Short Screener (GAIN-SS), GAIN Q3, and GAIN-I Core Screening, Brief Intervention, and Referral to Treatment (SBIRT) Medication Assisted Treatment Cognitive Behavioral Therapy 	<ul style="list-style-type: none"> Screening Linkage program for individuals under a Marchman Act order Detoxification services Outpatient mental health treatment
Orange County BOCC	Juvenile	1, 2, 3, 4, 5	<ul style="list-style-type: none"> Child and Adolescent Needs and Strengths – Comprehensive tool (CANS-C) (completed at intake, at three months, six months, twelve months, and at discharge/transition) 	<ul style="list-style-type: none"> Diversion Wraparound service intervention within a System of Care model of service delivery Family-involvement

Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
			<ul style="list-style-type: none"> • Car, Relax, Alone, Forget, Friends, Trouble (CRAFT) (screening tool) • Screening, Brief Intervention, and Referral to Treatment (SBIRT) • Crisis Intervention Teams-Youth (CIT-Y) Training • SSI/SSDI Outreach, Access, and Recovery model (SOAR) • Motivational Interviewing • System of Care values • High-Fidelity Wraparound (intensive, individualized care planning and management) 	
Pinellas County BOCC (LHZ52)	Adult	1, 2	<ul style="list-style-type: none"> • Motivational Interviewing (MI) • Motivational Enhancement Therapy (MET) • Cognitive Behavioral Therapy (CBT) • Seeking Safety (SS) • Peer Specialists • Comprehensive case management (housing counseling, benefits, linkages, etc.) • Service Prioritization Decision Assistance Tool (SPDAT) 	<ul style="list-style-type: none"> • Diversion (high utilizers) • Linkages to community-based treatment providers
Polk County BOCC	Adult	0, 1, 2, 3, 4, 5	<ul style="list-style-type: none"> • Forensic Intensive Case Management (FICM) • Motivational Interviewing (MI) 	<ul style="list-style-type: none"> • Case management

Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
(LHZ55)			<ul style="list-style-type: none"> • Cognitive Behavioral Therapy (CBT) • Assess, Plan, Identify, Coordinate (APIC) • Mental Health First Aid • Contingency Management • Wellness Recovery Action Plan (WRAP) • SSI/SSDI, Outreach, Assist, and Recovery (SOAR) 	<ul style="list-style-type: none"> • Linkages to community-based treatment providers • Post-booking • Reentry • Housing
Polk County BOCC (LHZ77)	Adult	0, 5	<ul style="list-style-type: none"> • Mental Health First Aid • Recovery Oriented System of Care (ROSC) • Wellness Recovery Action Plan (WRAP) • Certified Recovery Peer Specialists • SSI/SSDI, Outreach, Assist, and Recovery (SOAR) • Functional Assessment Rating Scale (FARS) 	<ul style="list-style-type: none"> • Housing • Assistance with obtaining housing and securing benefits
Seminole County BOCC	Both (Adult and Juvenile)	1, 2, 3, 4	<ul style="list-style-type: none"> • Drug Abuse Screening Tool (DAST) • Daily Living Activities 20 (DLA-20) • Alcohol Use Disorder Identification Test (AUDIT) • Ohio Risk Assessment Screen (ORAS) • Child and Adolescent Needs and Strengths (CANS) assessment • Forensic Intensive Case Management (FICM) • Positive Achievement Change Tool (PACT) • Motivational Interviewing • Cognitive Behavioral Therapy (CBT) 	<ul style="list-style-type: none"> • Diversion and reentry • Centralized Coordination Program with a Community Resource Center (CRC) • Stop Now And Plan (SNAP)-juvenile diversion

Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
			<ul style="list-style-type: none"> • Co-occurring capable services • Trauma-informed care with Eye Movement Desensitization and Reprocessing Therapy (EMDR) • Crisis Intervention Team Training (CIT) • Stop Now And Plan (SNAP) • Conduct/Oppositional Problem Checklist • Motivational Enhancement Therapy (MET) 	
Southeast Florida Behavioral Health Network (Indian River County) (LHZ57)	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 • Peer Specialists • High Fidelity Wraparound 	<ul style="list-style-type: none"> • Mental Health Court • Diversion from incarceration • Linkages to community-based treatment providers
Southeast Florida Behavioral Health Network	Adult	2,3,4	<ul style="list-style-type: none"> • Crisis Intervention Teams (CIT) • Brief Jail Mental Health Screen (BJMHS) • Cognitive Behavioral Therapy (CBT) • Motivational Enhancement Therapy (MET) • Motivational Interviewing (MI) 	<ul style="list-style-type: none"> • Mental Health Court • Drug Court expansion • Diversion from incarceration • Linkages to community-based treatment providers

Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
(Okeechobee County) (LHZ70)			<ul style="list-style-type: none"> • Trauma-Focused Cognitive Behavioral Therapy (TF_CBT) • SSI/SSDI, Outreach, Assist, and Recovery (SOAR) • Wellness Recovery Action Plan (WRAP) • Eye Movement Desensitization and Reprocessing (EMDR) • Whole Health Action Management (WHAM) • Referral Decision Scale (RDS) • High-Fidelity Wraparound • Mobile Crisis Teams • Peer Specialists • Forensic Needs Assessment • Mindfulness-based Stress Reduction (MBSR) • Ohio Risk Assessment System (ORAS) 	
SMA Healthcare (Flagler County)	Juvenile	0,1,2,3	<ul style="list-style-type: none"> • National Center for Mental Health and Juvenile Justice School Responder Model • SAMHSA's Comprehensive Children's System of Care model • Community Action Teams (CAT) • Cognitive Behavioral Therapy • Behavioral Health Assessment for Children (BASC-3) 	<ul style="list-style-type: none"> • Screening, assessment Early identification/ intervention • Diversion • Linkages to community-based treatment providers

Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
			<ul style="list-style-type: none"> • Car, Relax, Alone, Forget, Friends, Trouble (CRAFT) screener • Global Appraisal of Individual Needs-Short Screen (GAIN-SS) • Massachusetts Youth Screening Instrument (MAYSI) • Positive Achievement Change Tool (PACT; residential, community, prevention) 	
SMA Healthcare (Putnam County)	Adult	1,2	<ul style="list-style-type: none"> • Crisis Intervention Team (CIT) • Case managers trained in Targeted Case Management • SSI/SSDI, Outreach, Assist, and Recovery (SOAR) • Motivational Interviewing • myStrength (online support system using cognitive behavioral therapy, motivational interviewing, dialectical behavioral therapy, and behavior activation techniques) • Peer Specialists • Mental Health First Aid (MHFA) 	<ul style="list-style-type: none"> • County Crisis Triage and Treatment Unit (CTTU) • Transportation, screening, and continued care to individuals under a Baker Act or Marchman Act

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

Fifteen grantees (planning and implementation/expansion) received “formal” technical assistance in FY2019-20. CJMHSa TAC exceeded the satisfactory benchmark of 85%. The table below displays the satisfaction survey results for formal technical assistance conducted in FY2019-20.

Summary of Grantee Satisfaction Survey Results

Grantee	Date of Formal TA	Satisfaction Survey Results
Centerstone (Manatee County)	July 18-19, 2019	100%
LSF Health Systems (Marion County)	September 19, 2019	100%
Central Florida Cares Health System (Brevard County)	October 3-4, 2019	99.5%
Seminole County	October 11, 2019	100%
EPIC Behavioral Healthcare (St. Johns County)	November 14, 2019	100%
SMA Healthcare (Flagler County)	November 15, 2019	100%
Miami-Dade County (LHZ50)	December 6, 2019	100%
Hillsborough County BOCC (LHZ49)	January 8, 2020	100%
Martin County (LHZ60)	January 15-16, 2020	100%
Lee County	February 19, 2020	100%
LifeStream Behavioral Center (Lake County)	February 25, 2020	100%
Southeast Florida Behavioral Health Network (Okeechobee County) (LHZ70)	June 11, 2020	100%
Kids Hope Alliance (Duval County)	June 23, 2020	100%

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

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

County-level/Program-level Strategies

- Establish realistic targets for performance measures in grantee contracts.
- Crosswalk the number and type of evidence-based and best practices proposed in the grant application and included in the executed grant agreement; identify the evidence-based tools to be used.
- Develop concrete plans and approaches for assessing cost effectiveness of grant programs
- Clearly identify county leadership including county/circuit courts, health and human services staff, substance use and mental health providers, advocates, and individuals responsible for implementing the strategic plan.
- Develop concrete sustainability plans.
- Follow up on Sequential Intercept Mapping action plan priorities.
- Reestablish co-occurring capabilities across systems.
- Encourage emphasis on formalized reentry strategies and coordination of care management.
- Formalize existing relationships among stakeholders using MOUs and shared service agreements.
- Promote inclusion of persons with lived experience with mental health and substance use disorders and criminal justice involvement with program planning and decision making.
- Explore opportunities to expand community-based peer support services for individuals and families.

