



Annual Report 2021-2022

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

July 1, 2021 – June 30, 2022

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

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Substance Abuse Technical Assistance Center

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EXECUTIVE SUMMARY

The Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center (herein referred to as CJMHSА TAC), as required in Section 394.659, F.S., is pleased to present our FY2021-22 Annual Report to the Governor, the President of the Senate, and the Speaker of the House of Representatives. The CJMHSА TAC is housed in the Florida Mental Health Institute (FMHI) at the University of South Florida (USF). FMHI is part of USF's College of Behavioral and Community Sciences and encompasses the college's Department of Mental Health Law and Policy. Section 394.659, F.S., mandates the CJMHSА TAC to provide technical assistance to reinvestment 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 CJMHSА TAC contract with the Department of Children and Families requires the following details:

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

This report covers Fiscal Year 2021-22 including activities provided by one planning grantee and 34 implementation/expansion grantees. Each grant operates on a project-specific grant period, defines its specific target population, 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. Where possible when grantee reports contain additional detail, program testimonials and success stories are highlighted in graphics throughout this document.

In some instances, grantee reports crossover between fiscal years, with a blend of data containing both FY21-22 and FY22-23 information. In these cases, this report includes data available from these grantees on any program reporting that took place during FY21-22. **Table 1** presents grantee profiles that report beyond FY21-22 due to differences in quarterly reporting dates. Where this occurs, it is noted with an asterisk (*) in the individual grantee profile.

Table 1.

Grantee Profile Reporting

Grantee	Data reported through
Centerstone of Florida (Sarasota County) (LHZ84) Central Florida Cares Health System (Brevard County) (LH835) Gadsden County Sheriff's Office (LHZ96) Hillsborough County BOCC (LHZ98) Hillsborough County BOCC (LH842) Miami-Dade County (LH826) Seminole County BOCC (LH828) SMA Healthcare (Flagler County) (LHZ78) We Are All We Need (Leon County) (LH836)	July 31, 2022
Central Florida Cares Health System (Osceola County) (LH830) Hanley Foundation (Palm Beach County) (LH832) Martin County (LHZ89) Polk County BOCC (LH833)	August 31, 2022

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GRANTEE OVERVIEW- ACTIVE GRANTS DURING THIS REPORTING PERIOD

- ▶ 2018-2021 Implementation/Expansion Grantees
 - Broward Behavioral Health Coalition (Broward County) (LHZ79)
 - Lutheran Services Florida Health Systems (Marion County) (LHZ76)
 - Polk County BOCC (LHZ77)
 - SMA Healthcare (Flagler County) (LHZ78)
- ▶ 2019-2022 Implementation/Expansion Grantees
 - EPIC Behavioral Healthcare (St. Johns County) (LHZ83)
 - Managed Access for Child Health (Duval County) (LHZ82)
- ▶ 2020-2023 Implementation/Expansion Grantees
 - Apalachee Center (Leon County) (LHZ87)
 - Centerstone of Florida (Sarasota County) (LHZ84)
 - Gadsden County Sheriff's Office (LHZ96)
 - Hillsborough County BOCC (LHZ98)
 - Lee County BOCC (LHZ97)
 - LifeStream Behavioral Center (Lake County) (LHZ95)
 - Lutheran Services Florida Health Systems (Hernando County) (LHZ86)
 - Martin County BOCC (LHZ89)
 - Meridian Behavioral Healthcare (Alachua and Bradford Counties) (LHZ85)
 - Pinellas County BOCC (LHZ91)
 - Southeast Florida Behavioral Health Network (Indian River County) (LHZ90)
- ▶ 2021-2024 Implementation/Expansion Grantees
 - Centerstone of Florida (Manatee County) (LH819)
 - Collier County (LH823)
 - Flagler County (LH820)
 - Kids Hope Alliance (Duval County) (LH824)
 - Miami-Dade County (LH826)
 - Meridian Behavioral Health (Levy County) (LH822)
 - Orange County BOCC (LH818)
 - Seminole County BOCC (LH828)
 - SMA Healthcare (Putnam County) (LHZ99)
 - Southeast Florida Behavioral Health Network (Okeechobee County) (LH825)
- ▶ 2022-2023 Planning Grantee
 - Hanley Foundation (Palm Beach County) (LH832)

► 2022-2025 Implementation/Expansion Grantees

- BayCare Behavioral Health (Pasco County) (LH831)
- Central Florida Cares Health System (Brevard County) (LH835)
- Central Florida Cares Health System (Osceola County) (LH830)
- Hillsborough County BOCC (LH842)
- Pinellas County (LH834)
- Polk County BOCC (LH833)
- We Are All We Need (Leon County) (LH836)

TARGET POPULATIONS SERVED

Table 2 identifies each grantee and the target populations, and it summarizes information across grantees indicating that these projects collectively proposed to serve the following number of individuals in each target population over the lifetime of their grant program: 455 people between the ages of 5 and 17; 195 people between the ages of 12 and 20; 150 people between the ages of 12 and 21; 145 people between the ages of 14 and 21; 750 individuals under age 17; 2,040 people under age 18; 150 youth and young adults up to age 25; 665 adults and 290 juveniles for grants serving both of these age groups; 6,898 adults ages 18 and over; and 990 adults over the age of 24. Overall, grantees proposed to serve 12,728 individuals across the lifetime of their innovative CJMHSAs-funded projects.

Table 2.
Grantee Target Populations

Grantee * Denotes planning grants	Target Population	Target Number of Individuals to be Served over Program Lifetime	Total Target Number of Individuals to be Served Across Grantees
SMA Healthcare (Flagler County) (LH78)	5-17 years of age	455	455
Hillsborough County BOCC (LH842)	12-20 years of age	195	195
Broward Behavioral Health Coalition (Broward County) (LH79)	12-21 years of age	150	150
Pinellas County (LH91)	14-21 years of age	145	145
We Are All We Need (Leon County) (LH836)	Under the age of 17	750	750
Kids Hope Alliance (Duval County/City of Jacksonville) (LH824)	Under the age of 18	1,200	2,040
Lutheran Services Florida Health Systems (Hernando County) (LH86)	Under the age of 18	150	

Grantee * Denotes planning grants	Target Population	Target Number of Individuals to be Served over Program Lifetime	Total Target Number of Individuals to be Served Across Grantees
Managed Access for Child Health (Duval County/City of Jacksonville) (LH82)	Under the age of 18	690	
Hanley Foundation (Palm Beach County) (LH832)*	16 -24 years of age	N/A - Planning	-
Flagler County (LH820)	Youth and young adults up to age 25	150	150
Seminole County BOCC (LH828)	Adults and Juveniles ages 6-17	55 adults 75 juveniles	665 adults 290 juveniles
SMA Healthcare (Putnam County) (LH299)	Adults and juveniles	400 adults 165 juveniles	
Southeast Florida Behavioral Health Network (Okeechobee County) (LH825)	Adults and juveniles	210 adults 50 juveniles	
Apalachee Center (Leon County) (LH87)	Adults 18 and over	240 FIRST clients and 50 day services clients	6,898
BayCare Behavioral Health (Pasco County) (LH831)	Adults 18 and over	270	
Centerstone of Florida (Manatee County) (LH819)	Adults 18 and over	150	
Centerstone of Florida (Sarasota County) (LH84)	Adults 18 and over	237	
Central Florida Cares Health System (Osceola County) (LH830)	Adults 18 and over	165	
Collier County (LH823)	Adults 18 and over	300	
EPIC Behavioral Healthcare (St. Johns County) (LH83)	Adults 18 and over	165	
Gadsden County Sheriff's Office (LH296)	Adults 18 and over	150	
Hillsborough County BOCC (LH298)	Adults 18 and over	90	
Lee County BOCC (LH297)	Adults 18 and over	1,200	
LifeStream Behavioral Center (Lake County) (LH295)	Adults 18 and over	228	
Lutheran Services Florida Health Systems (Marion County) (LH276)	Adults 18 and over	450	

Grantee * Denotes planning grants	Target Population	Target Number of Individuals to be Served over Program Lifetime	Total Target Number of Individuals to be Served Across Grantees
Martin County BOCC (LHZ89)	Adults 18 and over	300	
Meridian Behavioral Health (Alachua/Bradford Counties) (LHZ85)	Adults 18 and over	990	
Meridian Behavioral Health (Levy County) (LHZ22)	Adults 18 and over	270	
Miami-Dade County (LHZ26)	Adults 18 and over	150	
Orange County BOCC (LHZ18)	Adults 18 and over	1,080	
Pinellas County BOCC (LHZ34)	Adults 18 and over	105	
Polk County BOCC (LHZ77)	Adults 18 and over	98	
Polk County BOCC (LHZ33)	Adults 18 and over	210	
Southeast Florida Behavioral Health Network (Indian River County) (LHZ90)	Adults 18 and over	120	
Central Florida Cares Health System (Brevard County) (LHZ35)	Adults over 24 years of age	990	990
TOTAL			12,728

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 CJMHSR grants. These include: Centerstone (Sarasota County; LHZ84), Flagler County BOCC (LHZ20; expansion of SMA Healthcare grant program), Hillsborough County (LHZ98), Kids Hope Alliance (Duval County/City of Jacksonville; LHZ24), Lee County BOCC (LHZ97), LifeStream Behavioral Center (Lake County; LHZ95), Martin County (LHZ89), Meridian Behavioral Healthcare (Alachua and Bradford Counties; LHZ85), Miami-Dade County (LHZ26), Polk County (LHZ33), Seminole County (LHZ28), SMA Healthcare (Putnam County; LHZ99), and Southeast Florida Behavioral Health Network (Indian River County; LHZ90 and Okeechobee County; LHZ25).

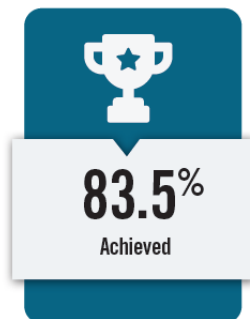
- There was only one active planning grantee during this reporting period. Despite recently starting the project in March 2022, the grantee reported already achieving some their proposed performance measures that included activities like completing a community needs assessment, identifying the target population, establishing data sharing agreements and partnerships, and

conducting a local SIM workshop. Planning activities to be completed during the remainder of the project include identifying barriers, implementing Youth Mental Health First Aid training, and developing a strategic plan.

- ▶ Six implementation/expansion grant programs completed their three-year grant programs in FY21-22. While not all performance measures were met by each grantee, all six of these grantees were generally successful in meeting the overall goals stated in their initial applications, and all six met the majority of their performance measures. These grantees must explore sustainability options, examine opportunities to integrate reinvestment grant programs into their existing infrastructure, and proactively seek out and apply for additional funding opportunities as they become available. Continued efforts should ensure that workflows, partnerships, data sharing agreements, 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.
- ▶ Twelve implementation/expansion grant programs have completed between two and three years of operation or have a no cost extension. All of these grantees have made considerable progress toward achieving their goals, and four of them met or exceeded all of their performance measures.
- ▶ Sixteen implementation/expansion grants have been operational for one year or less and are on target to achieve their goals. Although it is too early for these grantees to report on project measure performance for indicators that examine outcomes following program completion, nearly all of them reported meeting or exceeding most of their performance measures.

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

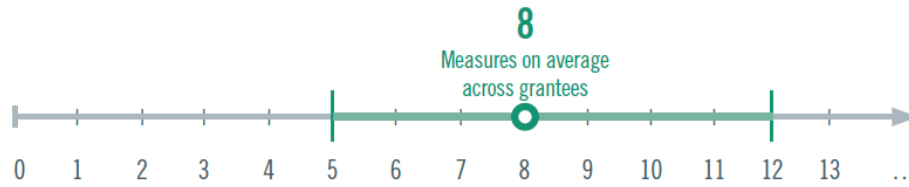
Grantee applications, contracts, and quarterly reports are the sources from which information and data presented in this report originate. All grantees report success in achieving or exceeding at least some of their goals and performance measures, and they are making good progress when these are not formally met. There are some instances in which grantees had to modify timelines, program goals, and/or operations as a result of the COVID-19 pandemic and continue to work towards progress with meeting delayed deliverables; details concerning these modifications and COVID-19 impacts are discussed in a later section of this report.



Implementation/expansion grantees are required to collect and report data addressing a set of performance measures. Importantly, grantees propose their own targets. Different grantees have different performance measures that they are supposed to report on a quarterly basis. The average number of performance measures per grantee is eight, ranging from as few as five to as many as twelve. Overall, grantees collectively reported on a total 292 performance measures, and they impressively achieved 83.5% of them. Though grantee

performance was very good overall, performance varied widely across grantees; though some grantees reported meeting 100% of their performance measures, the lowest performing grantee reported achieving 33% of them.

Performance Measures Per Grantee



Several types of performance measures are common across grantees. For instance, most grantees report on reductions in participant arrests during and after program involvement, increases in housing status at the beginning and following program involvement, increased employment during and following program participation, and acquisition of benefits early on during program involvement. **Table 3** lists the seven most common types of performance measures, it maps them onto the list of grantees to indicate who reports on them, and it specifies each grantee's status with regard to achieving them (i.e., Met, Not Met, Too Early to Report, or Not Applicable). The bottom of the table summarizes rates of achievement across grantees for each of these performance measures. Grantees reported that they are having the most success with regard to assisting participants with benefits acquisition, with an overwhelming 96% of relevant grantees indicating that they met or exceeded their benefits targets. Grantees indicated that the next most successful areas of performance were in the areas of reduced arrests while participants are enrolled in the program (93.5% met), and increased housing during program involvement (90% met).



The performance areas in which grantees reported the most difficulty were increased employment during program involvement (64.7%), increased housing rates following program participation (66.7%), and increased employment following program involvement (69.2%).

Housing is a common and longstanding challenge for programs serving the reinvestment grant target populations, underscoring the need for increased transitional and permanent housing options for individuals confronted with the combination of behavioral health and criminal justice histories. Further exacerbating progress towards housing goals is the increasingly competitive housing market. The field of affordable housing has seen devastating impacts on inventory availability; landlords and owners of properties that had been used as affordable housing are selling inventory to benefit from rising home values, construction projects for affordable housing units have been delayed due to supply issues, and home inventory is down while demand is high. In addition, rental prices are increasing at record rates which limit options for previously affordable rental units. Despite this being a nationwide issue, this is particularly true for Florida, which hosted eight of the 10 markets in year-over-year rent increases in early 2022¹. Grantees will need to increasingly focus on innovative solutions to these challenges and aim to

¹ Waller, Weeks, and Johnson Rental Index. (2022). Florida Atlantic University, College of Business. Retrieved from <https://business.fau.edu/executive-education/overvalued-rental-markets/>

build connections with key stakeholders in the housing market, such as builders, realtors, and local Community Finance Development Authority representatives to ensure all parties are engaged in mitigating housing barriers for the target population.

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.

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Table 3.*Grantee Performance Measure Status*

Implementation/Expansion Grantee	The Seven Most Common Performance Measures (PMs) (✓ Indicates That Measure Was Met; ✗ Indicates That Measure Was Not Met; - Indicates That This is Not a PM for This Grantee)							Overall Performance	
	↓ Arrests in Pgm	↓ Arrests after Pgm	↑ Housing in Pgm	↑ Housing after Pgm	↑ Employ in Pgm	↑ Employ after Pgm	↑ Benefits	Total # PMs	% of PMs Met ¹
Apalachee Center (Leon County) (LHZ87)	✓	✗	✓	✓	✓	✓	✓	9	88.9%
BayCare (Pasco County) (LH831)	✓	Too Early	Too Early	Too Early	Too Early	Too Early	Too Early	10	100.0%
Broward Behavioral Health Coalition (Broward County) (LHZ79)	✓	✓	✓	✓	✗	✗	✓	9	66.7%
Centerstone of Florida (Manatee County) (LH819)	✓	✓	✓	Too Early	✓	Too Early	✓	9	100.0%
Centerstone of Florida (Sarasota County) (LHZ84)	✓	✓	✓	✓	✓	✓	✓	9	100.0%
Central Florida Cares Health System (Brevard County) (LH835)	✓	Too Early	-	-	-	-	-	8	33.3%
Central Florida Cares Health System (Osceola County) (LH830)	✓	Too Early	Too Early	-	-	-	-	8	100.0%
Collier County (LH823)	✓	✓	-	-	-	-	✓	6	100%
EPIC Behavioral Healthcare (St. Johns County) (LHZ83)	✗	✗	✓	-	✓	✓	✓	8	62.5%
Flagler County (LH820)	✓	-	-	-	-	-	✓	5	66.7%
Gadsden County Sheriff's Office (LHZ96)	✓	✓	✓	✗	✓	✓	✓	9	88.9%

Implementation/Expansion Grantee	The Seven Most Common Performance Measures (PMs) (✓ Indicates That Measure Was Met; ✗ Indicates That Measure Was Not Met; - Indicates That This is Not a PM for This Grantee)							Overall Performance	
	↓ Arrests in Pgm	↓ Arrests after Pgm	↑ Housing in Pgm	↑ Housing after Pgm	↑ Employ in Pgm	↑ Employ after Pgm	↑ Benefits	Total # PMs	% of PMs Met ¹
Hanley (Palm Beach County) (LH832)	-	-	-	-	-	-	-	8	100.0%
Hillsborough County BOCC (LH298)	✓	✓	✓	Too Early	✗	-	✓	8	85.7%
Hillsborough County BOCC (LH842)	✓	Too Early	-	-	-	-	Too Early	7	100.0%
Kids Hope Alliance (Duval County) (LH824)	✓	✗	Too Early	-	Too Early	Too Early	Too Early	8	75.0%
Lee County BOCC (LH297)	✓	✗	-	✗	-	-	✓	5	60.0%
LifeStream Behavioral Center (Lake County) (LH295)	✓	✓	✓	✗	✗	✗	✓	9	62.5%
Lutheran Services Florida Health Systems (Hernando County) (LH286)	✓	✓	✓	✓	-	-	✓	8	100.0%
Lutheran Services Florida Health Systems (Marion County) (LH276)	✗	✓	✓	✗	✓	✓	✓	8	75.0%
Managed Access for Child Health (Duval County/City of Jacksonville) (LH282)	✓	✓	N/A None Eligible	N/A None Eligible	N/A None Eligible	-	N/A None Eligible	8	100.0%
Martin County BOCC (LH289)	✓	✓	✓	✓	✓	✓	✓	9	100.0%
Meridian Behavioral Health (Alachua/Bradford Counties) (LH285)	✓	✓	✗	✓	✗	✓	✓	10	70.0%

Implementation/Expansion Grantee	The Seven Most Common Performance Measures (PMs) (✓ Indicates That Measure Was Met; ✗ Indicates That Measure Was Not Met; - Indicates That This is Not a PM for This Grantee)							Overall Performance	
	↓ Arrests in Pgm	↓ Arrests after Pgm	↑ Housing in Pgm	↑ Housing after Pgm	↑ Employ in Pgm	↑ Employ after Pgm	↑ Benefits	Total # PMs	% of PMs Met ¹
Meridian Behavioral Health (Levy County) (LH822)	✓	Too Early	✓	Too Early	Too Early	Too Early	✗	10	66.7%
Miami-Dade County (LH826)	✓	✓	-	-	-	-	✓	6	100.0%
Orange County BOCC (LH818)	Too Early	Too Early	Too Early	Too Early	Too Early	Too Early	Too Early	9	Too Early
Pinellas County BOCC (LH291)	✓	✓	✗	✓	✗	✗	✓	9	66.7%
Pinellas County BOCC (LH834)	Too Early	Too Early	Too Early	Too Early	-	Too Early	Too Early	8	Too Early
Polk County BOCC (LH277)	✓	✓	✓	✗	✓	✗	✓	8	75%
Polk County BOCC (LH833)	✓	Too Early	✓	Too Early	✓	Too Early	✓	10	100.0%
Seminole County BOCC (LH828)	✓	✓	Too Early	Too Early	Too Early	Too Early	✓	12	83.3%
SMA Healthcare (Flagler County) (LH278)	✓	✗	✓	✓	-	-	✓	6	66.7%
SMA Healthcare (Putnam County) (LH299)	✓	✓	✓	✓	✓	✓	✓	9	100.0%
Southeast Florida Behavioral Health Network (Indian River County) (LH290)	✓	✓	✓	✓	✗	✓	✓	10	77.8%
Southeast Florida Behavioral Health Network (Okeechobee County) (LH825)	✓	✓	✓	Too Early	✓	Too Early	✓	12	100.0%
We Are All We Need (Leon County) (LH836)	Too Early	-	Too Early	-	-	-	Too Early	5	Too Early

Implementation/Expansion Grantee	The Seven Most Common Performance Measures (PMs) (✓ Indicates That Measure Was Met; ✗ Indicates That Measure Was Not Met; - Indicates That This is Not a PM for This Grantee)							Overall Performance	
	↓ Arrests in Pgm	↓ Arrests after Pgm	↑ Housing in Pgm	↑ Housing after Pgm	↑ Employ in Pgm	↑ Employ after Pgm	↑ Benefits	Total # PMs	% of PMs Met ¹
Number of Grantees with This Measure	34	32	28	25	23	22	32	-	-
Number of Grantees Reporting on This Measure	34	32	28	25	23	22	32	-	-
Number of Grantees Who <u>Met</u> This Measure	29	19	18	10	11	9	24	-	-
Number of Grantees Who <u>Could not Report</u> on This Measure (Too Early, Not Applicable, Etc.)	3	8	8	10	6	9	7	-	-
Number of Grantees <u>Did Not Meet</u> This Measure	2	5	2	5	6	4	1	-	-
Percent of Relevant Grantees Meeting This Measure ¹	93.5%	79.2%	90.0%	66.7%	64.7%	69.2%	96.0%	292	83.5%

1. The percent of performance measures (PMs) met was calculated as number met divided by the number that were applicable; PMs coded as Too Early or Not Applicable were not considered applicable, so they were not used in the denominator of this equation.

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

Table 4 provides information regarding grantee performance with regard to diversion of individuals from State mental health treatment facilities. As noted in the table, 10 implementation/expansion grantees reported *diverting 100 percent* of their grant-funded program participants who would have been eligible for admittance into a state mental health treatment facility. Six grantees reported *varying level of successful* diversion, though this was slightly less than 100%. Nineteen grantees reported *no diversions*, though this was either because: 1) it is too early to report on this, 2) diversion is not a performance measure, 3) no participants were at risk or eligible for forensic commitment to a state mental health treatment facility, and/or 4) diversion is not applicable for the target population (e.g., youth).

It is important to reiterate 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, some juvenile grants (e.g., Kids Hope Alliance Duval, Managed Access for Child Health Duval, SMA Healthcare Flagler) serve populations that are often not eligible for forensic commitment. Table 4 presents a summary of diversions from state mental health treatment facilities for programs that were serving clients eligible for state hospital admission.

Table 4.

Grantee Progress on Diversions from State Mental Health Treatment Facilities

Implementation/Expansion Grantee	Diverted 100%	Some Diverted	N/A or Too Early to Report
Apalachee Center (Leon County) (LHZ87)		97%	
BayCare (Pasco County) (LH831)	X		
Broward Behavioral Health Coalition (Broward County) (LHZ79)			X
Centerstone of Florida (Manatee County) (LH819)	X		
Centerstone of Florida (Sarasota County) (LHZ84)		99%	
Central Florida Cares Health System (Brevard County) (LH835)			X
Central Florida Cares Health System (Osceola County) (LH830)	X		

Implementation/Expansion Grantee	Diverted 100%	Some Diverted	N/A or Too Early to Report
Collier County (LH823)			X
EPIC Behavioral Healthcare (St. Johns County) (LH823)			X
Flagler County (LH820)			X
Gadsden County Sheriff's Office (LH824)		85%	
Hanley (Palm Beach County) (LH832)			X
Hillsborough County BOCC (LH832)	X		
Hillsborough County BOCC (LH842)			X
Kids Hope Alliance (Duval County) (LH824)			X
Lee County BOCC (LH824)			X
LifeStream Behavioral Center (Lake County) (LH824)			X
Lutheran Services Florida Health Systems (Hernando County) (LH824)			X
Lutheran Services Florida Health Systems (Marion County) (LH824)	X		
Managed Access for Child Health (Duval County/City of Jacksonville) (LH824)			X
Martin County BOCC (LH824)	X		
Meridian Behavioral Health (Alachua/Bradford Counties) (LH824)		98%	
Meridian Behavioral Health (Levy County) (LH824)			X
Miami-Dade County (LH826)	X		
Orange County BOCC (LH818)			X
Pinellas County BOCC (LH824)	X		
Pinellas County BOCC (LH834)			X
Polk County BOCC (LH824)			X
Polk County BOCC (LH833)			X
Seminole County BOCC (LH828)	X		
SMA Healthcare (Flagler County) (LH828)			X
SMA Healthcare (Putnam County) (LH828)	X		
Southeast Florida Behavioral Health Network (Indian River County) (LH828)		99%	
Southeast Florida Behavioral Health Network (Okeechobee County) (LH825)		97%	
We Are All We Need (Leon County) (LH836)			X
Total # Grantees	10	6	19

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

Each grant program 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 the costs of arrests or jail days that have been unused or shortened as a result of the grant programs. For example, SMA Healthcare's grant (LHZ99) recorded that Putnam County's Crisis Triage and Treatment Unit (CTTU) resulted in a cost-savings of \$4,514,563.60 associated with jail diversion. As of January 2022, the CTTU transported 131 juveniles and adults under a Baker Act Order at the request of law enforcement officers. Of the 131 transports, 119 individuals were placed with the CSU in lieu of being arrested. Each of the 119 individuals who were involuntarily committed under a Baker Act Order would have otherwise been arrested and transported to jail or juvenile detention. Through admission of these individuals to the CSU rather than jail, the CTTU program facilitated cost avoidance related to cost of jail days for the 119 individuals, with an amount estimated to be approximately \$4,514,563.60 based on an average jail day cost of \$104.56/day.

Other grantees sometimes apply a return on investment (ROI) calculation to their programs, such as Polk County BOCC (LHZ77) who reported a \$349,239 fiscal impact resulting from a 71% reduction in jail days. Given the varying program effective dates for each grantee, some grantees are further along in their processes for calculating fiscal impact on these expenditures. Of the eight implementation/expansion grantees that have been able to conduct and report on these fiscal analyses, cost avoidance estimates range from \$89,742 to \$4,514,563 and vary depending on the grant's target population and service areas (**Table 5**). Overall, the eight grantees who provided information in this format collectively reported a fiscal impact of \$11,843,570. Most grantees have consistently reported that program participants received increased services in the communities rather than in jails and detention centers; further, grantee reports have continued to emphasize another consistent theme in that for those individuals being detained in jails, the length of stay is shortened as a result of being diverted to these grant-funded programs.

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Table 5.*Grantee Fiscal Impact Summary*

Grantee	Fiscal Impact (Costs Avoided)	Additional Human Resource Savings	Contributing Factors
Broward Behavioral Health Coalition (Broward County) (LHZ79)	\$3,771,297		Diversion from juvenile detention
Centerstone of Florida (Manatee County) (LH819)	\$128,229		Reduction in jail days
Centerstone of Florida (Sarasota County) (LHZ84)	\$262,000		Reduction in arrests
Pinellas County BOCC (LHZ91)	\$89,742		Diversion from juvenile detention
Polk County BOCC (LHZ77)	\$349,239	Reduced emergency medical services transports	Reductions in jail days, crisis stabilization, and detoxification
SMA Healthcare (Putnam County) (LHZ99)	\$4,514,563		Reductions in jail days
Southeast Florida Behavioral Health Network (Indian River County) (LHZ90)	\$2,266,500		Reduction in jail days
Southeast Florida Behavioral Health Network (Okeechobee County) (LH825)	\$461,750		Reduction in jail days
Total Across Reporting Grantees	\$11,843,570		

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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



Grantee reports continue to describe the positive impacts that their programs are having on the local jail and/or detention population through a reduction in arrests, shorter jail stays, and increases in access to treatment, housing, benefits, and diversion efforts. More details are later included in this report's grantee profile section.

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 over 7,500 individuals. In this year alone, 3,314 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, one grantee (We Are All We Need; LH836) received funding to support its LIFE Center community space, which serves as a drop-in center for youth 17 and under to be during day and nighttime hours as an alternative to unsupervised time. Community and parent testimonials affirm the value of this service as one that provides opportunities for early interventions and “keeps youth off the streets.” Initiatives like this are critical for ensuring that juveniles are able to remain in their community and thrive in settings where the likelihood of arrest or delinquent behavior is reduced.

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 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 6** provides an overview of the number of individuals served and the number of individuals who participated in CIT, MHFA, or other law enforcement training in the grant-funded

programs where the expansion of CIT/MHFA and other such trainings 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 6.
Number Served – Program Lifetime

Implementation/Expansion Grantees * Denotes planning grants	Number Served FY21-22*	Number Served Program Lifetime	CIT / LE Training Program Lifetime	MHFA Training Program Lifetime
Apalachee Center (Leon County) (LHZ87)	139	245	-	-
BayCare (Pasco County) (LH831)	26	26	-	42
Broward Behavioral Health Coalition (Broward County) (LHZ79)	36	139	-	-
Centerstone of Florida (Manatee County) (LH819)	37	37	-	-
Centerstone of Florida (Sarasota County) (LHZ84)	33	172	107	193
Central Florida Cares Health System (Brevard County) (LH835)	5	5	0	-
Central Florida Cares Health System (Osceola County) (LH830)	33	33	-	-
Collier County (LH823)	40	40	-	-
EPIC Behavioral Healthcare (St. Johns County) (LHZ83)	70	159	83 LE training ¹	-
Flagler County (LH820)	59	59	-	-
Gadsden County Sheriff's Office (LHZ96)	11	95	5	-
Hanley (Palm Beach County) (LH832)	Planning	Planning	Planning	Planning
Hillsborough County BOCC (LHZ98)	24	58	-	-
Hillsborough County BOCC (LH842)	14	14	-	-
Kids Hope Alliance (Duval County) (LH824)	297	297	-	-
Lee County BOCC (LHZ97)	783	1920	-	-
LifeStream Behavioral Center (Lake County) (LHZ95)	68	155	-	-
Lutheran Services Florida Health Systems (Hernando County) (LHZ86)	134	197	-	-
Lutheran Services Florida Health Systems (Marion County) (LHZ76)	76	297	197 LE training	-
Managed Access for Child Health (Duval County/City of Jacksonville) (LHZ82)	477	1134	306 LE training	-

Implementation/Expansion Grantees * Denotes planning grants	Number Served FY21-22*	Number Served Program Lifetime	CIT / LE Training Program Lifetime	MHFA Training Program Lifetime
Martin County BOCC (LHZ89)	107	342	-	-
Meridian Behavioral Health (Alachua/Bradford Counties) (LHZ85)	81	588	86	206
Meridian Behavioral Health (Levy County) (LHZ22)	18	18	-	0
Miami-Dade County (LH826)	44	44	-	-
Orange County BOCC (LH818)	0	0	0	-
Pinellas County BOCC (LHZ91)	46	72	-	-
Pinellas County BOCC (LH834)	0	0	-	-
Polk County BOCC (LHZ77)	59	119	-	-
Polk County BOCC (LH833)	39	39	-	-
Seminole County BOCC (LH828)	29	29	61	-
SMA Healthcare (Flagler County) (LHZ78)	132	371	-	-
SMA Healthcare (Putnam County) (LHZ99)	177	459	5	5
Southeast Florida Behavioral Health Network (Indian River County) (LHZ90)	81	234	-	-
Southeast Florida Behavioral Health Network (Okeechobee County) (LH825)	71	71	2	-
We Are All We Need (Leon County) (LH836)	68	68	-	-
Total Served	3,314	7,536	852	446

1. In addition to CIT, EPIC Behavioral Healthcare (LHZ83) conducts various law enforcement trainings including Question Persuade Refer (QPR) training, Mental Health First Aid, suicide prevention training, and on-going screening and assessment tools trainings.
2. In addition to CIT, Gadsden County Sheriff's Office (LHZ96) provides access to HIV/STD services.
3. Lutheran Services Florida Health Systems (Hernando County) (LHZ86) provides training to primary care professionals on integrated primary care and behavioral health that is not reflected in these numbers.
4. Lutheran Services Florida Health Systems (Marion County) (LHZ76) and Managed Access to Child Health (LHZ82) also provide other training to law enforcement professionals that is not reflected in these numbers.

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. Collectively, the 35 grantees included in this report reported leveraging and expending a total of \$15,042,481 in matching funds over the lifetime of their CJMHSA initiatives.

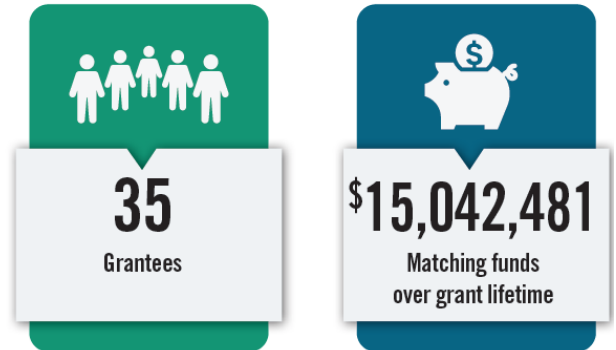


Figure 2.

