



UNIVERSITY of
SOUTH FLORIDA

College of Behavioral & Community Sciences

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

CJMHSА Reinvestment Grant Program Analysis Summary Report LH289

June 30, 2021

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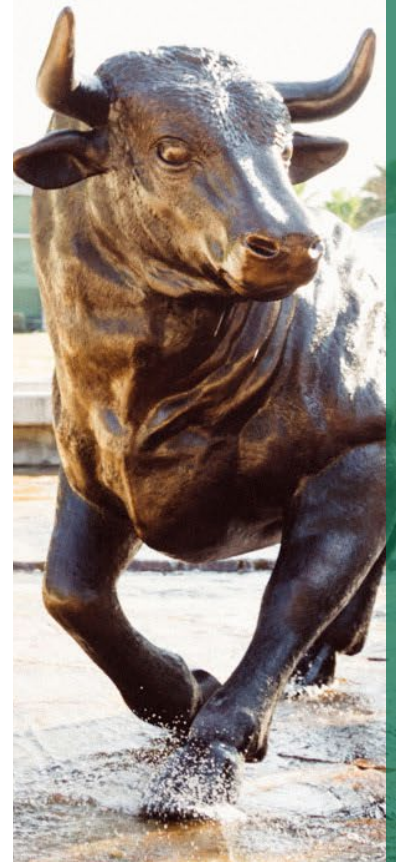


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CJMHSR Reinvestment Grant Program Analysis Summary Report

CJMHSR TAC Summary

The Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center (herein referred to as CJMHSR TAC), is established in Section 394.659, F.S. to support training and technical assistance needs for grantees of the Florida Department of Children and Families CJMHSR Reinvestment Grant Program.

This summary report reflects activities and outcomes over the course of the CJMHSR TAC's most recent contract (LH289), spanning the timeline of July 1, 2016 - June 30, 2021.

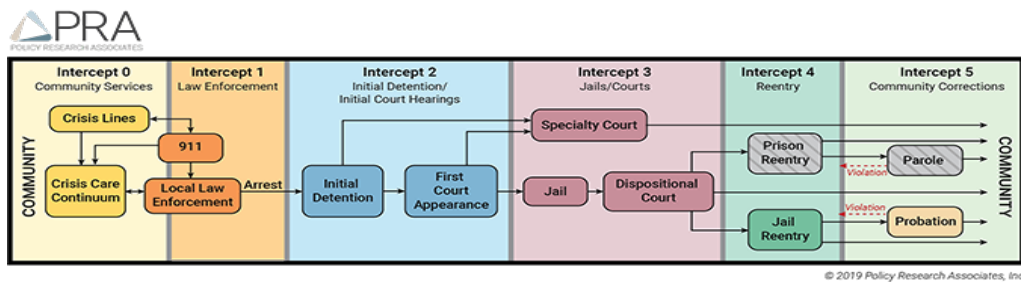
The CJMHSR TAC is housed in the Florida Mental Health Institute (FMHI) at the University of South Florida (USF). FMHI is part of USF's College of Behavioral and Community Sciences and encompasses the college's Department of Mental Health Law and Policy.

The CJMHSR TAC is supported by two full-time staff, three part-time staff, and a cadre of more than 20 subject matter experts ([Appendix C](#)) in areas related to mental health, substance use, and criminal/juvenile justice services and systems.

Sequential Intercept Mapping

Among the services provided by the CJMHSR TAC is Sequential Intercept Mapping (SIM). The Sequential Intercept Model presented in **Figure 1**. was developed by Policy Research Associates, Inc. and is recognized nationally as a conceptual framework for communities to organize targeted strategies for criminal or juvenile justice system-involved individuals who may have a serious mental illness, substance use disorder, and/or co-occurring disorders¹. This model identifies six key points for "intercepting" or interacting with individuals who have behavioral health issues and links them to services and supports that prevent further penetration into the criminal/juvenile justice system. The six intercept points are Community Services, Law Enforcement and Emergency Services, Initial Detention and First Appearance, Jails and Courts, Reentry, and Community Corrections.

Figure 1. Sequential Intercept Model



Sequential Intercept Model created by Policy Research Associates, Inc.

¹ Policy Research Associates, The Sequential Intercept Model, <https://www.prainc.com/sim/>, 2021

This model builds on collaboration between the criminal or juvenile justice and behavioral health systems and highlights points of access to intercept individuals as they enter and advance through the criminal/juvenile justice systems.

Moreover, the model helps to identify critical decision-makers who can authorize diversion and movement away from the justice system and into treatment; and delineates essential partnerships among mental health, substance use, law enforcement, pretrial services, courts, judges, schools, jails, community corrections, social services, people with lived experience and others. The CJMHSA TAC facilitates SIMs across the State of Florida and makes adaptations to the model based on the community in which they are mapping. Over the course of the last 5 years, the CJMHSA TAC conducted 17 SIMs in more than 16 grantee communities (**Figure 2.**) During the mapping, workshop participants are introduced to evidence-based practices across the intercepts and the two-day mapping concludes with an action planning session to identify priority areas and create objectives and action steps to address gaps illuminated throughout the mapping workshop.

Figure 2. CJMHSA TAC SIM Mappings 2016 - 2021



Many planning grantees convene a SIM workshop to assist with the development of their strategic plan. Implementation and expansion grantees also often update their initial SIM as systems change and

resources evolve. Most recently, the SIM has been adapted as a promising tool for identifying opportunities for screening, treatment, diversion, and overdose education to address opioid users at risk of overdose². The SIM model is also used to conduct a deeper dive on key intercepts of focus for some grantees who are aiming to address early intervention (Intercepts 0-1) or reentry (Intercepts 4-5) needs.

While the resulting map and action plan are beneficial roadmaps for grantee communities, stakeholder involvement in the SIM is critical to the success of strategic planning and ongoing implementation efforts. Intangible benefits of the mapping workshops include opportunities for increased collaboration, awareness building among community partners, and new partnerships among agencies. Without adequate stakeholder participation, silos in services may be perpetuated and program sustainability and community buy-in can be challenging. Over the course of the last 5 years, grantee SIM workshops have demonstrated substantial community involvement with an average of 34 participants at each event representing more than a dozen sectors that serve the target population (**Figure 3**).

Figure 3. Sequential Intercept Mapping Participation



² Natalie Bonfine, Ph.D., Mark R. Munetz, M.D., Ruth H. Simera, M.Ed., L.S.W., Sequential Intercept Mapping: Developing Systems-Level Solutions for the Opioid Epidemic, Psychiatry Online, 2018.