DCF/State-level Strategies

- Convene an annual grantee meeting—providing an opportunity for grantees to share information and experiences with each other as well as engage with DCF SAMH personnel.
- Ensure alignment of outcomes and performance measure expectations across programmatic reports and contracts
- Engage with grantees to ensure that the evidence-based and best practices listed in applications and quarterly progress reports are, in fact, being utilized and implemented with fidelity.
- Ensure alignment of CJMHSa Reinvestment Goals with other state initiatives with a shared target population (e.g. State Opioid Response funds, Managing Entity collaboration)
- Explore opportunities to promote the use of peers and development of recovery community organizations and clubhouse models statewide.
- Identify telehealth strategies and other best practices employed as a result of COVID-19 to determine opportunities for sustainability and flexibility in future procurements.

CJMHSa Technical Assistance Center Strategies

- Assist DCF SAMH in arranging an annual grantee meeting.
- Assess COVID-19 impacts on grantees and identify needs to support COVID-19 related technical assistance.
- Promote best practices associated with the use of telehealth and virtual services.
- Continue to work with DCF SAMH to improve quarterly progress reporting by grantees.
- Review and update subject matter experts and areas of technical assistance available to grantees.
- Provide TA on cost avoidance and cost savings methods.
- Expand data and evaluation capacity to assist grantees in program planning and evaluation.
- Enhance understanding of and participation in statewide workgroups and initiatives that aim to improve outcomes and services for the reinvestment grant program population.

SUMMARY OF TECHNICAL ASSISTANCE PROVIDED DURING PRIOR FY (7/1/19-6/30/20)

The CJMHSa TAC provides technical assistance in-person (site visits), via electronic mail, telephonically, virtually by way of Zoom, and via quarterly webinars. As stated previously, CJMHSa TAC facilitated 13 formal technical assistance events for 13 of the 32 grantees during the FY2019-20. As required in LH289, the following pages summarize the assistance provided by CJMHSa TAC.

Activities and Accomplishments

Per LH289 section C-1.1.2.2, the CJMHSa TAC must conduct a technical assistance needs assessment survey at the beginning of each fiscal year. The CJMHSa TAC disseminated the *FY2019-20 Technical Assistance Needs Assessment Survey* to:

- RFA06H16GS1 Implementation/Expansion grantees: sent 8/12/2019
- RFA03H17GN2 Implementation/Expansion grantees: sent 8/12/2019
- RFA11H20GN1 Implementation/Expansion Grantees: sent 8/12/2019
- RFA112818HSET1 Planning and Implementation/Expansion grantees: sent 8/12/2019 (only those executed in the beginning of FY19-20)

The top three technical assistance priorities identified in the FY2019-20 needs assessment surveys were:

- Reentry/ Discharge planning
- Permanent Supportive Housing
- Overall grant development/approach/strategic planning

CJMHSa TAC Quarterly Updates

Summaries of the quarterly updates convened by the CJMHSa TAC are below. The quarterly updates are executed using a webinar medium. The webinars are recorded and are posted to the CJMHSa TAC website, allowing grantees and their partners to revisit each webinar at their convenience.

November 13, 2019 Webinar

Khary Rigg, Ph.D., is a behavioral health services researcher with over 15 years of experience studying substance use disorders and an Associate Professor in the Department of Mental Health Law & Policy at University of South Florida. The webinar, titled, "The Opioid Crisis: Issues in Rural Areas and within the Criminal Justice System" focused on trends in the opioid crisis and associated issues within the criminal justice system. Approximately 91 individuals attended the webinar.

March 11, 2020 Webinar

Kristin Kosyluk is an Assistant Professor in the Department of Mental Health Law & Policy and faculty affiliate of the Louis de la Parte Mental Health Institute. The webinar, titled, "Understanding Stigma to Promote Inclusion and Recovery in Behavioral Health and Criminal Justice Settings" focused on awareness and prevention of stigma related to behavioral health disorders in the criminal justice and behavioral health systems. Approximately 76 individuals attended the webinar.