Match Contribution by Category

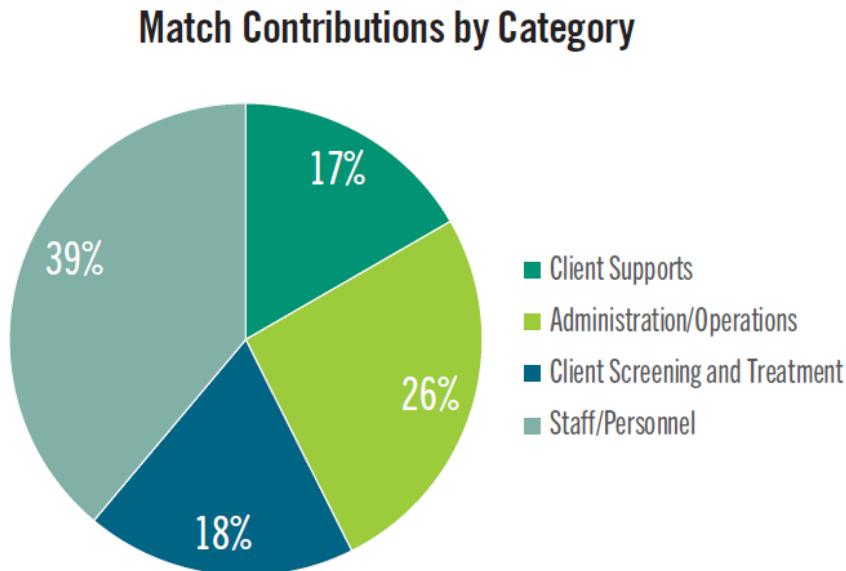
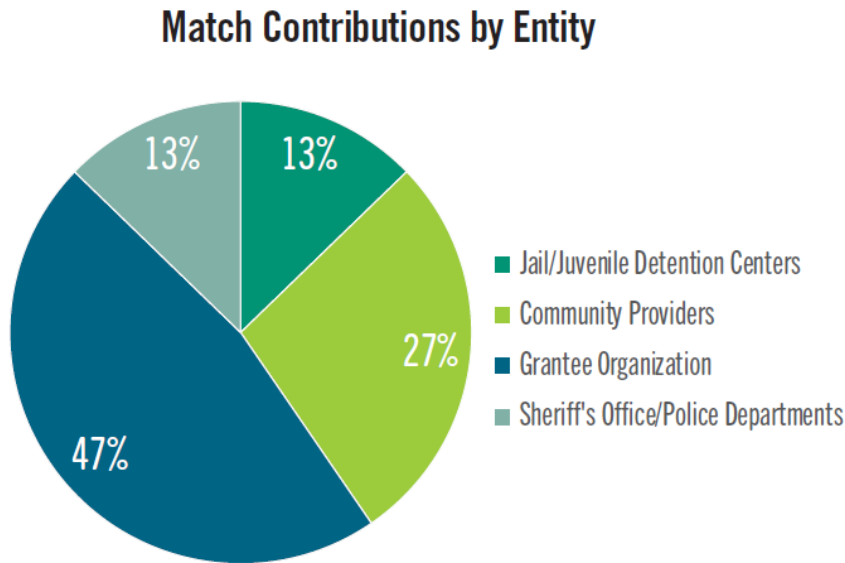


Figure 3.*Match Contribution by Entity*

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

IMPACT OF EXTERNAL FACTORS 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. Since then, communities throughout Florida have evolved to accommodate the reality of COVID-19 long-term and many grantees report that systems have returned to normal operations as of FY21-22. Where specifically identified by grantees as a continued issue, more details describing COVID-19's impacts are provided in this report's subsequent grantee profile sections. It is important to note that not all COVID-19 impacts were detrimental to programs; in some cases, positive changes occurred as best practices in telehealth and operational efficiencies were realized.

Despite the direct impacts of COVID-19 lessening over FY21-22, other issues have emerged as pressing for grantees to address. What appears to be of largest concern and impact is the workforce shortage and capacity challenges of both behavioral health and criminal justice systems. This has resulted in increasing vacancies in positions for grantee programs and for those community partners involved in the grant programs. In addition, when positions are filled, turnover is common and wage expectations are difficult for grant-funded programs to meet. Recent data suggests that Florida has approximately 550

mental health providers for every 1 individual². In contrast, **Table 7** outlines recommended provider: patient ratios for common services funded or referred to by reinvestment grant programs. For example, Pinellas County (LHZ91) had to request a budget modification to increase program staff compensation in order to increase recruitment and retention of qualified personnel. Broward Behavioral Health Coalition (LHZ79) also reported challenges with collaboration due to staff turnover at their Commitment Center(s).

Table 7.

Recommended Provider: Patient Ratios



Service Type	Recommended Provider: Patient ratio
Assertive Community Treatment (ACT)	10:120
Assisted Outpatient Treatment (AOT)	10:120
Partial Hospitalization	1 Team:75 patients
Intensive Outpatient Program	1:15
Long-term Acute Care Hospitals	1 Team:30 beds
Youth Intensive Outpatient Program	1:15
Youth Residential Treatment	1 Team: 39 patients

Source: Substance Abuse and Mental Health Services Administration, 2022

CJMHS A TAC ACTIVITIES

As required, the report provides detailed information on the technical assistance activities of the CJMHS A TAC at the University of South Florida. Additional details about TAC activities are available on [page 143](#) of this report. During FY2021-22, the CJMHS A TAC provided individualized, technical assistance as requested by the Florida Department of Children and Families and reinvestment grant applicants and current grantees. For grantees, needs and priorities were identified through a CJMHS A TAC Technical Assistance Needs Assessment Survey administered to each grantee upon contract execution and 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 Sequential Intercept Mapping. Quarterly webinar topics included Best Practices in Florida: A Review of a Model Protocol for Mobile Response Teams in Schools, Certified Community Behavioral Health Clinics and the Sequential Intercept Model, and Jail-based Medication-Assisted Treatment (MAT): Best Practices, Lessons Learned from the Field, and a Florida Case Study.

² Reinert, M, Fritze, D. & Nguyen, T. (October 2021). "The State of Mental Health in America 2022" Mental Health America, Alexandria VA. Retrieved from <https://mhanational.org/sites/default/files/2022%20State%20of%20Mental%20Health%20in%20America.pdf>

PLANNING GRANT

This section of the report presents the profile of the one-year planning grant.

HANLEY FOUNDATION (PALM BEACH COUNTY) (LH832)

START: March 1, 2022

AWARD: \$100,000

TIME FRAME: 1 Year

Target Population

The target population for this planning grant is transitional youth ages 16 through 24 with mental health disorders, substance abuse disorders, or co-occurring disorders residing in the North End community of Palm Beach County who are at risk of involvement or involved in the criminal or juvenile justice systems.

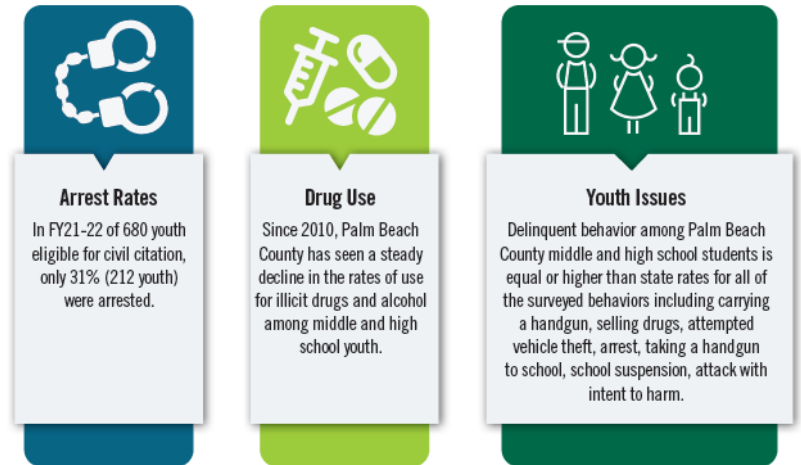
Goals/Objectives

The objective of this planning grant is to develop and submit a strategic plan through key stakeholder collaboration in the service area. The strategic plan identifies priorities, opportunities, as well as resources for this community based on the transitional youth of ages 16 to 24, specifically high school dropouts, unemployed or underemployed persons. Hanley Foundation conducted a Sequential Intercept Mapping to develop the strategic plan for Palm Beach County.

Performance Measures

Outcome data for the performance measures reflects progress through August 31, 2022 (Year 1, Quarter 2).

Measure	Performance
100% completion of the needs assessment and identification of the target population within 90 days of contract execution.	<ul style="list-style-type: none"> July 31, 2022: Needs assessment completed April 28, 2022: Target population identified as transitional youth and young adults ages 16-21 in North End neighborhoods of Palm Beach County
100% completion of determining the methodology of data sharing, collection, and reporting among partners within 90 days of execution of grant.	<ul style="list-style-type: none"> May 15, 2022: Partners agreed to sharing relevant data to support the planning grant



Source: Palm Beach County Community Needs Assessment, July 2022

Measure	Performance
100% of formal partnerships established , as evidenced by legally binding agreements, with a minimum of three agencies within 120 days of contract execution.	<ul style="list-style-type: none"> August 29, 2022: Formal partnership agreements executed with the Public Defender's Office, school district, Rebel Recovery, Inner City Innovators, West Palm Beach Police, and SEDNET
100% completion of the SIM workshop	<ul style="list-style-type: none"> November 9-10, 2022: Completed SIM workshop with CJMHSA TAC
100% identification of policy, legal, social, and other barriers with appropriate measures to mitigate said barriers within 270 days of contract execution.	<ul style="list-style-type: none"> The grantee is collecting data; however, it is too early to report on this measure.
100% identification of Youth Mental Health First Aid training for 20 local behavioral health personnel in Palm Beach County within 365 days of contract execution.	<ul style="list-style-type: none"> The grantee is collecting data; however, it is too early to report on this measure.
100% completion of strategic plan within 365 days of contract execution.	<ul style="list-style-type: none"> 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

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 August 31, 2022, Hanley Foundation expended/leveraged \$50,000 or approximately 100% of the one-year match commitment for their CJMHSA Reinvestment grant. The grantee reports that the matching funds have resulted in better data for the needs assessment and participation in the planning process by partner agencies.

IMPLEMENTATION/EXPANSION GRANTS

This section of the report provides profiles of the 34 implementation/expansion grant programs.

The following section summarizes each of the 34 implementation/expansion grant programs active in FY21-22. Those grant programs with an asterisk (*) next to the start date indicate a late start due to the contract signatures subsequent to the intended start date. If a grantee had a no-cost extension, it is indicated after the grant end date.

APALACHEE CENTER, INC. (LEON COUNTY) (LHZ87)

Apalachee Center's grant program for Leon County, the Forensic Intervention and Reentry Services Team (FIRST)

START: July 23, 2020*

AWARD: \$1,092,000

TIME FRAME: 3 years

Target Population

The target population for the FIRST Team are adult residents of Leon County with a primary diagnosis of a serious mental illness under the DSM who meet at least one of the criteria:

- ▶ On mental health pre-trial release
- ▶ On mental health probation
- ▶ On conditional release
- ▶ Incarcerated in Leon County Detention Facility; and has a pending felony or misdemeanor case and in need of competency restoration at risk for commitment to a forensic state hospital

Program Design/Model

The Forensic Intervention and Reentry Services Team (FIRST) and Leon County criminal justice partners collaborate to identify individuals at Intercepts 3 and 4 (during court appearances and while incarcerated) who can transition from detention and receive community-based services. Once in the community, intense services address barriers to successful completion of supervision. Such barriers include rearrest, lack of stable housing, employment, and benefits. Enhanced coordination among criminal justice and community mental health address these barriers. The grant program supports a full-time court liaison, a full-time detention facility liaison, a forensic day services program, and the FIRST Team.

The liaisons are responsible for care coordination to address the barriers listed above as well as coordinate reentry from the state hospital. They will also connect individuals to community resources in order to increase diversion from the detention facility and state hospital system.

Secondly, a major component of the program is the creation of a dedicated forensic day services program, which is a partial day program with the capacity to serve 24 clients at any given time. The

program is targeted for individuals involved in the criminal justice system who are at risk for supervision failure that need a safe, structured environment during the day to reduce potential for recidivism. Clinical staff at the day program conduct therapeutic evidence-based groups such as Seeking Safety, Thinking for A Change, and Decision Points. Services may also include life skills curriculum, and competency restoration services.

Third, additional staff are engaged to assist the Apalachee Center Outpatient Forensic Team in the FIRST program. These additional staff include a full-time forensic targeted case manager supervisor, support coordinators, and office manager. Additional staff increase the capacity of the team to provide more services and support in the community to those with mental health problems involved in the justice system. The team focuses on evidence-based screening and assessment, linking individuals to behavioral health and medical services, access to medications, improved access to competency restoration training, improved access, and linkage to existing services to divert individuals from the state hospital, access and linkages to housing resources and residential programs, employment readiness groups, and benefits restoration or initiation.

Goals/Objectives

The primary goals of the program are to improve access to behavioral health services for individuals in the criminal justice system with a mental illness; and to reduce the length of pre- and post-sentenced incarceration and reduce recidivism among the target population.

Apalachee Center's three objectives included:

1. Expand liaison services with the court and detention facility and establish a new forensic day services program offering diversion opportunities for individuals with a mental illness at risk for supervision failure and re-arrest or commitment.
2. Collaborate with key stakeholders for an ongoing partnership through the life of the grant; and
3. Adapt an existing forensic outpatient program's service capacity to better address unique recovery-oriented needs of individuals with a mental illness in the Leon County criminal justice system.

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

- ▶ Trauma-informed Care
- ▶ Motivational Interviewing
- ▶ Decision Points
- ▶ Life Skills
- ▶ Seeking Safety
- ▶ Thinking for A Change
- ▶ Decision Points
- ▶ Dialectical Behavior Therapy (DBT)
- ▶ Anger Management
- ▶ Cognitive Behavioral Therapy (CBT)

- ▶ Assess, Plan, Identify, Coordinate (APIC) model
- ▶ Risk-Need-Responsivity (RNR) model
- ▶ SOAR (SSI/SSDI Outreach, Assist, and Recovery)
- ▶ Brief Jail Mental Health Screen (BJMHS)
- ▶ Crisis Intervention Teams (CIT)

Number Served through June 30, 2022 (Year 2, Quarter 4)

FIRST	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
FIRST Number Served	106	139	-	245
FIRST Number Served Target	80	80	80	240
Forensic Day Services Number Served	9	26	-	35
Forensic Day Services Target	10	20	20	50

Performance Measures

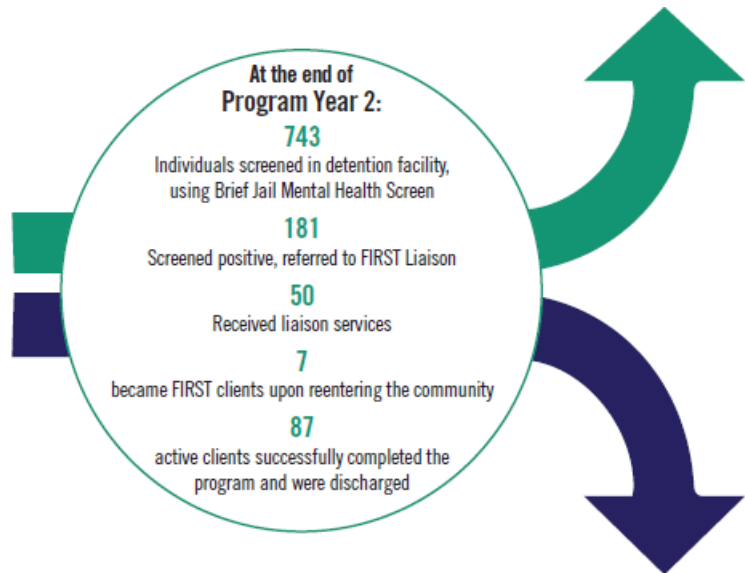
Outcome data for the performance measures reflect progress through June 30, 2022 (Year 2, Quarter 4).

Measure	Performance
A maximum of 35% of participants are arrested or rearrested while receiving services	▪ 34% arrested or rearrested
A maximum of 35% of participants are arrested or rearrested within one year following their ending date for program services	▪ 53% arrested or rearrested
A minimum 60% of participants who did not reside in stable housing on their start date will reside in stable housing within 90 days of their start date	▪ 62% resided in stable housing
A minimum 35% of participants who did not reside in stable housing at the time of admission will reside in stable housing one year following their end date	▪ 67% resided in stable housing
A minimum 35% of participants who are not employed at their start date are employed full or part time within 180 days of their start date	▪ 86% employed within 180 days
A minimum 20% of participants are employed full or part-time one year following their end date	▪ 43% employed one year following end date
A minimum 80% of participants are assisted in applying for social security or other benefits for which they may be eligible, but were not receiving at their start date	▪ 88% assisted
A minimum 30% of participants served are diverted from admission to a state mental health treatment facility	▪ 97% of participants diverted

Measure	Performance
A minimum 90% of participants served are satisfied with services provided	<ul style="list-style-type: none"> 100% of participants satisfied

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

Individuals are identified and screened by the court and detention center liaisons, during court hearings, at the Leon County Jail, and while on community supervision and referred to the FIRST program. At the end of year two, there were 743 inmates screened, 181 of those indicated possible mental health concerns, and 50 individuals received liaison services while still in the detention center. Approximately 7 individuals became FIRST clients upon reentry to the community. Therefore, FIRST services aim to keep individuals engaged in treatment and promote recidivism among the target population.



Summary of the Effect of the CJMHSR 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 program provides increased access to mental health services as well as engages individuals in treatment early in criminal justice proceedings. The FIRST Team works closely with the pre-trial office and mental health court team to identify individuals for outreach opportunities and program engagement. The program has resulted in enhanced communication between community providers and criminal justice partners.

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

As of June 30, 2022, Apalachee Center expended/leveraged \$59,201 or approximately 54% of the three-year match commitment for their CJMHSR Reinvestment grant.

BAYCARE BEHAVIORAL HEALTH, INC. (PASCO COUNTY) (LH813)

BayCare Behavioral Health's grant program for Pasco County, the Alternatives to Incarceration Pasco Jail Reentry Program (ATIP-JR)

START: March 8, 2022*

AWARD: \$1,200,000

TIME FRAME: 3 years

Target Population

The target population for the ATIP-JR is adults age 18 or older who have a mental health, substance use and/or co-occurring disorders and who are in, or at risk of entering the criminal justice system including those who:

- ▶ Meet criteria for Mental Health Court
- ▶ Have high arrest recidivism rates
- ▶ Individuals with chronic mental illness who have been judicially determined to have been restored to competency and are subsequently released to the community and
- ▶ Individuals who have been identified as "high utilizers of the jail and acute services

Program Design/Model

The Alternatives to Incarceration Pasco Jail Reentry Program (ATIP-JR) provides services in-jail including comprehensive screening and assessment, case management, treatment planning, individual and group therapy, mentoring, linkages to community resources and reentry planning and care coordination. Services for the ATIP program begin in jail and continue upon reentry to the community.

Individuals may engage with the ATIP program through self-referral for screening or referral by detention staff or court personnel. The screening includes the following tools: PHQ9, MDQ, DAST, AUDIT-C, GAD 7, Brief Jail Mental Health Screen, and the quality-of-life questionnaire. Upon completion of the comprehensive screen and explanation of the services, individuals may choose if they wish to engage in the program. Upon reentry, a multidisciplinary reentry team works to facilitate access to treatment, recovery support and ancillary social services.

ATIP has partnerships with Pasco Sheriff's Office, Wellpath, End Recidivism Project, Pasco Re-entry Alliance, Youth and Family Alternatives, and Pasco Homeless Coalition. The program also supports Mental Health First Aid (MHFA) training for law enforcement officers and behavioral health practitioners.

Goals/Objectives

The primary goal of the ATIP-JR is to increase public safety and reduce criminal justice costs in Pasco County by diverting individuals with mental illness, substance use disorders, or co-occurring disorders from the jails or forensic hospitalization. A secondary goal is to enhance accessibility to comprehensive, evidence-based treatment and recovery support services for individuals with mental illness and/or substance use disorders who are in, or at risk of entering, the criminal justice system.

BayCare's three objectives included:

1. Implement the ATIP-JR
2. Create and encourage collaboration among key stakeholders
3. Increase access to coordinated care, person-centered treatment, and recovery support services for the target population

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

- ▶ Mental Health First Aid (MHFA)
- ▶ Assess, Plan, Identify, Coordinate (APIC) model
- ▶ Historical Clinical Risk Management-20 Version 3 (HCR-20 V3)
- ▶ Patient Health Questionnaire-9 (PHQ-9)
- ▶ Mood Disorder Questionnaire (MDQ)
- ▶ Drug Abuse Screening Test (DAST)
- ▶ Alcohol Use Disorders Identification Test (AUDIT-C)
- ▶ General Anxiety Disorder-7 (GAD-7)
- ▶ Motivational Interviewing (MI)
- ▶ Risk-Need-Responsivity (RNR) model
- ▶ Biopsychosocial assessments
- ▶ GAINS Reentry Checklist
- ▶ Medication Assisted Treatment (MAT)
- ▶ Recovery support specialist/peer support specialist
- ▶ Moral Reconciliation Therapy
- ▶ Cognitive Behavioral Therapy
- ▶ Seeking Safety

Number Served through May 30, 2022 (Year 1, Quarter 1)

ATIP-JR	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Screened	92	-	-	92
Number Screened Target	225	225	225	675
ATIP-JR Number Served	26	-	-	26
ATIP-JR Number Served Target	90	90	90	270
Number of MHFA Training Participants	42	-	-	42
Number of MHFA Training Participants Target	40	40	40	120

Performance Measures

Outcome data for the performance measures reflect progress through May 30, 2022 (Year 1, Quarter 1).

Measure	Performance
65% of participants will not be arrested or rearrested while receiving services	<ul style="list-style-type: none"> 96% not arrested or rearrested
65% of participants determined to be eligible for social security or other benefits will receive SSI/SSDI through the SOAR process	<ul style="list-style-type: none"> The grantee is collecting data; however, it is too early to report on this measure.
40% of participants will be diverted from a state mental health treatment facility	<ul style="list-style-type: none"> 100% diverted
60% of participants will successfully complete program services	<ul style="list-style-type: none"> The grantee is collecting data; however, it is too early to report on this measure.
50% reduction in the total number of arrests among participants in the six-month period following their end date compared to the six-month period prior to their start date	<ul style="list-style-type: none"> The grantee is collecting data; however, it is too early to report on this measure.
A minimum 65% of participants not residing in a stable housing environment at program admission will report living in a stable housing environment following their release from detention	<ul style="list-style-type: none"> The grantee is collecting data; however, it is too early to report on this measure.
65% of participants not residing in stable housing at program start date will report living in stable housing six months after their program end date	<ul style="list-style-type: none"> The grantee is collecting data; however, it is too early to report on this measure.
A minimum 50% of participants not employed at program start date and who are not receiving disability or have a disability case pending will be employed full or part-time six months following program end date	<ul style="list-style-type: none"> The grantee is collecting data; however, it is too early to report on this measure.
A minimum 50% of participants employed at program start date will remain employed following program end date	<ul style="list-style-type: none"> The grantee is collecting data; however, it is too early to report on this measure.
30% reduction in the total number of arrests among program participants in the 12-month period following program end date compared to the six-month period prior to program start date	<ul style="list-style-type: none"> The grantee is collecting data; however, it is too early to report on this measure.

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

The grantee did not report this information.

Summary of the Effect of the CJMHSR 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 did not report this information.

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

As of May 30, 2022, BayCare expended/leveraged \$100,000 or approximately 8% of the three-year match commitment for their CJMHSA Reinvestment grant.

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BROWARD BEHAVIORAL HEALTH COALITION (BROWARD COUNTY) (LHZ79)

Broward Behavioral Health Coalition's grant program, the Broward Youth Reentry Program (BYRP)

START:	ENDED:	AWARD:	TIME FRAME:
May 6, 2019*	April 30, 2022	\$1,200,000	3 years

Target Population

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

Program Design/Model

The BYRP was a four-phase program for youth or young adults either waiting to be sent or at risk of being sent to a commitment program. The four phases of BYRP included: (1) in-reach, (2) transition to independence, (3) treatment and support, and (4) aftercare and support. Youth were admitted to the BYRP at the time of adjudication to a Department of Juvenile Justice (DJJ) residential program.

Phase 1 (in-reach) began in the juvenile detention center and participants engaged with Youth Peer Specialists (YPS) and initiated services including Wellness Recovery Action Planning (WRAP). Family peers engaged with the youth's family at this time as well. Participants began phase 2 (transition to independence) 60 days before release from residential commitment programs. During phase 2, youth were assigned a Transition to Independence (TIP) Life Coach or a Wraparound case manager. The TIP and/or Wraparound case manager coordinated with DJJ and community providers to ensure an effective transition and establish the youth's reentry plan. The TIP Coach began the Future Planning Process, and the Wraparound case manager began the Plan of Care with the assistance of the youth and family peers. In phase 3 (treatment and support), the youth reentered the community. The Wraparound Plan of Care was formalized, and the TIP Coach and Wraparound case manager continued to provide services to the youth and their family as well as connected youth with additional services and supports. BBHC also provided Moral Reconation Therapy (MRT) to youth and their families. After completion of MRT, youth were admitted to phase 4 (aftercare and support). Aftercare and support services were 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 would provide linkages to the youth and family's provider of choice. Youth who were doing well and have completed MRT were discharged from the program without having completed all phases of the program. This encouraged flexibility and person-centered care throughout the process.

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-Systemic Family Therapy
- ▶ Brief Strategic Family Therapy
- ▶ Moral Reconciliation Therapy
- ▶ Transition to Independence (TIP)
- ▶ Beat the Odds Drumming
- ▶ Integrated Group Counseling and Group Drumming
- ▶ Individual Placement and Support
- ▶ Trauma Incident Reduction
- ▶ Visual Journaling Workshops
- ▶ Family CPR
- ▶ Medication Assisted Treatment (MAT)
- ▶ Supported Employment
- ▶ Supportive Housing
- ▶ Supported Education
- ▶ Youth MOVE
- ▶ Restorative Practices

Number Served through April 30, 2022 (Year 3, Quarter 4):

BYRP	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served (enrolled)	49	54	36	139
Number Served Target	40	60	50	150

Performance Measures

Outcome data for the performance measures reflect progress through April 30, 2022 (Year 3, Quarter 4).

Measure	Performance
30% reduction in number of arrests among program participants while enrolled in the program compared to one-year period prior to program admission	<ul style="list-style-type: none"> 77% reduction
35% 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	<ul style="list-style-type: none"> 13.69% reduction
55% of program participants who did not reside in stable housing at admission will reside in stable housing within 90 days of program admission	<ul style="list-style-type: none"> 100% in stable housing
65% 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	<ul style="list-style-type: none"> 100% in stable housing
50% of program participants who are not employed at program admission are employed full or part-time within 180 days of program admission	<ul style="list-style-type: none"> 40% employed
50% of program participants who are not employed at program admission are employed full or part-time within one year following program admission	<ul style="list-style-type: none"> 29.41% employed
85% 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	<ul style="list-style-type: none"> 100% assisted

Measure	Performance
85% of youth and families will be assigned and engaged in Peer/Life Coach services within nine months of admission	<ul style="list-style-type: none"> 100% assigned/engaged in peer/life coach services
75% of youth are retained in the program for 12 months	<ul style="list-style-type: none"> 30% of youth in the program for a minimum of 12 months (75% retained for a min. of 6 months)

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

BYRP has completed all three years of the grant program and reports that the grant had a positive impact on the community. At the end of the program, BBHC reported a 97% reduction in the number of arrests/re-arrests among program participants while enrolled in the program compared to the one-year period prior to enrollment. Further, only 5% of youth discharged from the program were re-arrested one-year post discharge. To estimate cost avoidance, BBHC used data from the Florida Department of Juvenile Justice that estimated Broward County would utilize 20,494 days of secure juvenile detention over FY20-21, which equated to a cost of \$3,771,297. By diverting youth from detention with the BYRP program, it was determined that the BYRP program was more cost-effective than the costs associated with detention or commitment.

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

BBHC reported that the case management approaches (TIP and Wraparound) employed for the BYRP participants ensured that all community partners were involved and communicating effectively to meet the needs of youth and families. In addition to developing effective community-based services, BYRP participants and their families benefitted from connections to housing assistance and other related resources, including food and utility assistance.

None of the youth enrolled in the BYRP were admitted to state mental health treatment hospitals or children's state hospitals, despite 100% of BYRP participants having a behavioral health diagnosis.

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

Over the course of the grant Broward Behavioral Health Coalition expended/leveraged \$1,168,186.97 or approximately 97.3% of the three-year match commitment for their CJMHSA Reinvestment grant. Match funds were used as flex funds and value-added funds to assist youth and families in meeting educational, employment, housing, and transportation needs. Match funds also supported training needs of BYRP program personnel.

CENTERSTONE OF FLORIDA (MANATEE COUNTY) (LH819)

Centerstone's grant program for Manatee County, the Manatee County Comprehensive Treatment Court (CTC) program

START: October 1, 2021

AWARD: \$1,200,000

TIME FRAME: 3 years

Target Population

The target population for the Comprehensive Treatment Court (CTC) is adults (18+) 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

Centerstone oversees the Manatee County Comprehensive Treatment Court (Manatee CTC) Program in partnership with Manatee County Government and Judicial Circuit 12. Manatee CTC provides community-based behavioral health treatment services, case management, recovery supports, and coordination/linkages with housing assistance, job training and employment, benefit programs, and other services required to meet the needs of offenders in CTC who would otherwise be in, or at risk of entering the criminal justice system. Successful completion of Manatee CTC depends on the individual's compliance and progress in the program, as well as their transition to a long-term plan for maintaining their mental wellness and stability in the community. The completion of CTC results in a dismissal of the charge(s) in most cases. The program relies on partnerships and collaborations from more than two dozen stakeholders representing various sectors of the social services and criminal justice system.



Goals/Objectives

The primary goal of the grant is to establish a Manatee CTC to divert eligible individuals with mental health or co-occurring disorders from jail or hospitalization to coordinated and integrated programs and treatments. The program aims to establish and expand services and diversion activities.

The primary objectives of the program include:

1. Increase public safety and avert increased spending on criminal justice
2. Encourage collaboration among stakeholders
3. Shift identification, care, and treatment of the target population from the criminal justice system to the behavioral healthcare system
4. Utilize evidence-based tools, programs, and models to identify and provide services
5. Develop a sound infrastructure and enhanced capacity to sustain effective services

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

- ▶ Crisis Intervention Teams (CIT)
- ▶ Peer Support
- ▶ Supported Employment
- ▶ Permanent Supportive Housing
- ▶ Medication Assisted Treatment
- ▶ Mobile Response Team
- ▶ Screening, Brief Intervention and Referral to Treatment (SBIRT)
- ▶ Alcohol Use Disorders Identification Test (AUDIT)
- ▶ Columbia Suicide Severity Rating Scale (C-SSRS)
- ▶ Drug Abuse Screening Test (DAST)
- ▶ Functional Assessment Rating Scales (FARS)
- ▶ Patient Health Questionnaire (PHQ-9)

Number Served through June 30, 2022 (Year 1, Quarter 3)

CTC	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Individuals Screened	190	-	-	190
Individuals Screened Target	200	300	300	800
Number Served	37	-	-	37
Number Served Target	40	55	55	150

Performance Measures

Outcome data for the performance measures reflect progress through June 30, 2022 (Year1, Quarter 3).

Measure	Performance
25% reduction in number of arrests among participants while enrolled in the program	▪ 83% reduction
25% reduction in total number of arrests among participants within one-year following program discharge	▪ 100% reduction
100% of participants not residing in stable housing at admission will be assisted in obtaining stable housing within 90 days of admission	▪ 100% assisted

Measure	Performance
50% of participants not residing in stable housing at admission will live in stable housing one year following discharge	<ul style="list-style-type: none"> The grantee is collecting data; however, it is too early to report on this measure.
100% of participants not employed at admission will be provided employment assistance within 180 days of program admission	<ul style="list-style-type: none"> 100% provided employment assistance
100% of participants seeking employment have full or part time employment one year following discharge	<ul style="list-style-type: none"> The grantee is collecting data; however, it is too early to report on this measure.
100% of eligible program participants will be assisted in applying for social security or other benefits	<ul style="list-style-type: none"> 100% assisted
80% of participants shall be diverted from a state mental health treatment facility	<ul style="list-style-type: none"> 100% diverted
60% reduction in the mental health symptomology for participants with a diagnosed mental health condition within 180 days of admission	<ul style="list-style-type: none"> 100% reduction in symptomology

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

Manatee County Sheriff's Office (MCSO) reports an average of \$73.95 per day per inmate with average of 34 days served in jail for misdemeanor charges. If not diverted to CTC, the 19 program participants would have otherwise incurred 51 arrests for a cost to the County of approximately \$128,229.30. To demonstrate this impact, the grantee multiplied the average cost per day (\$73.95) with the average days in jail serviced (34) with the total arrests incurred by participants (51).