Training and Technical Assistance

While SIM workshops are a major focus of technical assistance for the CJMHSA TAC, grantees also have access to a robust menu of additional training and technical assistance topics ([Appendix A](#)). These services range from topic-specific trainings on issues related to best-practice implementation of services to assistance with sustainability planning, facilitation of planning and implementation discussions, and proposal and report review and guidance. The CJMHSA TAC works to individualize technical assistance approaches for each grantee community need. Services are tailored through the use of planning calls, data collection and review, and engagement with relevant subject matter experts at the local and national level that can promote best-practices and innovation in program planning and implementation ([Appendix C](#)).

Figure 4. Technical Assistance Delivery



**Please note: One formal TA event was conducted the week prior to submission of this report and thus is not incorporated into the infographic above (virtual event convened with LH284 Centerstone).*

The CJMHSA TAC provides a diverse array of delivery options for the training and technical assistance events. Services are ever-evolving and adapting to emerging best practices and community priorities. The CJMHSA TAC works to accommodate community preference and novel approaches to in-person and remote adult learning. Between 2016 and 2021, the CJMHSA TAC primarily utilized four modes of TA delivery, including 63* formal technical assistance events on-site in grantee communities, interactive remote sessions, and telephonically (**Figure 4**). These formal events were attended cumulatively by 1,208 participants. On average, there were 20 participants at each formal technical assistance event.

Additionally, the CJMHSA TAC engaged in 49 pre-award engagements with CJMHSA Reinvestment Grant applicants. These engagements include, but are not limited to conference calls, email communication and guidance, letters of support, and grantee application reviews.

Figure 5. Top 5 Technical Assistance Areas

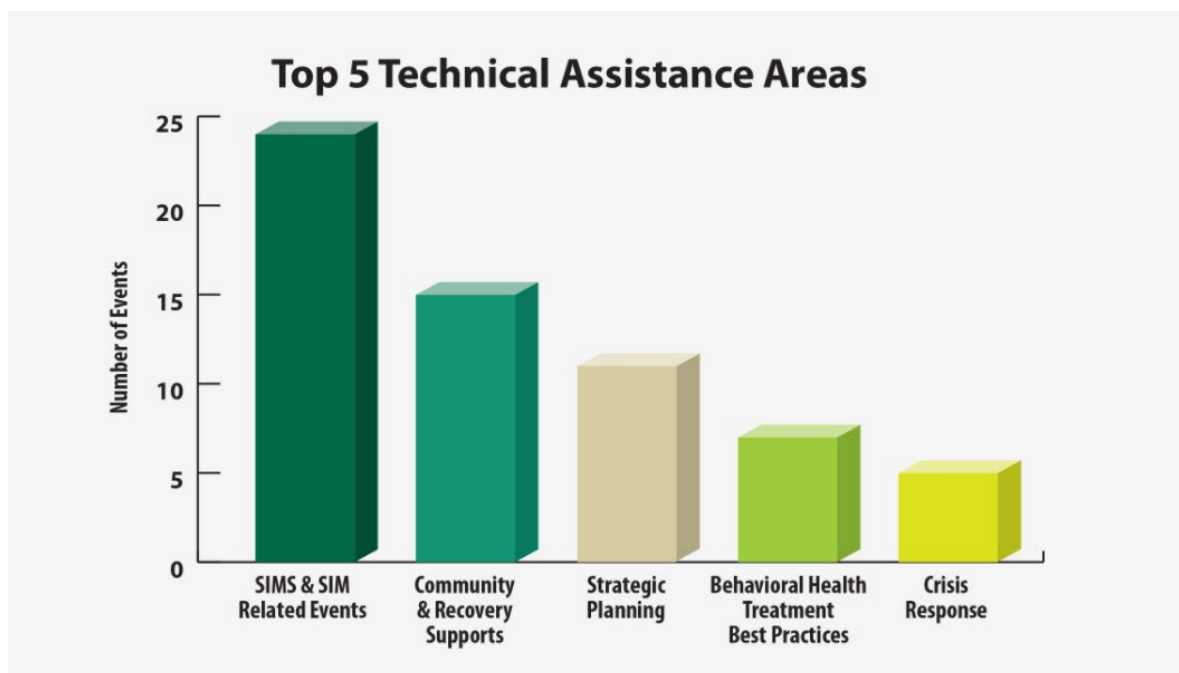


Figure 5. depicts the top 5 areas of technical assistance delivery between 2016 and 2021. These include SIMs and SIM related events (24), community and recovery supports (11), strategic planning (11), behavioral health treatment best practices (7), and crisis response (5). These needs broadly align with statewide and national trends in behavioral health, with increased focuses on peer and community-based services and development of robust crisis response systems. The CJMSHA TAC menu of services is presented in [Appendix A](#), titled CJMSHA TAC Technical Assistance and Training Menu.

Impact on Grantee Programs

Summary of Satisfaction Surveys

Continuous quality improvement is a priority for the CJMSHA TAC to not only ensure that grantee needs, and expectations were met, but also that opportunities exist to provide feedback for future enhancements and identification of emerging needs and trends in communities. At the conclusion of each formal technical assistance event, the CJMSHA TAC disseminates a satisfaction survey to gauge feedback regarding the event. Over the course of the last 5 years, 57 of 63 events scored 100% on satisfaction surveys. The remaining events scored 98% satisfaction or above (**Figure 6.**)

Figure 6. Average Satisfaction Survey Rating



Grantee Testimonials

The 5 grantee testimonials below are from the comments section of the CJMHSA TAC satisfaction surveys disseminated at the conclusion of each formal technical assistance event.

This program was very much needed in St. Johns County. We are going to benefit greatly by seeing the knowledge and expertise presented today. Thank you.

01

SMA Healthcare, 2017

The TA event was helpful, provided opportunity to step-back and review where we are and where we want to be.

03

Miami-Dade County, 2019

They provided good practical suggestions that can be easily implemented.

02

Polk County, 2018

I appreciate all that you do to support our communities statewide in bringing together stakeholders and facilitating those challenging conversations to ensure the recovery resources are available.

04

SEFBHN, 2020

[Staff] are intelligent, experienced, confident, and a wonderful asset to be able to utilize. Thank you very much for the opportunity!