May 28, 2020 Webinar

In lieu of a formal conference call this quarter, the CJMHSa TAC promoted grantee attendance and participation in the SAMHSA Gains Center's Competence to Stand Trial Community of Practice Virtual Workshops, of which Florida Department of Children and Families was a member of the Community of Practice Team. The virtual workshops were convened three times weekly over a period of six weeks, beginning in May. Additionally, the Council of State Governments representative Rise Haneberg and Leah Vail-Compton the State Community Forensic Liaison for the Florida Department of Children and Families convened a Stepping Up webinar—titled, "The Stepping Up Initiative: What's Happening in Florida?" on May 28, 2020 with presentations by three current grantees counties: Polk County, Alachua County, and Miami-Dade County. The notice for the Community of Practice and Florida Stepping Up webinar was disseminated to all grantees by way of email and grantees were encouraged to attend along with the CJMHSa TAC for shared learning and discussion. Given the frequency of the Community of Practices webinar sessions, the TAC postponed its sponsored webinar to the next quarter. In response to the Black Lives Matter movement, the CJMHSa TAC hosted an additional webinar for the following quarter (July-Sept) which addressed the intersection between racial inequalities, mental health/substance use disorder, and the criminal justice system.

FY2019-20 CJMHSa TAC "Formal and Informal" Technical Assistance Overview

The table on the following page summarizes the formal and informal technical assistance (on-site and off-site) provided by CJMHSa TAC during FY2019-20 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. *Please note, formal technical assistance events are shaded grey.*

July 2019

Grantee/County C-2.5.2.2.1.1	Topic Area(s) of TA C-2.5.2.2.1.5	Type of TA (on-site, telephonic, email)
Centerstone of Florida (Manatee County)	SIM Planning	Email
LSF Health Systems	FY17-18 Baker Act Report	Email
Central Florida Cares Health System (Brevard County)	Baker Act data	Email
Martin County	SIM confirmation/planning	Email
LSF Health Systems (Marion County)	SIM confirmation/planning	Email
Centerstone of Florida (Manatee County)	SIM Planning	Telephonic
Centerstone of Florida (Manatee County)	SIM	On-site
Meridian Behavioral Healthcare (Levy County)	Levy County Strategic Plan	Email

August 2019

Grantee/County C-2.5.2.2.1.1	Topic Area(s) of TA C-2.5.2.2.1.5	Type of TA (on-site, telephonic, email)
EPIC Behavioral Healthcare (St. Johns County)	TA request and contact information for newly executed grant	Email
Seminole County	TA planning	Email
Martin County	SIM planning	Telephonic
Centerstone of Florida (Manatee County)	Strategic plan examples	Email
Central Florida Cares Health System (Brevard County)	Focus groups/needs assessment draft questions assistance	Email

Grantee/County C-2.5.2.2.1.1	Topic Area(s) of TA C-2.5.2.2.1.5	Type of TA (on-site, telephonic, email)
Miami-Dade County	Strategic planning TA	Telephonic
LSF Health Systems (Marion County)	SIM planning	Telephonic
Centerstone of Florida (Manatee County)	Segregation of jail inmates with mental health problems	Email

September 2019

Grantee/County C-2.5.2.2.1.1	Topic Area(s) of TA C-2.5.2.2.1.5	Type of TA (on-site, telephonic, email)
Central Florida Cares Health System (Brevard County)	Feedback on consultant survey for Needs Assessment	Email
Partnership for Child Health (Duval County)	TA needs assessment inquiry	Email
EPIC Behavioral Healthcare (St. Johns County)	Potential TA dates	Email
SMA Healthcare (Flagler County)	TA planning- strategic planning	Telephonic
LSF Health Systems (Marion County)	SIM	On-site
Seminole County	APIC TA planning	Email
Central Florida Cares Health System (Brevard County)	SIM planning	Telephonic
Seminole County	APIC TA planning	Telephonic
Hillsborough County LH249	TA planning	Telephonic
Polk County	Review/assistance with Polk County legislative priorities	Email

October 2019

Grantee/County C-2.5.2.2.1.1	Topic Area(s) of TA C-2.5.2.2.1.5	Type of TA (on-site, telephonic, email)
Hillsborough County LH249	Motivational Interviewing TA planning	Telephonic
Martin County	SIM planning (rescheduled due to hurricane)	Email