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 program has led to the continuation of collaborative relationships within the community and serves as a best practice for diversion of adults with serious mental health diagnoses. In addition to generating system-level cost savings, the program provides hope and pathways to recovery for individuals with serious mental illness.

Manatee CTC has served 37 participants, with one participant at risk for commitment to the state hospital. The average cost for forensic state hospitalization is \$338 per day, and the average cost for civil state hospitalization is \$303 per day. In addition to keeping people in the community for treatment, the grantee reports a potential cost savings of \$2,424 related to state hospitalization, assuming an average hospital stay of 8 days.

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

As of June 30, 2022, Centerstone Manatee expended/leveraged \$214,233.34 or approximately 16% of the three-year match commitment for their CJMHSA Reinvestment grant. Centerstone applies matching funds to support staff salaries and participant support costs.

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CENTERSTONE OF FLORIDA (SARASOTA COUNTY) (LHZ84)

Centerstone's grant program for Sarasota County, the Sarasota County Reinvestment Project Expansion (SRP2)

START: February 1, 2020

AWARD: \$1,200,000

TIME FRAME: 3 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 adults at risk of entering the system and to those in the criminal justice system. The Comprehensive Treatment Court (CTC) was developed and is the SRP2's primary focus. The CTC partnered with Centerstone provides case management, therapy, medication management, benefits enrollment, and housing assistance services for four months or more after admission. Several Program Partners and collaborators are utilized such as First Step of Sarasota, The Salvation Army, Coastal Behavioral Health, etc. Services are provided 24-hours-a-day and 7-days-a-week (includes holidays) and are currently supported by an on-call phone service that is answered 24 hours/day.

The SRP2 allows adults to voluntarily enter the program after arrest. The enrollment is based upon a CTC entry process which is coordinated by the criminal justice system and Centerstone. Referrals received from law enforcement, medical professionals, pre-trial services personnel, defense attorney, court personnel, or family. The recommendation to enter the program is determined by the results of the Correctional Mental Health Screen (CHMS), assessment of competence, and crime eligibility.

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. 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. Successful completion of the CTC program is dependent upon a participant's compliance and process as well as their transition to the long-term plan for mental health wellness and stability.

Goals/Objectives

The primary goal of the program is to divert adults who have a history of criminal justice involvement from reentering the criminal justice system (and potentially, state mental health facilities) and provide an alternative path with community-based treatment services.

Centerstone's objectives included:

1. Implementing and expanding treatment services and diversion initiatives.
2. Creating and encouraging collaboration among key stakeholders in implementing and providing ongoing oversight and quality improvement of activities.
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
- ▶ Brief Jail Mental Health Screen (BJMHS)
- ▶ Cognitive Behavioral Therapy (CBT)
- ▶ Columbia Suicide Severity Rating Scale (C-SSRS)
- ▶ Correctional Mental Health Screen for men and women (CHMS-M; CHMS-W)
- ▶ Crisis Intervention Teams (CIT)
- ▶ Functional Assessment Rating Scale (FARS)
- ▶ Global Appraisal of Individual Needs (GAIN Q-3)
- ▶ Housing First model
- ▶ Individual Treatment Plans (ITP)
- ▶ Integrated Treatment for Co-occurring Disorders (ITC)
- ▶ Mental Health First Aid (MHFA)
- ▶ Motivational Interviewing (MI)
- ▶ Patient Health Questionnaire (PHQ-9)
- ▶ Risk-Need-Responsivity Level of Care Service Case Management Inventory (LS-CMI) (CTC personnel are trained and certified)
- ▶ Solution Focused
- ▶ SSI/SSDI, Outreach, Assist, and Recovery (SOAR) (all CTC personnel are SOAR certified)
- ▶ Tailored Individual Treatment Plans (ITP)

Number Served through July 31, 2022 (Year 3, Quarter 2)

SRP/CTC	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	96	43	33	172
Number Served Target	79	79	79	237
MHFA Training	61	132	0	193
MHFA Training Target	10	10	10	30
CIT Training (no target)	72	22	13	107

Performance Measures

Outcome data for the performance measures reflect progress through Year 2, Quarter 2 (July 31, 2022):

Measure	Performance
Less than 30% of participants shall be arrested while enrolled	▪ 20% arrested while enrolled
Less than 30% of participants shall be arrested within one year following program discharge	▪ 14% arrested following discharge
A minimum 50% of participants who do not reside in a stable housing environment at admission will reside in a stable housing environment within 90 days.	▪ 97% resided in stable housing
A minimum 40% of participants will reside in a stable housing environment one year following program discharge.	▪ 57% resided in stable housing
A minimum 40% of participants not employed and eligible for employment at admission will be employed full or part-time within 180 days of admission.	▪ 92% employed
A minimum 40% of participants who are eligible for employment will be employed full or part-time one year following program discharge.	▪ 83% employed
A minimum 90% of participants will be assisted by the grantee (or subgrantee) in applying for Social Security or other benefits for which they may have been eligible but were not receiving them at admission.	▪ 93% assisted in applying for Social Security or other benefits
A minimum 80% of participants will be diverted from commitment to a state mental health treatment facility .	▪ 99% diverted

Measure	Performance
A minimum 60% of participants will have reduced mental health symptomatology within 180 days of admission based on pre-and-post assessment test results.	<ul style="list-style-type: none"> 81% reduced mental health symptomatology among participants

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

CTC was able to measure cost savings in Sarasota County. With a total of 141 arrests one year prior to entry into the program, Sarasota County Government reported a \$2,000 cost for each arrest to process individuals (arrest, booking, first appearance). The cost for Sarasota County was \$282,000. Then, using the same \$2,000 per arrest, these 63 individuals incurred 10 arrests while in the program, totaling a cost of \$20,000.

In the year after discharge for positive graduates (11), there have been 0 arrests. To show a financial impact due to programming, the grantee subtracted cost for the year after discharge and arrests that occurred while in programming from the cost one year prior to admission (\$282,000-\$20,000). This approximates \$262,000 savings to Sarasota County in year 3 quarter 2.

\$262,000 Cost Savings

In year three, quarter two, cost-savings was estimated at \$262,000 to Sarasota County, when subtracting the cost for the year after discharge and arrests that occurred while in the program for the cost one-year prior to admission.

	# Arrests among CTC clients	Associated Cost (\$2 per arrest)
One year prior to admission	141 arrests	\$282,000
One-year post-discharge	10 arrests	\$20,000

Summary of the Effect of the CJMHSR 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

CTC staff continue to build collaborative relationships within the community promoting best practices for the target population. This includes the ability to offer increased services (e.g., peer support services, basic need support, health resources, housing opportunities). Additionally, the CTC offers Mental Health First Aid (MHFA) trainings to community members and providers in order to increase awareness and knowledge of resources available. There were no MHFA training completed this quarter.

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

As of July 31, 2022, Centerstone expended/leveraged \$1,370,554.76 or approximately 105% of the three-year match commitment for their CJMHSR Reinvestment grant. Local match funds support housing costs until participants can maintain rental costs without assistance. Match funds also support client incidentals including medical services, medication, clothing food, and hygiene items.

CENTRAL FLORIDA CARES HEALTH SYSTEM (BREVARD COUNTY) (LH835)

Central Florida Cares Health System's (CFCHS) grant program for Brevard County, the Adult Co-Responder Team

START: May 1, 2022

AWARD: \$1,143,847

TIME FRAME: 3 years

Target Population

The target population for the Adult CRT is adults over 24 years of age residing or located within the Melbourne Police Department jurisdiction, who have a mental illness, substance use disorder, and/or co-occurring disorders and who are at in, or at risk of entering, the criminal justice system. Subpopulations the program will target may include those who also are:

- ▶ Experiencing homelessness or unstable living conditions,
- ▶ Have a history of victimization or abuse, or
- ▶ Have high arrest recidivism rates

Program Design/Model

The Adult Co-Responder Team (CRT) provides 365 days a year, 24 hours a day, 7 days a week community crisis intervention services for adults who are experiencing a mental health crisis. The initial response supports initial crisis stabilization, gathers clinical information to inform care, and administers clinical measures.

The CRT program subcontracts with Brevard Family Partnership to support clinical staff. A master's level therapist co-responds to individuals in crisis with a law enforcement officer. The therapists are physically co-located with the MPD officers. The CRT program includes two therapists, two care coordinators, and one peer support recovery specialist.

CFCHS's grant program partners are tracking data measures to capture:

Melbourne PD

- Number of calls involving individuals with mental illness
- Number of calls resulting in a Baker Act
- Number of suicide-related deaths
- Number of calls resulting in a Marchman Act

Brevard Family Partnership/Brevard CARES

- Total number of MRT responses
- Total number of MRT cases assigned
- Organizations that assisted MRT with services and medical treatment
- Number of individuals MRT assisted who were homeless
- Number of repeat cases of MRT cases

Services provided by the CRT include on-site evaluation and assessment, crisis intervention, counseling and facilitation of stabilization services, case management, supportive crisis counseling, education and development of coping skills, linkage and referral, follow-up as needed to promote crisis resolution, care coordination (not to exceed 45 days), and peer support. Based on individualized needs, services may also include continued crisis stabilization, screening, and assessment to determine acuity level, supportive counseling, strengthening of supports, addressing trauma exposure, and care coordination through a warm hand-off to psychiatric evaluation and medication management.

Goals/Objectives

The primary goal of the Adult CRT is to increase public safety and reduce criminal justice costs in Brevard County, Melbourne Police Department jurisdiction, by diverting individuals with mental health, substance use, and/or co-occurring disorders from jails or a forensic state hospital. A secondary goal is to enhance access to comprehensive, evidence-based treatment and recovery support services for individuals with mental illness and/or substance use disorders who are in, or at risk of entering, the criminal justice system.

CFCHS's three objectives included:

1. Implement the Adult CRT
2. Create and encourage collaboration among key stakeholders
3. Increase access to coordinated care, person-centered treatment, and recovery support services
4. Increase the number of CIT-trained officers in Melbourne Police Department

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

- ▶ Co-Responder Model
- ▶ Peer support recovery specialist
- ▶ Crisis Intervention Teams (CRT)
- ▶ Columbia Risk and Protective Factors (C-SSRS) survey instrument
- ▶ SAFE-T Protocol

Number Served through July 31, 2022 (Year 1, Quarter 1)

Adult Co-Response Team	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
# 911 Dispatch Calls Responded	9	-	-	9
# 911 Dispatch Calls Response Target	250	350	500	1100
# Persons Receiving On-Site Assmt.	5	-	-	5
# Persons Receiving On-Site Assmt. Target	225	315	450	990
# Persons Referred for Follow-Up Svcs.	4	-	-	5
# Persons Referred for Follow-Up Svcs. Target	150	350	500	1000
# MPD LEOs Completing CIT Tx	0	-	-	0
# MPD LEOs Completing CIT Tx Target	4	4	4	12

Performance Measures

Outcome data for the performance measures reflect progress through July 31, 2022 (Year 1, Quarter 1).

Measure	Performance
90% of 911 dispatch calls involving adults in crisis will receive an on-site assessment	<ul style="list-style-type: none"> 56% received an on-site assessment, however the program was only operational for two weeks at the time this data was collected
65% of adults who received an on-site assessment will be referred to community-based services for follow-up assessment and treatment services	<ul style="list-style-type: none"> 80% referred to community-based services
65% of adults will not be arrested while receiving follow-up treatment services	<ul style="list-style-type: none"> 100% were not re-arrested
70% of adults will successfully complete program services	<ul style="list-style-type: none"> The grantee is collecting data; however, it is too early to report on this measure.
65% of adults will be diverted from the emergency room or hospital admission	<ul style="list-style-type: none"> 75% diverted
65% of adults will be diverted from crisis stabilization unit admission	<ul style="list-style-type: none"> 60% diverted however the program was only operational for two weeks at the time this data was collected
75% of adults will be diverted from state mental health treatment facility admission	<ul style="list-style-type: none"> N/A, no participants were eligible
75% of the MDP law enforcement officers will successfully complete CIT training	<ul style="list-style-type: none"> The grantee is collecting data; however, it is too early to report on this measure.

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

To demonstrate the effect of the grant program on the expenditures of the police department, jail and prison systems, and state hospital commitments, CFCHS is developing return on investment data spreadsheets to calculate cost-savings for the for those who are diverted by the CRT.

Summary of the Effect of the CJMHSR 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

Within the first two weeks of operation, four adults have been connected to community-based services. The CRT care coordinators strive to provide the critical link between the individual and their access to care taking into account the availability of services.

Based on data from the first two weeks of operation, three adults were diverted from an involuntary Baker Act and CFCHS is tracking commitments to the state mental health treatment facility. Since only two weeks of program operations have passed, there is no significant impact to report at this time.

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

As of July 31, 2022, CFCHS expended/leveraged \$88,020.65 or approximately 25% of the three-year match commitment for their CJMHSA Reinvestment grant. Matching funds contributed by MPD contributed to decreased wait times for crisis calls involving adults and allowed officers to spend less time on the scene.

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CENTRAL FLORIDA CARES HEALTH SYSTEM, INC. (OSCEOLA COUNTY) (LH830)

Central Florida Cares Health System's grant program for Osceola County, the expansion of the Osceola County Jail Reentry Program (EMERGE)

START: March 1, 2022

AWARD: \$914,595

TIME FRAME: 3 years

Target Population

The target population for the Emerge program are adults who are “at-risk” of involvement in the criminal justice system and have factors associated with possible criminal behavior including:

- ▶ Homelessness
- ▶ Unstable living conditions
- ▶ History of substance use, mental health and/or involvement in the justice system
- ▶ Released from jail
- ▶ Released from a forensic facility

Program Design/Model

Emerge is a three-phase post-discharge community reentry program for those released from Osceola County Corrections Department. The three phases are assessment, reintegration preparation and treatment tracks, and post-release. Individuals are assessed using the Ohio Risk Assessment System (ORAS) in jail during the initial 48-hour stay in the intake unit. If an individual is released prior to completion of screening, they are provided with information about community services but are not eligible for program enrollment. Individuals with prior convictions who screen as moderate or high risk and express interest in the program will move to assessment phase. During the assessment phase in the first two weeks of jail, individuals will be screened using the ORAS, DAST-10, TCU CTS, and URICA. Individuals who remain in jail and assess as moderate to high risk, and volunteer to participate in the program move to the reintegration preparation phase.

During the reintegration phase individuals engage in curriculum including topics such as addiction, budgeting, employment, and homelessness, as well as group and individual therapy sessions while they start their individualized transition plan. Individuals are then placed into a CBT track to begin in jail and complete in the community upon release. Those who assess as high need for treatment for a moderate to severe substance use disorder based on a DAST-10 are placed in the “A New Direction” treatment track that lasts 6 months. Those who assess as high need for treatment for antisocial attitudes/criminal thinking are placed in the “Thinking for a Change” treatment track, whose curriculum was developed by the National Institute of Corrections to change the criminal thinking of offenders. Individuals who are not assessed as high need in substance use or criminal thinking move directly to the reentry planning phase and will have access to need-based interventions such as in-jail parenting and employment classes.

All program participants across the treatment tracks will complete a reentry transition plan with their case manager/reentry specialist and prior to release will meet their assigned care coordinator, and peer support specialist to develop a coordinated plan for reentry.

Upon release from Osceola County Corrections Department, the care coordinator will remain the primary contact for clients as they transition into the community. The care coordinator may assist in enrolling in services such as employment/education, housing, and mental health and substance use treatment. Emerge also supports wraparound services such as assistance with food, clothing, housing, education, benefits, and healthcare. They also have access to Open Table, a community-based mentoring program.

Emerge providers include Turning Point, Transition House, and Park Place Behavioral Health.

Goals/Objectives

The goals include:

1. Implement the expansion of the Emerge Program
2. Increase collaboration and communication among key stakeholders and community members to review program implementation to include oversight and quality improvement activities
3. Develop employment and reintegration outcomes and engage community partners

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

- ▶ Peer support
- ▶ Wraparound services
- ▶ ORAS SRT Pre-Screening Tool
- ▶ URICA Motivational Assessment
- ▶ ORAS Supplemental Re-entry Tool (ORAS-SRT)
- ▶ Texas Christian University Criminal Thinking Scales (TCU-CTS)
- ▶ Drug Abuse Screening Tool (DAST-10)

Number Served through August 31, 2022 (Year 1, Quarter 2)

Emerge	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	33	-	-	33
Number Served Target	45	55	65	165
Forensic Day Services Number Served	30	-	-	30
Forensic Day Services Number Served Target	45	55	65	165

Performance Measures

Outcome data for the performance measures reflect progress through August 31, 2022 (Year 1, Quarter 2).

Measure	Performance
A maximum 25% of individuals will not be arrested while participating in the program	<ul style="list-style-type: none"> 7% arrested
A maximum 35% of individuals will not be re- arrested within 180 days of discharge from the program	<ul style="list-style-type: none"> The grantee is collecting data; however, it is too early to report on this measure.
A minimum 25% of individuals will be connected to housing services	<ul style="list-style-type: none"> The grantee is collecting data; however, it is too early to report on this measure.
A minimum 25% of individuals will be connected with a resource's career source/employment services , education; or benefits	<ul style="list-style-type: none"> 30% connected to services
A minimum 25% of individuals will be connected with physical health services within 60 days of reentry	<ul style="list-style-type: none"> The grantee is collecting data; however, it is too early to report on this measure.
A minimum 35% of individuals will attend the first appointment to community-based services	<ul style="list-style-type: none"> The grantee is collecting data; however, it is too early to report on this measure.
A minimum 25% of individuals will be diverted from the state mental health facility	<ul style="list-style-type: none"> 100% diverted
100% of participants will be connected to community-based services as identified in their assessment (ORAS, DAST, TCU, CTS, and URICA)	<ul style="list-style-type: none"> 100% connected to community-based services

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

As the Emerge program was newly executed, there is not yet a measurable impact. However, the Emerge program through the nature of reentry planning and services coordination and collaboration, will work to prevent recidivism among the target population of individuals who are at a high-risk for reoffending and who have mental health, substance use and/or co-occurring disorders.

Summary of the Effect of the CJMHSR 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 Emerge program enhances the availability and accessibility of services for program clients by connecting them with resources such as employment, education, housing, and mental health and substance use service as well as implementation of wraparound support services to for assistance with basic needs such as food, clothing, housing, and assistance with applying for benefits.

Among clients enrolled, there have been no admissions to the 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 May 31, 2022, CFCHS expended/leveraged \$122,506.30 or approximately 21% of the three-year match commitment for their CJMHSA Reinvestment grant.



November 2021 Osceola County SIM Priorities

1. Care Coordination
2. Formalize Existing Relationships to Promote Data and Information Sharing
3. Peer Support Services
4. Community Awareness & Education

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COLLIER COUNTY (LH823)

Collier County's grant program, Justice Medication-Assisted Treatment Program (CMAT TEAM)

START: October 1, 2021

AWARD: \$1,200,000

TIME FRAME: 3 years

Target Population

Collier County's Justice Medication-Assisted Treatment Program (CMAT TEAM) serves inmates in the Collier County Jail. The target population for this project is inmates who report receiving medication-assisted treatment at the time of arrest, or within the previous 12 months, are actively using opioids at the time of arrest, or have a substance use disorder.

Program Design/Model

The CMAT TEAM project screens all inmates at the Collier County jail for meeting MAT criteria through a brief assessment and medical screening. Once identified, the participant is provided with clinically appropriate medication to treat their opioid and/or substance use disorder. A MAT Care Coordinator connects with participants prior to release to facilitate their continued access to MAT following discharges. The Care Coordinator and Peer Recovery Specialist provide participants with MAT education services and overdose prevention training. Prior to release, the Collier County Sheriff's Office (CCSO) Discharge Planner ensures that all MAT participants are provided with an overdose reversal kit and instructed with a video on NARCAN administration. The project is a collaborative effort between CCSO, David Lawrence Center, Metro Treatment of Florida, and Armor Healthcare. Upon release, the MAT Care Coordinator arranges community provider appointments to ensure continuity of care and case management services. Clients are considered "open" in the program up to 90 days post release.

Goals/Objectives

The primary goals of the program are to increase public safety, avert increased justice system spending, and increase access to effective, evidence-based community treatment services and resources for Collier County adult inmates who have a SUD or co-occurring SUD and mental health disorders. are to improve access to behavioral health services for individuals in the criminal justice system with a mental illness; and to reduce the length of pre- and post-sentenced incarceration and reduce recidivism among the target population.

The primary objectives of the program include:

1. Establish programs and Initiatives
2. Collaboration
3. Improved Quality of Life

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

- ▶ Medication Assisted Treatment
- ▶ Peer Recovery Specialists

- Motivational Interviewing
- TCU Drug Screen 5

Number Served through June 30, 2022 (Year 1, Quarter 3)

CMAT TEAM	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Inmates Receiving Program Services	40	-	-	40
Inmates Receiving Program Services Target	100	100	100	300

Performance Measures

Outcome data for the performance measures reflect progress through June 30, 2022 (Year 1, Quarter 3).

Measure	Performance
40% or less arrests among program participants released from jail while enrolled	<ul style="list-style-type: none"> ▪ 2% arrested (1 participant arrest, 45 arrests 1 year prior to admission)
50% or less arrests among program participants within six-months of program discharge	<ul style="list-style-type: none"> ▪ 25% arrested (8 participants arrests, 32 arrests 1 year prior to admission)
25% of program participants who are determined eligible for social security or other benefits that they are not receiving shall be assisted in applying for benefits	<ul style="list-style-type: none"> ▪ 75% assisted
50% of program participants diverted from a state mental health treatment facility	<ul style="list-style-type: none"> ▪ There were no participants who met criteria for state mental health treatment facility admission.
40% of participants successfully discharged following release from jail	<ul style="list-style-type: none"> ▪ 77% successfully discharged
50% of participants receiving in-jail MAT will attend community MAT appointment within 5 business days of release	<ul style="list-style-type: none"> ▪ 87% attend appointment with 5 days

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

The program reports a reduction in the amount of withdrawal protocols needed for individuals on MAT when arrested. This in turn has resulted in additional human resource time for Armor nursing staff and reduced costs associated with medical interventions for withdrawal management (transport to hospitals, medications etc.).

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 program has assisted individuals in need of MAT on their paths to recovery and also expanded MAT access to those interested in receiving MAT while incarcerated. As the program continues, it hopes to see a decrease in recidivism among this population as more individuals have access to evidence-based treatment for their SUD and OUD. The program has also increased collaboration between involved parties, including Armor, CCSO, and the David Lawrence Center. This increases opportunities for strong care coordination and case management for shared participants.

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

As of June 30, 2022, Collier County expended/leveraged \$138,879.16 or approximately 11.57% of the three-year match commitment for their CJMHSA Reinvestment grant. Collier County applies matching funds to support staff and provide MAT medications.

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

EPIC Behavioral Healthcare's (EPIC) grant program, the St. Johns County Jail-Based EPIC Transition Program (JET)

START:	ENDS:	AWARD:	TIME FRAME:
July 10, 2019*	June 30, 2022	\$1,200,000	3 years
	no cost extension until September 30, 2022		

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 Crisis Intervention Team (CIT) training, in-jail treatment, and post-booking diversion through the problem-solving courts such as Adult Drug Court and Veteran's Treatment Court. The JET Program reports more than thirty (30) partners that directly support program participants or serve as key stakeholders in the program's implementation.

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)
- ▶ Question, Persuade, Refer (QPR) Suicide Prevention Program

Number Served through June 30, 2022 (Year 3, Quarter 4)*

*Grantee has no cost extension through 9/30/2022

JET Program	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Enrolled	40	49	70	159
Number Enrolled Target	45	60	60	165
Total Trainings	29	20	34	83
Total Trainings Target	4	4	4	12

Performance Measures

The outcomes listed below reflect progress through June 30, 2022 (Year 3, Quarter 4).

Measure	Performance
50% reduction in number of arrests among program participants while enrolled in the program compared to one-year period prior to program admission	▪ 81% reduction in arrests
50% 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	▪ 87% reduction in arrests
70% 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	▪ 84% in stable housing
80% of participants not residing in stable housing at program admission will report living in stable housing one year following program discharge	▪ The grantee is not currently tracking housing status for one year after discharge
60% of participants not employed at program admission are employed full or part-time within 180 days of program admission.	▪ 87% employed
50% of participants not employed at program admission are employed full or part-time within one year of program admission	▪ 63% employed
100% 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	▪ 70% assisted in applying for benefits
75% of participants shall complete a minimum of one life skills training series	▪ 39% completed at least one life skill training
75% of participants who are assessed in need of additional educational trainings , enroll, and complete the trainings	▪ 80% 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

Based on JET program data thorough June 30, 2022, recidivism rates have decreased from 57% in the one year prior to program enrollment to 15% for those enrolled in the program. The total number of arrests accumulated by program participants in the year prior to enrollment was 301 which is about 2 arrests per person, and .36 per person while enrolled in the program. Of the 50 participants who have been out of the program for more than one year, they have accumulated a total of 23 arrests which is 0.46 arrests per person.

Summary of the Effect of the CJMHSА 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

JET program clients received increased access to services which has decreased recidivism rates among the 46 clients who have been successfully discharged. Additionally, between April and June 2022, the JET Program provided care coordination to 61 clients upon release. The care coordinator provided linkages to housing such as sober living and emergency housing, education, food pantry, benefits applications, and employment. The care coordinator also connected clients to MAT services, psychiatric services, and EPIC's Active Parenting classes. There have been no admissions to the state mental health treatment facility.

Success Story

A JET Program participant, who is considered a program success, began in the SIGHT Program and then expressed interest in the JET Program. The participant was incarcerated for DUI, possession of cocaine, possession of drug paraphernalia, possession of a controlled substance, resisting an officer, and a moving traffic violation. Since enrollment in the JET Program, the client complied with weekly counseling, drug screening and has utilized care coordination services to get back on his feet. The client was released from the St. Johns County Jail and went to stay with his father. He obtained a job quickly and began helping his father maintain the home as his father is disabled. JET provided him with a cell phone and bicycle to assist with his transportation to work, and compliance with counseling and probation. The client quickly

obtained employment and started paying his court fees. He attended his weekly counseling and groups for SIGHT and was meeting all obligations. To date, he has completed SIGHT and is continuing to do well in his treatment and is maintaining a stable, drug free living environment. He had a minimal support system upon release and has utilized the JET team to build a support team around himself. He developed skills that have aided him in creating a lifestyle with a sober support system through his new community within the AA community and a routine that supports his sobriety. There is significant improvement in his mental health, substance use, physical health, positive relationships, and financial health since JET Program enrollment. This individual will continue working with the JET Program to strengthen the skills he has learned over the last year.

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

As of June 30, 2022, EPIC expended/leveraged \$1,339,608.37 or approximately 75% of the three-year match commitment. Match funds support care coordination and peer recovery specialist positions, transportation for JET clients, technical support for program personnel, and utilization of the Proxy Screen by St. Johns County Jail deputies.

FLAGLER COUNTY BOCC (LH820)

Flagler County's grant program, the Flagler Youth & Young Adult Diversion Expansion Program

START:
October 5, 2021*

AWARD:
\$1,200,000

TIME FRAME:
3 years

Target Population

The target population are youth and young adults up to age 25 who have a mental illness, substance use disorder, or co-occurring mental health and substance use disorders, and who are in or at risk of entering the criminal or juvenile justice systems.

Program Design/Model

The Flagler Expansion Program expands CJMHSA services, diversion initiatives, and care coordination through a co-responder model in collaboration with Flagler County Sheriff's Office (FCSO). Mental health professionals respond with sheriff's deputies to mental health crisis calls, deescalate the situation to prevent a Baker Act or arrest and maintain safety for the youth and law enforcement officer.

The grant supports care coordination provided in Flagler Schools, to connect students to appropriate behavioral health services and monitor them until they are stable (Flagler County Schools); in the community after a Baker Act to ensure continuity of and stabilization (Halifax Behavioral Health); in the community after a mental health incident with law enforcement or after multiple interactions with law enforcement (FCSO); to Flagler students with behavioral health needs as they enter adulthood to ensure continuity of care in the adult system (Flagler County Schools).

Moreover, the Restorative School Program supports an individually tailored treatment plan of mental health services and supports for Flagler students with behavioral health concerns who are at risk of entering or who are returning from commitment or a residential program.

Goals/Objectives

The main objectives include:

1. Increase access for at risk youth and young adults to mental health and substance use interventions, prevent contact with the juvenile or adult justice system, and ensure successful post-justice involvement transition into appropriate school and community-based care.
2. Engage program partners, Public Safety Coordinating Council (PSCC), agencies, and community behavioral health providers in the Flagler Expansion Project to support adoption and adherence to shared values and goals, regular communication, data sharing and strategic partnership.

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

- ▶ Center for School Mental Health evidence-based screening instruments
- ▶ National Center for Mental Health and Juvenile Justice School Responder Model

- Community Action Teams (CAT)
- Cognitive Behavioral Therapy

Number Served through June 30, 2022 (Year 1, Quarter 3)

Flagler Expansion Project	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Screened	1,283	-	-	1,283
Number Screened Target	200	300	300	800
Number Served	59	-	-	59
Number Served Target	40	55	55	150

Performance Measures

Outcome data for the performance measures reflect progress through Year 1, Quarter 3 (June 30, 2022):

Measure	Performance
75% of participants, while enrolled in the program, will have no arrests, or rearrests	<ul style="list-style-type: none"> ▪ 95% not arrested
85% of eligible participants will be assisted by the grantee in applying for social security or other benefits for which they may be eligible but were not receiving at program admission	<ul style="list-style-type: none"> ▪ 100% assisted
90% of program adult participants will be diverted from a state mental health treatment facility	<ul style="list-style-type: none"> ▪ No youth eligible for diversion
80% of participants will complete program services	<ul style="list-style-type: none"> ▪ 37% completed program services
75% of program completers, who are Flagler Schools students, will demonstrate improvement in attendance, behavior, or academic performance	<ul style="list-style-type: none"> ▪ The grantee is collecting data; however, it is too early to report on this measure.

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

The grantee is collecting data, but it is too early to report on the effect of the grant program on the expenditures of the juvenile detention center.

Summary of the Effect of the CJMHSR 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

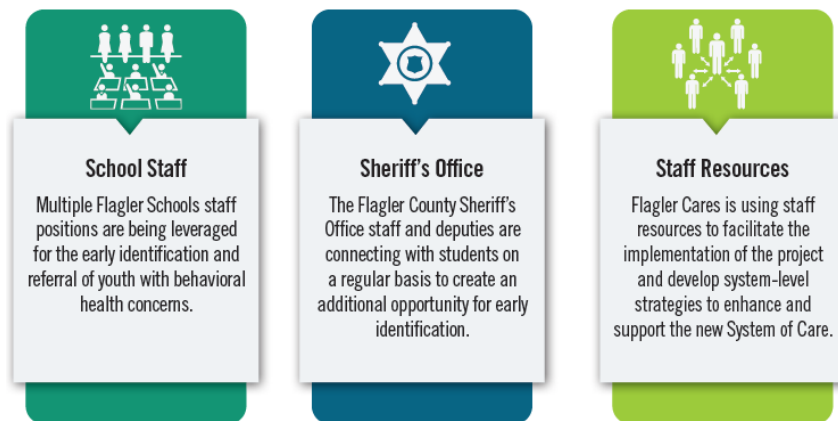
The Flagler Expansion Project increases access to community-based mental health and substance use services. As of Year 1, Quarter 3, the project screened 1,283 youth and young adults for program

enrollment. This demonstrates that the project increased identification, screening, and referrals to services.

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

As of June 30, 2022, Flagler County expended/leveraged \$301,826.65 or approximately 25% of their three-year match commitment. Match funds support grant program infrastructure for identification, screening, referral, and service coordination. Flagler School staff positions are being leveraged for early identification and referral for youth with behavioral health concerns. Flagler County Sheriff's Office staff and deputies connect with students on a regular basis to create additional opportunities for early identification. Flagler Cares match funds support implementation of the project to enhance and support the System of Care.

Implementing partners have committed match to support the new infrastructure devoted to the identification, screening, referral and service coordination system:



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GADSDEN COUNTY SHERIFF'S OFFICE (LHZ96)

The Gadsden County Sheriff's Office (GCSO) grant program, Gadsden County Criminal Justice Diversion Program (GCCJDP)

START: May 1, 2020

AWARD: \$1,200,000

TIME FRAME: 3 years

Target Population

The target population for the GCCJDP is adults 18 or older, who come in contact with law enforcement, are charged with a crime, brought to the jail for screening, have been determined as having behavioral health issues, and are evaluated and determined to have a substance use disorder or co-occurring disorder.