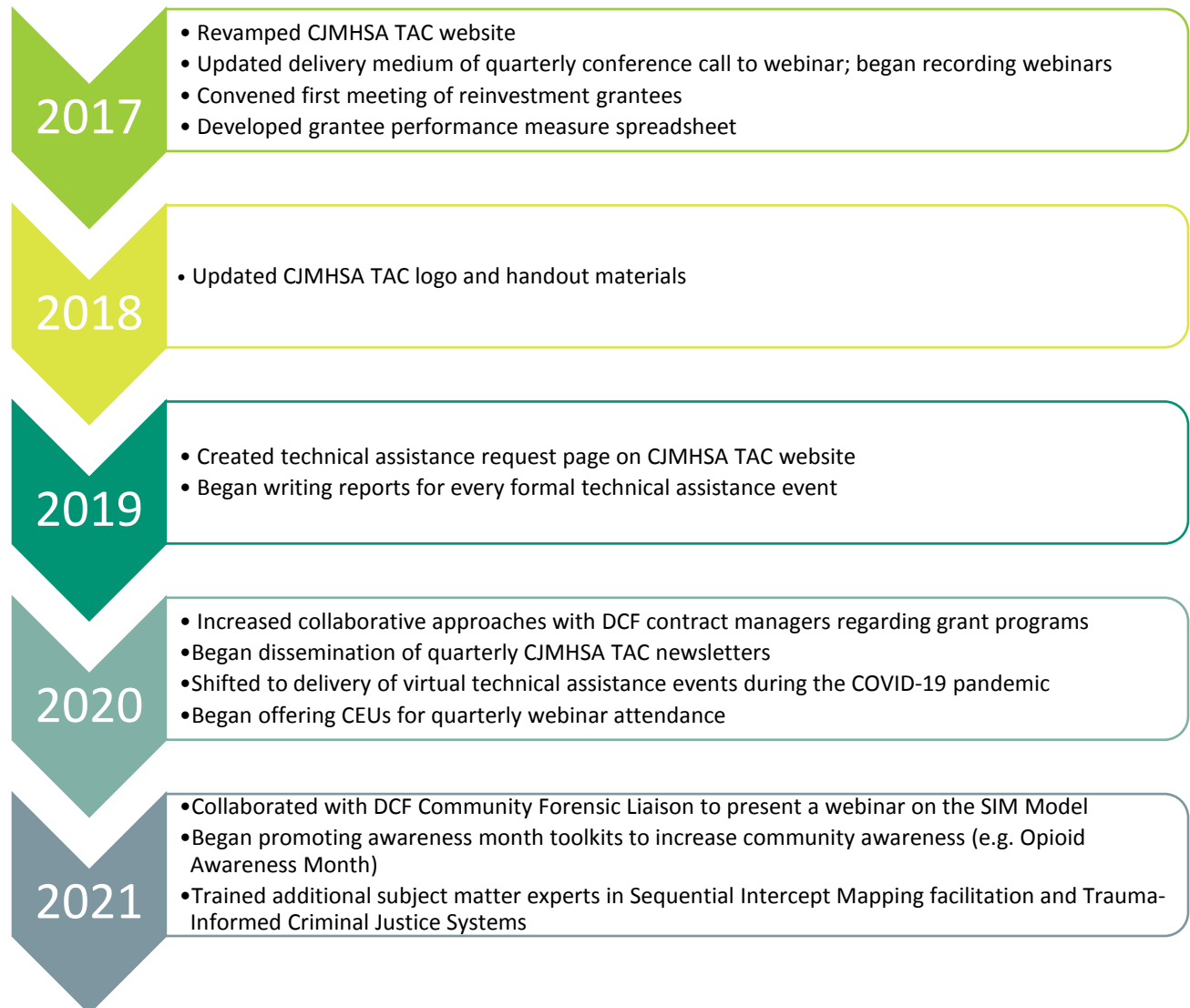
05

Hanley Foundation, 2021

Center Accomplishments

Just as grantee needs and best practices evolve overtime, so too does the infrastructure that supports them through the CJMHSA TAC (**Figure 7**). Over the course of the last five years, the CJMHSA TAC has made many changes to its technical assistance delivery and cadre of resources.

Figure 7. Timeline of Accomplishments



The timeline of CJMHSA TAC accomplishments presented above is not comprehensive. Rather, it presents significant accomplishments over the past five years.

Summary of Reinvestment Grant Program Awards

Over the course of the past five years, DCF released 6 RFAs and awarded 43 grants. Based on variations in contract effective date, the CJMHSA TAC provided technical assistance to grantees represented in **Figure 8**.

In October 2016, DCF-SAMH awarded 21 new grants: seven planning grants and 14 implementation/expansion grants. All applicants who responded to the 2016 Request for Applications for the 2017-2020 Reinvestment Grant Program were awarded a grant. The 21 grantees included nine providers, three managing entities, and nine county governments.

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

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

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

On February 5, 2020, DCF SAMH released RFA 02L04GN1. 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.

On January 20, 2021, DCF SAMH released RFA 2021 001 and on June 2, 2021, DCF awarded 10 new grants: 1 planning and 9 implementation/expansion grants. Grantees included 2 providers, 2 managing entities, and 6 county governments.

The CJMHSA TAC supported the pre-award needs of grantees throughout all the above solicitations and provided post-award review comments to DCF contract managers overseeing grantee programs. Post-award review enables the CJMHSA TAC to become familiar with awarded grantees and flag areas of best practice and innovation and potential areas of focus for improvement for the grantees and their DCF contract manager.

Figure 8. Grantees Served Over Contract Period

Grantee	Technical Assistance Topics
BayCare Behavioral Health (Pasco County) (LHZ67)	SIM
Broward Behavioral Health Coalition (LHZ62)	SIM follow-up
Centerstone of Florida (Manatee County) (LHZ80)	SIM
Centerstone of Florida (Sarasota County) (LHZ47, LHZ84)	SIM, Strategic planning, Sustainability
Central Florida Cares Health System (Brevard County) (LHZ81)	SIM
Collier County (LHZ54)	Strategic planning (2 events)
EPIC Behavioral Healthcare (St. Johns County) (LHZ83)	Reentry
Guidance Care Center (Monroe County) (LHZ53)	Reentry, Supportive Housing
Hanley Foundation (Dixie County) (LHZ93)	SIM
Hanley Foundation (Glades County) (LHZ92)	SIM
Hanley Foundation (Hendry County) (LHZ64)	SIM workshop
Hanley Foundation (Putnam County) (LHZ65)	SIM workshop
Hillsborough County (LHZ49, LHZ69)	SIM, Medication-Assisted Treatment, Motivational Interviewing (beginner), Motivational Interviewing (intermediate)
Kids Hope Alliance (Duval County) (LHZ58)	SIM, parent and family engagement
Lee County (LHZ59)	Reentry, Supportive Housing
Life Management Center (Bay County) (LHZ94)	Community engagement, strategic planning
LifeStream (Lake County) (LHZ56)	Crisis Intervention Teams, mental health court
LSF Health Systems (Hernando County) (LHZ61, LHZ771)	SIM (adult), SIM (juvenile)
LSF Health Systems (Marion County) (LHZ76)	SIM, Peer support
Martin County (LHZ60)	SIM, Supportive Housing
Meridian Behavioral Healthcare (Alachua and Bradford Counties) (LHZ48)	SIM workshop, evaluation methods
Meridian Behavioral Healthcare (Levy County) (LHZ75)	SIM workshop
Miami-Dade County (LHZ50)	Strategic planning (2 events)
Operation PAR (Pinellas County) (LHZ319)	Co-occurring disorders, SBIRT
Orange County (LHZ51)	Implementation strategies, Mobile Crisis Teams
Pinellas County (LHZ52)	Supported Employment, Supportive Housing
Polk County (LHZ55, LHZ77)	SIM, reentry, opioid response planning, SIM follow-up
Southeast Florida Behavioral Health Network (Indian River County) (LHZ57)	Implementation strategies, SIM
Southeast Florida Behavioral Health Network (Okeechobee County) (LHZ70)	Co-occurring disorders, Crisis Intervention Teams
Seminole County (LHZ71)	Reentry, assisted outpatient treatment
SMA Healthcare (Flagler County) (LHZ63, LHZ78)	SIM workshop, strategic planning, Mobile Crisis Teams
SMA Healthcare (Putnam County) (LHZ72)	SIM, Supported Employment
SMA Healthcare (St. Johns County) (LHZ66)	SIM workshop, SIM