Grantee/County C-2.5.2.2.1.1	Topic Area(s) of TA C-2.5.2.2.1.5	Type of TA (on-site, telephonic, email)
Collier County	Strategic planning roundtable	On-site
Central Florida Cares Health System (Brevard County)	SIM	On-site
LSF Health Systems (Marion County)	Marion County SIM draft	Email
Central Florida Cares Health System (Brevard County)	Parenting-specific programming	Email
Seminole County	APIC training TA	On-site
SMA Healthcare (Flagler County)	TA planning	Email
Hillsborough County LHZ49	TA planning	Email
EPIC Behavioral Healthcare (St. Johns County)	Pre-trial risk assessment tool inquiry	Email

November 2019

Grantee/County C-2.5.2.2.1.1	Topic Area(s) of TA C-2.5.2.2.1.5	Type of TA (on-site, telephonic, email)
LSF Health Systems (Marion County)	Marion County SIM draft follow-up	Email
SMA Behavioral Healthcare (Flagler County)	TA planning	Email
EPIC Behavioral Healthcare (St. Johns County)	TA planning	Email
EPIC Behavioral Healthcare (St. Johns County)	APIC training	On-site
SMA Healthcare (Flagler County)	Strategic planning roundtable	On-site
Central Florida Cares Health System (Brevard County)	Brevard SIM edits	Email
Lee County	TA needs assessment follow-up	Email

December 2019

Grantee/County C-2.5.2.2.1.1	Topic Area(s) of TA C-2.5.2.2.1.5	Type of TA (on-site, telephonic, email)
Seminole County	Inquiry about juvenile component of grant program	Email
Miami-Dade County	Strategic planning roundtable	On-site
Centerstone of Florida (Manatee County)	Co-responder models	Email
Broward Behavioral Health Coalition	TA needs assessment reminder	Email
Martin County	SIM planning	Telephonic
Centerstone of Florida (Manatee County)	Inquiry regarding release of client information forms	Email
LSF Health Systems (Marion County)	Marion County SIM Final Report	Email
Central Florida Cares Health System (Brevard County)	Brevard County SIM Final Report	Email
Hillsborough County (LHZ49)	Motivational Interviewing scenarios	Email
LifeStream Behavioral Center (Lake County)	TA planning	Telephonic

January 2020

Grantee/County C-2.5.2.2.1.1	Topic Area(s) of TA C-2.5.2.2.1.5	Type of TA (on-site, telephonic, email)
Central Florida Cares Health System (Brevard County)	CIT program application	Email
LifeStream Behavioral Center (Lake County)	TA planning	Telephonic
Hillsborough County LHZ49	Motivational Interviewing training	On-site
Martin County	Martin County SIM	On-site
Southeast Florida Behavioral Health Network (Okeechobee County)	TA needs follow-up	Email
Lee County	TA planning	Email

February 2020

Grantee/County C-2.5.2.2.1.1	Topic Area(s) of TA C-2.5.2.2.1.5	Type of TA (on-site, telephonic, email)
Martin County	Martin SIM draft	Email
Seminole County	TA follow-up/check-in	Email
Southeast Florida Behavioral Health Network (Okeechobee County)	TA planning	Telephonic
Lee County	Reentry targeted mapping/APIC Model	On-site
Operation PAR (Pinellas County)	TA planning	Telephonic
Polk County	Baker Act data	Email
Kids Hope Alliance (Duval County)	TA planning call	Telephonic
Centerstone of Florida (Manatee County)	Letter of support for Reinvestment grant proposal	Pre-award TA
LifeStream Behavioral Center (Lake County)	Crisis Intervention Teams TA	On-site
Meridian Behavioral Healthcare (Levy County)	Letter of support for Reinvestment Grant proposal	Pre-award TA
Okaloosa County Department of Corrections	CJMHS A grant applications request	Pre-award TA
Central Florida Cares Health System (Brevard County)	CIT program information/contact information	Pre-award TA

March 2020

Grantee/County C-2.5.2.2.1.1	Topic Area(s) of TA C-2.5.2.2.1.5	Type of TA (on-site, telephonic, email)
Central Florida Cares Health System (Brevard County)	Letter of support for Reinvestment Grant proposal	Pre-award TA
Polk County	Letter of support for Reinvestment Grant proposal	Pre-award TA
Seminole County	TA planning- state hospital diversions	Telephonic
Seminole County	Letter of support for Reinvestment Grant proposal	Pre-award TA