Program Design/Model

To promote diversion and reduce recidivism among the target population, the GCCJDP implemented post-booking alternatives to incarceration. The GCCJDP provides evidence-based screening for admission to the program, care coordination, HIV prevention services, and substance use treatment services. Evidence-based screenings conducted by the pre-trial release screener include Columbia Suicide Severity Rating Scale (C-SSRS), Drug Abuse Screening Tool 10 (DAST-10), Mental Health Screening Form III (MHSF-III), and Biopsychosocial Assessment. Additionally, the GCCJDP developed a multidisciplinary staff treatment team (MDST) to serve participants with co-occurring mental health and substance use disorders. The MDST is comprised of a licensed clinical social worker, substance use counselor, care coordinator, care coordinator supervisor, nurse, psychiatrist, and probation officer when applicable. Care coordination is contracted through FAMU and may include assistance with applying for SOAR benefits, management of primary healthcare needs, identification of housing and employment, as well as HIV and sexually transmitted disease (STD) prevention services, and education opportunities to develop case plans. The GCCJDP also provides Crisis Intervention Teams (CIT) and trauma-informed care trainings to law enforcement and related grant personnel.

Goals/Objectives

The major goal of the program is to divert persons with substance use disorders and co-occurring substance use and mental health disorders from incarceration and prevent further involvement in the criminal justice system.

Centerstone's three objectives included:

1. Establish programs and diversion initiatives that increase public safety; avert increased spending on criminal justice and improve the accessibility and effectiveness of treatment services for adults at-risk, or involved in, the criminal justice system with substance use disorders or co-occurring disorders.
2. Increase collaboration among key stakeholders in implementing and providing ongoing oversight and quality improvement activities.
3. Early identification of behavioral health issues among adults at-risk or involved in the criminal justice system,

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

- ▶ Crisis Intervention Teams (CIT)
- ▶ Multidisciplinary Treatment Team (MDST) approach
- ▶ Trauma-informed care
- ▶ Alcohol Use Disorder Identification (AUDIT)
- ▶ Beck Depression Inventory II (BDI-II)
- ▶ Cut Annoyed Guilty Eye (CAGE) test
- ▶ Drug Abuse Screening Test (DAST-10)
- ▶ Mental Health Screening Form- III (MHSF-III)
- ▶ Columbia-Suicide Severity Rating Scale (C-SSRS)
- ▶ SSI/SSDI Outreach, Access, and Recovery (SOAR)

Number Served through July 31, 2022 (Year 3, Quarter 1)

GCCJDP	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Individuals Enrolled	37	47	11	95
Enrollment Target	50	50	50	150
HIV/STD Prevention Services	26	33	18	77
HIV/STD Prevention Services Target	25	25	25	75
CIT Training	2	3	0	5
CIT Training Target	20	20	20	60

Performance Measures

Outcome data for the performance measures reflect progress through Year 3, Quarter 1 (July 31, 2022):

Measure	Performance
Less than 30% of participants shall be arrested while receiving program services	▪ 3% arrested
Less than 20% of participants shall be arrested within one year following their program end date	▪ 9% arrested within one year following end date)
30% of participants not residing in a stable housing environment at their program start date shall report living in a stable housing environment within 90 days	▪ 37% living in stable housing within 90 days
25% of participants not residing in a stable housing environment at their program start date shall report living in a stable housing environment one year following their program end date	▪ 16% reside in stable housing one year following program end date)

Measure	Performance
20% of participants not employed at their program start date will be employed full or part-time within 180 days	<ul style="list-style-type: none"> 6% employed (3/54 participants employed)
20% of participants not employed at their program start date will be employed full or part-time one year following program end date	<ul style="list-style-type: none"> 11% of participants not employed at program start have reported full or part-time employment one year following program end.
40% of eligible 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 start date	<ul style="list-style-type: none"> 100% assisted
10% of participants will be diverted from a state mental health treatment facility .	<ul style="list-style-type: none"> -85% diverted
20% increase in the number of law enforcement officers receiving Crisis Intervention Teams (CIT) training	<ul style="list-style-type: none"> 19% increase in law enforcement officers receiving CIT training (2/8 received training)

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

On average, fiscal costs per day for a jail stay are \$52- \$55 per person in Gadsden County. The maximum amount of time an individual can spend in the Gadsden County Jail is 366 days, which is approximately \$19,032 - \$20,130 per person. The use of a Pre-Trial Release Screener allows for eligible individuals who have behavioral health needs and or substance use issues to be routed to community-based treatment services at a more expedited pace. The GCCJDP has implemented an evidenced-based screening tool within the booking process that helps to early identify the existence of substance use issues. The booking staff presents the information to the Behavioral Health Coordinator for further evaluation and linkage to community-based treatment. A combination of the pre-trial release eligibility screening process, substance use screening process, and behavioral health coordination shows a direct impact on the reduction of jail costs.

Following review of Gadsden County Jail data from the start of GCCJDP there has been a notable decline in the number of individuals incarcerated. In May 2022 there were 1,250 individuals detained in the Gadsden County Jail. This affirms a significant decline in the inmate population. This is a 23% decrease from the jail census in May 2020 (1,620). Grant funding also increased the number of treatment-related staff in the jail by 120% with the addition of a Behavioral Health Coordinator at 80% level of effort and HIV Prevention Coordinator at 40% level of effort. The increase in treatment-related staff reduces the amount of time taken to early identify substance use and mental health illnesses in the jail.



Summary of the Effect of the CJMHSR 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 GCCJDP created a partnership between the Gadsden County Judicial Court system, Gadsden County Criminal Justice Systems, Gadsden County Health Department, and several community-based treatment providers. As time progress, it is expected that the officers and front-line workers of the target population will be trained and become more aware of how to identify and treat individuals experiencing behavioral health issues in Gadsden County through CIT training and newly implemented screening tools during booking to identify behavioral health needs to provide recommendations to the courts for possible diversionary opportunities. As a result, this will reduce the rate of unnecessary incarceration and promote community-based treatment.

There was an 85% diversion from forensic commitments to the state mental health treatment facility since the inception of this grant program (lifetime to date).

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

As of July 31, 2022, Gadsden County Sheriff's Office expended/leveraged \$840,389.43 or approximately 93% of the three-year match commitment for their CJMHSA Reinvestment grant. Local match funds support screening positions at the Gadsden County Jail as well as in-jail behavioral health treatment services for individuals not eligible for pre-trial release.

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HILLSBOROUGH COUNTY BOCC (LHZ98)

Hillsborough County's grant program, the Mental Health Jail Diversion Program, a component of the Hillsborough Forensic ImpACT Team Expansion (H-FITE)

START: August 2, 2020*

AWARD: \$1,200,000

TIME FRAME: 3 years

Target Population

The target population includes adults ages 18 and older in the Hillsborough Mental Health Court who have a mental illness, substance use disorder, or co-occurring disorders, have been restored to competency pursuant to Chapter 916 F.S., and are identified in pre- or post-adjudication stages for diversion from incarceration or from commitment to a state mental health treatment facility.

Program Design/Model

The Hillsborough Forensic ImpACT Team Expansion (H-FITE) expands the adult problem-solving court and funds treatment and services. This modified Assertive Community Treatment (ACT) team provides specialized treatment services such as intensive case management, peer support services, and care coordination to address the significant service gap in Hillsborough County's continuum of diversion services for individuals who are restored Chapter 916 F.S. clients. The program is focused on the clients with the serious mental illnesses and co-occurring disorder symptomology who also present at the highest risk of institutionalization through incarceration or commitment to a state mental health treatment facility. Prior to adjudication, individuals are referred to the program by duly authorized representatives of local law enforcement, local courts, the state attorney, or public defender. Staff includes a licensed team leader, case managers, a psychiatrist, therapists, and an administrative assistant.

Goals/Objectives

The major goal is to divert individuals with serious mental illness or co-occurring disorders who are restored to competency per Chapter 916 F.S., from penetrating the criminal justice system further through community supervision and services that meet their behavioral health and social determinant stabilization needs.

Hillsborough's three objectives included:

1. Expanding services for existing diversion initiatives.
2. Creating and encouraging collaboration among key stakeholders.
3. Partnering with the 13th Judicial Circuit Administrative Office of the Courts in their commitment to achieve problem-solving court certification, including the development of any necessary protocols, forms, and tools to enhance policy development.

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

- ▶ Motivational Interviewing (MI)
- ▶ Risk-Need-Responsivity- Level of Service/Case Management Inventory (LS/CMI)

- ▶ Medication-Assisted Treatment (MAT)
- ▶ Forensic Assertive Community Treatment (FACT)
- ▶ Forensic Intensive Case Management (FICM)
- ▶ SSI/SSDI Outreach, Access, and Recovery (SOAR)
- ▶ Comprehensive, Continuous, Integrated System of Care (CCISC)
- ▶ Trauma-informed services

Number Served through July 31, 2022 (Year 2, Quarter 4)

H-FITE	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	34	24	-	58
Annual Caseload Target Number	30	30	30	90

Performance Measures

Outcome data for the performance measures reflect progress through July 31, 2022 (Year 2, Quarter 4)

Measure	Performance
Less than 40% of participants shall be arrested while receiving services	<ul style="list-style-type: none"> ▪ 10% arrested while receiving services
Less than 60% of participants shall be arrested within one year following program end date	<ul style="list-style-type: none"> ▪ 0% arrested within one year of program end date
60% of participants who do not reside in a stable housing environment at program start date will reside in a stable housing environment within 90 days	<ul style="list-style-type: none"> ▪ 81% resided in stable housing
35% of participants who do not reside in a stable housing environment at their program start date will reside in a stable housing environment one year following program end date	<ul style="list-style-type: none"> ▪ N/A -The grantee is collecting data; however, it is too early to report on this measure.
10% of participants not employed at program start date will be employed full or part-time within 180 days of admission	<ul style="list-style-type: none"> ▪ 100% employed
85% 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.	<ul style="list-style-type: none"> ▪ 100% assisted in applying for Social Security or other benefits
50% of participants will be diverted from a state mental health treatment facility.	<ul style="list-style-type: none"> ▪ 100% diverted
40% of participants shall be successfully discharged from the program	<ul style="list-style-type: none"> ▪ 80% discharged

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 reduced the number of detainees with mental health and co-occurring substance use disorders from further penetration into the criminal justice system. The program has assisted 33 participants remain out of jail and linked these individuals to behavioral health treatment services. Additionally, Hillsborough County consulted with the CJMSHA TAC regarding cost avoidance estimates based on individual reduction in acute care and legal interventions as many program participants are high utilizers of these systems. As participants meet treatment plan goals, development and assessment of cost avoidance will be conducted.

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 H-FITE program had three successful graduations in Year 2 Quarter 4.

H-FITE provided access to individualized, evidence-based behavioral health treatment services to a total of 58 clients since inception of program and 24 newly enrolled clients during year 2 (August 2021 - July 2022). These clients are placed in structured housing and provided necessary support services to prevent institutionalization.

Success Story

H-FITE worked with Public Defender's Office in order to re-engage a client who was not participating. In a matter of two weeks the client was able to make a significant turnaround by staying free of drugs, attending all groups and appointments, and seeking employment. The client is now working at Home Depot and received his first paycheck ever! He continues to participate in outpatient substance use disorder treatment while working and progressing on Court Resolution Contract to deter significant legal sanctions. The judge commended his improvement, and the client now will be seen every 6 weeks in court, rather than every 4 weeks.

The H-FITE program diverted 24 clients from commitment to a state mental health treatment facility during year 2. Providing services as a part of the program, prevents further deterioration of their behavioral health problems.

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

As of July 31, 2022, Hillsborough County expended/leveraged \$1,094,248.05 or approximately 91% of the three-year match commitment for their CJMHSA Reinvestment grant. Local match funds are utilized to provide treatment and support services provided on behalf of community behavioral health providers.

HILLSBOROUGH COUNTY BOCC (LH842)

Hillsborough County's grant program, Youth Experiencing Success (YES) program, serving youth in the 13th Judicial Circuit's Juvenile Justice Mental Health Court (JJMHC)

START:
May 1, 2022

AWARD:
\$1,039,920

TIME FRAME:
3 years

Target Population

Individuals to be served by the YES Program are youth and young adults ages 12-20 years old, receiving community-based competency services and youth determined as restored to competency who present with mental health needs.

Program Design/Model

The Youth Experiencing Success (YES) Program serves youth in the JJMHC with mental health and co-occurring disorders to enhance quality of life among the youth and family and reduce recidivism. All youth are screened, case plans are developed, and progress is monitored by service team who reports to judicial and court staff. Individualized services for all youth may include screening and assessment, Cognitive Behavioral Therapy, care coordination, High Fidelity Wraparound, juvenile reentry educational services, family navigator services, psychiatric consultation, and benefits assistance.

Youth and families in the Juvenile Justice Mental Health Court are served in two services tiers:

Tier I: Community Services

Tier One serves youth who are presenting with mental health needs and low risk of recidivism, who may only need community services in order to address treatment needs. Each family will receive a family navigator to assist with treatment engagement and goals.

Tier II: Recovery Team

Tier Two serves youth and families at a medium to high risk of recidivism who also have serious mental health and/or co-occurring needs. Youth and families are assigned to a clinician to develop individualized care plan based on assessment and a youth's symptomology, in addition to the family navigator.

Goals/Objectives

The primary goal of the program is to provide targeted services to a subpopulation of high recidivism risk or high behavioral health need youth and their families.

Major objectives that contribute to the goal:

1. Expand services for existing Juvenile Justice Mental Health Court
2. Create and encourage collaboration among key stakeholders in implementing and providing oversight and quality improvement activities

3. Collaborate with key stakeholders in the development of any necessary protocols, forms, trainings, and tools to enhance policy development and program operations

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

- ▶ High Fidelity Wraparound
- ▶ Cognitive Behavioral Therapy
- ▶ Child and Adolescent Needs and Strengths (CANS) assessment
- ▶ Child Assessment Tool (FDLE)- both “pre” and “expanded” versions to determine criminogenic risk level
- ▶ Family Navigator

Number Served through July 31, 2022 (Year 1, Quarter 1):

JJMHC	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
New Youth/Families Admitted to Tier One Services	11	-	-	11
Tier One Services Target	40	40	40	120
New Youth/Families Admitted to Tier Two Services	3	-	-	3
Tier Two Services Target	25	25	25	75
Total Target	65	65	65	195

Performance Measures

Outcome data for the performance measures reflect progress through July 31, 2022 (Year 1, Quarter 1).

Performance	
Less than 40% of participants shall be arrested while receiving services	<ul style="list-style-type: none"> ▪ 7% arrested
A minimum 40% of Tier Two participants shall successfully complete Tier Two program services	<ul style="list-style-type: none"> ▪ The grantee is collecting data; however, it is too early to report on this measure.
A minimum of 60% of Tier Two participants who successfully completed program services shall not be arrested within six months following program end date	<ul style="list-style-type: none"> ▪ The grantee is collecting data; however, it is too early to report on this measure.
A minimum of 60% of youth referred to Tier One community connections/behavioral health resources shall be engaged in services	<ul style="list-style-type: none"> ▪ The grantee is collecting data; however, it is too early to report on this measure.

Performance	
A minimum of 75% of participants in Tier One and Tier Two program levels shall be assisted in applying for SSI/SSDI or other benefits for which they and their families may be eligible but were not receiving at program start date	<ul style="list-style-type: none"> The grantee is collecting data; however, it is too early to report on this measure.
A minimum of 80% of participants shall be diverted from a state mental health treatment facility	<ul style="list-style-type: none"> The grantee is collecting data; however, it is too early to report on this measure.
A minimum of 75% of the stakeholder focus group survey shall be conducted no later than February 28, 2024.	<ul style="list-style-type: none"> The grantee is collecting data; however, it is too early to report on this measure.

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

No fiscal impact determined at this time. The grantee is collecting data; however, it is too early to report on this measure.

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

Although the program is newly implemented, the JJMHC has already served to address a gap in services for dual and multiple system involved youth. The SIM conducted prior to the execution of this grant program (upon request from Florida Department of Children and Families) established five priority areas of focus for Hillsborough County youth with mental health, substance use, and co-occurring disorders who are involved in the justice system.

To date, no youth have been eligible/admitted to a state mental health treatment facility.



April 2022 Hillsborough County Juvenile SIM Priorities

1. Parent and Family Engagement and Education (e.g. family navigator, stigma reduction)
2. Develop Mentor and Coaches Program Capacity
3. Development of a Centralized Resource for Shared Clients (assessment/info follows youth vs. system/provider, braided services)
4. Expand and Coordinate Mobile Response Teams (LE, schools, Gracepoint)
5. Enhance Information-Sharing Across the System / Formalize the Coordination of Care/ROI

Summary of How Local Matching Funds

Leveraged Additional Funding to Further the Goals of the Reinvestment Grant Program

As of July 31, 2022, Hillsborough County expended/leveraged \$77,957.29 or approximately 7% of the three-year match commitment for their CJMHSAs Reinvestment grant. Matching funds support staffing in the Public Defender's Office, and Administrative Office of the Courts.

KIDS HOPE ALLIANCE (DUVAL COUNTY/CITY OF JACKSONVILLE) (LH824)

Kids Hope Alliance's grant program is an expansion of the Central Coordination Project (CCP)

START:
October 1, 2021

AWARD:
\$1,200,000

TIME FRAME:
3 years

Target Population

The target population is justice-involved youth in Duval County under age 18 who are identified with mental health and trauma indicators.

Program Design/Model

Kids Hope Alliance (KHA) and City of Jacksonville (COJ) are expanding the current Criminal Justice Reinvestment Grant that fills the gap for intervention/prevention methods in the juvenile justice system by providing youth and families wraparound services or high social, emotional, and education needs with mental health and/or substance use. The early intervention services will assist with diversion opportunities.

The grant will allow first-time offenders, youth engaged in diversion currently, or youth that was previously involved in system, to have an opportunity to participate in the program. The youth will receive early assessments such as Youth Level Service/Case Management Inventory 2.0 Assessment (YLS/CMI), the GAIN-Q3, and trauma screen. All the youth with educational needs will be referred to Center for Children's Rights for the educational-legal assessment. This assessment will focus on problem solving that is related to housing, safety, medical and mental health access, and behavioral services. Also, youth seeking employment will be supported by a peer specialist and provided assistance with employment related skills, such as job applications.

KHA has also subcontracted with Partnership for Child Health (PCH) in December of 2021. PCH will be the coordinating agency and oversee the goal and tasks for the grant. PCH began receiving from Department of Juvenile Justice (DJJ) in October 2021. There has been a strong collaboration with the Program Coordinator and the contracted assessor, as well as two resiliency navigators that are actively reducing recidivism on the front-end of the Juvenile Justice youth and provide diversionary programming opportunities.

Goals/Objectives

The primary goal of Duval County's KHA is to fill the intervention gap at the front end of the juvenile justice system by connecting youth and their families with high social, emotional, and education needs with early intervention services to prevent recidivism and provide additional opportunities for the youth to be diverted from the criminal justice system. The major objectives contributing the completion of this goal included:

1. Implement CJMHSA services and diversion initiatives described in the application.

2. Create and encourage collaboration among key stakeholders, identified in the application.
3. Measure positive changes in youth and families served by the Program through the implementation of best practices, identified in the application.

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

- ▶ Global Appraisal of Individual Needs-Quick (GAIN-Q3)
- ▶ Center for Youth Wellness Adverse Childhood Experiences Questionnaire (CYW ACE)
- ▶ Youth Level of Services/Case Management Inventory (YLS/CMI 2.0)
- ▶ High Fidelity Wraparound
- ▶ Care Coordination
- ▶ Recovery Orientated Services
- ▶ Peer Specialists/support
- ▶ Operation Boost (employment career resources)
- ▶ Education-Legal Advocacy
- ▶ Targeted Family Engagement
- ▶ Mentoring
- ▶ Parenting Support Groups

Number Served through June 30, 2022 (Year 2, Quarter 3)

KHA	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served (screened/assessed)	297	-	-	297
Number Served Target	400	400	400	1200
Youth Referred for Mental Health Services	208	-	-	208
Youth Referred for Mental Health Services Target	300	300	300	900
Youth and Families engaged in Family Strengthening Activities	216	-	-	216
Youth and Families engaged in Family Strengthening Activities Target	100	100	100	300

Performance Measures

Outcome data for the performance measures reflect progress through Year 1, Quarter 3 (June 30, 2022):

Measure	Performance
75% of participants will not reoffend while enrolled in the program.	<ul style="list-style-type: none"> ▪ 97% did not reoffend

75% of participants will successfully complete the program.	▪ 86% successfully completed the program
75% of participants will not reoffend within six months following program discharge.	▪ 73% did not reoffend
75% of participants families not residing in a stable housing environment at Program start shall receive housing assistance within 90 days of their Program start date.	▪ 0% in stable housing
75% of eligible participants (ages 17 & 18 years old) not employed or in school at program start will be employed full or part time or enrolled in an educational program within 180 days of their Program start date.	▪ 0% employed or enrolled in educational program
75% of eligible participants will maintain full or part time employment or be enrolled in an educational program six months following their program discharge.	▪ 50% employed or enrolled in educational program
80% of participants will be referred within 30 days of program start date for benefits for which they may be eligible but were not receiving at their program start date.	▪ 0% referred for benefits
75% of participants receiving educational-legal advocacy shall demonstrate an improvement in academic achievement.	▪ 87% receiving educational-legal advocacy

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

The CJRG allows assessments to be performed before a hearing which allows for more trauma-informed sentencing. Also, these assessments are utilized to divert the youth from the system and reduce recidivism. Referrals for community-based services will reduced the commitments for in-patient state placements.

Summary of the Effect of the CJMHSR 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 taskforce created under the grant is engaging stakeholders to create effective programming, develop formalized policies and procedures, continuity of care, and identify the eligible youths. The program coordinator also tasks all performance measures, MOU's, subcontracted deliverables, and scopes of services to ensure services are continually executed. The benefit of the additional providers is to assist with alternative funding that will continue the program. The grant has also allowed for referrals for mental health, substance abuse and educational services prior to the youth's court hearing. This provides protective factors at release from detention, home detention or electronic monitoring and positive impact for the youth and families with support.

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

As of June 30, 2022, Kids Hope Alliance expended/leveraged \$215,201.47 or approximately 22.7% of their three-year match commitment. Kids Hope Alliance utilized matching funds to support security at the JAC, the program coordinator salary, and partial contractual costs.

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LEE COUNTY BOCC (LHZ97)

Lee County's grant program, the Bob Janes Empowerment Center

START: June 1, 2020

AWARD: \$975,000

TIME FRAME: 3 years

Target Population

The target population for the Bob Janes Empowerment 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 was renamed on October 1, 2021, to Bob Janes Empowerment Center, which was established in 2008. The Empowerment Center is operated by The Center of Progress and Excellence and collaborates with SalusCare, Lee Memorial Health System, and Lee County Department of Human Services. Lee County's 2020-23 grant is an expansion of their 2017-20 and 2014-17 CJMHSA Reinvestment Grant. The Empowerment Center offers an alternative to arrest and incarceration when law enforcement officers encounter individuals with a substance use, mental health, and/or co-occurring disorders. Services are available 24 hours a day, 7 days a week. The Empowerment Center provides 72 beds for males or females, as well as 9 beds for medical respite. Services provided at the Empowerment Center include psychiatric, primary care, case management, AA/NA groups, job fairs, and recreational (sports) services. There is also a veteran's representative from United Way available 2 days a week. Each resident receives a mental health assessment and case manager who conducts follow up check ins at 30-, 60-, and 90-day benchmarks. The Empowerment Center also works with clients to assess their needs, establish goals, provide support services and life skills, and find the most appropriate treatment or housing option. The Center for Progress and Excellence collaborate with multiple agencies to assist the individuals transition back into the community. The goal is to transition the individuals back to the community within 90 days. 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 was 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.

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/expand 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)



CIT training for all law enforcement related personnel

- Provides techniques and alternative methods of interaction with individuals with behavioral health issues.
- Improves the safety of patrol officers, consumers, family members and citizens within the community.
- Assists to divert individuals from the criminal justice system who could be better assisted through community resources.
- Allows law enforcement an opportunity to divert persons away from jail into a safe environment so that treatment services can be more efficiently accessed.

Number Served through May 31, 2022 (Year 2, Quarter 4):

Bob Janes Triage Center	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	1139	783	-	1922
Number Served Target	400	400	400	1,200

Performance Measures

The outcomes listed below reflect progress through May 31, 2022 (Year 2, Quarter 4).

Measure	Performance
Less than 10% of program participants shall be arrested while receiving services	■ 1% arrested while receiving services
Less than 10% of participants shall be arrested within the one-year period following their ending date for program services	■ 12% arrested within one year of end date
25% 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	■ 69% were assisted in applying for benefits
20% of participants will have increased access to community comprehensive recovery-based mental health and/or substance use treatment services while participating in the program	■ 87% had increased access to behavioral health services

Measure	Performance
25% of participants that received case management services while residing at the Empowerment Center and discharged to permanent housing will not return to homelessness six months following discharge	▪ 7% success

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

As a wet and low demand shelter, all individuals who enter the Empowerment Center are diverted from involvement in the criminal justice system. The treatment services offered have few restrictions or eligibility criteria and clients return frequently which increases their motivation and willingness to engage in community-based services and thus keep individuals out of jail. CIT and community outreach facilitated by NAMI also provides support services that serve as diversion from involvement in the 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

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

The Empowerment Center does not serve the population of individuals who are at risk of commitment to the state hospital (historically 1% of Empowerment clients had previously been admitted to a State Mental Hospital). However, the Empowerment Center is a means to keep this number from increasing since diverting people with a serious mental illness from incarceration has proven to have better outcomes. Individuals who receive treatment are at a lesser risk of accumulating additional charges such as battery on a law enforcement or correctional officer, which often occurs while incarcerated. In addition, a person's mental status is more likely to decompensate while incarcerated.



August 2022 Lee County SIM Priorities

1. Address/breakdown barriers to housing access
2. Expand resource awareness among community and individuals seeking services
3. Expand service provider awareness and capacity
4. Explore transportation solutions (voluntary BA, LE transport)
5. Explore Co-Responder Models (BJA PMHC)

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

As of May 31, 2022, Lee County has expended/leveraged \$666,812.38 or approximately 50% of the three-year match commitment. Match funds support 19% 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.

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LIFESTREAM BEHAVIORAL CENTER (LAKE COUNTY) (LHZ95)

LifeStream Behavioral Center's (LifeStream) grant program for Lake County, the Forensic Community Services Team (FCST)

START: April 23, 2020*

AWARD: \$1,200,000

TIME FRAME: 3 years

Target Population

The target population for the FCST is adults charged 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 are 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, an expansion of Lake County's 2017-20 and 2014-17 CJMHSA Reinvestment Grant program. 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.

The program relies on the partnership of more than twenty (20) community partners and direct service providers for successful implementation.

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, 2022 (Year 3, Quarter 1):

FCST	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	87	59	9	155
Number Served Target	76	76	76	228

Performance Measures

The outcomes listed below reflect progress through June 30, 2022 (Year 3, Quarter 1).

Measure	Performance
Less than 30% of participants shall be arrested while receiving program services	▪ 3% arrested
Less than 30% of participants shall be arrested within the one-year period following their program end date	▪ 25% arrested
35% 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.	▪ 52% in stable housing
50% 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	▪ 48% in stable housing
30% of participants not employed at their program start date shall be employed full or part-time within 180 days of their program start date	▪ 23% employed
40% of participants not employed at program start date who are employed full or part-time one year following program end date	▪ 28% employed
30% 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	▪ 98% assisted
10% 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.
70% of individuals identified with a mental illness shall be diverted to appropriate community services	▪ 90% diverted

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

LifeStream is monitoring cost savings based on the reductions in recidivism among those enrolled in the FCST program. The program uses a basic calculation of cost per jail day (\$80/day) multiplied by the number of estimated jail days for the numbers served by the grant. The grantee reported on historical data from previous grant cycles but does not yet have cost estimates for clients served during this grant cycle.

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 provides services to Lake County residents that have served to divert these individuals from the criminal justice system and reduce recidivism among clients who remain engaged in treatment services. As a rural community, this program greatly supports those clients who otherwise may not have had the ability to pay for treatment services.

None of the participants enrolled in the FCST program were eligible for admission to the 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, 2022, LifeStream has expended/leveraged \$758,887.80 or approximately 63% 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 training initiatives such as CIT.

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LUTHERAN SERVICES FLORIDA HEALTH SYSTEMS (HERNANDO COUNTY) (LHZ86)

Lutheran Services Florida (LSF) Health Systems' grant program, the Youth Criminal Justice Diversion Initiative

START: July 12, 2020*

AWARD: \$1,200,000

TIME FRAME: 3 years

Target Population

The target population is individuals 17 years old and younger, with mental health, substance use, or co-occurring disorders, who are in or at risk of entering the juvenile justice system.

Program Design/Model

The Youth Criminal Justice Diversion Initiative expands diversion programs for youth 17 and younger with mental health substance use or co-occurring disorders. Youth enrolled in the program receive a comprehensive assessment and individualized treatment plan with recovery support, violence prevention/trauma awareness classes, and care navigation assistance based on individual needs. Priority for treatment services is given to those youth participating in the Juvenile Behavioral Health Court, youth who have been Baker Acted and those referred by the Alternatives to Out of School Suspension (ALTOSS) program.

The diversion programs are serviced by five different agencies, BayCare, NAMI Hernando, Dawn Center, Hernando Coalition, and Springbrook. Services these agencies cover are care coordination, Wellness Recovery Action Planning (WRAP), teen support groups, Family Links Group, as well as partnerships with physicians to promote youth mental health and substance abuse integration to the private practices. BayCare provides the care navigator for care coordination, The Dawn Center provides a prevention advocate, the Hernando Coalition is providing a grant activities coordinator, NAMI provides a peer specialist / youth and family advocate, and Health-Tec is the grant evaluator.

The Hernando Juvenile Behavioral Health Court serves non-violent juveniles between the ages of 13 and 17 with mental health, substance use, or co-occurring disorders. A comprehensive assessment is conducted by BayCare Behavioral Health within 15 days of program enrollment and a treatment plan is developed based on the individuals needs of the youth and family.

Additionally, the grant funds support two care coordinators, the NAMI Youth and Family Coordinator and the BayCare Care Navigator, to be co-located at Springbrook's adult receiving facility. Supporting two care coordinators at Springbrook help to facilitate youth and family engagement into community-based treatment and follow-up.

Goals/Objectives

LSF Health Systems' three major grant objectives include:

1. Establish diversion programs and strategies for youth in Hernando County which will 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 stakeholders in implementing the strategic plan and providing ongoing oversight and quality improvement activities.
3. Promote workforce development through additional trainings that address the needs identified in the strategic plan.

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

- ▶ Wellness Recovery Action Planning (WRAP)
- ▶ Positive Achievement Change Tool (PACT)
- ▶ Patient Health Questionnaire for Adolescents (PHQ-A)
- ▶ Michigan Alcohol Screening Test (MAST)
- ▶ Drug Abuse Screening Tool (DAST)
- ▶ GAIN Short Screener (SS)
- ▶ Youth and Family Treatment Planning Services
- ▶ Case Management/Court Specialist Services
- ▶ Care Navigation Services
- ▶ Crisis Planning Services
- ▶ Family Support Groups
- ▶ Trauma Support Groups
- ▶ Drug Testing services
- ▶ Transportation Support Services
- ▶ Recovery Support Services

Number Served through June 30, 2022 (Year 2, Quarter 4):

Youth CJ Diversion Initiative	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Individuals Enrolled	63	134	-	197
Individual Enrolled Target	50	50	50	150
Primary Care Professionals Trained	13	29	-	42
Primary Care Training Target	10	10	10	39

Performance Measures

The outcomes listed below reflect progress through June 30, 2022 (Year 2, Quarter 4).

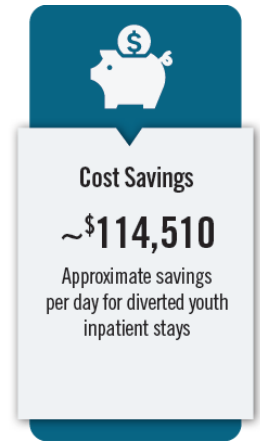
Measure	Performance
50% reduction in the total number of arrests among program participants while enrolled in the program compared to the one-year period prior to program admission	<ul style="list-style-type: none"> 95% reduction
40% reduction in the total number of arrests or re-arrests among program participants within the one-year period following program discharge compared to the one-year period prior to program admission	<ul style="list-style-type: none"> 97% reduction
60% 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	<ul style="list-style-type: none"> 100% reside in stable housing within 90 days.
60% of 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	<ul style="list-style-type: none"> 100% reside in stable housing one year following program
60% of program participants in program year 3, not residing in stable housing at program admission will report living in stable housing by program end date	<ul style="list-style-type: none"> The grantee reports there have been no youth that have come into the program that have not had stable housing
75% of program participants will be assisted in applying for Social Security or other benefits for which they may have been eligible but were not receiving at program admission	<ul style="list-style-type: none"> 100% received assistance
85% of program participants shall have improved school attendance compared to one year prior to enrollment	<ul style="list-style-type: none"> The grantee reports difficulty in collecting data for this measure due to challenges with school collaboration. The grantee is working with DCF and the CJMHSA TAC to identify options for potential secondary data sources for this measure.
15% reduction in the number of youth Baker Acts initiated by law enforcement in Hernando County during each program year	<ul style="list-style-type: none"> 61% reduction in youth Baker Acts one-year post-discharge for youth enrolled in the program

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

The grant program created calculations that review the estimated costs that is being saved. The average cost to detain a youth offender was \$588 per day, or \$214,620 per year in 2020. The grant has served 134 youth and only 3 have been arrested in the following year after being enrolled. The estimated cost per year would be approximately \$28,115,220.00.