Impact on Behavioral Health and Justice Systems

While the CJMHSA TAC provides ongoing support and guidance to grantees, the Center is not responsible for implementation of grant program services. However, the statewide scope of the Center enables the CJMHSA TAC to track grant impacts and trends among grantee communities. The CJMHSA TAC is continuously exploring opportunities to enhance grantee assessment of progress towards core performance measures and regularly reviews grantee reports to identify promising practices to share with DCF and among grantees. The summaries below provide general information on key impacts of the Reinvestment Grant Program, and where possible, examples of CJMHSA TAC guidance and engagement for each is provided.

Grantees are required to submit performance measures and quarterly progress reports that describe progress towards contractual obligations and grant goals. Key highlights of these achievements include 1) enhanced collaboration, 2) avoidance of cost, 3) improved access to services, and 4) reduced arrests and admissions to state mental health treatment facility.

1) Collaboration

Many of the grant agreements include collaboration in their grant objectives. For instance, Polk County (LHZ77) strived to encourage collaboration among key stakeholders. As a part of their technical assistance through the CJMSHA TAC, they collaborated on an Opioid Response Planning initiative where relevant stakeholders convened their planning group to identify assets, gaps, and strategies to address opioid use among Polk County residents. Their collaboration furthered their goals to address this target population and reduced silos related to resources. Priorities identified during this process will inform their funding strategy for the Polk County Opioid Abatement Plan and will align with service access goals for individuals in their Reinvestment Grant Program with opioid use disorder (OUD) and co-occurring MH/OUD.

Planning grantees also demonstrated enhanced collaboration simply because a primary goal of each planning grant is development of a strategic plan. In order to develop a strategic plan, many grantees convened Sequential Intercept Mapping workshops to develop a cross-systems map and identify intercepts where further collaboration and development are needed. A benefit of the SIM is the ability to pull all relevant stakeholders together in a space that allows for relationship building and candid conversations about resources and community needs. Communities must build on the momentum and energy that is generated at SIM events and those that do often find success in sustaining relationships and collaborative agreements that come out of the planning process. The following planning grantees were awarded implementation/expansion grants in the solicitation following their planning grant: Centerstone (Manatee County), LSF Health Systems (Hernando County), Broward Behavioral Health Coalition, and SMA Healthcare (Flagler County).

2) Cost Avoidance

The Reinvestment Grant Program aims to demonstrate an impact on the effect of the grant program on the growth and expenditures of the jail, juvenile detention center, and prison. In order to demonstrate cost avoidance and/or cost-savings, grantees collect program data related to participant outcomes that either reduce the number of jail days or avoid arrest/detention entirely. Grantees deploy a variety of methods to assess avoided cost, with some focused on return on investment and others simply applying a formula that calculates average jail days avoided. To demonstrate cost avoidance, the CJMHSA TAC assisted Hillsborough County in developing a more sound methodology for client outcomes related to

cost avoidance. The Hillsborough Forensic ImpACT Team Expansion (H-FITE) (LHZ98) diversion program was serving 22 clients in year 2 and the CJMHSA TAC recommended they track detailed event data for each participant such as jail days, emergency room visits, and Baker Act examinations. For each of these events, Hillsborough requested an estimated cost for each event to compare the costs of participants 1-year prior to program admission, during program enrollment, and 6 months to 1-year post program discharge. Additionally, to demonstrate positive outcomes with regard to client quality of life, the CJMHSA TAC recommended dissemination of the Multidimensional Index of Life Quality (MILQ) measure. The survey yields an overall quality of life score as well as separate scores for the following domains: mental health, physical health, functioning, cognitive functioning, social functioning, intimacy, productivity, financial status, and relationship with health professionals.

The following grantees also demonstrated a fiscal impact as a result of their Reinvestment Grant Program initiatives: LHZ47 Centerstone (Sarasota), LHZ53 Guidance/Care Center, Inc., LHZ49 Hillsborough County, LHZ51 Orange County, LHZ77 Polk County, and LHZ70 Southeast Florida Behavioral Health Network (Okeechobee County). These impacts are outlined in the FY19-20 CJMHSA TAC Annual Legislative Report³.

3) Improved Access

Key to achieving positive outcomes for the Reinvestment Grant target population is the need for rapid access to necessary treatment and support services. Availability and accessibility of effective community-based mental health and substance use services for adults and juveniles who have a mental illness, substance use disorder, or co-occurring disorder was greatly improved through planning and implementation of Reinvestment Grant Programs. These programs supported targeted initiatives that increased access to coordinated care, person-centered treatment, and recovery support services. More specifically, grantee programs reported that clients received increased access to triage services, screening and assessment, diversion programs, outpatient and inpatient treatment, transportation, housing, transition planning, and specialized court dockets. As described in the FY19-20 annual legislative report, with support from the Reinvestment Grant Program, communities are also equipped with better trained law enforcement and crisis systems personnel, expanded access to evidence-based treatment, and care for individuals in recovery that enable them to meaningfully participate in the local workforce and economy.

4) Reduced Arrests and Admission to State Mental Health Treatment Facility

All of the grantee programs were implemented to address unmet needs of adults and juveniles in their respective communities who have a mental illness, substance use disorder, or co-occurring disorder, thereby ideally reducing the number of forensic commitments to state mental health treatment facilities and their involvement with the criminal and juvenile justice systems. When applicable, each grantee demonstrates the impact their grant program has on the reduction of arrests among program participants. A reduction in arrests or recidivism is achieved by the grant programs through admission and engagement in behavioral health treatment. Reducing recidivism among the target population of individuals with co-occurring disorders is the first step in assisting them in furthering the ultimate goal of to build healthy and successful lives. Some of the grantee programs target individuals who have high recidivism rates upon entry because these are the individuals who are most in need of additional support on the pathway to recovery. Coupled with reducing the costs related to jail days and admission

³ Criminal Justice, Mental Health and Substance Abuse Technical Assistance Center, FY2019-2020 Annual Report on the Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant Program, <https://www.usf.edu/cbcs/mhlp/tac/documents/florida-main/cjmhsa-tac-reports/annual-reports/cjmhsa-tac-fy2019-20-annual-report.pdf>, 2021.

to the state hospital, grantee programs reduce their exposure to trauma related to involvement in the behavioral health and justice systems. Grantees LH252 Pinellas County and LH772 SMA Healthcare cited a significant impact on recidivism among program participants as a result of admission to their respective Reinvestment Grant Programs.