Grantee/County C-2.5.2.2.1.1	Topic Area(s) of TA C-2.5.2.2.1.5	Type of TA (on-site, telephonic, email)
SMA Healthcare (Volusia County)	Letter of support for Reinvestment Grant proposal	Pre-award TA
Centerstone (Sarasota County) LHZ84	TA Needs Assessment Survey	Email
Hillsborough County LHZ69	Drug Court mapping planning	Telephonic
Polk County	Polk County Assets and Gaps template for distribution to stakeholders	Email
Central Florida Cares Health System (Brevard County)	Co-responder models document	Email
LifeStream (Lake County)	Finalized CIT Infrastructure Report	Email

April 2020

Grantee/County C-2.5.2.2.1.1	Topic Area(s) of TA C-2.5.2.2.1.5	Type of TA (on-site, telephonic, email)
Martin County	Transportation services for grant proposal	Email
Southeast Florida Behavioral Health Network (Okeechobee County)	TA planning follow-up	Email
Centerstone (Sarasota County) LHZ80	TA check-in	Email
Kids Hope Alliance (Duval County)	TA planning follow-up	Email
Seminole County	TA planning	Telephonic
Operation PAR (Pinellas County)	TA planning	Email
Polk County	Polk opioid response planning call	Telephonic
SMA Healthcare (Putnam County)	Supported Employment webinar	Email
Operation PAR (Pinellas County)	Supported Employment webinar	Email
Polk County	Prenatal substance exposure resources	Email

May 2020

Grantee/County C-2.5.2.2.1.1	Topic Area(s) of TA C-2.5.2.2.1.5	Type of TA (on-site, telephonic, email)
Meridian Behavioral Healthcare (Alachua and Bradford Counties)	Grant execution meeting, proposed expansion, reporting requirements for LHZ85	Zoom video conference
Operation PAR (Pinellas County)	TA planning	Email
Polk County	Asset and gap planning document	Email
Gadsden County Sheriff's Office	Grantee contact information	Email
Hillsborough County (LHZ69)	PSCC meeting follow-up	Email
Kids Hope Alliance (Duval County)	Family Engagement TA planning	Zoom video conference
Polk County	Asset and gap planning document	Email
Seminole County	CJMHSa application request to inform TA	Email
SEFBHN (Okeechobee County)	TA planning	Zoom video conference

June 2020

Grantee/County C-2.5.2.2.1.1	Topic Area(s) of TA C-2.5.2.2.1.5	Type of TA (on-site, telephonic, email)
Operation PAR (Pinellas County)	Co-occurring disorders TA planning	Zoom
Martin County	Risk assessment tool	Email
Seminole County	Seminole County strategic plan	Email
Chainless Change (Broward/Miami-Dade Counties)	Reinvestment Grant application, outreach to PSCC	Pre-award telephonic
Southeast Florida Behavioral Health Network (Okeechobee County)	Crisis models and Mini-Mapping	Zoom
Hillsborough County LHZ69	Motivational Interviewing TA planning	Email
Operation PAR (Pinellas County)	TA planning	Email

Grantee/County C-2.5.2.2.1.1	Topic Area(s) of TA C-2.5.2.2.1.5	Type of TA (on-site, telephonic, email)
Kids Hope Alliance (Duval County) LHZ58	Parent and Family Engagement TA	Zoom
Polk County	Polk County Opioid Response Planning Service Summary and Recommendations Report	Email
Southeast Florida Behavioral Health Network (Okeechobee County)	Final Crisis TA Report	Email

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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 use disorder 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 reentry services focused on mental health and substance use services and supports. Grantees may use funds to expand existing programs or to create new programs from the service menu in the authorizing legislation.

As reflected in Chapter 2016-241, Laws of Florida, the CJMHSa 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 21 grantees included nine providers, three managing entities, and nine county governments.

On March 8, 2017, DCF-SAMH released RFA 03H17GN2 (CJMHSa 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, two managing entities, and two county governments.

On November 9, 2017, DCF-SAMH released RFA 11H20GN1 to establish additional CJMHSa Reinvestment grant programs and on March 6, 2018, DCF awarded five new grants: one planning grant and four implementation/expansion grants. Grantees include two providers, two managing entities, and one county government.

On November 29, 2018, DCF SAMH released RFA 112818HSET1 and on March 15, 2019, DCF awarded 11 new grants: two planning and nine implementation/expansion grants. Grantees included seven providers, two managing entities, and two county governments. On July 18, 2019, DCF SAMH revised their agency decision and conditionally awarded eight additional grants: three planning grants and five implementation/expansion grants. Conditional grant funding was awarded to three providers, one managing entity, three county governments, and one sheriff's office.