The grant program also created calculations for youth in treatment centers. The approximate cost for a youth inpatient stay is \$2200 per day and depending on insurance approximately \$750 - \$985 a day. The youth enrolled in the program are receiving services and at this time there has been only 2 youth known to have been placed in a mental health facility out of 134 enrolled youth. The approximate savings of insured youth at an average rate of 867.50 a day would be a \$114,510 per day.

There are 39 total known arrests by participants prior to enrollment in the coordinated care program. The following year there have been a total of 21 arrests, and 12 were committed by one youth.



Summary of the Effect of the CJMHSR 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 provides a new service of care coordination for the target population that reduces the interaction with law enforcement, as well provides easier family navigation and more intensive services for the youth. Another impact is incorporating primary care physicians with training that focuses on mental health and substance abuse in youth. Group sessions for youth and families are also utilized.

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

As of June 30, 2022, Hernando County has expended/leveraged \$203,554.85 or approximately 17% of the three-year match commitment.

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

Lutheran Services Florida (LSF) Health Systems' grant program, the Marion County Mental Health Court (MCMHC)

START:	ENDED:	AWARD:	TIME FRAME:
August 13, 2018*	July 31, 2021	\$1,198,362	3 years

Target Population

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

Program Design/Model

The MCMHC, an expansion of the 2009 reinvestment grant program, was a voluntary program for individuals charged with a non-violent offense who have a mental health and/or co-occurring substance use disorder. The program provided screening, community case management and coordinated support for participants. The MCMHC supported 3 case managers capable of serving up to 120 individuals at any one time. The expansion of the MCMHC included 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 MCMHC utilized Sequential Intercept Mapping to confirm and refine priorities for the target population and validated the need for enhanced jail diversion efforts.

The Marion County Jail provided a complete medical and mental health screening to every inmate who entered the jail. 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 were 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 established a diagnosis and identified needed treatment as available. At this point, inmates were referred to the psychiatrist for medications and/or mental health court. Those admitted to the MCMHC program were 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 received a bio-psychosocial assessment, AC-OK Screen for Co-Occurring Disorders, and a Functional Adult Rating Scale. An individualized treatment plan was developed in collaboration with the individual and their treatment provider. The average length of participation in the program was 6 to 12 months. The MCMHC program relied on more than twenty (20) partners that either directly support participant needs or serve as key stakeholders in the success of the grant program.

Goals/Objectives

The primary goal of the MCMHC was 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:

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 July 31, 2021 (Year 3, Quarter 4):

MHC	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	145	76	76	297
Number Served Target	150	150	150	450
Law Enforcement Training	23	63	111	197
Law Enforcement Training Target	20	20	20	60

*Note that this data includes a complete summary of numbers served for the grant and crosses over fiscal years for this report period.

Performance Measures

The outcomes listed below reflect progress through July 31, 2021 (Year 3, Quarter 4).

Measure	Performance
50% 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.	<ul style="list-style-type: none"> ▪ 44% reduction. The program notes that there was one individual participant with multiple arrests that impacted this performance measure.
65% 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.	<ul style="list-style-type: none"> ▪ 77% reduction

Measure	Performance
60% 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.	▪ 80% in stable housing
60% of program participants not residing in stable housing at program admission will report living in stable housing one year following program discharge.	▪ 57% in stable housing. The program notes that COVID-19 impacted the ability to meet with clients in need of housing services.
50% 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.	▪ 59% employed
60% 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.	▪ 68% employed
75% 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% received assistance
10% of participants will be diverted from a State Mental Health Treatment Facility .	▪ 100% 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% of the Marion County jail population were 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 participants spend in jail. Long term, cost savings were expected to be achieved through reductions in arrests and the number of days participants spend in jail. Additionally, the program reports that 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's program reported some notable challenges to implementation as a result of COVID-19, which impacted their ability to assess the program's true impact on effective service access. 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. Absent the MCMHC program, participants would have been incarcerated without access to the cadre of community-based services that were built and coordinated for this grant. The program reported an increase in available and accessible community-based services for the target population as a

result. Services were expanded to meet psychiatric, housing, medical, financial, and other life skill, and social support needs.

Throughout the duration of the grant program, 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 July 31, 2021, Marion County expended/leveraged \$1,004,557.99 or approximately 76% of the three-year match commitment. Match funds supported program staff, travel, and consultant costs and additional administrative and operations functions to support the grant program.

Case Manager Testimonial

“Samantha is a 37-year-old female who was admitted to the Mental Health Court Program and assigned to my case load on 01/14/2021. She disclosed she struggled with a severe substance abuse problem with methamphetamines and heroin and has for a long time. I could tell that Samantha was ready to start her recovery.

Through our program and the financial assistance of the CJMHSR grant, we were able to fund 2 substance abuse treatment programs for her to receive the help she needed. The first was a residential substance abuse treatment program called Addie Rawls Recovery Center through The Centers. She engaged in this treatment for 3 months. The cost per month was approximately \$5,000. For 3 months, it was a total of approximately \$15,000. After her completion of the

Addie Rawls Program, she transitioned to a Sober Living Intensive Outpatient Program with a provider called Perspectives. This program lasted for 2 months. This was the second program we were able to financially assist her with. The cost of this program was \$1,500 per month, totaling approximately \$3,000 for the 2 months. The CJMHSR grant funded nearly \$18,000 between both substance abuse treatment programs.

I am proud and happy to report that Samantha is and has been sober for over 180 days for the first time in over a decade. She is employed, working towards obtaining a valid driver's license, she is connected with medication services, connected with recovery services, re-connected with her children, and she is sober. What a win from our program!

I truly believe we saved this young woman's life. ”

MANAGED ACCESS FOR CHILD HEALTH (DUVAL COUNTY) (LHZ82)

Managed Access for Child Health (MATCH) / Partnership for Child Health's grant-funded program, Wraparound, and Intervention Strategies (WINS) initiative

START:	ENDS:	AWARD:	TIME FRAME:
July 30, 2019*	June 30, 2022, no cost extension through December 31, 2022	\$1,200,000	3 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. The WINS Diversion program deploys High-Fidelity Wraparound processes to coordinate care, provide educational and legal advocacy and coordinate services delivered to juvenile mental health court participants. 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 who present with 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), known as the Helping Our Youth Pursue Excellence (HOPE) program. JMCHs 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 WINS and the HOPE program 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.

The program relies on the partnership of more than one dozen community partners or direct service providers to fulfill its goals.

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:

1. Implement programs and diversion initiatives that increase public safety, reduce spending, and provide service in the least restrictive environment.
2. Create and encourage collaboration among key stakeholders.
3. 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
- ▶ Motivational Interviewing
- ▶ Adverse Childhood Experiences (ACE) Assessment
- ▶ Trauma-Focused Cognitive Behavioral Therapy
- ▶ Applied Behavioral Analysis (ABA) Therapy
- ▶ System of Care values

Number Served through June 30, 2022 (Year 3, 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	545	477	1,134
Number Served Target	230	230	230	690
Law Enforcement Training	61	137	108	306
Law Enforcement Training Target	100	100	100	300

Performance Measures

Outcome data for the performance measures reflect progress through June 30, 2022 (Year 3, Quarter 4).

Measure	Performance
20% of youth or less shall be arrested while receiving services	<ul style="list-style-type: none"> 1% arrested
25% of youth or less shall be arrested within one year following successful completion of services	<ul style="list-style-type: none"> 0% arrested
75% 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	<ul style="list-style-type: none"> Not applicable. Grantee reported that all youth referred for the program had stable housing at admission.
75% of 17 and 18-year-old youth 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	<ul style="list-style-type: none"> Not applicable. There have been no youth that meet these criteria.
75% of 17 and 18-year-old youth 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	<ul style="list-style-type: none"> Not applicable. There have been no youth that meet these criteria.
75% 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	<ul style="list-style-type: none"> Not applicable. None of the youth required assistance.
85% of youth or greater/equal shall be receiving educational-legal advocacy who demonstrate an improvement in academic achievement	<ul style="list-style-type: none"> 99% received educational-legal advocacy
75% of youth shall successfully complete HWC or JMHC	<ul style="list-style-type: none"> 92% successfully completed HWC or JMHC

Summary of the Effect of the CJMHSR 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. Services provided by WINS target youth before they are more involved in the system and thus may reduce expenditures of the juvenile detention center.

Summary of the Effect of the CJMHSR 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

Over the program lifetime, 1,134 youth have received WINS services. WINS services support those families who may not be able to engage in available services because they are costly. WINS connects families with service and determine if they need assistance with applying for benefits. When eligible, WINS staff will assist with benefits enrollment and federal assistance.

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, rehabilitative care, 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, 2022, Managed Access for Child Health expended/leveraged \$888,398.70 or approximately 47% of their three-year match commitment for their CJMHSR Reinvestment grant. Match funds support salaries and administrative overhead costs associated with provision of direct services for juvenile justice involved youth enrolled in the program.



February 2022 Duval County Juvenile SIM Priorities

1. Develop integrated and coordinated approach to addressing escalating issues before youth gets to JJ level of involvement.
2. Expand respite care.
3. Explore programs/services for transition-age youth upon release from secure detention and commitment programs.
4. Explore opportunities to leverage Medicaid coverage.
5. Revisit/redesign Evening Reporting Center to meet current needs in Duval County.

MARTIN COUNTY BOCC (LHZ89)

Martin County's grant program, the Martin County Mental Health Court (MHC)

START:
June 1, 2020

AWARD:
\$951,000

TIME FRAME:
3 years

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 was established in 2007, is an expansion of the 2017-2020 reinvestment grant and 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. The program relies on a multitude of direct service providers and key community stakeholders for implementation.

Goals/Objectives

The primary goal of the Martin County Mental Health Court is to expand treatment to individuals with mental health diagnoses by diverting those with a history of criminal justice involvement who are at risk of recidivism 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)
- ▶ LS/CMI assessments
- ▶ Assess, Plan, Identify, and Coordinate (APIC)
- ▶ Peer Support
- ▶ Rapid Rehousing
- ▶ Employment Assistance
- ▶ Safe Parenting

Number Served through August 31, 2022 (Year 3, Quarter 1):

MHC	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served*	103	134	107	344
Number Served Target	100	100	100	300

*Participants receiving services over multiple program years may be counted each year

Performance Measures

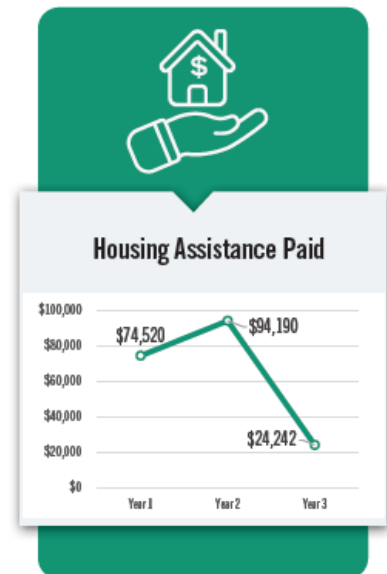
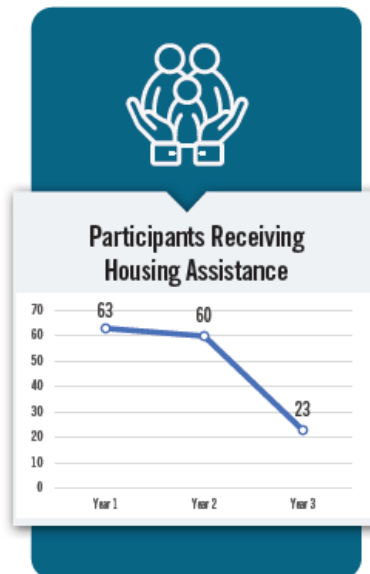
The outcomes listed below reflect progress through August 31, 2022 (Year 3, Quarter 1).

Measure	Performance
A minimum of 20% of participants will not be arrested while receiving program services	▪ 98% not arrested
A minimum of 10% of participants will not be arrested within the one-year period following program discharge	▪ 95% not arrested
A minimum of 75% 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% in stable housing
A minimum of 40% of participants will reside in a stable housing environment one year following program discharge.	▪ 90% in stable housing
A minimum of 20% 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% employed

Measure	Performance
A minimum of 15% 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.	▪ 33% employed
A minimum of 100% 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% assisted
A minimum of 20% of participants will be diverted from admission to a state mental health treatment facility.	▪ 100% diverted
A minimum of 60% of participants shall successfully complete the program and graduate.	▪ 77% successfully completed program

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

There is a reduction in recidivism among program participants who graduate from mental health court. Graduates maintain stability and recovery. There were five graduates Year 3 Quarter 1, with 77% of participants successfully completing the program. In order to assist participants with long-term recovery, the program works with mental health housing programs to support more permanent housing. The program works with transitional housing partners including Dove's Nest, MISS, and Artesian.



	Year 1	Year 2	Year 3
Participants receiving housing assistance	63	60	23
Housing assistance paid (estimated from grant report)	\$74,520	\$94,190	\$24,242

Summary of the Effect of the CJMHSR 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 provides services to a large number of clients which facilitates increased medication compliance, engagement in therapeutic services, and assistance with employment opportunities. Participants have found success gaining meaningful employment at a variety of businesses, including grocery stores, auto shops, construction and labor, and other vocations. The program regularly reviews the effect the grant has on meeting the needs of participants and favorably impacting the availability of services for the target population.

Martin County progress towards
workforce development for participants:



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

As of August 31, 2022, Martin County has expended/leveraged \$765,424.20 or approximately 80% of the three-year match commitment. Martin County's match contribution support six (6) grant program staff, grant administration costs and other direct service expenses. In addition, sustainability planning is underway, and Martin County has agreed to support one case manager position with county funds. Establishing this position as a county FTE ensure staff will be supported when grant funds may no longer be available. Martin County is also still exploring the availability of local funding through drug lab fees, court costs, fines, and other municipal fees to assist with supporting program activities upon grant expiration.

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

Meridian Behavioral Healthcare's (Alachua and Bradford Counties) grant program, the Meridian Forensic Diversion Program (FDP)

START:
April 27, 2020*

AWARD:
\$1,500,000

TIME FRAME:
3 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 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. The 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 CJMHSAG continues to support two Co-Responder Teams with Alachua County Sheriff's Office and the Gainesville Police Department. Three additional teams were implemented with the Gainesville Police Department. These teams are focused on top utilizers in jail, CSU, and the state hospitals. The FDP 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 and decreases extended jail stays. Transitional housing provided in the new Meridian Lodge dedicated to CJMHSAG grant clients who do not have housing.



Meridian FDP grant expansion components

- In-jail biopsychosocial assessment to decrease extended jail stays
- Meridian Lodge dedicated to grant clients

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
- ▶ Communication for Recovery
- ▶ American Society of Addiction Medicine (ASAM) Criteria

Number Served through June 30, 2022 (Year 3, Quarter 1)

Forensic Diversion Program	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	322	346	81	749
Number Served Target	330	330	330	990
CIT Training	32	42	12	86
CIT Training Target	20	20	20	60
MHFA Training	162	44	-	206

Performance Measures

The outcomes listed below reflect progress through June 30, 2022 (Year 3, Quarter 1).

Measure	Performance
A minimum of 25% of participants will not be arrested while receiving program services	<ul style="list-style-type: none"> 23% arrested (77% not arrested)
A minimum of 25% of participants will not be arrested within the one-year period following program discharge	<ul style="list-style-type: none"> 33% arrested (67% not arrested)
A minimum of 65% 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.	<ul style="list-style-type: none"> 60% in stable housing
A minimum of 65% of participants will reside in a stable housing environment one year following program discharge	<ul style="list-style-type: none"> 89% in stable housing
A minimum of 50% 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.	<ul style="list-style-type: none"> 16% employed
A minimum of 50% 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.	<ul style="list-style-type: none"> 64% employed
A minimum of 65% 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.	<ul style="list-style-type: none"> 80% received assistance
A minimum of 45% of participants will be diverted from admission to a state mental health treatment facility.	<ul style="list-style-type: none"> 98% diverted
A minimum of 50% of participants will report receiving increased access to comprehensive community-based behavioral health services one year following program admission.	<ul style="list-style-type: none"> 46% reported increased access
A minimum of 40% less days spent in jail among participants one year following program admission compared to the one-year period prior to admission.	<ul style="list-style-type: none"> 47% less days in jail

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

To date, grant program data has indicated a 77% decrease in arrests among individuals enrolled in the program. The Forensic Program also facilitates timely release from jail through program screening to determine if participants are eligible to receive services in the community.

Summary of the Effect of the CJMHSА 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 Forensic Program allows for timely screening, defense notification, and court advocacy leading to release of participants. The participants are released to same day services, in many cases with the Forensic Specialist providing transportation from the jail. Program participants have access to individual and group therapy within a day. They also have access to a benefit coordinator to ensure proper screening and linkage to benefits.

Since grant program inception, 6 participants have been directly from the state hospital who were Incompetent to Proceed or Not Guilty by Reason of Insanity. These individuals received intensive case management and additional services to contribute to community stability. Jail competency restoration and maintenance is also provided for participants.

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

As of June 30, 2022, Meridian has expended/leveraged \$1,314,819.79 approximately 71% of the three-year match commitment. In Alachua County, the match funds support a benefit coordinator position in the jail to contribute to timely booking and referral to services. In Bradford County, the match funds are utilized to increase the identification and referrals of individuals in the jail as well as enhanced communication between Meridian and Bradford County Sheriff's Office.



January 2022 Alachua County SIM Priorities

1. Enhance CIT training efforts and increase the number of CIT-trained officers in Alachua County.
2. Strengthen community and stakeholder understanding of Alachua County's crisis response continuum.
3. Enhance Supported Employment opportunities in Alachua County.
4. Improve treatment access for individuals with substance use disorders.
5. Enhance reentry process for individuals with MH/SUD.

MERIDIAN BEHAVIORAL HEALTHCARE, INC. (LEVY COUNTY) (LH822)

Meridian Behavioral Healthcare's (Levy County) grant program, the Forensic Jail Diversion Program

START:
October 1, 2021

AWARD:
\$450,000

TIME FRAME:
3 years

Target Population

The target population for the for the Forensic Jail Diversion Program is adults ages 18 or older who have a mental illness, substance use disorder, or co-occurring disorders and who are in, or at risk of entering the criminal justice system. Subpopulations may include:

- ▶ Individuals with mental illness, substance use disorders, or co-occurring disorders and
 - Outpatient mental health treatment, or
 - Meet criteria for Mental Health Court, or
 - Have high arrests 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 grant program supports a coordinated care, team-based approach to provide services to high-need, high-risk individuals and assist in navigating the complex service systems when transitioning from jail to the community. Within one week of the biopsychosocial assessment, each participant will have a forensic treatment plan. Forensic treatment is a phased process (phase I- pre-engagement; phase II- recovery services; phase III- stabilization; phase IV transition; phase V- aftercare).

Transition planning is conducted for each participant utilizing the APIC model. Individualized treatment and transition services may include outpatient services, intensive case management, medication management, residential treatment, crisis stabilization, medical detoxification, MAT, psychiatric evaluation, psychosocial rehabilitation, psychiatric services, counseling, aftercare and discharge planning, supportive housing, peer support, court advocacy, job coaching, employment training, and education, and incidental expenses.

Goals/Objectives

The primary goal of the grant program is increase public safety and reduce criminal justice costs in Levy County by diverting individuals with mental illness, substance use disorder, or co-occurring disorders from the jails or from forensic hospitalization. A secondary goal is to enhance accessibility to comprehensive, evidence-based treatment and recovery support services for individuals with mental illness and/or substance use disorders who are in, or at risk of entering, the criminal justice system.

Meridian's three major grant objectives include:

1. Implement the CJMHSR services and diversion initiatives
2. Creating and encouraging collaboration among the key stakeholders.
3. Increase access to coordinated care, person-centered treatment, and recovery support services for the target population

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

- ▶ SSI/SSDI, Outreach, Assist, and Recovery (SOAR)
- ▶ Peer Specialists
- ▶ Mental Health First Aid (MHFA)
- ▶ Assess, Plan, Identify, and Coordinate (APIC) Model
- ▶ Historical Clinical Risk Management-20 Version 3 (HCR-20 V3)
- ▶ Motivational Interviewing (MI)
- ▶ Risk-Need-Responsivity (RNR) assessment tool
- ▶ Biopsychosocial assessments
- ▶ GAINS Reentry Checklist
- ▶ Medication Assisted Treatment (MAT)
- ▶ Moral Reconation Therapy
- ▶ Cognitive Behavioral Therapy
- ▶ Trauma-Informed Therapy
- ▶ Seeking Safety
- ▶ Motivational Therapy

Number Served through March 31, 2022 (Year 1, Quarter 2)

Forensic Jail Diversion Program	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Screened	45	-	-	45
Number Screened Target	200	225	250	675
Number Served/Accepted	18	-	-	18
Number Served/Accepted Target	80	90	100	270
MHFA Training	0	-	-	0
MHFA Training Target	15	15	15	45

Performance Measures

The outcomes listed below reflect progress through March 31, 2022 (Year 1, Quarter 2).

Measure	Performance
65% of the participants will not be arrested or re-arrested while receiving services	<ul style="list-style-type: none"> 84% not arrested
65% of those participants determined to be eligible for social security or other benefits have received SSI/SSDI through the SOAR process	<ul style="list-style-type: none"> 67% received SSI/SSDI
45% of participants will be diverted from a state mental health treatment facility	<ul style="list-style-type: none"> N/A none eligible
60% of the participants will successfully complete program services	<ul style="list-style-type: none"> 100% completed program services
60% reduction in the total number of arrests among participants in the six-month period following their ending date compared to the six-month period prior to their start date	<ul style="list-style-type: none"> The grantee is collecting data; however, it is too early to report on this measure.
A minimum of 65% of participants not residing in a stable housing environment at program admission will report living in a stable housing environment within 90 days of their start date	<ul style="list-style-type: none"> 100% in stable housing
65% of participants not residing in stable housing at program start date will report living in stable housing six months after their program end date	<ul style="list-style-type: none"> The grantee is collecting data; however, it is too early to report on this measure.
A minimum of 50% of those participants not employed at their program start date and who are not receiving disability or have a disability case pending will be employed full or part time six months following their program end date	<ul style="list-style-type: none"> The grantee is collecting data; however, it is too early to report on this measure.
A minimum of 50% of those participants employed at their program start date will remain employed full or part time six months following their program end date	<ul style="list-style-type: none"> The grantee is collecting data; however, it is too early to report on this measure.
65% of participants will not be arrested one year following program discharge	<ul style="list-style-type: none"> The grantee is collecting data; however, it is too early to report on this measure.

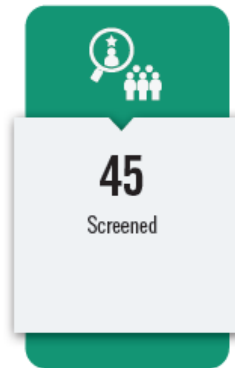
Summary of the Effect of the CJMHSA Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison

No fiscal impact determined at this time. However, of those enrolled in the program, 83% were not arrested while receiving 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 Forensic Commitments to State Mental Health Treatment Facilities

This grant serves to address issues identified in the Levy County planning grant related to in-jail engagement, access to services, and high utilization of costly services. Through the grant program, the coordinated care team approach is dedicated to serving the high-need, high-risk individuals navigate transitions from jail to the community and provide screening, case management and access to services they may need to be successful.



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

As of June 30, 2022, Meridian has expended/leveraged \$37,119.57 or approximately 49% of their in-kind match commitment (no local matching funds as Levy is a fiscally restrained county).

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MIAMI-DADE COUNTY (LH826)

Miami-Dade County's grant program, the Forensic Intensive Case Management Team.

START:
November 5, 2021*

AWARD:
\$1,200,000

TIME FRAME:
3 years

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 cannot have significant histories of violence and do not cause public safety concerns. 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 Forensic Intensive Case Management (FICM) Team. This team will utilize the Critical Time Intervention (CTI) model of care coordination. The CHMP is collaborating with Jackson Health System, South Florida Behavioral Health Network, and Fresh State of Miami-Dade, Inc. to enhance and develop the team. FICM is an adaptation of Intensive Case Management. The services are delivered within the community and when and where services are in need.

Goals/Objectives

The primary goals of the grant program are to reduce admission of acute care treatment services, as well as a reduction of arrest and incarceration.

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 community reintegration and transition planning with evidence-based approaches such as peer support specialist that will be provided to participants' more comprehensive services.

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

- ▶ Critical Time Intervention (CTI)
- ▶ Assess, Plan, Identify, and Coordinate (APIC) Model
- ▶ Interactive Journaling (CBT)
- ▶ Texas Christian University Drug Screen (TCUD-V)
- ▶ Ohio Risk Assessment- Community Supervision Tool (ORAS-CST)

► Peer Specialists

Number Served through July 31, 2022 (Year 1, Quarter 3)

Jail In-Reach Team	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	44	-	-	-
Number Served Target	40	55	55	150

Performance Measures

The outcomes listed below reflect progress through July 31, 2022 (Year 1, Quarter 3).

Measure	Performance
50% or less of participants shall be arrested while enrolled in Program.	▪ 15% arrested
50% or less of participants shall be arrested within six months of Program discharge.	▪ 50% arrested
100% of participants shall be assisted in applying for benefits that they are not receiving at program admission.	▪ 100% applied for benefits
90% of participants shall be diverted from state mental health treatment facility.	▪ 100% diverted
50% of participants shall be successfully discharged from the program.	▪ 100% received assistance
50% of participants shall attend scheduled therapeutic sessions.	▪ 100% diverted

Summary of the Effect of the CJMHSR 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 Jackson Health System (JHS), South Florida Behavioral Health Network (SFBHN), and Fresh State of Miami-Dade, Inc. These procedures help reduce expenditures by reducing jail bed days, forensic commitments, and recidivism.

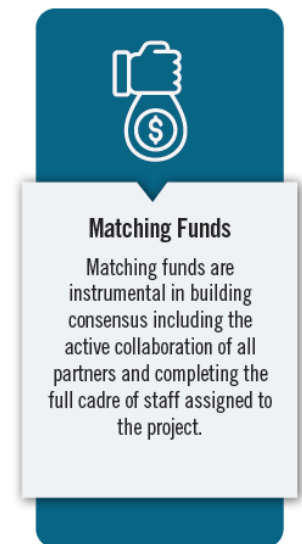
Summary of the Effect of the CJMHSR Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Forensic Commitments to State Mental Health Treatment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



The Criminal Mental Health Project (CMHP) anticipates all participants in the felony diversion track are being diverted from the state mental health hospital, as well as provide case management and services in the community. Since execution of the grant, 26 individuals have been enrolled in intensive case management services. Four of the 26 participants have been readmitted to the jail since enrollment in the program. Length of time in the program has seen a reduction by an overall decrease of 45 jail days. Each participant enrolled in the program was assessed for benefits eligibility and assisted in applying for Participants are receiving evidence-based screening tools, which are utilized to develop a formal and individualized transition plan to coordinate linkages to community-based treatment and services through use of the APIC model. Participants also received on-going peer support services. In general, participants in the grant program received greater access to community-based services.

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

As of July 31, 2022, Miami-Dade County expended/leveraged \$25,241.29 or approximately 5% of the three-year match commitment. Matching funds are used to supporting program staff and promote active collaboration of all grant partners.



ORANGE COUNTY BOCC (LH818)

Orange County's grant program, Pre-booking Diversion Drop-in Centers

START:
January 1, 2022

AWARD:
\$1,200,000

TIME FRAME:
3 years

Target Population

The target population is adults with mental health and substance use disorders who meet the following Pre-booking Diversion Drop in Centers' admission criteria:

- Accompanied with law enforcement; or
- Referred by law enforcement; or
- Walk-in; or
- Self-referral or agency-referral

Program Design/Model

The Orange County grant program expands the Orange County Central Receiving System (CRS) and establishes Pre-booking Diversion Drop-in Centers in Downtown, East, and West Orange County areas. The Drop-in Centers operate Monday – Friday from 9:00 a.m. to 7:00 p.m. At each drop-in center, there is a pre-booking diversion team which includes a case manager and recovery peer specialist. Individuals may receive an array of services at the drop-in centers including assessment, intervention, case management, linkages to community services, and individual and group recovery support. The grant program also supports Crisis Intervention Teams (CIT) training for Orange County employees including law enforcement, corrections, transportation agencies, and public schools.

Goals/Objectives

The three major goals are to:

1. Expand pre-booking diversion options for an adult target population.
2. Conduct law enforcement training to respond to adults in crisis with mental health, substance use and/or co-occurring disorders.
3. Expand community organization participation in planning and implementation of expanded diversionary services and support in the county.
4. Creating and encouraging collaboration among key stakeholders
5. Ensure performance measurement outcomes are met and implement ongoing quality assurance initiatives

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

- Crisis Intervention Teams (CIT)
- Peer Specialists

Number Served*

*The grant agreement was executed in January 2022. However, no services have been provided to date.

Individuals Served	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Case Management & Peer Support Services	-	-	-	-
Case Management & Peer Support Services Target	360	360	360	1,080
CIT Training	-	-	-	-
CIT Training Target	180	180	180	540

Performance Measures

Measure	Performance
A maximum 30% of individuals served are arrested or rearrested while receiving services.	▪ N/A
A maximum 35% of individuals served are arrested or rearrested within one year following their program ending date	▪ N/A
A minimum 50% of individuals served who do not reside in a stable housing environment on their start date will reside in a stable housing environment within 90 days of their start date	▪ N/A
A minimum 65% of individuals served will reside in a stable housing environment one year following their end date	▪ N/A
A minimum 65% of individuals who are not employed at their start date are employed full or part time within 180 days of their start date	▪ N/A
A minimum 50% of individuals served are employed full or part time one year following their end date	▪ N/A
A minimum 75% of individuals served are assisted in applying for social security or other benefits for which they may be eligible, but were not receiving at their start date	▪ N/A
A minimum 65% of individuals served are diverted from admission to an inpatient behavioral health hospital	▪ N/A
A minimum 85% of individuals served are satisfied with services provided	▪ N/A

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

No fiscal impact has been determined at this time.

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

No impact determined at this time.

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

To date, the grant program has not billed any services.

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PINELLAS COUNTY BOCC (LHZ91)

Pinellas County's grant program, Road to Success (RTS)

START:
July 1, 2020

AWARD:
\$1,200,000

TIME FRAME:
3 years

Target Population

The target population for RTS is at-risk youth ages 14 through 21 who have a mental illness, substance use disorder, or co-occurring mental health and substance use disorder, and who are in or at risk of entering, the delinquency and dependency systems.

Program Design/Model

Road to Success (RTS) is an expansion of the existing Crossover for Children (CFC) program that has been operational since 2006 in the Office of the Public Defender, Sixth Judicial Circuit. (RTS) is being implemented by the Office of the Public Defender, Sixth Judicial Circuit in partnership with Ready for Life, Inc. The expansion serves to increase capacity of the program because the number of eligible youth outnumbers the capacity of the CFC program.

RTS offers an intensive diversion services program to the target population of youth. The program's goal is to represent the express wishes of the child through educating them on the judicial process to make informed decisions and promote improved outcomes for crossover youth. Crossover youth are those involved in the child welfare and juvenile justice systems. Regarding delinquency prevention, the program makes an effort to avoid felony adjudications and Department of Juvenile Justice commitments as a cost-savings alternative to appropriate intervention by the dependency case workers. Regarding dependency, the goal is to analyze the youth's needs and current plan to address gaps in treatment services and enhance the stability, normalcy, and permanency for the youth as well as reduced recidivism. Combined, the goal of both the delinquency and dependency advocacy is to enhance the client's ability to become a self-reliant adult in the future.

RTS partners with Ready for Life, Inc., as the skills center for youth enrolled in the program. The skills center provides young adults raised in the foster care system and involved with DJJ to receive the life skills necessary to be successful.

The Public Defender's office and RTS collaborates with the State Attorney's Office, School Resource Officers, PEHMS, Guardian Ad Litem's Office, National Advocacy Center for Persons with Disabilities, Directions for Living, Suncoast Center for Mental Health, Pinellas County Schools, the Agency for Persons with Disabilities, and Juvenile Welfare Board for program operations.

Goals/Objectives

The primary goal of the program is to divert both low and high-risk youth from arrest, prosecution, or incarceration into diversion, treatment, and community-based support services.