Community Awareness

While the required performance measures and grant obligations referenced above demonstrate positive impacts of the Reinvestment Grant Program, these measures do not always capture critical intangible impacts that grant communities experience as a result of grant programs. This includes increased community awareness and tolerance around the impact and prevalence of criminal justice involvement for those with mental illness and substance use disorder. Studies consistently show that media representations of people with mental illness can influence public perceptions and stigma, and they have often been negative, inaccurate or violent representations⁴. Many grant programs are highlighted in the media in ways that promote recovery and offer solutions to communities that are faced with high rates of criminal and juvenile justice involvement for those with behavioral health issues (**Figures 9, 10.**) Oftentimes, these media highlights assist with addressing stigma, promoting recovery, and changing the language of mental illness and substance use disorder while also providing information on where to seek help for individuals in need of services. The CJMHS TAC emphasizes the value of human stories to grantees and promotes the importance of empowering individuals with lived experience to share their involvement with grant programs. When sustainability and engagement discussions occur, the CJMHS TAC encourages grantees to promote client successes both publicly and within their own agencies.

**Figure 9. Centerstone (Sarasota County)
Notice of Grant Award News**



**Figure 10. Martin County
Mental Health Court Client Success**



⁴ American Psychiatric Association, Stigma, Prejudice and Discrimination Against People with Mental Illness. <https://www.psychiatry.org/patients-families/stigma-and-discrimination>, 2021.

Grantees also develop innovative ways to keep stakeholders engaged and aware of available resources, through the use of newsletters (**Figure 11.**) and standing meetings to maintain collaborative relationships developed through the grant program.

Figure 11. Martin County Mental Health Court Newsletter



Common Themes Across Grantees

The CJMHSA TAC's statewide scope enables the Center to apply a comparative lens to grantee programs and understand lessons learned and share challenges and opportunities across grantee programs. While each community is unique, systemic challenges can be consistent among grantees. The CJMHSA TAC identifies common themes across grantees and where possible, offers high-level solutions that can be adapted by communities to meet their specific needs. The chart below (**Figure 12.**) outlines the most common themes and suggested solutions that communities can explore to take steps to address them.

Figure 12. Themes & Suggested Solutions

Common Challenges	Suggested Solutions
Data sharing	Establish MOUs, universal release forms, collaboration with managing entity, HIPAA vs. 42 CFR Part 2 trainings.
Silos	Consider exploring collaborative funding proposals, establishing formal MOUs/agreements, formalizing boundary spanner relationships, explore shared-staff arrangements.
Lack of Supportive Housing Options	Explore state and national funding opportunities, leverage American Rescue Plan dollars, leverage flexible funding opportunities for housing resources, expand partnerships with homeless outreach and shelter agencies, explore HUD funding opportunities.
Increased Interest in Police Mental Health Co-Responder (PMHC) Models	Consider different approaches for PMHC programs, pursue BJA funding, conduct outreach to PMHC models across the State of Florida, assess readiness to implement PMHC, align with existing mobile crisis response services in community.

Common Challenges	Suggested Solutions
Sustainability Concerns	Pursue partial funding from county/courts to support grant-funded positions, shift funding sources towards grant conclusion, explore shared-staff arrangements, develop marketing and promotion plans
Demonstration of program cost-effectiveness/avoidance	Collect “cost” data for program participants from six months/1-year prior to program admission until 6 months/1-year post program discharge (e.g. jail days, ER visits, Baker Acts), build evaluation into implementation process.

Center Opportunities

The CJMHSA TAC is eager to continue to support the ongoing needs of Reinvestment Grant Program communities. Recognizing that the fields of criminal justice and behavioral health are at pivotal points of evolution and resourcing, there is tremendous potential for Florida’s Reinvestment Grant communities to be pillars of innovation and champions of system transformation that are recognized both state and nationwide.

Future goals for the Center include increased involvement in data and evaluation related technical assistance to ensure that grant program impacts can be formally assessed and promoted. With increased evaluation-related TA, the CJMHSA TAC is hopeful that a compelling case can be made to demonstrate grant impacts on community criminal justice spending and positive recovery and well-being outcomes for program participants. The CJMHSA TAC is also exploring how data and process evaluations can be used to inform implementation of the SIM action plan following the mapping event itself, ensuring that communities follow through on commitments made during the SIM and use the momentum from the planning process to drive substantial systems change. The CJMHSA TAC also aims to deepen the reach of technical assistance delivery by establishing topic and issue specific statewide learning collaboratives, modeled after learning collaboratives available through SAMHSA and CSG Justice Center, that enable grantees to conduct a targeted focus on issues that will assist with implementation of their local grant programs. Learning collaboratives will provide blended learning through access to a subject matter expert for real-time guidance and feedback, live and recorded webinars, and discussion boards for live sharing of resources and lessons learned among peers.

COVID-19 dictated a rapid transition to remote technical assistance and the CJMHSA TAC is exploring opportunities to sustain the benefits of remote training and technical assistance that will serve that serves as a value add to grantees when in-person engagement is not necessary. Additionally, remote engagement will enable the CJMHSA TAC to connect more regularly with grantees and participate in planning and implementation meetings that were previously limited by travel.

The CJMHSA TAC is also expanding its roster of subject matter experts in traditional and emerging areas of best practice. Not only to ensure that there is a robust menu of options, but also that there is diversity in gender, age and race of those providing consultation. Additionally, the CJMHSA TAC is building up its internal capacity to evolve its SIM process to include opioid and juvenile SIM mapping events. Finally, the CJMHSA TAC hopes to support DCF with special technical assistance requests as they arise, based on community and state needs.

This report was prepared by the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center and sponsored by the Florida Department of Children and Families Contract # LH289.

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Appendix A: Menu of Technical Assistance Services

Our menu of technical assistance topic areas has changed and evolved over the course of the 5 years based on our subject matter expert expertise, and emerging best practices. The menu is updated periodically. **Figure A1** presents the current menu of technical assistance and training options, offered to grantees in the technical assistance needs assessment survey disseminated to each grantee at the beginning of each fiscal year.