On February 5, 2020, DCF SAMH released RFA RFA02L04GN1. In March 2020, DCF elected to cancel the solicitation and focus on preparing for another procurement in FY20-21, citing COVID-19. The Department recognized that counties, providers and communities needed to focus on the provision of services and the safety and well-being of staff. DCF-SAMH intends to issue a new solicitation in FY20-21 as soon as conditions are deemed sufficiently under control to allow counties to focus on planning, collaboration and authorizations necessary for the applications.

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APPENDIX B: GRANTEES—HISTORICAL SNAPSHOT

Historical Snapshot of CJMHSa Reinvestment Grantees

The table below provides a historical snapshot of all CJMHSa Reinvestment Grantees to date, including those outside of this current reporting period (FY19-20). Not all of the grantees listed below are “county grantees”. Grantees may be county governments, managing entities, sheriff’s offices, or private, not-for-profit providers. Grantees are listed 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. **Bold** text indicates active grants as of the FY19-20 annual report period.

County	Contract # Grantee, if not the county	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	LHZ48 (Meridian Behavioral Healthcare)	Implementation / Expansion	Adults	4/5/2017	3/31/2020
	LHZ85 (Meridian Behavioral Healthcare)	Implementation /Expansion	Adults	4/27/2020	3/31/2023
Bay	LHZ94 (Life Management Center)	Planning	Adults	7/1/2020	6/30/2021
Brevard	LHZ81 (Central Florida Cares Health System)	Planning	Adults	7/10/2019	6/30/2020
Broward	LHZ06	Implementation	Adults	5/14/2008	5/13/2011
	LHZ62 (Broward Behavioral Health Coalition)	Planning	Juveniles & Young Adults (12-21 yrs)	3/1/2017	2/28/2017
	LHZ79 (Broward Behavioral Health Coalition)	Implementation / Expansion	Juveniles	5/6/2019	4/30/2022

County	Contract # Grantee, if not the county	Grant Type	Target Population	Begin Date	End Date
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
Dixie	LH93 (Hanley Center Foundation)	Planning	Juveniles	7/1/2020	6/30/2020
Duval	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
	LHZ58 (Kids Hope Alliance)	Implementation / Expansion	Juveniles (Under 18 yrs)	11/1/2017	10/31/2020
	LHZ82 (MATCH)	Implementation / Expansion	Juveniles	7/30/2019	6/30/2022
Flagler	LHZ18	Planning	Adults	4/24/2008	4/23/2009
	LHZ34	Implementation	Adults	2/4/2011	2/3/2014
	LHZ38	Implementation/ Expansion	Adults	4/1/2014	3/31/2017
	LHZ63 (SMA Healthcare)	Planning	Juveniles	2/15/2017	1/31/2018
	LHZ78 (SMA Healthcare)	Implementation /Expansion	Juveniles (5-17 yrs)	8/1/2018	7/31/2021

County	Contract # Grantee, if not the county	Grant Type	Target Population	Begin Date	End Date
Gadsden	LHZ96 (Gadsden County Sheriff's Office)	Implementation	Adults	5/1/2020	4/30/2023
Glades	LHZ92 (Hanley Center Foundation)	Planning	Juveniles	7/1/2020	6/30/2021
Hendry	LHZ64 (Hanley Center Foundation)	Planning	Adults & Juveniles	2/1/2017	1/31/2018
Hernando	LHZ61 (LSF Health Systems)	Planning	Adults	2/2/2017	1/31/2018
	LHZ71 (LSF Health Systems)	Planning	Juveniles	11/9/2017	10/31/2018
	LHZ86 (LSF Health Systems)	Implementation	Juveniles	7/12/2020	6/30/2023
Hillsborough	LHZ20	Implementation	Adults	5/5/2008	6/30/2011
	LHZ40	Implementation/ Expansion	Adults	4/1/2014	3/31/2017
	LHZ49	Implementation	Adults	2/1/2017	1/31/2020
	LHZ69	Implementation / Expansion	Adults	10/4/2017	9/30/2020
	LHZ98	Implementation/ Expansion	Adults	8/2/2020	6/30/2023
Indian River	LHZ57 (Southeast Florida Behavioral Health Network)	Implementation / Expansion	Adults	1/31/2017	6/30/2020
	LHZ90 (Southeast Florida Behavioral Health Network)	Implementation/ Expansion	Adults	7/1/2020	6/30/2023
Lake	LHZ16	Planning	Adults	4/16/2008	4/15/2009
	LHZ30	Implementation	Adults	2/22/2011	2/21/2014
	LHZ39	Expansion	Adults	4/16/2014	3/31/2017