The three major objectives include:

1. Expand program services to improve the accessibility and effectiveness of treatment and support services for the target population within three months of grant execution
2. Creating and encouraging collaboration among key stakeholders
3. Ensure performance measurement outcomes are met and implement ongoing quality assurance initiatives

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

- ▶ General Anxiety Disorder (GAD-7)
- ▶ Spence Children's Anxiety Scale (SCAS)
- ▶ Severity Measure for Generalized Anxiety Disorder- Child Age 11-17
- ▶ Patient Health Questionnaire (PHQ-9); PHQ-9 modified for adolescents
- ▶ PTSD Checklist for DSM-5 (PCL-5)
- ▶ Traumatic Events Screening Inventory (TESI-C)
- ▶ Columbia-Suicide Severity Rating Scale (C-SSRS)
- ▶ Cognitive Behavioral Therapy (CBT)
- ▶ Motivational Interviewing (MI)
- ▶ Motivational Enhancement Therapy (MET)
- ▶ Seeking Safety
- ▶ Solution Focused Brief Therapy
- ▶ Dialectical Behavior Therapy

Number Served through June 30, 2022 (Year 2, Quarter 4):

RTS	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	26	46	-	72
Number Served Target	25	60	60	145

Performance Measures

Outcome data for the performance measures reflect progress through June 30, 2022 (Year 2, Quarter 4).

Measure	Performance
A minimum of 50% of youth enrolled in the program will not be arrested while receiving services	▪ 55% not arrested
A minimum of 50% of youth enrolled in the program will not be arrested within the one-year period following program discharge	▪ 100% not arrested

Measure	Performance
A minimum of 75% of youth enrolled in the program who did not reside in a stable housing environment at admission will reside in stable housing within 90 days of program admission	<ul style="list-style-type: none"> 71% reside in stable housing
A minimum of 75% of youth enrolled in the program will reside in a stable housing environment one year following program discharge	<ul style="list-style-type: none"> 100% reside in stable housing
A minimum of 85% of eligible youth enrolled in the program not employed at admission and who are physically and mentally able to be employed, will be employed full or part time within 180 days of program admission	<ul style="list-style-type: none"> 45% employed
A minimum of 85% of eligible youth enrolled in the program not employed at admission and who are physically and mentally able to be employed, will be employed full or part time one year following program discharge	<ul style="list-style-type: none"> 50% employed
A minimum of 80% of youth enrolled in the program will be assisted by the grantee (or sub-grantee) in applying for social security or other benefits , identify documents, or financial aid for which they may have been eligible but were not receiving at program admission	<ul style="list-style-type: none"> 100% assisted in applying for benefits
A minimum of 10% of youth enrolled in the program will be diverted from admission to a state inpatient psychiatric program (SIPP)	<ul style="list-style-type: none"> 100% diverted
A minimum of 25% of youth enrolled in the program will exhibit a decrease in mental health symptoms such as anxiety, trauma, PTSD, or other related mental health disorders at discharge	<ul style="list-style-type: none"> 56% exhibited decrease in mental health symptoms

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

According to calculations based on the 2020 DJJ Comprehensive Accountability Report for detention and assuming direct diversion from juvenile detention, RTS has diverted 29 youth from juvenile detention, avoided 348 jail days, and saved approximately \$89,742.40 in detention costs.

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 supports two full-time therapists, two full-time case managers, and one juvenile attorney in the Public Defender's Office. The addition of these personnel allows the program to better address gaps in services as well as serve a larger number of crossover youth. In year 2 quarter 4, three new clients.



Assuming direct diversions from juvenile detention, this program has:

- Diverted 29 youth from juvenile detention
- Avoided 348 detention days*
- Saved \$89,714 in detention costs*

*Calculations based off of Pinellas JDC cost and length of stay data from the 2020 DJJ Comprehensive Accountability Report for Detention; Average LOS = 12 days, Estimate per diem: \$257.80.

All program participants eligible for SIPP were diverted from commitment while enrolled in the program.

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

As of June 30, 2022, Pinellas County expended/leveraged \$300,895.62 or approximately 25% of the three-year match commitment for their CJMHSR Reinvestment grant. Matching funds assisted in expanding the capacity of numbers served by RTS as well as support program staff salaries in the 6th Circuit Public Defender's Office and services provided by Ready for Life, Inc.

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PINELLAS COUNTY BOCC (LH834)

Pinellas County's grant program, Complex Case Reintegration Program (CCRP)

START:
March 10, 2022*

AWARD:
\$1,200,000

TIME FRAME:
3 years

Target Population

CCRP serves adults with serious mental illness or co-occurring substance use disorders who:

- Have two or more arrests within the past 12 months; or
- Have prior long term stays in jail of 20 days or more within the past 6 months, and
- Have increased risk of arrest due to multiple referral sources, gaps, or disengagement in services; or
- Have 3 or more Baker or Marchman Act admissions within the past 6 months

Program Design/Model

The CCRP implemented in partnership with WestCare GulfCoast-Florida, Inc. (WestCare) and the Pinellas Ex-Offender Reentry Coalition (PERC), provides reentry and transition services and support to those reentering the community in Pinellas County, with an emphasis on individuals with histories of opioid use. The program begins with in-reach to the jail and Safe Harbor homeless shelter to identify individuals reentering the community who may be eligible for services. PERC and WestCare screen potential participants to determine their risks, needs, and commitment to receiving services. The screening and assessment results are used to create an individualized treatment and case management plan. Those who are enrolled in the program receive intensive case management, including treatment and support services, and referrals for community providers as needed.

A CCRP Team was created as a part of this grant program which included a licensed mental health counselor and case manager. The participants are linked to services based on their individual needs. Services may include benefits services, case management, co-occurring residential treatment, employment, housing supports, Medication-Assisted Treatment, outpatient services, peer support, psychiatric services, and transportation.

Goals/Objectives

The primary goal of the program is to increase public safety; avert increased justice system spending; and increase access to effective, evidence-based community treatment services and resources for adults with serious mental illness or co-occurring substance use disorders, who are involved in or at risk of becoming involved in the justice system.

The major objectives include:

1. Implement the CJMHSR services and diversion initiatives
2. Creating and encouraging collaboration among key stakeholders
3. Engage in training opportunities that support diversion activities

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

- ▶ Level of Service, Case Management Inventory (LS-CMI)
- ▶ American Society of Addiction Medicine (ASAM)
- ▶ ACE trauma tool
- ▶ Peer Support

Number Served*:

*The grant agreement was executed in March 2022. However, no services have been provided to date. The grant program is in the planning and implementation phase.

CCRP	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served (unduplicated)	-	-	-	0
Number Served Target	25	40	40	105

Performance Measures

Measure	Performance
20% or less of participants shall be arrested while enrolled in the program	▪ N/A
50% or less of participants who successfully complete the program shall be arrested within 6 months of program discharge	▪ N/A
25% or participants not residing in a stable housing environment at admission shall reside in a stable housing environment within 90 days of admission	▪ N/A
25% of participants who successfully complete the program shall reside in a stable housing environment 6 months following discharge	▪ N/A
25% of participants who are eligible but not employed at admission shall be employed full or part time within 6 months of admission	▪ N/A
80% of participants shall be assisted by the grantee in obtaining social security or other benefits for which they may be eligible but were not receiving at admission	▪ N/A
80% of participants successfully completing program services will exhibit stabilization or reduction in a minimum of two American Society of Addiction Medicine (ASAM) dimensions	▪ N/A
50% of participants shall successfully complete program	▪ N/A

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. The grant program is in the planning and implementation phase.

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

No impact determined at this time. The grant program is in the planning and implementation phase.

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

As of August 31, 2022, Pinellas County expended/leveraged \$34,774.04 or approximately 3% of the three-year match commitment for their CJMHSR Reinvestment grant

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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)

START:	ENDED:	AWARD:	TIME FRAME:
September 1, 2018	August 31, 2021, no cost extension through February 28, 2022	\$1,200,000	3 Years

Target Population

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

- ▶ 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 supported the housing and sustainability components of the Polk County Helping HANDS jail transition program. Roots served 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 assisted the program participants though locating and securing housing, securing benefits to promote housing sustainability and providing housing vouchers with rent and utility assistance for up to six months. The program relied on eight (8) community partners and key stakeholders for implementation.



In FY 20/21 Helping Hands resulted in:

- 71% decrease in number of jail days
- Cost reduction (\$495,273 to \$146,034)
- 10% decrease in recidivism among participants

Goals/Objectives

The primary goal of the program was 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. Expand the Helping Hands diversion program.
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)
- ▶ Assess, Plan, Identify, Coordinate (APIC) Reentry Planning
- ▶ Trauma-Informed Care
- ▶ Motivational Interviewing
- ▶ Functional Assessment Rating Scale (FARS)

Number Served through February 28, 2022 (Year 3 Quarter 6):

Roots	Program Year 1	Program Year 2	Program Year 3	Extension Period	Program Lifetime
Number Served (enrolled)	18	42	40	19	119
Number Served Target	23	30	30	15	98

Performance Measures

Outcome data for the performance measures reflect progress through February 28, 2022 (Year 3, Quarter 6).

Measure	Performance
50% reduction in number of arrests among program participants while enrolled in the program compared to one-year period prior to program admission	▪ 89% reduction
20% 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	▪ 60% reduction

Measure	Performance
25% 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	▪ 64% in stable housing
25% 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	▪ 21% in stable housing
24% 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	▪ 59% employed
24% 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	▪ 21% employed
90% 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% received assistance
50% of participants will be engaged in behavioral health treatment while enrolled in the program	▪ 94% 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.

More specifically, the calculations for return on investment (ROI) in the Helping HANDS program was calculated as a 71% reduction in jail days with a cost reduction from \$495,273 (one-year pre-enrollment) to \$146,034 (one-year post discharge) for Fiscal Year 2020-2021. There was also a 10% decrease in recidivism among participants who successfully completed the program. The table below identifies specific costs associated with each of the categories identified above used to calculate 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 CJMHSА 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

Roots contingency funding supported housing assistance, medications, medical, mental health and wellness services, and transportation and assistance with obtaining identification documents. The Polk County Healthcare Plan has streamlined the application process for program participants to receive healthcare and provided coverage for primary care, urgent care, specialty care, and hospital visits. Over 94% of participants benefited from behavioral health services through the Polk County Healthcare Plan.

There were no participants eligible for commitment 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 February 28, 2022, Polk County expended/leveraged \$1,194,517.94 or approximately 100% of the three-year match commitment for their CJMHSА Reinvestment grant. Match funds contributed to the salaries for grant program staff and other administrative and operational expenses associated with grant implementation.

To promote sustainability of the grant program, Polk County pursued and was awarded the Second Change Grant in December 2021 through the U.S. Department of Justice for \$900,000. This grant will support expansion of Helping HANDS to provide Medication Assisted Treatment to individuals in the Polk County Jail.

POLK COUNTY BOCC (LH833)

Polk County's grant program, is an expansion of Helping HANDS, Helping Achieve Targeted Comprehensive Healthcare (HATCH)

START:
March 3, 2022

AWARD:
\$1,200,000

TIME FRAME:
3 Years

Target Population

The target population for is adults with serious mental illness or co-occurring substance use disorders who have histories of repeated involvement in the justice, acute care treatment, or homeless systems and who are either:

- ▶ Referred from community partners or are contacted by mobile outreach crisis counselor when responding to behavioral health related 911 calls and:
 - Have one or more arrests within the past 12 months; and
 - Are receiving behavioral health medications or have a diagnosis; or
 - Have a history of arrest or Baker or Marchman Act admission
- ▶ Or in jail and receiving behavioral health medications and arrested two or more times within the past 12 months

Program Design/Model

HATCH supports individuals released from jail into the community or individuals who have a history of arrest, Baker Act or Marchman Act. Referrals may come from three different access points: mobile outreach crisis counselor, jail in-reach, and community partners. For individuals referred from the jail, they will receive some jail in-reach with program staff to go over the program and begin to work on building rapport. Those accepted into the HATCH program are paired with certified recovery peer specialists, case managers, and Polk County Fire Rescue community paramedics who engage with the individual from initial contact through program enrollment. The team will assist participants to find behavioral health providers and other resources for recovery support, medications, case management, health assessments transportation and housing. A treatment plan is developed, and individuals are connected to the following array of services based on their needs: case management, co-occurring residential treatment, employment, housing supports, incidentals, Medication-Assisted Treatment, outpatient services, peer support, prevention services, psychiatric services, and transportation.



HATCH Program Collaborators

- Polk County Sheriff's Office
- Polk County Fire Rescue
- BayCare
- Tri-County Human Services
- Lakeland Regional Health
- Department of Corrections
- Peace River Center
- Advent Health
- YesCare

Goals/Objectives

The primary goal of the program is to increase public safety, avert increased justice system spending, and increase access to effective, evidence-based community treatment services and resources for adults with serious mental illness (SMI) or co-occurring substance use disorders who are involved in or at risk of becoming involved in the justice system.

Polk County's three major objectives are:

1. Implement the CJMHSA 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

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

Number Served through August 31, 2022 (Year 1 Quarter 2):

HATCH	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served (enrolled)	39			39
Number Served Target	70	70	70	210

Performance Measures

Outcome data for the performance measures reflect progress through August 31, 2022 (Year 1, Quarter 2).

Measure	Performance
50% or less of participants shall be arrested while enrolled in the program	<ul style="list-style-type: none"> ▪ 3% arrested
50% or less of participants who successfully complete the program shall be arrested within six months of program discharge	<ul style="list-style-type: none"> ▪ The grantee is collecting data; however, it is too early to report on this measure.
10% of participants not residing in a stable housing environment at program admissions shall reside in a stable housing environment within 90 days of program admission	<ul style="list-style-type: none"> ▪ 82% in stable housing

Measure	Performance
25% of participants who successfully complete the program shall reside in a stable housing environment six months following program discharge	<ul style="list-style-type: none"> The grantee is collecting data; however, it is too early to report on this measure.
25% of participants who are eligible but not employed at program admissions shall be employed full or part time six months of program admission	<ul style="list-style-type: none"> 100% employed
25% of participants who are eligible for employment and successfully complete the program shall be employed full or part time six months following program discharge	<ul style="list-style-type: none"> The grantee is collecting data; however, it is too early to report on this measure.
85% of participants shall be assisted by the grantee in obtaining social security or other benefits for which they may be eligible but were not receiving at program admission	<ul style="list-style-type: none"> 100% assisted
10% of participants enrolled following a behavioral health related 911 call shall be diverted from a state mental health treatment facility	<ul style="list-style-type: none"> None eligible
50% of participants shall be engaged in behavioral health treatment	<ul style="list-style-type: none"> 77% engaged
85% of participants shall be linked with a behavioral healthcare provider	<ul style="list-style-type: none"> 100% linked

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

The grantee is collecting information, but it is too early to report on the growth and expenditures of the jail. To date there is not adequate data to report any significant change.

Summary of the Effect of the CJMHSА 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 Polk County Indigent Health Care Program streamlined the application process for HATCH participants to receive healthcare. Of 39 participants enrolled, 16 participants were eligible and enrolled in the Polk Healthcare Plan.

There were no participants eligible for commitment 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 August 31, 2022, Polk County did not utilize match funds as the program was new and implementation was still underway. However, match funds support the salary of the program manager, two case managers who are key grant program personnel.

SEMINOLE COUNTY BOCC (LH828)

Seminole County's Reinvestment grant program

START:
November 1, 2021

AWARD:
\$1,200,000

TIME FRAME:
3 Years

Target Population

The program served adults and juveniles:

- ▶ Adults 18 years and older who are at risk of criminal justice system and have factors associated with possible criminal behavior including: homelessness and other unstable living situations; mental health and substance use issues including those in need of immediate detoxification; history of victimization or abuse; significant transitions such as release from jail, prison, or forensic facility; or a history of involvement in the justice system.
- ▶ Juveniles (boys and girls) between the ages of 6 through 17 who are at risk of involvement in the criminal or juvenile justice systems exhibiting factors associated with possible delinquent behaviors that can lead to involvement in the juvenile justice system, including individual, family, peer group, school-related, or community environmental factors.

Program Design/Model

Seminole County's grant program is an expansion of their prior reinvestment grant (LHZ71) that supports a cadre of diversion and treatment services in Seminole County. This program supports Assisted Outpatient Treatment (AOT) for adults who have had multiple Baker Acts in a six-month period or have been identified as at risk for commitment to a state mental health treatment facility. Moreover, grant funds maintain the assisted medical detoxification bed in Seminole County.

For juveniles, the grant promotes prevention programming through the 13-week Stop Now And Plan (SNAP) 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 included life skills training, Motivational Interviewing, counseling services and decision-making classes for the youth and their parents.

Grant funds also support Crisis Intervention Teams (CIT) training for law enforcement.

Goals/Objectives

The primary goal of the program is to increase public safety, avert increased spending on criminal and juvenile justice systems, and improve the accessibility and effectiveness of treatment services for adults and juveniles who have a mental illness, substance use disorder, or co-occurring mental health and substance use disorders, and who are in or at risk of entering, the criminal or juvenile justice system.

Objectives:

1. Enhance diversion programs for the adult target population
2. Expand collaboration among key stakeholders
3. Enhance treatment and other collateral services for the adult target population
4. Conduct Crisis Intervention Teams (CIT) training to respond to adults and juveniles in crisis with mental health, substance use and/or co-occurring disorders
5. Enhance juvenile diversion treatment services

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

- ▶ Drug Abuse Screening Tool (DAST)
- ▶ Assisted Outpatient Treatment (AOT)
- ▶ Daily Living Activities 20 (DLA-20)
- ▶ Alcohol Use Disorder Identification Test (AUDIT)
- ▶ Ohio Risk Assessment Screen (ORAS)
- ▶ Cognitive Behavioral Therapy (CBT)
- ▶ Trauma-informed Cognitive Behavioral Therapy (CBT)
- ▶ Crisis Intervention Team Training (CIT)
- ▶ Stop Now And Plan (SNAP)
- ▶ Motivational Enhancement Therapy (MET)
- ▶ Moral Reconciliation Therapy
- ▶ Trauma-informed care with Eye Movement Desensitization and Reprocessing Therapy (EMDR)
- ▶ Motivational Interviewing (MI)

Number Served through July 31, 2022 (Year 1 Quarter 3):

Seminole Co. Grant Program	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served (adults)	5	-	-	5
Number Served Target (adults)	15	18	22	55
Number Served (juveniles)	24	-	-	24
Number Served Target (juveniles)	25	25	25	75
CIT Training	61	-	-	61
CIT Training Target	30	30	30	90

Performance Measures

Outcome data for the performance measures reflect progress through July 31, 2022 (Year 1 Quarter 3).

Measure	Performance
Less than 30% of adult participants will be arrested while receiving services	<ul style="list-style-type: none"> ▪ None arrested

Measure	Performance
Less than 25% of juvenile participants will be arrested while receiving services	▪ .4% arrested
Less than 30% of adult participants will be arrested within one year following end date for program services	▪ 0% arrested
Less than 25% of adult participants will be arrested within one year following end date for program services	▪ The grantee is collecting data; however, it is too early to report on this measure.
A minimum 70% of adult participants not residing in a stable housing environment at their program start date will reside in stable housing within 90 days of program start date	▪ The grantee is collecting data; however, it is too early to report on this measure.
A minimum 50% of adult participants not residing in a stable housing environment at their program start date will reside in a stable housing environment within one year following their program end date	▪ The grantee is collecting data; however, it is too early to report on this measure.
A minimum 50% of adult participants not employed at their program start date shall be employed full or part time within 180 days of their program start date	▪ The grantee is collecting data; however, it is too early to report on this measure.
A minimum 50% of adult participants not employed at their program start date shall be employed full or part time within one year following their program end date	▪ The grantee is collecting data; however, it is too early to report on this measure.
A minimum 75% of participants shall be provided a SOAR evaluation within the first 90 days of enrollment and those deemed eligible for benefits shall be assisted in the application process	▪ 100% provided SOAR evaluation
A minimum 75% of participants deemed eligible for benefits based on SOAR evaluation and desire to apply for benefits will be assisted in the application process within 120 days of their start date	▪ The grantee is collecting data; however, it is too early to report on this measure.
A minimum 65% of adult participants diverted from a state mental health treatment facility	▪ 100% diverted
A minimum 50% of juvenile participants shall demonstrate a decrease in civil citations received while engaged in program services	▪ 4% decrease in civil citations

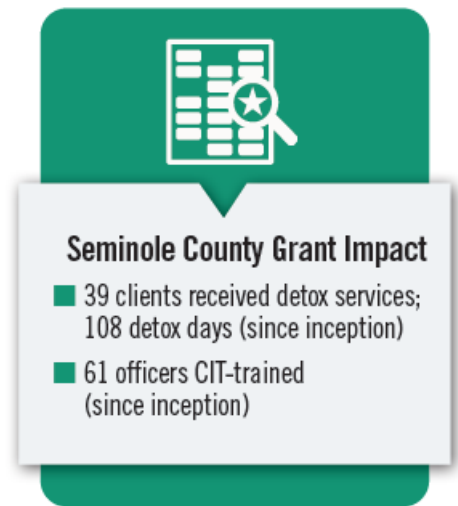
Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Growth and Expenditures of the Jail, Juvenile Detention Center, and Prison

The grant program is 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. However, there is no fiscal impact determined at this time.

Summary of the Effect of the CJMHS A Reinvestment Grant Program on the Availability and Accessibility of Effective Community-Based Mental Health and Substance Use

Services and How Expanded Community Diversion Alternatives Reduced Incarceration and Commitments to State Mental Health Treatment Facilities

In the first year of operation, the program has engaged 29 participants (24 juveniles, 5 adults) in diversion and/or treatment services. To date, 31 clients received detoxification services and a total of 108 detoxification days were provided (through July 31, 2022). Therefore, the program services are making an impact on accessibility and availability of services for those engaged with Aspire for treatment. Evidenced-based treatment options include psychosocial group therapy, co-occurring residential program, intensive outpatient program, medication clinic, residential mental health program, crisis stabilization/detox, and forensic case management. The evidence-based, best, and promised practices include motivational enhancement therapy, cognitive behavioral therapy, co-occurring services, and trauma informed care with EMDR.



As of July 31, 2022, 100% of program participants were diverted from commitment 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 July 31, 2022, Seminole County expended/leveraged \$131,910.72 or approximately 11% of the three-year match commitment for their CJMHSR Reinvestment grant. Seminole County utilized match funds to track adult and juvenile Baker Act admissions, conduct CIT trainings, as well as support staffing at Aspire Health Partners and the Seminole County Sheriff's Office.

SMA HEALTHCARE (FLAGLER COUNTY) (LHZ78)

SMA Healthcare's (SMA) grant program, the Flagler County Youth Diversion Project

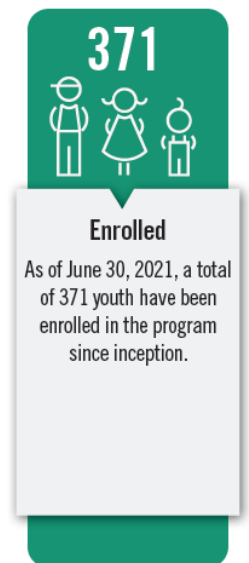
START: August 1, 2018	ENDED: July 31, 2021	AWARD: \$625,181	TIME FRAME: 3 Years
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Target Population

The target population for the Flagler County Youth Diversion Project was 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 was the result of Flagler County's CJMHSR planning grant (LHZ63). The Youth Diversion Project was 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 accomplished 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 was provided to school-aged youth at risk of involvement or involved in the juvenile justice system. Through the SOC framework, the grant-funded personnel addressed 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 emphasized 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 was 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. The program relied on the partnership and support of more than seven (7) organizations and stakeholders.



Goals/Objectives

The primary goal of the program was 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 (CRAFFT) 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 July 30, 2021 (Year 3 Quarter 4):

Youth Diversion Project	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served (enrolled)	116	123	132	371
Number Served Target	140	150	165	455

Performance Measures

Outcome data for the performance measures reflect progress through July 31, 2021 (Year 3, Quarter 4).

Measure	Performance
50% of participants will have no arrests or re-arrests while enrolled in the program	▪ 63% had no arrests or re-arrests
85% of participants will have no arrests or re-arrests one year after program discharge	▪ 65% had no arrests or re-arrests
50% 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% in stable housing

Measure	Performance
85% of participants who did not reside in stable housing at the time of admission will reside in stable housing one year after program discharge	<ul style="list-style-type: none"> 100% in stable housing
85% 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	<ul style="list-style-type: none"> 100% received assistance
85% of participants positively increased performance by 10% on two or more school successes measures (academic performance, attendance, disciplinary actions) compared to the previous school year prior to program admission	<ul style="list-style-type: none"> 80% positively increased performance

Summary of the Effect of the CJMHSR 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. However, the grant program decreased recidivism rates among 65% of youth after program discharge and increased school success measures among 80% of the target population of youth engaged in program services.

Summary of the Effect of the CJMHSR 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 August 1, 2018, through June 30, 2021, a combination of the Flagler County Diversion Project and the launch of Flagler Schools' Mental Health Plan (mandated by SB 7026) screened 3,021 Flagler students. Of the students screened for mental health and substance use concerns, 132 have

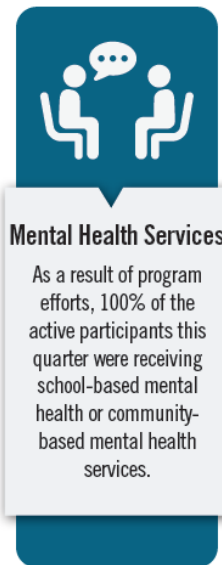


Served by

33 of the currently active participants are being served by Halifax Health.

84 participants have been referred to SMA for school-based outpatient.

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 improved the ability to connect Flagler County youth to necessary services thus far.



Mental Health Services

As a result of program efforts, 100% of the active participants this quarter were receiving school-based mental health or community-based mental health services.

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 \$619,511.27 or approximately 89% of the three-year match commitment for their CJMHSR 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 were 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.

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SMA HEALTHCARE (PUTNAM COUNTY) (LHZ99)

SMA's Putnam County grant program, the Putnam County Crisis Triage and Treatment Unit (CTTU)

START:
February 11, 2021*

AWARD:
\$1,200,000

TIME FRAME:
3 Years

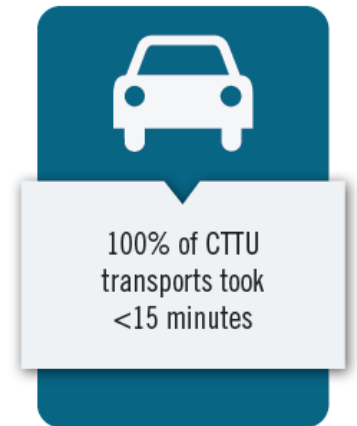
Target Population

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

Program Design/Model

The CTTU, an expansion of their previous reinvestment grant program (LH772), 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.



This program expands existing services available through the Putnam County CTTU, including 1) additional hours of operation for services to individuals experiencing a mental health crisis and 2) increased frequencies and intensities of CIT and MHFA training for law enforcement officers and individuals in the community.

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)
- ▶ Cognitive Behavioral Therapy
- ▶ 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)
- ▶ Columbia Suicide Severity Rating Scale
- ▶ Peer Specialists
- ▶ Mental Health First Aid (MHFA)

Number Served through June 30, 2022 (Year 2 Quarter 2):

CTTU	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served (Adolescents)	44	41	-	85
Number Served (Adolescents) Target	45	60	60	165
Number Served (Adults)	238	136	-	374
Number Served (Adults) Target	100	150	150	400
CIT Training	3	2	-	5
CIT Training Target	3	3	3	9
MHFA Training	5	0	-	5
MHFA Training Target	5	5	5	15

Performance Measures

Outcome data for the performance measures reflect progress up through June 30, 2022 (Year 2 Quarter 2).

Measures	Performance
75% of participants will have no arrests while enrolled in the program	▪ 100% had no arrests
65% of participants will have no arrests one year after program discharge	▪ 80% had no arrests (20% arrested)
85% 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% in stable housing

Measures	Performance
85% of participants who did not reside in stable housing at the time of admission will reside in stable housing one-year post-discharge	▪ 100% in stable housing
65% of participants who are not employed at program admission will be employed or enrolled in school within 180 days of program admission	▪ 86% employed/enrolled in school
65% of participants who are not employed at program admission will be employed or enrolled in school within one-year post-discharge	▪ 100% employed/enrolled in school
85% 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% of participants assisted
90% of participants will be diverted from a state mental health treatment facility or inpatient psychiatric program (SIPP)	▪ 100% diverted
80% of participants transferred from law enforcement to CTTU in <15 minutes	▪ 95.4% transferred in <15 mins

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

SMA reports that the CTTU resulted in a cost-savings of \$4,514,563.60 associated with jail diversion. These individuals were transported to Baker/Marchman Act facilities rather being arrested.

Since the beginning of Year 2 in January 2022, the CTTU transported 131 juveniles and adults under a Baker Act Order at the request of law enforcement officers. Of the 131 transports, 119 individuals were placed with the CSU in lieu of being arrested. Each of the 119 individuals who were involuntarily committed under a Baker Act Order would have otherwise been arrested and transported to jail or juvenile detention. Through admission of these individuals to the CSU rather than jail, the CTTU program facilitated cost avoidance related to cost of jail days for the 119 individuals. This amount is estimated to be approximately \$4,514,563.60 assuming an average jail day cost of \$104.56/day.

Most notably, 41 of the 119 individuals were juveniles, which benefit greatly from early intervention and services that disrupt their engagement with the juvenile justice system. Cost savings in the adult system are likely to be realized long-term as juveniles avoid engagement with law enforcement over the course of their lifespan. Case management and other services were provided for those who voluntarily accepted.

Summary of the Effect of the CJMHSR 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 program builds on the existing success of the Putnam County CTTU and continues to divert individuals from jail stays and unnecessary Baker Act placements. In Year 2, the CTTU has diverted 119 individuals from arrest/incarceration. 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.

SMA also monitors key indicators that help with assessing system successes and opportunities, including transfer times associated with transfer between law enforcement and CTTU. As of June 2022, 100% of transports took <15 minutes to transfer, which is in alignment with best practices associated with rapid access to service for individuals in crisis.

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. In Year 2, Quarter 2, no 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, 2022, SMA expended/leveraged \$201,784.55 or approximately 34% 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). It allows CTTU staff to meet law enforcement in the community instead of transporting to a designated facility. Match funds also support the oversight committee and enable law enforcement officers to attend CIT and MHFA training.

SOUTHEAST FLORIDA BEHAVIORAL HEALTH NETWORK (INDIAN RIVER COUNTY) (LHZ90)

Southeast Florida Behavioral Health Network's (SEFBHN) grant program, the Indian River County Mental Health Court expansion (IRC-MHC)

START:
July 1, 2020

AWARD:
\$1,200,000

TIME FRAME:
3 Years

Target Population

The target population for the Mental Health Court includes:

- ▶ Adults with serious mental illness (SMI), substance use disorder (SUD), and/or co-occurring disorder (COD) who 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 is an expansion of the Indian River County Mental Health Court (IRC-MHC). As an alternative to incarceration, the MHC links participants to long-term, community-based treatment services. The clients' behavioral health needs are addressed through mental health assessments, individualized treatment plans, and ongoing judicial monitoring. Individuals are referred to the program at booking, initial detention, first appearance hearings, or through attorney referrals. The program implements a Coordination of Care plan (education, training and activities supporting community integration) to improve transitions from jail to less restrictive community-based levels of care. This program expands the IRC-MHC reach by expanding evidence-based assessment of criminogenic needs, provision of initial in-jail treatment services, application of High-Fidelity Wraparound principles and processes for high-need individuals, and provision of transitional housing to mitigate reentry barriers.



Discharged 73% of
participants successfully
(91/125 clients)

Services for the MHC are provided by the Mental Health Collaborative, McCabe Connections Center, Legacy Behavioral Health, the Mental Health Association of Indian River County, New Horizons of the Treasure Coast, Substance Abuse Council of Indian River County, Legacy Behavioral Health Center, and the Indian River County Sheriff's Office. The program relies on the partnership and direct collaboration of nearly thirty (30) key stakeholders and providers in the community.

Goals/Objectives

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

SEFBHN's three major grant objectives include:

1. 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)
- ▶ Cognitive Behavioral Therapy (CBT)
- ▶ Motivational Interviewing
- ▶ Trauma-Informed Care
- ▶ Forensic Needs Assessment
- ▶ Peer Specialists
- ▶ High Fidelity Wraparound



Scheduling Help

The Peer Specialist has assisted with helping many clients schedule appointments for needs outside of Mental Health Court.

Number Served through June 30, 2022 (Year 2, Quarter 4)

IRC-MHC	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Served	153	82	-	234
Number Served Target	120	120	120	360

Performance Measures

The outcomes listed below reflect progress through June 30, 2022. (Year 2, Quarter 4)

Measure	Performance
Less than 30% of program participants shall be arrested while enrolled in the program	▪ 8% arrested
Less than 30% of program participants shall be arrested within one-year following program discharge	▪ 2% arrested within one-year following discharge
67% 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.	▪ 79% in stable housing
24% of participants not residing in stable housing at program admission will report living in a stable housing environment one year following program discharge.	▪ 73% in stable housing
60% 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.	▪ 32% employed
24% 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.	▪ 75% employed
65% 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.	▪ 88% received assistance
15% of participants will be diverted from a state mental health treatment facility.	▪ 98% diverted
40% of participants will graduate from the program.	▪ 39% graduated
65% of participants at high or very high risk of recidivism upon admission who are at low or moderate risk upon discharge	▪ N/A no data reported as no clients were high/very high risk of recidivism

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

The IRC-MHC program routinely assesses for cost avoidance to identify the return on investment for grant funds. Assuming an average jail day cost of \$125, the program estimates \$2,266,500 in avoided costs for clients who have been enrolled in Mental Health Court since July 2020. A basic calculation is conducted using the average daily cost of jail multiplied by the average number of jail days for a “typical” mental health court participant, assessing for both misdemeanor and felony average stays.