Figure A1. CJMHSA TAC Technical Assistance and Training Menu

TECHNICAL ASSISTANCE	
<ul style="list-style-type: none"> Grant application preparation and review Strategic planning Sustainability planning Target population needs assessments and gap analysis 	<ul style="list-style-type: none"> Document review Asset mapping Data analysis and collection Relationship building, community partnership assessment Best practice guidance Program development Peer-to-peer learning collaboratives and discussion facilitation
TRAINING SERVICES	
<p><i>The CJMHSA TAC provides single and multi-day training options on a variety of best practices and topics related to the target populations and services of the DCF Reinvestment Grant Program. The training list below is non-exhaustive and only demonstrative of most commonly requested topics. If your grant program has a specific training need that is not identified in this list, please contact the TAC.</i></p>	
General Program and Grant Management <ul style="list-style-type: none"> Grant development and planning for pursuing external funding Grant management, oversight, and sustainability approaches Building strategic partnerships Systems development, integration, and assessment for grant/program planning 	
Service and Practice Specific	
Systems <ul style="list-style-type: none"> Sequential Intercept Mapping (SIM) Sequential Intercept Mapping follow-up CJMHSA Planning Council membership and roles Transportation Plan review and recommendations Juvenile justice systems development Children's Systems of Care Cost effectiveness, cost offset, or cost avoidance methods Evaluation methods Developing and supporting recovery-oriented systems of care Addressing stigma across systems and programs 	Treatment and Intervention Services <ul style="list-style-type: none"> Motivational Interviewing (MI) Integration of physical and behavioral health services Confidentiality (HIPAA and 42 CFR Part 2) Best Practices for the use of Medication Assisted Treatment (MAT) Co-Occurring Disorders and Service Delivery Central Receiving Facilities (Baker Act and Marchman Act) Forensic Intensive Case Management (FICM) Problem-solving courts (Mental Health Court, Drug Court, Marchman Court, Juvenile Drug Court, etc.) Addressing impacts of opioid and other substance use
Early Intervention/Prevention <ul style="list-style-type: none"> Screening and risk assessment tools and strategies Crisis Intervention Teams (CIT) Mobile Crisis Models Assertive Community Treatment (ACT) Teams Jail diversion strategies Early intervention in psychosis 	Reentry and Recovery <ul style="list-style-type: none"> Permanent Supportive Housing and Housing First Principles Supported Employment Discharge and transition planning (APIC) Enhancing the use of peers and peer services Care coordination and coordination of complex care management (closed loop referrals, warm handoffs, follow-up methods)

Appendix B: Quarterly Updates

Through the course of the 5 years, per C-1.1.2.7. of the contract, the CJMHSA TAC conducted formal technical assistance conference calls with all grantees. In 2017, the CJMHSA TAC shifted the delivery of these quarterly updates from conference calls to recorded webinars. A comprehensive list of the quarterly updates between 2016 and 2021 are provided in **Figure B1**.

Figure B1. Quarterly Update Log

Date	Presenter/Affiliation	Quarterly Update Topic
December 12, 2016	Sam Tsemberis, Ph.D., Founder of Housing First	Housing First--Planning and Implementation of Permanent Supportive Housing for Persons who are Homeless with Mental Illness and Substance Use Disorders Involved in the Criminal Justice System
March 28, 2017	Fred Osher, MD, Council of State Governments	STEPPING UP – A National Initiative to Reduce the Number of People with Mental Illnesses in Jails
June 13, 2017	Holly Hills, Ph.D., University of South Florida	Opioid Use and Justice Involvement: Challenges in Treatment, Engagement, and Continuity
October 24, 2017	Ken Minkoff, MD, ZiaPartners	Best Practices in Co-occurring Disorders for Individuals Involved in the Criminal Justice System
February 27, 2018	Nev Jones, Ph.D., University of South Florida	Early Intervention in Psychosis: Introduction and Justice System Intersections
June 12, 2018	John Petrila, J.D., LL.M., Meadows Mental Health Policy Institute	Legal Issues in Information Sharing Between Behavioral Health and Criminal Justice Systems
December 13, 2018	Mary Armstrong, Ph.D., University of South Florida	Systems of Care in Behavioral Health Care
March 26, 2019	James Winarski, MSW, University of South Florida Wesley Evans, DCF Lisa Hetrick, DCF	Realizing the Recovery Vision in Florida: Implications for Justice Involved Individuals
June 28, 2019	Kathleen Moore, Ph.D., University of South Florida	Overview of Problem-Solving Courts: Findings and Lessons Learned from Recent Needs Assessment