County	Contract # Grantee, if not the county	Grant Type	Target Population	Begin Date	End Date
	LHZ56 (LifeStream Behavioral Center)	Expansion	Adults	4/1/2017	3/31/2020
	LHZ95 (LifeStream Behavioral Center)	Expansion	Adults	4/23/2020	3/31/2023
Lee	LHZ10	Implementation	Adults	4/7/2008	4/6/2011
	LHZ28	Expansion	Adults	1/13/2011	1/12/2014
	LHZ44	Expansion	Adults	4/1/2014	3/31/2017
	LHZ59	Expansion	Adults	4/1/2017	3/31/2020
	LHZ97	Expansion	Adults	6/1/2020	5/31/2023
Leon	LHZ19	Implementation	Adults	5/1/2008	6/30/2011
	LHZ87 (Apalachee Center)	Implementation	Adults	7/23/2020	6/30/2023
Levy	LHZ75 (Meridian Behavioral Healthcare)	Planning	Adults	7/1/2018	6/30/2019
Manatee	LHZ80 (Centerstone of Florida)	Planning	Adults	7/10/2019	6/30/2020
Marion	LHZ03	Planning	Adults	3/28/2008	3/27/2009
	LHZ32	Implementation	Adults	2/28/2011	2/27/2014
	LHZ76 (LSF Health Systems)	Implementation / Expansion	Adults	8/13/2018	7/31/2021
Martin	LHZ05	Planning	Adults	3/28/2008	3/27/2009
	LHZ60	Implementation / Expansion	Adults & Juveniles	6/8/2017	5/31/2020
	LHZ89	Expansion	Adults & Juveniles	6/1/2020	5/31/2023
Miami-Dade	LHZ15	Implementation	Adults	4/15/2008	6/30/2011
	LHZ27	Expansion	Adults	1/31/2011	6/30/2014

County	Contract # Grantee, if not the county	Grant Type	Target Population	Begin Date	End Date
	LHZ50	Implementation / Expansion	Adults	3/7/2017	8/31/2020
Monroe	LHZ12	Planning	Adults	4/10/2008	4/9/2009
	LHZ37	Implementation	Adults	4/22/2011	6/30/2014
	LHZ53 (Guidance/Care Center)	Implementation / Expansion	Adults & Juveniles	1/13/2017	12/31/2019
Nassau	LHZ07	Implementation	Adults	3/28/2008	3/27/2011
Okeechobee	LHZ70 (Southeast Florida Behavioral Health Network)	Implementation / Expansion	Adults	11/20/2017	4/30/2021
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 (<16 yrs)	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	LHZ67 (BayCare Behavioral Health)	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	6/30/2020
	LH319 (Operation PAR)	Implementation / Expansion	Adults	11/1/2017	10/31/2020

County	Contract # Grantee, if not the county	Grant Type	Target Population	Begin Date	End Date
	LHZ91	Implementation/ Expansion	Adults	7/1/2020	6/30/2023
Polk	LHZ13	Implementation	Adults	4/10/2008	6/30/2011
	LHZ55	Implementation / Expansion	Adults	2/1/2017	4/30/2020
	LHZ77	Implementation /Expansion	Adult	9/1/2018	8/31/2021
Putnam	LHZ65 (Hanley Center Foundation)	Implementation/ Expansion	Adults & Juveniles (12-18 yrs)	2/1/2017	1/31/2018
	LHZ72 (SMA Healthcare)	Implementation / Expansion	Adults	1/3/2018	12/31/2020
Sarasota	LHZ47 (Centerstone of Florida)	Implementation / Expansion	Adults	2/1/2017	1/31/2020
	LHZ84 (Centerstone of Florida)	Implementation / Expansion	Adults	2/1/2020	1/31/2023
Seminole	LHZ41	Implementation	Adults	5/1/2014	4/30/2017
	LHZ71	Implementation / Expansion	Adults & Juveniles (6-17 yrs)	10/5/2017	09/30/2020
St. Johns	LHZ66 (SMA Healthcare)	Planning	Adults	2/17/2017	1/31/2018
	LHZ83 (EPIC Behavioral Healthcare)	Implementation / Expansion	Adults	7/10/2019	6/30/2022
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

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