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

To date, the grant program discharged 73% (125 clients discharged, 91 successful) of participants successfully.

With the support of this grant, the program has been able to expand community-based resources, including two (2) peers and one (1) therapist located at a local drop-in center. Additionally, the grant has been able to expand substance use disorder treatment to individuals with co-occurring disorders and assist with the development of wraparound supports, like housing. A component of this expansion project is the use of High-Fidelity Wraparound for high-risk participants. The grantee reports that the high service utilizers that have been referred to wraparound thus far (24) have experienced reduced rates of hospital admissions and stabilized housing situations. The use of Wraparound has positively impacted clients who have been enrolled in the MHC program for long periods of time through providing them extra supports and services that foster success.

As of June 30, 2022, the program reports that three (3) participants were diverted from the state hospital and instead receive intensive case management and additional community services. Grant funds support weekly competency restoration services to participants receiving services in the community (many of whom are F.S. 916 clients)

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

As of June 30, 2022, Southeast Florida Behavioral Health Network expended/leveraged \$879,104 or approximately 57% of the three-year match commitment. Match funds support jail screenings at the jail to facilitate referrals for the program, increased caseload for the MHC and the capacity to follow MHC alumni for one year. Match funds are also used to support in-jail psychiatric and medication services.



Assisting with Insurance Benefits

Reduced the impact of psychosocial barriers as they've assisted several clients with obtaining Supplemental Security and Social Security Disability Insurance benefits. Between both the targeted case manager and the court case manager, 2 clients have had their insurance problems resolved and started receiving benefits correctly with their insurance companies

SOUTHEAST FLORIDA BEHAVIORAL HEALTH NETWORK (OKEECHOBEE COUNTY) (LH825)

Southeast Florida Behavioral Health Network's (SEFBHN) grant, Okeechobee Specialty Courts (OSC)

START:
September 21, 2021*

AWARD:
\$1,193,836.00

TIME FRAME:
3 years

Target Population

The target population for OSC is adults and juveniles under 18 who have mental illness, substance use disorder, or a co-occurring condition, and are at risk of entering the justice systems.

Program Design/Model

SEFBHN's grant expanded the OSC and treatment services to include juveniles with mental illness, substance use disorder, or a co-occurring condition and expand the same initiatives to high-risk juvenile population with the Juvenile Drug Court. The OSC is comprised of Adult Mental Health Court (MHC), Adult Drug Court, and Juvenile Drug Court which all provide screening, assessment, and treatment services and support. The OSC assessment process begins with a pre-screen and a forensic assessment. The pre-screen determines if an individual is eligible to participate in OSC. The forensic assessment is completed as a toll to identify the needs for the participants at entry. Services provided by OSC includes outreach, screening/assessment, case management, treatment, and aftercare, and expanded to provide evidence-based assessment of criminogenic needs to inform effective interventions.

SEFBHN continues the partnership with the Public Safety Coordinating Council, the Okeechobee County criminal justice system, the Sheriff's Office, and community stakeholders plans to strengthen the OSC with the grant.

Goals/Objectives

The primary goal is to divert adults and juveniles from who have mental illness, substance use disorder, or a co-occurring condition who are at risk or in the criminal and juvenile justice system and divert them into community-based treatment services and treatment.

Objectives included:

1. Expand the OSC diversion initiatives that increase public safety, decrease spending on criminal and juvenile justice systems, and improve the access and effectiveness of treatment services.
2. Create and encourage collaboration among key stakeholders.
3. Implement Adolescent Community Reinforcement Approach (A-CRA) evidence-based practice in substance use treatment of high-risk youths Juvenile Drug Court Intervention.

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

- ▶ Crisis Intervention Teams (CIT)
- ▶ Cognitive Behavioral Therapy (CBT)

- ▶ Motivational Interviewing (MI)
- ▶ SSI/SSDI, Outreach, Assist, and Recovery (SOAR)
- ▶ Wellness Recovery Action Plan (WRAP)
- ▶ Eye Movement Desensitization and Reprocessing (EMDR)
- ▶ Adolescent Community Reinforcement Approach (A-CRA)
- ▶ Whole Health Action Management (WHAM)
- ▶ Trauma-Informed Therapy
- ▶ Transition Skills for Recovery
- ▶ Peer Specialists

Number Served through May 31, 2022 (Year 1, Quarter 3):

OSC	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Juvenile Number Served	21	-	-	21
Juvenile Number Served Target	10	20	20	50
Adult Number Served	53	-	-	53
Adult Number Served Target	95	95	95	285
CIT Training	-	-	-	-
CIT Training Target	20	20	20	60

Performance Measures

Outcome data for the performance measures reflect progress through May 31, 2022 (Year 1, Quarter 3)

Measures	Performance
Less than 40% of participants will be arrested will enrolled	▪ 5% arrested
Less than 30% of participants will be arrested within one year of program discharge	▪ 11% arrested
55% 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	▪ 78% in stable housing
65% of participants will be assisted in applying for Social Security or other benefits that they are not receiving at the program admission	▪ 100% received assistance
50% of participants will be discharged from the program	▪ 73% discharged
50% of adult participants 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.

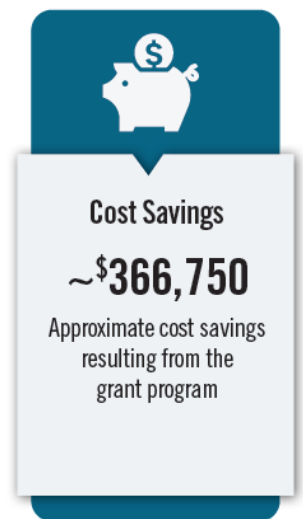
10% of adult participants that were eligible for employment or not employed at admission will be employed full or part time within 180 days of program admission	▪ 86% adults employed
24% of adult participants eligible for employment will be employed full or part time one year following program discharge	▪ The grantee is collecting data; however, it is too early to report on this measure.
15% of adult participants will be diverted from a state mental health treatment facility	▪ 93% diverted
40% of juvenile participants will be in school or employed full or part time at the time of program discharge	▪ 100% in school or employed
40% of juvenile participants will self-report improved relationships with parents or caregivers at the time of program discharge	▪ 100% improved relationships
50% of juvenile participants will reduce substance use while in the program by sustaining negative urinalysis tests.	▪ 71% reduction in substance use

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

The OSC program, performs a cost avoidance analysis as a return-on-investment measure. A cost avoidance estimate is completed below is for the clients who have been in Mental Health Court since September 2021. The grant program has resulted in a cost-savings of approximately \$366,750.

In Okeechobee County, it cost an average of \$125/per day to be housed in jail. For 7 clients with Misdemeanor x average 40 days in jail x \$125.00 average cost per day = \$85,000; 23 clients with felony charges x average 98 days in jail x \$125.00 average cost per day = \$281,750; 40 total clients x 2934 days x \$125.00 per day = \$366,750.

In addition, referrals to MHC results in a reduction in time in jail. Participants are identified for both drug or mental health court and then seen before their first appearance. Juvenile participants are spending more time in school and report an improved relationship with their parent/caregivers.



Summary of the Effect of the CJMHSR 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 program continues to expand services, trainings and awareness throughout the county, as well identifying and bridging gaps for services. A Recovery Community Organization (RCO), Rite Life is new to network in Okeechobee County. The OSC refer to Rite Life for support groups, SOAR assistance as well as other services. The Rite Life Drop-in Center also provides peer support groups that utilize WHAM/WRAP best-evidence practices. The center provides computers, SNAP program, housing assistance and is open 365 days a year. There is also a new provider for youth, Our Village. Our Village

is a child and adolescent focused peer support agency, and they also provide assistance with medical and dental needs.

Participants who are ITP or NGI receive intensive case management and additional services in order to maintain stability in the community and divert from state hospitalization.

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

As of May 31, 2022, Southeast Florida Behavioral Health Network expended/leveraged \$183,779.01 or approximately 25% of the three-year match commitment for their CJMHSA Reinvestment grant. Match funds allowed OSC to maintain referrals from the court program case manager, as well as provide quality screenings and coordination of care.

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WE ARE ALL WE NEED, INC. (LEON COUNTY) (LH836)

We Are All We Need, Inc. (WAAWN), the Village of Care (VOC) Program

START:
May 2, 2022*

AWARD:
\$1,200,000

TIME FRAME:
3 Years

Target Population

The target population for the VOC Program is youth ages 17 and under with an identified mental health, substance use, and trauma indicators and/or who are at risk of entering the juvenile or criminal justice system. Subpopulations include:

- ▶ Individuals with behavioral disorders who are chronically truant from school, poor achievers in school, or have poor impulse controls
- ▶ Individuals who are referred by the State Attorney's Office, school system, Florida Department of Juvenile Justice, or Florida Department of Children and Families
- ▶ Individuals who have been identified as potential "high utilizers" in need of services or supervision

Program Design/Model

The Village of Care Program consists of three phases. During phase 1, an assigned LIFE coach will connect with youth to establish rapport, set goals and milestones, and provide information on the VOC. The LIFE coach will work to determine the appropriate service tier level and develop an individualized LIFE Plan. Youth enrolled in the program conduct quarterly self-assessments (electronically) to track social and emotional development. Families may participate in group parent coaching, grief workshops, and social emotional skill building opportunities. During phase 1, families and youth are also encouraged to establish a Wellness Recovery Action Plan. The WRAP may identify up to 10 months of individualized clinical mental health services, substance use services, LIFE coaching, WRAP coaching, athletics, tutoring, legal aid, SOAR housing, resource connection, and volunteer opportunities.

There are 3 tiers of services:

- Tier 1- prevention services include screening and assessment, group LIFE coach services, general LIFE plan, access to life center events, and network referrals.
- Tier 2- High Risk Behavior Immediate Intervention (HRBII) Services include screening and assessment, individual LIFE coach services, access to clinical services, individualized LIFE treatment plan, and WRAP planning- group and individual coaching.
- Tier 3- Last Opportunity Support Team (LOST) Services serves youth with diagnosed mental health, substance use, or co-occurring disorders. They will have an assigned LIFE coach (individual services), quarterly MDST meetings, behavioral health plan and individualized LIFE plan.

During phase 2, which is 30 days prior to completion of the VOC program, program staff and youth review their individual plans and begin transition planning. Following transition, youth may access the LIFE center for up to 12 months. Tier 2 and 3 youth have ongoing access to clinical and behavioral health services for up to 12 months. Youth up to 17 years old are referred for Certified WRAP planning.

During phase 3, after development of the transition plan, youth continue with coaching, support groups, and development of their WRAP plan. Program staff work to ensure that family support is in place, including but not limited to: SOAR housing support, financial support and aid, SNAP benefit enrollment, parent support groups, LIFE support groups (youth), WRAP groups, Wraparound services, clinical support, faith connection, and recovery support groups.

Goals/Objectives

The primary goal of the VOC Program is to increase public safety and reduce criminal justice costs in Leon County by providing prevention and intervention services to individuals, ages 17 and under, who are at risk of an identified mental health, substance use, and/or trauma indicators. A secondary goal is to enhance accessibility to a comprehensive, screening and assessment process to track the youth's social and emotional development and provides family members with access to supports such as group parent coaching, grief workshops, and social emotional skill building opportunities.

Objectives include:

1. Develop and implement a design to bridge gaps, remove barriers, and provide consistent social and emotional trauma care, provide supports and resources to youth and families.
2. Create and encourage an environment of collaboration and positive supports among key stakeholders.
3. Increase access to coordinated prevention and intervention services, provide individualized and group supports and resources for the target population.

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

- ▶ SSI/SSDI, Outreach, Assist, and Recovery (SOAR)
- ▶ Wellness Recovery Action Plan (WRAP)
- ▶ Wraparound services
- ▶ SNAP Benefits Enrollment
- ▶ Recovery Support Groups
- ▶ Flourishing Assessment
- ▶ Building Communities Resilient (BCR)
- ▶ Child and Adolescent Trauma (CAT) Screen (working with FSU to implement adjusted CAT Screen to extrapolate behavioral health needs and remove risk of re-offense due to non-arrest)

Number Served through July 31, 2022 (Year 1 Quarter 1):

Village of Care Program	Program Year 1	Program Year 2	Program Year 3	Program Lifetime
Number Screened	68	-	-	68
Number Screened Target	250	250	250	750
Number of Tier 1 Participants	37	-	-	37
Number of Tier 1 Participants Target	150	150	150	450
Number of Tier 2 Participants	15	-	-	15
Number of Tier 2 Participants Target	60	60	60	180
Number of Tier 3 Participants	12	-	-	12
Number of Tier 3 Participants Target	40	40	40	120
Number of SELTIC Training Participants	8	-	-	8
Number of SELTIC Training Participants Target	50	50	50	150

Performance Measures

Outcome data for the performance measures reflect progress through July 31, 2022 (Year 1, Quarter 1).

Measure	Performance
65% of the participants will not be arrested or rearrested while receiving services	<ul style="list-style-type: none"> The grantee is collecting data; however, it is too early to report on this measure.
65% of those participants determined to be eligible for social security or other benefits have received SSI/SSDI through the SOAR process	<ul style="list-style-type: none"> The grantee is collecting data; however, it is too early to report on this measure.
60% of the participants will successfully complete program services	<ul style="list-style-type: none"> The grantee is collecting data; however, it is too early to report on this measure.
A minimum of 65% of participants not residing in a stable housing environment at program admission will report living in a stable housing environment upon their release from detention	<ul style="list-style-type: none"> The grantee is collecting data; however, it is too early to report on this measure.
A minimum of 60% of volunteer coaches, school resource officers and other human service professionals who enroll in the SELTIC training will successfully complete the training	<ul style="list-style-type: none"> 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

There is no fiscal impact determined at this time. However, the grantee is collecting data to measure arrest and rearrest rates, number of youth in secure detention and on those released from secure detention specific to minority youth in order to report on fiscal impact of the program in future quarters.

Additionally, TVOC is working with the State Attorney's Office and Public Defender's Office to reframe mindsets towards a more restorative justice approach rather than a punitive approach among providers and law enforcement.

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 grantee is collecting data to measure the impact of the program on reducing disproportionality and overall number of minority youth who receive involuntary examinations and who are admitted to the state mental health treatment facility. However in the first quarter of the grant program, WAAWN provided screening to over 75 youth and have successfully admitted 37 youth to the program, increasing their accessibility to treatment services.

Parent Testimonial

The LIFE Center community safe space and drop-in center allows youth 17 and under to have a safe place to "be" during daytime and nighttime hours. Providing a "village clubhouse" as described by youth, has proven to impact community safety and wellbeing.

"I had no way of keeping my son off the street this summer as I work 3 jobs."

—Parent

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

As of July 31, 2022, We Are All We Need expended/leveraged \$100,820.50 or approximately 7% of the three-year match commitment. Match funds supported program implementation relating to equipment, events, training workshops, and supper programming for over 115 community members.

THE CJMHS A TECHNICAL ASSISTANCE CENTER

This section summarizes the CJMHS A TAC’s technical assistance during FY2021-22. Technical assistance activities include assisting applicants who are pursuing reinvestment grantees in developing and reviewing their grant proposals, collaborating with 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.

COVID-19 IMPACTS ON CJMHS A 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 in early FY20. While the University of South Florida has returned to the normal course of in-person operations, the TAC evaluated its response to COVID-19 to determine which investments and programmatic changes should be sustained to bring value to its programming. As with many communities that benefitted from transitions to remote or virtual engagements during COVID, the TAC expanded its virtual training and technical assistance capacity using Zoom and Microsoft Teams platforms. These systems are maintained in the TACs ongoing service array to enable grantees to receive more real-time consultation from the TAC. Further, Zoom and MS Teams capacity provides the TAC with the opportunity to attend and participate in more grantee community meetings, which better informs the guidance offered to grantees. While the TAC has returned to in-person delivery of many of its events, maintaining virtual service delivery options has been beneficial when planned onsite visits have had to be shifted to virtual settings when either facilitators or participants test positive with COVID-19 and need to comply with Centers for Disease Control and Prevention isolation timelines. Thus far, grantee reviews of virtual assistance have been positive.

Notably, continued sustainability of the TAC’s virtual engagement capacity enables the TAC 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 national experts over FY21-22 who are considered to be some of the most trusted organizations in the fields of behavioral health and criminal justice (e.g., Council of State Governments Justice Center, the National Council for Mental Wellness).

CJMHSR TAC PROGRAM ENHANCEMENTS

Communications

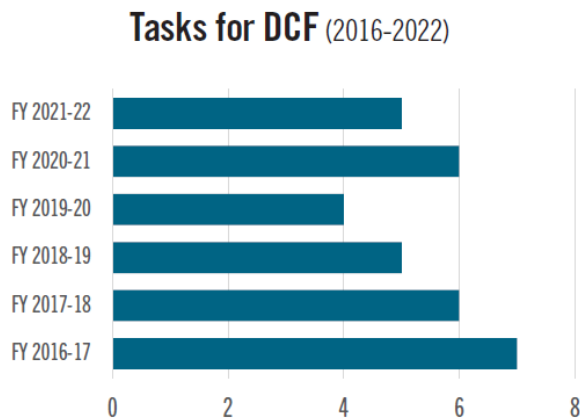


Since FY20, the TAC has been disseminating quarterly newsletters, which aim to inform grantees about upcoming webinars, trainings, grant opportunities, and publications related to criminal justice, mental health, and substance use. The newsletter also includes important communications from DCF, provides highlights from recent TA events, and TAC updates. Over FY21-22, the TAC issued 4 newsletters (July 2021, November 2021, February 2022, and May 2022) to grantees, which has been a helpful strategy to remain engaged with grantees and provide opportunities to communicate in between technical assistance events. The growing distribution list that the newsletter has generated has also allowed the TAC to promote program enhancing resources and trainings to a number of grantee communities and stakeholders periodically as they are announced. In

addition to newsletters, the TAC disseminated 3 TAC Update communications that contained time-sensitive training events, funding opportunities, and announcements from DCF (January 2022, April 2022, June 2022). Between these communications and the newsletters, the TAC is in nearly monthly communication with grantee programs and their partners.

Collaboration

Figure 4.
Tasks for DCF



While the TAC continued offering assistance virtually through FY21-22, in-person engagements resumed for communities seeking Sequential Intercept Mappings and developed partnerships with a multitude of grantee community partners to successfully execute the SIM event. The TAC participated in multiple site visits of programs alongside DCF to learn more about real-time grantee community needs and DCF goals for each grantee.

In addition, the TAC lent its expertise in strategic planning and Sequential Intercept Mapping to DCF upon special request by the DCF Community

Forensic Liaison Team. This support included 4 mappings for communities identified by DCF as in need of assistance with systems planning related to the population of adults and juveniles with mental health and/or substance use and criminal/juvenile justice involvement (Escambia County, Hillsborough County, Osceola County, and Volusia County). In the cases of programs with juvenile-focused goals, representatives from DCF and community-based child welfare agencies were engaged given the frequency of crossover between youth in both systems. This assistance is supported by section C-1.1.3.1.4 of the TAC contract (**Figure 4**).

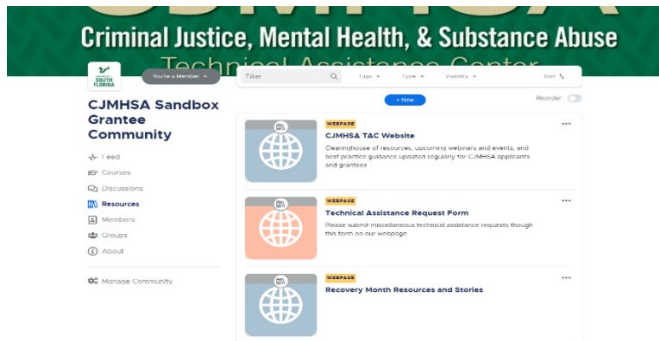
Capacity



PICTURED: KATELIND MELENDEZ,
ABBY SHOCKLEY, BETH HOLLAND

To meet the increasing demand for TAC services, the TAC expanded its team of fulltime staff over FY21-22 to include a permanent Learning and Development Facilitator. This role works in partnership with the Director and the Assistant Director to expand the frequency of communications with grantees and strengthen the onsite and virtual technical assistance engagements provided to grant programs. This position has also spent considerable time over the last FY researching and identifying an online platform for the launch of the TAC's Learning Collaborative in early 2023 (pictured below). This learning collaborative will be an online Community of Practice for active grantees to engage with one another for information sharing and real-time discussions on successes and barriers to

program implementation. Topic specific, cohort-based learning modules will also be available for grantees to access to learn more about the implementation of specific best practices related to services for individuals with criminal justice and behavioral health system involvement.



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COMMON PROGRAM FEATURES AND MODELS ACROSS GRANTEES

The “Common Program Features” presented in **Table 8** 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:

- ▶ A growing number of expansions to prior and existing reinvestment grant programs
- ▶ Increased emphasis on the use of evidence-based screening and assessment tools
- ▶ Increased exploration of the use of data sharing platforms and the analysis of qualitative and quantitative data to inform program development and impacts
- ▶ Increased collaboration between cross-systems community providers, county governments, the courts, and law enforcement
- ▶ Greater use of Certified Peer Specialists and youth peers among grantees
- ▶ Greater emphasis on System Navigator positions or navigation functions for adults and juveniles
- ▶ Expanded use and acceptance of Medication Assisted Treatment for opioid and substance use disorder
- ▶ A growing number of problem-solving court programs for adults and juveniles with behavioral health disorders
- ▶ Increased emphasis on programs focusing on diversion and linkages to community-based treatment services for forensic clients
- ▶ Grantee emphasis on the need for affordable housing and Supportive Housing options for the target population of justice-involved individuals with behavioral health problems
- ▶ Expanded trauma-informed care training efforts among community providers and law enforcement
- ▶ Utilization of Sequential Intercept Mappings (SIM) to make targeted improvements to community behavioral health and justice systems
- ▶ Widespread use and application of Motivational Interviewing (MI) among grantee programs
- ▶ Emphasis on the Wraparound Practice Model among grantee programs serving juveniles
- ▶ Increased pursuit of best practices related to Mobile Crisis Response and other collaborative crisis models for juvenile and adult populations

Table 8.*Common Program Features for CJMHSR Reinvestment Grantees*

Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
Apalachee Center, Inc. (Leon County) (LHZ87)	Adult	3, 4	<ul style="list-style-type: none"> ▶ Trauma-informed Care ▶ Motivational Interviewing ▶ Decision Points ▶ Life Skills ▶ Seeking Safety ▶ Thinking for A Change ▶ Decision Points ▶ Dialectical Behavior Therapy (DBT) ▶ Anger Management ▶ Cognitive Behavioral Therapy (CBT) ▶ Assess, Plan, Identify, Coordinate (APIC) model ▶ Risk-Need-Responsivity (RNR) model ▶ SOAR (SSI/SSDI Outreach, Assist, and Recovery) ▶ Brief Jail Mental Health Screen (BJMHS) ▶ Crisis Intervention Teams (CIT) 	<ul style="list-style-type: none"> ▶ Reentry ▶ Care coordination ▶ Forensic day services

Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
BayCare Behavioral Health, Inc. (Pasco County) (LH813)	Adult	3, 4, 5	<ul style="list-style-type: none"> ▶ Mental Health First Aid (MHFA) ▶ Assess, Plan, Identify, Coordinate (APIC) model ▶ Historical Clinical Risk Management-20 Version 3 (HCR-20 V3) ▶ Patient Health Questionnaire-9 (PHQ-9) ▶ Mood Disorder Questionnaire (MDQ) ▶ Drug Abuse Screening Test (DAST) ▶ Alcohol Use Disorders Identification Test (AUDIT-C) ▶ General Anxiety Disorder-7 (GAD-7) ▶ Motivational Interviewing (MI) ▶ Risk-Need-Responsivity (RNR) model ▶ Biopsychosocial assessments ▶ GAINS Reentry Checklist ▶ Medication Assisted Treatment (MAT) ▶ Recovery support specialist/peer support specialist ▶ Moral Reconation Therapy 	<ul style="list-style-type: none"> ▶ 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"> ▶ Cognitive Behavioral Therapy ▶ Seeking Safety 	
Broward Behavioral Health Coalition (Broward County) (LHZ79)	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-Systemic Family Therapy ▶ Brief Strategic Family Therapy ▶ Moral Reconciliation Therapy ▶ Transition to Independence (TIP) ▶ Beat the Odds Drumming ▶ Integrated Group Counseling and Group Drumming ▶ Individual Placement and Support ▶ Trauma Incident Reduction ▶ Visual Journaling Workshops ▶ Family CPR ▶ Medication Assisted Treatment (MAT) 	<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
			<ul style="list-style-type: none"> ▶ Supported Employment ▶ Supportive Housing ▶ Supported Education ▶ Youth MOVE ▶ Restorative Practices 	
Centerstone of Florida (Manatee County) (LH819)	Adult	0, 1, 2, 3	<ul style="list-style-type: none"> ▶ Crisis Intervention Teams (CIT) ▶ Peer Support ▶ Supported Employment ▶ Permanent Supportive Housing ▶ Medication Assisted Treatment ▶ Mobile Response Team ▶ Screening, Brief Intervention and Referral to Treatment (SBIRT) ▶ Alcohol Use Disorders Identification Test (AUDIT) ▶ Columbia Suicide Severity Rating Scale (C-SSRS) ▶ Drug Abuse Screening Test (DAST) 	<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
			<ul style="list-style-type: none"> ▶ Functional Assessment Rating Scales (FARS) ▶ Patient Health Questionnaire (PHQ-9) 	
Centerstone of Florida (Sarasota County) (LHZ84)	Adult	0, 1, 2, 3	<ul style="list-style-type: none"> ▶ Assertive Community Treatment (ACT) team approach ▶ Brief Jail Mental Health Screen (BJMHS) ▶ Cognitive Behavioral Therapy (CBT) ▶ Columbia Suicide Severity Rating Scale (C-SSRS) ▶ Correctional Mental Health Screen for men and women (CHMS-M; CHMS-W) ▶ Crisis Intervention Teams (CIT) ▶ Functional Assessment Rating Scale (FARS) ▶ Global Appraisal of Individual Needs (GAIN Q-3) ▶ Housing First model ▶ Individual Treatment Plans (ITP) ▶ Integrated Treatment for Co-occurring Disorders (ITC) ▶ Mental Health First Aid (MHFA) 	<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
			<ul style="list-style-type: none"> ▶ Motivational Interviewing (MI) ▶ Patient Health Questionnaire (PHQ-9) ▶ Risk-Need-Responsivity Level of Care Service Case Management Inventory (LS-CMI) (CTC personnel are trained and certified) ▶ Solution Focused ▶ SSI/SSDI, Outreach, Assist, and Recovery (SOAR) (all CTC personnel are SOAR certified) ▶ Tailored Individual Treatment Plans (ITP) 	
Central Florida Cares Health System (Brevard County) (LH835)	Adult	0, 1	<ul style="list-style-type: none"> ▶ Co-Responder Model ▶ Peer support recovery specialist ▶ Crisis Intervention Teams (CRT) ▶ Columbia Risk and Protective Factors (C-SSRS) survey instrument ▶ SAFE-T Protocol 	▶ Co-Responder Model
Central Florida Cares Health System	Adult	4, 5	<ul style="list-style-type: none"> ▶ Peer support ▶ Wraparound services 	▶ Reentry and discharge planning

Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
(Osceola County) (LH830)			<ul style="list-style-type: none"> ▶ ORAS SRT Pre-Screening Tool ▶ URICA Motivational Assessment ▶ ORAS Supplemental Re-entry Tool (ORAS-SRT) ▶ Texas Christian University Criminal Thinking Scales (TCU-CTS) ▶ Drug Abuse Screening Tool (DAST-10) 	<ul style="list-style-type: none"> ▶ Linkages to community-based services
Collier County (LH823)	Adult	3, 4, 5	<ul style="list-style-type: none"> ▶ Medication Assisted Treatment ▶ Peer Recovery Specialists ▶ Motivational Interviewing ▶ TCU Drug Screen 5 	<ul style="list-style-type: none"> ▶ Medication Assisted Treatment ▶ Linkages to community-based services
EPIC Behavioral Healthcare (St. Johns County) (LHZ83)	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) 	<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"> ▶ 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) ▶ Question, Persuade, Refer (QPR) Suicide Prevention Program 	

Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
Flagler County BOCC (LH820)	Juvenile / Young Adult (up to age 25)	0, 1	<ul style="list-style-type: none"> ▶ Center for School Mental Health evidence-based screening instruments ▶ National Center for Mental Health and Juvenile Justice School Responder Model ▶ Community Action Teams (CAT) ▶ Cognitive Behavioral Therapy 	<ul style="list-style-type: none"> ▶ Co-Responder Model ▶ Diversion
Gadsden County Sheriff's Office (LHZ96)	Adult	1, 2, 3, 5	<ul style="list-style-type: none"> ▶ Crisis Intervention Teams (CIT) ▶ Multidisciplinary Treatment Team (MDST) approach ▶ Trauma-informed care ▶ Alcohol Use Disorder Identification (AUDIT) ▶ Beck Depression Inventory II (BDI-II) ▶ Cut Annoyed Guilty Eye (CAGE) test ▶ Drug Abuse Screening Test (DAST-10) ▶ Mental Health Screening Form- III (MHSF-III) ▶ Columbia-Suicide Severity Rating Scale (C-SSRS) 	<ul style="list-style-type: none"> ▶ Diversion ▶ Multidisciplinary team-based approach ▶ Linkages to community-based services ▶ STD prevention ▶ Vocational opportunities

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, Access, and Recovery (SOAR) 	
Hillsborough County BOCC (LHZ98)	Adult	2, 3, 4, 5	<ul style="list-style-type: none"> ▶ Motivational Interviewing (MI) ▶ Risk-Need-Responsivity- Level of Service/Case Management Inventory (LS/CMI) ▶ Medication-Assisted Treatment (MAT) ▶ Forensic Assertive Community Treatment (FACT) ▶ Forensic Intensive Case Management (FICM) ▶ SSI/SSDI Outreach, Access, and Recovery (SOAR) ▶ Comprehensive, Continuous, Integrated System of Care (CCISC) ▶ Trauma-informed services 	<ul style="list-style-type: none"> ▶ Diversion ▶ Mental Health Court ▶ Linkages to community-based treatment
Hillsborough County BOCC (LH842)	Juvenile / Young Adult (ages 12-21)	3, 4, 5	<ul style="list-style-type: none"> ▶ High Fidelity Wraparound ▶ Cognitive Behavioral Therapy ▶ Child and Adolescent Needs and Strengths (CANS) assessment 	<ul style="list-style-type: none"> ▶ Tiered services for Juvenile Mental Health Court

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"> ▶ Child Assessment Tool (FDLE)- both “pre” and “expanded” versions to determine criminogenic risk level ▶ Family Navigator 	
Kids Hope Alliance (Duval County/City of Jacksonville) (LH824)	Juvenile	0, 1, 2, 3	<ul style="list-style-type: none"> ▶ Global Appraisal of Individual Needs-Quick (GAIN-Q3) ▶ Center for Youth Wellness Adverse Childhood Experiences Questionnaire (CYW ACE) ▶ Youth Level of Services/Case Management Inventory (YLS/CMI 2.0) ▶ High Fidelity Wraparound ▶ Care Coordination ▶ Recovery Orientated Services ▶ Peer Specialists/support ▶ Operation Boost (employment career resources) ▶ Education-Legal Advocacy ▶ Targeted Family Engagement ▶ Mentoring 	<ul style="list-style-type: none"> ▶ Prevention, early intervention ▶ 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"> ▶ Parenting Support Groups 	
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) (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 	<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"> ▶ 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 	
LSF Health Systems (Hernando County) (LHZ86)	Juvenile	1, 2, 3, 5	<ul style="list-style-type: none"> ▶ Wellness Recovery Action Planning (WRAP) ▶ Positive Achievement Change Tool (PACT) ▶ Patient Health Questionnaire for Adolescents (PHQ-A) ▶ Michigan Alcohol Screening Test (MAST) 	<ul style="list-style-type: none"> ▶ Juvenile Behavioral Health Court ▶ Restorative school program ▶ Care coordination, 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"> ▶ Drug Abuse Screening Tool (DAST) ▶ GAIN Short Screener (SS) ▶ Youth and Family Treatment Planning Services ▶ Case Management/Court Specialist Services ▶ Care Navigation Services ▶ Crisis Planning Services ▶ Family Support Groups ▶ Trauma Support Groups ▶ Drug Testing services ▶ Transportation Support Services ▶ Recovery Support Services 	
LSF Health Systems (Marion County) (LHZ76)	Adult	2, 3, 4	<ul style="list-style-type: none"> ▶ AC-OK Screen for Co-Occurring Disorders ▶ AC-OK Screen for Co-occurring Disorders ▶ Center for Alternative Sentencing and Employment Services (CASES) Transitional Case Management 	▶ Mental Health Court