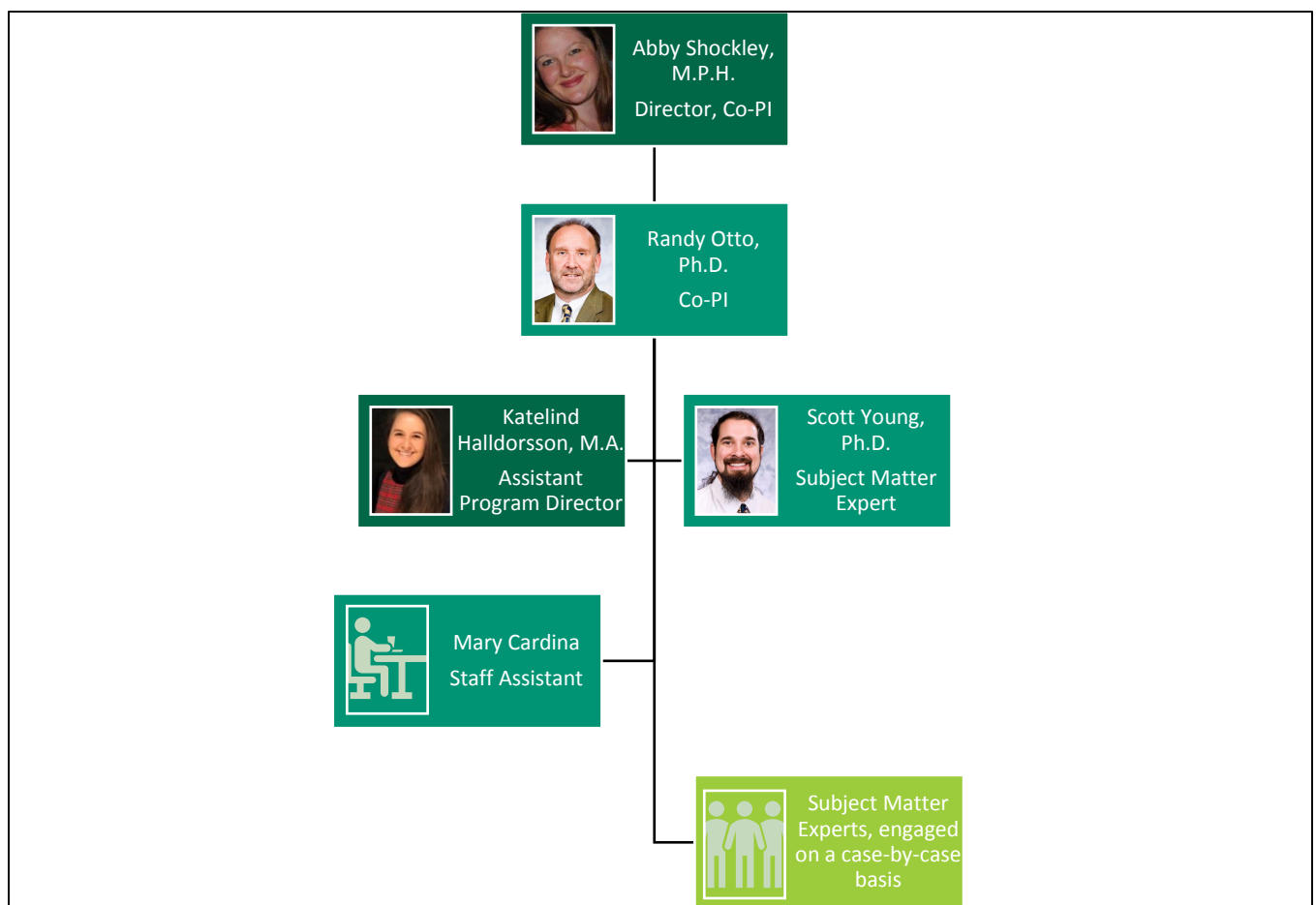
Date	Presenter/Affiliation	Quarterly Update Topic
November 13, 2019	Khary Rigg, Ph.D., University of South Florida	The Opioid Crisis: Issues in Rural Areas and Within the Criminal Justice System
March 11, 2020	Kristin Kosyluk, Ph.D., University of South Florida	Understanding Stigma to Promote Inclusion and Recovery in Behavioral Health and Criminal Justice Settings
August 18, 2020	Kyaïen O. Conner, Ph.D., University of South Florida	Exploring the Intersections of Historical Trauma and Race in Criminal Justice and Behavioral Health
October 27, 2020	Nev Jones, Ph.D., University of South Florida Cindy Schwartz, MS, MBA, 11 th Judicial Circuit, Miami Dade County Justin Volpe, 11th Judicial Circuit, Miami Dade County	Exploring and Expanding the Use of Peers in Criminal Justice and Behavioral Health Settings
March 2, 2021	Micah Johnson, Ph.D., University of South Florida	Juvenile Justice Involvement and the Intersection between Trauma, Race, and Social Disadvantage
April 26, 2021	Leah Vail Compton, DCF Abby Shockley, CJMHSA TAC Katelind Halldorsson, CJMHSA TAC	Sequential Intercept Model Lunch & Learn
June 29, 2021	Anna Abella, Ph.D., University of South Florida Monica Landers, M.A., MSW, University of South Florida	Police Mental Health Co-Responder Programs in Florida: Considerations for Different Models

Appendix C: CJMHSA TAC Organizational Structure

CJMHSA TAC Core Personnel

As described in the body of the program summary report, the CJMHSA TAC is comprised of two full-time personnel (Abby Shockley and Katelind Halldorsson), three part-time personnel (Dr. Randy Otto, Dr. Scott Young, and Mary Cardina), and a cadre of state and national subject matter experts whom are engaged based on grantee requests and priorities. Prior to 2019, Mark Engelhardt, MS, MSW, ACSW served as the Director of the CJMHSA TAC. Ms. Shockley assumed the position following his retirement. The organizational chart presented in **Figure C1.** below depicts the two full-time and three part time personnel.

Figure C1. CJMHSA TAC Organizational Chart



Abby Shockley, MPH, Director & Co-PI

Abby Shockley, MPH is the Director of the CJMHSa TAC where she oversees CJMHSa TAC activities, contract compliance, and coordinates and provides training and technical assistance related to implementation of Reinvestment Grant Programs throughout the state. Prior to joining the CJMHSa TAC, Abby served as consultant for behavioral health programs, assisting with strategic planning, grant writing, development of compliance and business plans, and assessing programs for implementation of best practices for individuals with substance use disorders and mental illness. She previously served as a Senior Policy Analyst with the New Hampshire Department of Health and Human Services where her work focused on several of the Department's substance use disorder (SUD) initiatives, including substance use disorder policy analysis and development and expansion and oversight of Medicaid coverage for SUD. During her time with NH DHHS, she also served as the Project Director for implementation of the State Opioid Response grant, including oversight of program development for delivering behavioral health services and expanding the use of Medication Assisted Treatment for individuals involved in NH's criminal justice system. Abby has also worked with Federally Qualified Health Centers, hospital systems, and direct care behavioral health providers in various roles with Bi-State Primary Care Association, the NH Alcohol and other Drug Service Providers Association, Healthy Start Coalition and the Florida Perinatal Quality Collaborative.

Randy Otto, Ph.D., Co-PI

Randy K. Otto, Ph.D., is an Associate Professor and co-chair of the Department of Mental Health Law & Policy at USF. He has been a faculty member at the University of South Florida since 1989 and also serves as an Adjunct Professor at Stetson College of Law. His work focuses on forensic psychological assessment and he has co-authored books on forensic psychological assessment, ethics in forensic psychology practice, expert testimony and forensic report writing, and assessment of competence to proceed. Dr. Otto obtained a bachelor's degree in Psychology from the University of Rochester, and master's and doctoral degrees in Clinical Psychology from Florida State University. He was a clinical psychology intern at the Medical University of South Carolina, after which he completed a 2-year, NIMH-funded postdoctoral fellowship in the College of Law and Department of Psychology at the University of Nebraska. Dr. Otto has served as President of the American Psychology-Law Society (AP-LS) the American Board of Forensic Psychology, and the American Academy of Forensic Psychology, and he recently completed a two-year term as President of the American Board of Professional Psychology-the oldest and largest organization certifying psychological specialists. He chaired the Committee to Revise the Specialty Guidelines for Forensic Psychology and served on the interdisciplinary committee that revised the American Bar Association's Criminal Justice Mental Health Standards.

Katelind Halldorsson, M.A., Assistant Program Director

Katelind Halldorsson, M.A. is the Assistant Program Director at the CJMHSa TAC. She earned a Master of Arts from the Department of Criminology at USF and has been at the CJMHSa TAC for 5 years. Since starting at the CJMHSa TAC, Katelind has assisted in facilitation of over 18 Sequential Intercept Mappings and traveled around the State of Florida providing technical assistance and training to CJMHSa Reinvestment Grantees. Katelind is currently pursuing a Master of Science in Child and Adolescent Behavioral Health.