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) ▶ Permanent Supportive Housing ▶ Peer Specialists ▶ Functional Assessment Rating Scale (FARS) 	
Managed Access for Child Health (Duval County) (LHZ82)	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 ▶ Motivational Interviewing ▶ Adverse Childhood Experiences (ACE) Assessment 	<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
			<ul style="list-style-type: none"> ▶ Trauma-Focused Cognitive Behavioral Therapy ▶ Applied Behavioral Analysis (ABA) Therapy ▶ System of Care values 	
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 ▶ Rapid Rehousing ▶ Employment Assistance ▶ Safe Parenting 	<ul style="list-style-type: none"> ▶ Case management for the Mental Health Court participants ▶ Diversion ▶ Linkages to community-based treatment providers
Meridian Behavioral Healthcare, Inc.	Adult	0, 1, 2, 3, 4, 5	<ul style="list-style-type: none"> ▶ Crisis Intervention Teams (CIT) ▶ Mental Health First Aid (MHFA) 	<ul style="list-style-type: none"> ▶ Diversion ▶ Reentry

Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
(Alachua & Bradford Counties) (LHZ85)			<ul style="list-style-type: none"> ▶ 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 ▶ Communication for Recovery 	<ul style="list-style-type: none"> ▶ 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"> ▶ American Society of Addiction Medicine (ASAM) Criteria 	
Meridian Behavioral Healthcare, Inc. (Levy County) (LH822)	Adult	3, 4, 5	<ul style="list-style-type: none"> ▶ SSI/SSDI, Outreach, Assist, and Recovery (SOAR) ▶ Peer Specialists ▶ Mental Health First Aid (MHFA) ▶ Assess, Plan, Identify, and Coordinate (APIC) Model ▶ Historical Clinical Risk Management-20 Version 3 (HCR-20 V3) ▶ Motivational Interviewing (MI) ▶ Risk-Need-Responsivity (RNR) assessment tool ▶ Biopsychosocial assessments ▶ GAINS Reentry Checklist ▶ Medication Assisted Treatment (MAT) ▶ Moral Reconciliation Therapy ▶ Cognitive Behavioral Therapy 	<ul style="list-style-type: none"> ▶ Reentry and discharge planning ▶ Linkages to community-based services ▶ Forensic treatment team-based approach

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"> ▶ Trauma-Informed Therapy ▶ Seeking Safety ▶ Motivational Therapy 	
Miami-Dade County (LH826)	Adult	4, 5	<ul style="list-style-type: none"> ▶ Critical Time Intervention (CTI) ▶ Assess, Plan, Identify, and Coordinate (APIC) Model ▶ Interactive Journaling (CBT) ▶ Texas Christian University Drug Screen (TCUD-V) ▶ Ohio Risk Assessment- Community Supervision Tool (ORAS-CST) ▶ Peer Specialists 	<ul style="list-style-type: none"> ▶ Jail in-reach ▶ Discharge planning and reentry
Orange County BOCC (LH818)	Adult	0, 1, 2	<ul style="list-style-type: none"> ▶ Crisis Intervention Teams (CIT) ▶ Peer Specialists 	<ul style="list-style-type: none"> ▶ Pre-booking diversion drop-in centers

Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
Pinellas County BOCC (LHZ91)	Juvenile / Young Adult (ages 14-21)	1, 2, 3, 4, 5	<ul style="list-style-type: none"> ▶ General Anxiety Disorder (GAD-7) ▶ Spence Children's Anxiety Scale (SCAS) ▶ Severity Measure for Generalized Anxiety Disorder- Child Age 11-17 ▶ Patient Health Questionnaire (PHQ-9); PHQ-9 modified for adolescents ▶ PTSD Checklist for DSM-5 (PCL-5) ▶ Traumatic Events Screening Inventory (TESI-C) ▶ Columbia-Suicide Severity Rating Scale (C-SSRS) ▶ Cognitive Behavioral Therapy (CBT) ▶ Motivational Interviewing (MI) ▶ Motivational Enhancement Therapy (MET) ▶ Seeking Safety ▶ Solution Focused Brief Therapy ▶ Dialectical Behavior Therapy 	<ul style="list-style-type: none"> ▶ Diversion ▶ Delinquency prevention ▶ Linkages to community-based treatment providers
Pinellas County BOCC	Adult	3, 4, 5	<ul style="list-style-type: none"> ▶ Level of Service, Case Management Inventory (LS-CMI) 	<ul style="list-style-type: none"> ▶ Jail in-reach

Implementation/ Expansion Grantees	Common Grant Program Features			
	Adult or Juvenile	Intercepts	Evidence-based Practices and Best Practices	Type of Model
(LH834)			<ul style="list-style-type: none"> ▶ American Society of Addiction Medicine (ASAM) ▶ ACE trauma tool ▶ Peer Support 	<ul style="list-style-type: none"> ▶ Discharge planning and reentry
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) ▶ Assess, Plan, Identify, Coordinate (APIC) Reentry Planning ▶ Trauma-Informed Care ▶ Motivational Interviewing ▶ Functional Assessment Rating Scale (FARS) 	<ul style="list-style-type: none"> ▶ Housing ▶ Assistance with obtaining housing and securing benefits
Polk County BOCC (LH833)	Adult	3, 4, 5	<ul style="list-style-type: none"> ▶ Certified Recovery Peer Specialists ▶ Medication-Assisted Treatment (MAT) ▶ Mental Health First Aid 	<ul style="list-style-type: none"> ▶ Jail in-reach ▶ Discharge planning and 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"> ▶ Recovery Oriented System of Care (ROSC) ▶ Wellness Recovery Action Plan (WRAP) ▶ SSI/SSDI, Outreach, Assist, and Recovery (SOAR) ▶ Functional Assessment Rating Scale (FARS) 	<ul style="list-style-type: none"> ▶ Community paramedicine
Seminole County BOCC (LH828)	Adult / Juvenile (ages 6-17)	1, 2, 3, 4	<ul style="list-style-type: none"> ▶ Drug Abuse Screening Tool (DAST) ▶ Assisted Outpatient Treatment (AOT) ▶ Daily Living Activities 20 (DLA-20) ▶ Alcohol Use Disorder Identification Test (AUDIT) ▶ Ohio Risk Assessment Screen (ORAS) ▶ Cognitive Behavioral Therapy (CBT) ▶ Trauma-informed Cognitive Behavioral Therapy (CBT) ▶ Crisis Intervention Team Training (CIT) ▶ Stop Now And Plan (SNAP) ▶ Motivational Enhancement Therapy (MET) ▶ Moral Reconation Therapy 	<ul style="list-style-type: none"> ▶ Diversion and reentry ▶ Assisted Outpatient Treatment program ▶ Stop Now And Plan (SNAP)- juvenile prevention/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"> ▶ Trauma-informed care with Eye Movement Desensitization and Reprocessing Therapy (EMDR) ▶ Motivational Interviewing (MI) 	
SMA Healthcare (Flagler County) (LHZ78)	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) ▶ 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) 	<ul style="list-style-type: none"> ▶ 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
SMA Healthcare (Putnam County) (LHZ99)	Adult	1, 2	<ul style="list-style-type: none"> ▶ Crisis Intervention Team (CIT) ▶ Cognitive Behavioral Therapy ▶ 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) ▶ Columbia Suicide Severity Rating Scale ▶ 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
Southeast Florida Behavioral Health Network (Indian River County) (LHZ90)	Adult	2, 3, 4	<ul style="list-style-type: none"> ▶ SSI/SSDI, Outreach, Assist, and Recovery (SOAR) ▶ Wellness Recovery Action Plan (WRAP) ▶ Cognitive Behavioral Therapy (CBT) ▶ Motivational Interviewing 	<ul style="list-style-type: none"> ▶ Mental Health Court ▶ 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
			<ul style="list-style-type: none"> ▶ Trauma-Informed Care ▶ Forensic Needs Assessment ▶ Peer Specialists ▶ High Fidelity Wraparound 	
Southeast Florida Behavioral Health Network (Okeechobee County) (LH825)	Adult / Juvenile	2,3,4	<ul style="list-style-type: none"> ▶ Crisis Intervention Teams (CIT) ▶ Cognitive Behavioral Therapy (CBT) ▶ Motivational Interviewing (MI) ▶ SSI/SSDI, Outreach, Assist, and Recovery (SOAR) ▶ Wellness Recovery Action Plan (WRAP) ▶ Eye Movement Desensitization and Reprocessing (EMDR) ▶ Adolescent Community Reinforcement Approach (A-CRA) ▶ Whole Health Action Management (WHAM) ▶ Trauma-Informed Therapy ▶ Transition Skills for Recovery 	<ul style="list-style-type: none"> ▶ Mental Health Court ▶ Drug Court expansion ▶ Juvenile Drug Court ▶ 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
			<ul style="list-style-type: none"> ▶ Peer Specialists 	
We Are All We Need (Leon County) (LH836)	Juvenile	0, 1, 2, 5	<ul style="list-style-type: none"> ▶ SSI/SSDI, Outreach, Assist, and Recovery (SOAR) ▶ Wellness Recovery Action Plan (WRAP) ▶ Wraparound services ▶ SNAP Benefits Enrollment ▶ Recovery Support Groups ▶ Flourishing Assessment ▶ Building Communities Resilient (BCR) ▶ Child and Adolescent Trauma (CAT) Screen (working with FSU to implement adjusted CAT Screen to extrapolate behavioral health needs and remove risk of re-offense due to non-arrest) 	<ul style="list-style-type: none"> ▶ Tier-based approach to prevention, intervention, and support services

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

Table 9 presents satisfaction survey results for formal technical assistance events, with a combination of on-site and virtual events. Twelve grantees (planning and implementation/expansion) received “formal” technical assistance in FY2021-22. Three communities received on-site technical assistance upon special request from DCF (indicated by an asterisk). The CJMHSa TAC exceeded the satisfactory benchmark of 85%. The table below displays the satisfaction survey results for formal technical assistance conducted in FY2021-22.

Table 9.
Summary of Satisfaction Survey Results

Grantee / Community	Date of Formal TA	# Participants	Satisfaction Survey Results	TA Topic
Volusia County*	September 22-23, 2021	40	100%	Juvenile SIM
Osceola County*	October 7, 2021	30	100%	Adult SIM
Osceola County*	November 10, 2021	17	100%	Adult SIM Action Planning
LHZ85 Meridian Behavioral Healthcare (Alachua and Bradford Counties)	January 19-20, 2022	37	100%	Alachua County Adult SIM
LHZ83 Kids Hope Alliance (City of Jacksonville / Duval County)	February 3-4, 2022	53	100%	Duval County Juvenile SIM
LHZ79 Broward Behavioral Health Coalition	March 4-5, 2022	10	100%	Broward Reentry Project Site Visit
LHZ79 Broward Behavioral Health Coalition	March 30, 2022	7	100%	Broward Reentry Project Follow-up
LHZ96 Gadsden County Sheriff's Office	April 12, 2022	3	100%	Substance Use Disorders Best Practices Roundtable

Grantee / Community	Date of Formal TA	# Participants	Satisfaction Survey Results	TA Topic
LH842 Hillsborough County BOCC *	April 19-20, 2022	50	100%	Hillsborough County Juvenile SIM
LHZ83 EPIC Behavioral Healthcare (St. Johns County)	April 26, 2022	27	100%	St. Johns County Targeted Reentry SIM
LHZ86 LSF Health Systems (Hernando County)	May 13, 2022	1	100%	Data and Performance Measures TA Roundtable
LHZ83 Kids Hope Alliance (City of Jacksonville / Duval County)	May 18, 2022	33	100%	Leveraging Medicaid and Cost-effectiveness/savings
LHZ89 Martin County	May 26, 2022	8	100%	Motivational Interviewing
Escambia County*	June 24-25, 2022	33	100%	Escambia County Adult SIM

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

- Identify approaches to regular promotion of resources/services available for the reinvestment grant target population to community providers and key stakeholders to increase provider-level awareness.
- Invest in innovative approaches to widespread community promotion/awareness building related to the reinvestment grant program to meet sustainability goals (e.g., Op-Eds in community papers, social media posts, program success highlights at County Commission meetings etc.)
- Establish realistic targets based on local data for performance measures in grantee contracts.
- Identify approaches and organizational accountability to consistently track and report on local costs associated with arrests, jail days, and other costs avoided to assist with assessing cost effectiveness of grant programs.
- Identify other metrics for success beyond cost savings/avoidance (e.g., reduction in types of offenses, reductions in frequency of serious offenses).
- Promote inclusion of persons with lived experience with mental health and substance use disorders and criminal justice involvement with program planning and decision making.
- Differentiate between the use of Peers and Care Coordinators to ensure peers are being used to fidelity to best practice models of peer recovery support service delivery
- Incorporate evidence-based practice fidelity assessment into ongoing implementation.
- Prioritize the development of MOUs and formal data sharing agreements in early phases of implementation.
- Clearly identify the organization or entity responsible for accountability management and oversight and follow-up surrounding the implementation of Sequential Intercept Mapping action plan.
- Explore opportunities to coordinate multiple crisis response initiatives to avoid duplication (e.g., Mobile Response Teams, Crisis Intervention Teams, Co-Responder Teams)

DCF/State-level Strategies

- Ensure that performance measures targets account for unique challenges associated with high-risk target populations
- Require reports on status of MOU and data-sharing agreements for implementation/expansion grantees

CJMHSAs Reinvestment Grant Program

- Collaborate with USF CJMHSAs TAC to formally operationalize the tracking of cost savings/avoidance and other required measures
- Continue collaboration with USF CJMHSAs TAC on programmatic site visits and case study reviews to ensure that the proposed programs are being implemented with fidelity
- Ensure alignment of CJMHSAs Reinvestment Goals with other state initiatives with a shared target population (e.g., State Opioid Response funds, Managing Entity collaboration)
- Explore opportunities to promote innovative financial and programmatic strategies to address behavioral health workforce shortages
- Identify preferred approaches to telehealth capacity among grant programs to mitigate participant barriers to care issues and workforce shortages
- Explore opportunities to promote the reinvestment grant to Medicaid plans covering juveniles who may benefit from covered services (e.g., Medicaid coverage of High-Fidelity Wraparound)

CJMHSAs Technical Assistance Center Strategies

- Promote launch of Learning Collaborative to grantees.
- Promote best practices associated with the use of telehealth and virtual services.
- Promote resources on quality implementation of Medication Assisted Treatment for opioid use disorder and substance use disorder.
- Expand Sequential Intercept Mapping technical assistance to include follow up at key intervals (e.g., 3, 6 and 12 months after the event) to track implementation progress and technical assistance needs.
- Identify financial and staff resources needed to continue to support expanded requests for DCF technical assistance per section C-1.1.3.1.4 of the TAC contract.
- Continue to work with DCF SAMH to improve quarterly progress reporting by grantees.
- Provide tools and examples that can be used to assess cost avoidance and cost savings of grant programs.
- Expand guidance related to grant program evaluation activities.
- Enhance understanding of and participation in statewide workgroups and initiatives that aim to improve outcomes and services for the reinvestment grant program population.
- Develop collaborative relationships with Medicaid Managed Care Organization plan representatives that can assist with guidance to grantees serving Medicaid eligible target populations.

SUMMARY OF FY21-22 TECHNICAL ASSISTANCE

The CJMHSR TAC delivered 12 formal technical assistance events for 9 of the 35 grantees during the FY2021-22 on 8 unique topics with a total of 311 participants in attendance (average of 26 individuals at each event) (**Figure 5**).

Figure 5.
Technical Assistance Snapshot



Technical assistance snapshot. The figure presents the topics of formal technical assistance provided to grantees in FY21-22.

Among the technical assistance provided by the TAC is the evidence-based strategic planning framework, Sequential Intercept Mapping. This is a multi-day facilitated strategic planning event using the Sequential Intercept Model initially developed for adult-serving systems by Policy Research Associates, Inc. (**Figure 6**) to assist communities with identifying assets, gaps, and priorities for systems related to the intersect of mental health, substance use disorder and criminal justice involvement. Given the increasing number of juvenile grantees, the TAC adapted the model to more clearly focus on juvenile-serving systems for mappings aimed to address priority areas for juvenile target populations (**Figure 7**).

Figure 6.
Adult Sequential Intercept Model

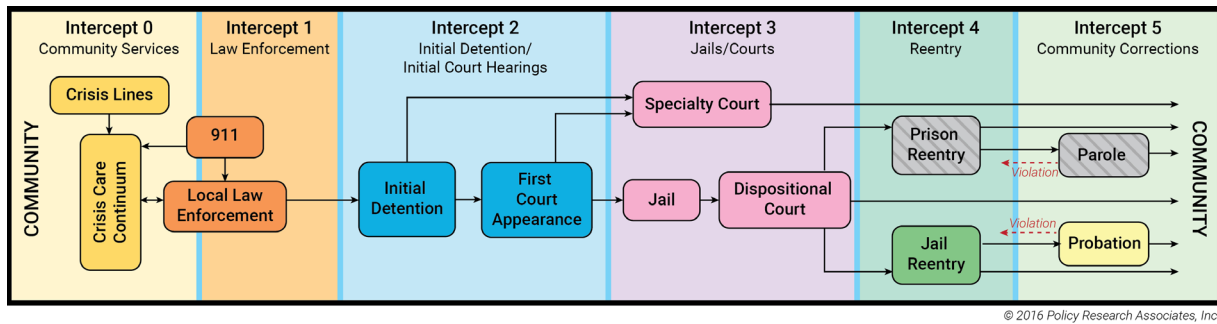
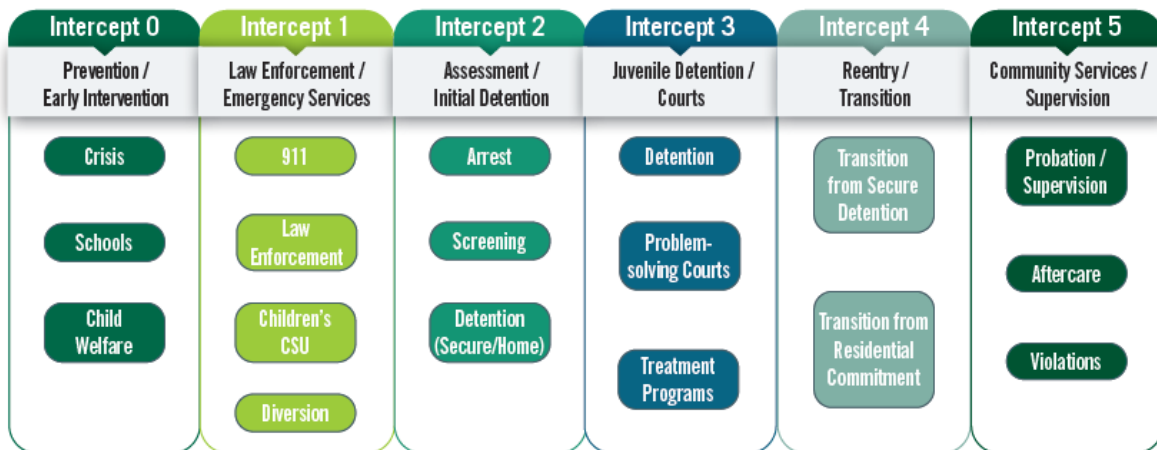


Figure 7.
TAC-Adapted Juvenile Sequential Intercept Model



USF Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center, 2022

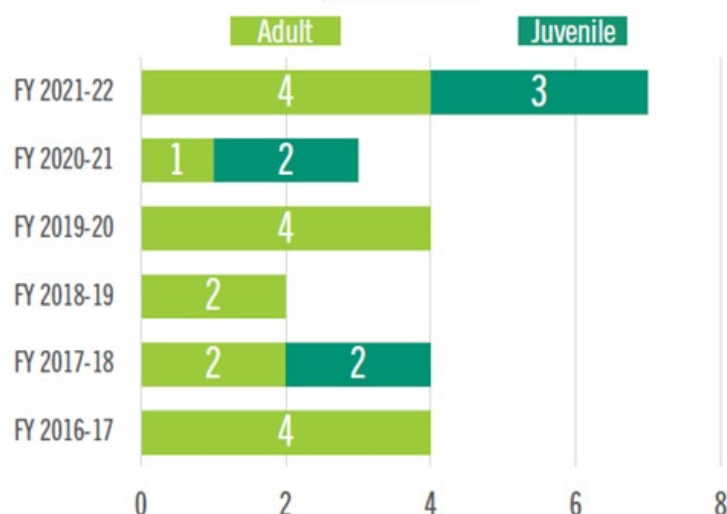
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Over FY21-22, the TAC conducted 7 SIMs, with 4 focused on adult populations and 3 focused on juveniles (**Figure 8**).

Figure 8.

Summary of SIM Mappings conducted by the CJMHSR TAC 2016-2022

Summary of Sequential Intercept Mappings (2016-2022)



The CJMHSR TAC provides technical assistance in-person (site visits), via electronic mail, telephonically, virtually by way of Zoom and Microsoft Teams, and via quarterly webinars. The following pages summarize the assistance provided by CJMHSR TAC.

Activities and Accomplishments

Per LH816 section C-1.1.2.2, the CJMHSR TAC must conduct a technical assistance needs assessment survey at the beginning of each fiscal year. **Table 10** presents dates of dissemination.

Table 10.

FY2021-22 Technical Assistance Needs Assessment Survey Dissemination

Solicitation Group	Date Disseminated
RFA11H20GN1 Implementation/Expansion grantees	7/26/21
RFA112818HSET1 Planning & Implementation/Expansion grantees	7/23/21; 7/26/21

The top three technical assistance priorities identified in the FY2021-22 needs assessment surveys were:

1. Care coordination / coordination of complex care management
2. Data analysis and evaluation of grant impact
3. Sequential Intercept Mapping (SIM) / SIM Follow-up

CJMHS A TAC QUARTERLY UPDATES

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

September 28, 2021 Webinar

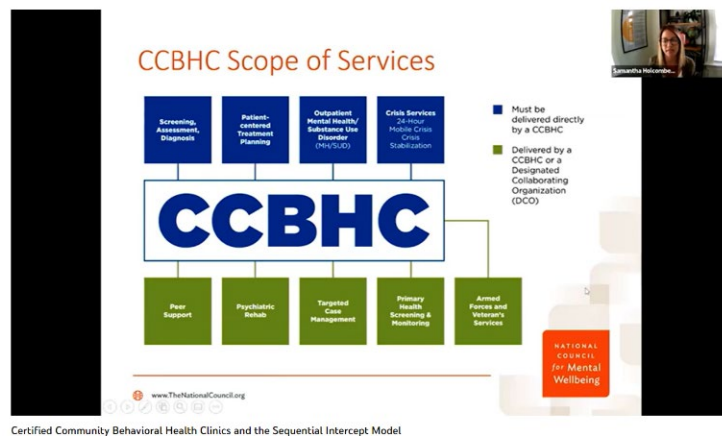


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Subject matter experts Dr. Kathy Moore, Ph.D., Research Professor, and Nickie Zenn, Ed.S., NCSP, Academic Director and Instructor, Department of Mental Health Law, and Policy at the University of South Florida. The webinar titled, *Best Practices in Florida: A Review of a Model Protocol for Mobile Response Teams in Schools* presented the State of Florida Best Practices Response Protocol for Schools to Use Mobile Response Teams. This

protocol was developed as a part of Florida House Bill 945. House Bill 945 focuses on three areas (1) mobile response teams, (2) coordination of children's system of care, and (3) crisis stabilization services. As part of the bill, the Louis de la Parte Florida Mental Health Institute (FMHI) was charged with developing a best practices response protocol for schools to use mobile response teams (MRT) when students are experiencing a behavioral health crisis and have been assessed to be at risk for harming themselves or others. There were 66 participants in attendance at the webinar.

March 23, 2022 Webinar

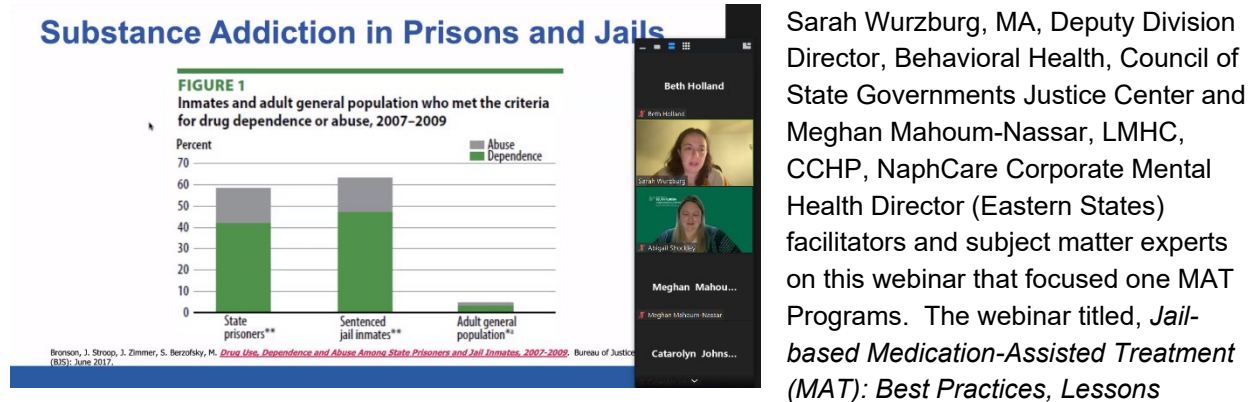


Subject matter experts Samantha Holcombe, MPH, Senior Director, Practice Improvement & Consulting, National Council for Mental Wellbeing, Jessica Sullivan, PsyD, CCBHC Director, Centerstone, Mark Smith, JD, Manager of Medical Services & Adult Recovery Services, Centerstone, and Bethany Van Waardhuizen, LMHC, Qualified Supervisor MHC, Director of Forensic Services, Centerstone facilitated the webinar. The webinar was titled, *Certified Community Behavioral Health Clinics and*

the Sequential Intercept Model presented an overview of Certified Community Behavioral Health Clinics (CCBHCs) including how CCBHCs differ from traditional community mental health clinics and the status of CCBHCs across the United States. CCBHC requirements and opportunities were presented for each intercept across the Sequential Intercept Model (SIM). Centerstone also presented a Florida CCBHC case study which presented an overview of their clinic including service array, history, and a crosswalk of

their CCBHC and the SIM Model. There were 126 participants in attendance at the webinar and CEUs were provided to those who registered with their license number.

June 29, 2022 Webinar



Learned from the Field, and a Florida Case Study, presented an overview of Jailed-Based MAT Programs. Medication-Assisted Treatment (MAT) is an evidence-based practice with a strong research base that can be an important tool to assist in an individual's recovery from substance use disorders. A Florida-based example of Hillsborough County's in-jail MAT program and the lessons learned through the process was also included. There were 121 participants in attendance at the webinar and CEUs were provided to clinicians who registered with their license number.

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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 CJMHSR 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 (CJMHSR 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 CJMHSR 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.

In January 2021, DCF SAM released RFA2021 001. In June 2021, DCF awarded 10 new implementation/expansion grants. Grantees include two providers, two managing entities, and six county governments. In October 2021, DCF SAMH revised their agency decision and conditionally awarded 10 additional grants. Conditional grant funding was awarded to one managing entity (two grants), three providers (accounting for five grants; one provider awarded three grants), and three county governments.

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APPENDIX B: GRANTEES—HISTORICAL SNAPSHOT

Historical Snapshot of CJMHSR Reinvestment Grantees

Appendix B presents a historical snapshot of all CJMHSR Reinvestment Grantees to date, including those outside of this current reporting period (FY21-22). 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 FY21-22 annual report period.

Table B1.

Historical Snapshot of CJMHSR Reinvestment Grantees

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
	LHZ835 (Central Florida Cares Health System)	Implementation	Adults	5/1/2022	4/30/2025
Broward	LHZ06	Implementation	Adults	5/14/2008	5/13/2011

CJMHS A Reinvestment Grant Program

County	Contract # Grantee, if not the county	Grant Type	Target Population	Begin Date	End Date
	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
	LHZ821 (Broward Behavioral Health Coalition)	Implementation/ Expansion	Juveniles	7/8/2022	6/30/2025
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
	LHZ823	Implementation/ Expansion	Adults	10/18/2021	9/30/2024
Dixie	LHZ93 (Hanley Foundation)	Planning	Juveniles	7/1/2020	6/30/2021
	LHZ841 (Hanley Foundation)	Implementation	Juveniles	7/1/2022	6/30/2025
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

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County	Contract # Grantee, if not the county	Grant Type	Target Population	Begin Date	End Date
	LHZ58 (Kids Hope Alliance)	Implementation/ Expansion	Juveniles (Under 18 yrs)	11/1/2017	4/30/2021
	LHZ82 (MATCH)	Implementation/ Expansion	Juveniles	7/30/2019	6/30/2022
	LH824 (Kids Hope Alliance)	Implementation/ Expansion	Juveniles	10/1/2021	4/30/2024
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
	LH820	Expansion	Youth & Young Adults (up to age 25)	10/5/2021	9/30/2024
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
Glades/Hendry	LH840 (Hanley Foundation)	Implementation	Juveniles	7/1/2022	6/30/2025
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
	LH771 (LSF Health Systems)	Planning	Juveniles	11/9/2017	10/31/2018

CJMHSR Reinvestment Grant Program

County	Contract # Grantee, if not the county	Grant Type	Target Population	Begin Date	End Date
	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	12/31/2020
	LHZ98	Implementation/ Expansion	Adults	8/2/2020	6/30/2023
	LHZ842	Implementation	Juveniles	8/2/2022	4/30/2025
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
	LHZ56 (LifeStream Behavioral Center)	Expansion	Adults	4/1/2017	4/22/2020
	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

CJMHSR Reinvestment Grant Program

County	Contract # Grantee, if not the county	Grant Type	Target Population	Begin Date	End Date
	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
	LHZ836 (We Are All We Need, Inc.)	Implementation	Juveniles	5/1/2022	4/30/2025
Levy	LHZ75 (Meridian Behavioral Healthcare)	Planning	Adults	7/1/2018	6/30/2019
	LHZ822 (Meridian Behavioral Healthcare)	Implementation/ Expansion	Adults	10/1/2021	9/30/2024
Manatee	LHZ80 (Centerstone of Florida)	Planning	Adults	7/10/2019	6/30/2020
	LHZ819 (Centerstone of Florida)	Implementation/ Expansion	Adults	10/1/2021	9/30/2024
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
	LHZ50	Implementation/ Expansion	Adults	3/7/2017	8/31/2020
	LHZ826	Implementation/ Expansion	Adults	11/5/2021	10/31/24
Monroe	LHZ12	Planning	Adults	4/10/2008	4/9/2009

CJMHSA Reinvestment Grant Program

County	Contract # Grantee, if not the county	Grant Type	Target Population	Begin Date	End Date
	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 & Juveniles	11/20/2017	4/30/2021
	LH825 (Southeast Florida Behavioral Health Network)	Implementation/ Expansion	Adults & Juveniles	9/21/2021	8/31/2024
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
	LH818	Implementation/ Expansion	Adults	1/1/2022	12/31/2025
Osceola	LHZ14	Planning	Adults	4/15/2008	4/14/2009
	LHZ24	Implementation	Adults	4/1/2011	3/31/2014
	LH830 (Central Florida Cares Health System)	Implementation	Adults	3/1/2022	2/28/2025
Palm Beach	LHZ22	Planning	Adults	5/20/2008	5/19/2009
	LHZ36	Implementation	Adults	3/29/2011	6/30/2014
	LH832 (Hanley Foundation)	Planning	Juveniles (16-24 yrs)	3/1/2022	2/28/2023
Pasco	LHZ67 (BayCare Behavioral Health)	Planning	Adults (Females)	2/1/2017	1/31/2018

CJMHSA Reinvestment Grant Program

County	Contract # Grantee, if not the county	Grant Type	Target Population	Begin Date	End Date
	LH831 (BayCare Behavioral Health)	Implementation	Adults	3/8/2022	2/28/2025
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	11/15/2017	10/31/2020
	LHZ91	Implementation/ Expansion	Juveniles	7/1/2020	6/30/2023
	LH834	Implementation	Adults	3/10/2022	2/28/2025
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	2/28/2022
	LH833	Implementation/ Expansion	Adults	3/1/2022	2/25/2025
Putnam	LHZ65 (Hanley Center Foundation)	Implementation/ Expansion	Adults & Juveniles (12-18 yrs)	2/1/2017	1/31/2018
	LH772 (SMA Healthcare)	Implementation/ Expansion	Adults	1/3/2018	12/31/2020
	LHZ99 (SMA Healthcare)	Implementation/ Expansion	Adults	2/11/2021	12/31/2025
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

CJMHSR Reinvestment Grant Program

County	Contract # Grantee, if not the county	Grant Type	Target Population	Begin Date	End Date
Seminole	LHZ41	Implementation	Adults	5/1/2014	4/30/2017
	LHZ71	Implementation/ Expansion	Adults & Juveniles (6- 17 yrs)	10/5/2017	12/31/2020
	LH828	Implementation/ Expansion	Adults & Juveniles (6- 17 yrs)	11/1/2021	10/31/2024
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

CJMHS A Reinvestment Grant Program

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