Scott Young, Ph.D., Data and Evaluation Expert

Scott Young, Ph.D., is a Research Associate Professor in the Department of Mental Health Law and Policy. Dr. Young has master's degree in Clinical Psychology and Management Information Systems (MIS) and earned his Ph.D. in Clinical Psychology. Combining his interests in both MIS and psychology, Dr. Young has received and worked on grants and contracts using behavioral healthcare administrative data sets to examine homelessness, mental health, and substance use policy issues, and he has also collaborated on corrections- and community-based behavioral health treatment evaluations at the system-, agency-, and program-levels. The bulk of Dr. Young's recent research examines alternatives to incarceration for drug offenders and implementation of low demand housing models based on harm reduction principles for homeless individuals who cannot, or will not, cease substance use.

Mark Engelhardt, M.S., MSW, LCSW (Retired)

Mark A. Engelhardt, MS, MSW, ACSW was the Director of Florida's Criminal Justice, Mental Health and Substance Abuse Technical Assistance Center (CJMHSATAC) at USF from 2013 until his retirement in 2019 and the Associate Director in 2008 at the inception of the CJMHSATAC until assuming the role as Director. Mr. Engelhardt was also a Faculty Research Associate in the Department of Mental Health Law and Policy at USF for 18 years. His experience include 14 years as a non-profit treatment provider/executive, 11+ years as a regional state administrator of substance abuse and mental health (SAMH) based out of Tampa, Florida and a faculty member at USF providing training, technical assistance and evaluation for the past 15 years with various state agencies, county governments, federal agencies (VA), cross-systems advocacy groups, and substance abuse and mental health treatment providers throughout the State of Florida and nationally.

State and National Subject Matter Experts

The subject matter experts presented in **Figure C2.** and **Figure C3.** were engaged in training and technical assistance events between 2016 and 2021. The areas of expertise provided below are not an exhaustive list. Rather, it is a sample of expertise for each of the subject matter experts.

Figure C2. University of South Florida Experts

Subject Matter Expert	Areas of Expertise
Anna Abella, Ph.D.	Police mental health co-responder models, jail diversion, central receiving facilities, peer support, care coordination, data analysis, evaluation
Mary Armstrong, Ph.D.	Children's System of Care, juvenile justice, trauma, evaluation, implementation science
Roger Boothroyd, Ph.D.	Evaluation methods, problem-solving courts, managed care, research ethics, screening and assessment tools
Annette Christy, Ph.D.	Baker Act data, evaluation, SIM, Trauma-Informed Care for CJ Professionals, co-occurring disorders, Assisted Outpatient Treatment, evaluation, data analysis
Kyaien O. Conner, Ph.D.	Racial and ethnic disparities in mental health service utilization, historical trauma, mental health stigma and help-seeking barriers
Norin Dollard, Ph.D.	Children's System of Care, Mobile Crisis Teams, evidence-based practices for children's mental health, evaluation
Mark Engelhardt, M.S., MSW, LCSW	Strategic planning, SIM, Supportive Housing, Supported Employment, co-occurring disorders
Kathleen Heide, Ph.D.	Parricide/juvenile homicide, family violence, juvenile justice, SIM, Trauma-Informed Care for CJ Professionals
Holly Hills, Ph.D.	Opioid use/misuse among pregnant women, SIM, co-occurring disorders, substance use in the juvenile justice system, problem-solving courts, reentry
Micah Johnson, Ph.D.	SIM, behavioral health disparities, childhood psychological trauma, polysubstance misuse in youth, race, racism, and health disparities in juvenile justice
Kim Johnson, Ph.D.	Community engagement, cost effectiveness, HIPAA, medication-assisted treatment, opioid use/misuse, care coordination, data analysis

Subject Matter Expert	Areas of Expertise
Nev Jones, Ph.D.	Peer support, problem-solving courts, Supported Employment/Education, SIM, Trauma-Informed Care for CJ Professionals, early intervention in psychosis, coordinated specialty care, youth and young adult mental health,
Kristin Kosyluk, Ph.D.	Mental health stigma, Recovery-Oriented Systems of Care, Screening and risk assessment tools, CIT, Assertive Community Treatment Teams, Early intervention in psychosis, Motivational Interviewing, Supported Employment, Supportive Housing, evaluation methods, performance measure guidance,
Monica Landers, M.A., MSW	Police mental health co-responder models, evaluation, Children's System of Care, juvenile justice
Eryka Marshall, M.A.	SIM, Trauma-Informed Care for CJ Professionals
Kathleen Moore, Ph.D.	Problem solving courts, SIM, Mental Health First Aid, juvenile justice systems, co-occurring disorders
Roger Peters, Ph.D.	Screening and Assessment instruments, Risk-Needs-Responsivity model, co-occurring disorders in the justice system evaluation, problem-solving courts
Khary Rigg, Ph.D.	Opioid use/misuse, minority populations, co-occurring disorders, prescription drug use, research methods, drug prevention, treatment and harm reduction
Sara Rhode, MSW	SIM, Trauma-Informed Care for CJ Professionals, Baker Act data
Larry Schonfeld, Ph.D.	SBIRT, substance use assessment and treatment, veterans' behavioral health, behavioral health of older adults
Amanda Sharp, Ph. D.	Motivational Interviewing, SIM, Trauma-Informed Care for CJ Professionals
Gregory Teague, Ph.D.	Assertive Community Treatment, use of evidence-based practices, evaluation and performance measure methodology, care coordination, program fidelity
James Winarski, MSW	Motivational Interviewing, SIM, Forensic Intensive Case Management, Supportive Housing
Nickie Zenn, Ed.S., NCSP	Mobile Crisis Teams, juvenile justice, school counseling/psychology, SEDNET, SIM, Trauma-Informed Care for CJ Professionals, Children's System of Care, cultural competency, early intervention in psychosis, central receiving facilities

Figure C3. National Experts

Subject Matter Expert/Affiliation	Areas of Expertise
Risë Haneberg, M.A., Council of State Governments	Stepping Up Initiative, reentry, criminal justice and juvenile justice systems
Marilyn Leake, MSW, Council of State Governments	Problem-solving Courts, Stepping Up Initiative
Crystal Lilly, MS CRPS-F, Federation of Families of Central Florida, Inc.	Family peer support
Ken Minkoff, MD, ZiaPartners	Screening and risk assessment tools, CCISC, co-occurring disorders
Fred Osher, MD, Council of State Governments	Stepping Up Initiative, Use of Evidence-based practices
John Petril, J.D., LL.M., Meadows Mental Health Policy Institute	HIPAA, SIM, mental health law and policy
Michele Saunders, LCSW, CIT International	SIM, CIT
Robert Schwartz, M.D., Friends Research Institute	Medication-assisted treatment, opioid use/misuse
Sam Tsemberis, Ph.D., Founder of Housing First	Housing First, Supportive Housing