

(Tab 5: Project Design and Implementation)

NAME	TITLE
Janice Lefler	County Court Clerk
Linda Justice	Local Court Administrator or Designee
Kevin Beckner	County Commissioner
David Hayes	Area Homeless Supportive Housing Program Rep
Mark Wilson	DJJ Director of Detention Facility or Designee
April May	DCF Substance Abuse & Mental Health Program Office Rep
Joe Fotherford	Community Mental Health Agency Director or Designee Primary Consumer of Community Based Treatment Family
Mary Ann Watson	Member
Julianne Holt	Public Defender or Designee
Ronald Ficarrotta	Circuit Court Judge
Corlis Campbell	State Probation Circuit Administrator or Designee
Stephen J. Hogue	County Director of Probation
Eric Ward	Police Chief or Designee
David Gee	Chief Correctional Officer
Judy Rossden	DJJ Chief of Probation Officer or Designee
Susan Leng	Primary Consumer of Mental Health Services
Mary Lynn Ulrey	Local Substance Abuse Treatment Director or Designee
Rick Buhl	Primary Consumer of Substance Abuse Services

3.5.1.1. The County Board has approved the Strategic Plan for the County Jail, which includes the following:

- 3.5.1.2. The County Board has approved the Strategic Plan for the County Jail, which includes the following:
- 3.5.1.3. The County Board has approved the Strategic Plan for the County Jail, which includes the following:
- 3.5.1.4. The County Board has approved the Strategic Plan for the County Jail, which includes the following:

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In developing the Strategic Plan for the County Jail, the County Board has identified five priorities for local criminal justice and behavioral health systems; Develop a Central Receiving Facility; Expand Crisis Intervention Team training for law enforcement officers; Re-establish a short term residential diversion and step-down program that had been previously closed; Improve co-occurring treatment capabilities across providers; and Re-establish a Court Liaison position. To date, stakeholders have made significant strides or achieved all but one of these priorities. Hillsborough County

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... Mental Health Court once developed.

... will work with the State Attorney's Office, the Public Defender, the Court Administration and Probation Officers to provide pre-judicial planning and related services.

The Substance Abuse Mental Health Services Administration (SAMHSA) endorsed and advocated Recovery Model will serve as the overarching philosophy of the Program and will serve to organize and guide the delivery of the interventions and services made available to MHC-EODI participants, specifically that Model recognizes that:

Approach

... and we will provide intensive case management, linkage, and reporting. A treatment episode of care will be individualized and include, as indicated, residential, peer support, outpatient, and aftercare. Peer support services will be offered with a peer in social rehabilitation program to support this effort. Peer support services are delivered by individuals who have common life experiences with the people they are serving. People with mental and/or substance use disorders have a unique capacity to help each other...
... by addressing trauma: ...
... as associated with alcohol ...
... and relationships;
... individual, family, and ...
... individuals, families and communities ...
... foundation of recovery ...
... self-care; families and ...
... their loved ones in recovery; and ...
... communities ...
... to address ...
... and recovery ...
... respect: ...
... and appreciation for people affected by mental health and substance use problems." (SAMHSA)

AC will provide intensive case management, linkage, and reporting. A treatment episode of care will be individualized and include, as indicated, residential, peer support, outpatient, and aftercare. Peer support services will be offered with a peer in social rehabilitation program to support this effort. Peer support services are delivered by individuals who have common life experiences with the people they are serving. People with mental and/or substance use disorders have a unique capacity to help each other

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individuals will be... and/or co... disorders... Program... community... course... of friends... support... a restorative environment... of their mental illness... are in recovery...

individuals will be seen as valued participants, a colleague and as someone who has something to contribute to the rest of the group. Each person is a critical part of a

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2.2.4.1.3 (Objective 1)

2.2.4.1.3.1 Establish legally binding agreement with all participating entities to establish programs and have shared initiatives on the Target Population;

2.2.4.1.3.2 Provide, directly or by agreement, an information system to track and bill, all during their involvement with the Program and for at least one year after discharge, including but not limited to, arrests, receipt of benefits, employment, and stable housing.

2.2.4.1.3 Implement strategies that support the Grantee's project, examples of which are provided in Section 3.5.3.

2.2.4.2 Objective 2 – Collaboration. The objective is to create and encourage collaboration among key stakeholders in implementing and providing ongoing oversight and quality improvement activities of the Grantee's Project.

2.2.4.2.1 Tasks (Objective 2)

2.2.4.2.1.1 Participate in planning council or committee meets regularly;

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Service Delivery Level: The key stakeholders involved in this project on the service delivery level are Hillsborough County Criminal Justice, Agency for Community Treatment

...based practices. Evidence-based practices are those that have been shown to be effective through scientific research. Andrews and Bonta (1998) identified several risk factors that are associated with criminal behavior. These factors include: (1) Antisocial personality disorder, (2) Substance use, (3) Employment, (4) Family and social support, (5) Education, (6) Mental health, (7) Peer networks, (8) Attitudes and beliefs, (9) Skills, and (10) Criminal history. The Risk-Need-Responsivity Model (RNR) is a framework for assessing and treating offenders based on these risk factors. The RNR model consists of three main components: (1) Risk assessment, (2) Need assessment, and (3) Responsivity assessment. Risk assessment involves identifying the level of risk an offender poses to the community. Need assessment involves identifying the specific needs of the offender that, if met, would reduce their risk of reoffending. Responsivity assessment involves identifying the types of interventions that are most likely to be effective for the offender. The RNR model is a dynamic process that is continuously updated as more information is gathered about the offender.

1. A risk assessment tool that identifies the level of risk an offender poses to the community.
2. A need assessment tool that identifies the specific needs of the offender that, if met, would reduce their risk of reoffending.
3. A responsivity assessment tool that identifies the types of interventions that are most likely to be effective for the offender.
4. A treatment plan that is based on the findings of the risk, need, and responsivity assessments.
5. A monitoring and evaluation system that tracks the offender's progress and identifies areas for improvement.
6. A system of incentives and sanctions that encourages positive behavior and discourages negative behavior.
7. A system of support and supervision that provides the offender with the resources and structure they need to succeed.
8. A system of collaboration and communication that involves all stakeholders in the offender's care.
9. A system of data collection and analysis that provides information about the effectiveness of the RNR model.

Staff will identify patterns of use, including significant impairment or distress (DSM-V) that may be associated with risk factors. Service planning, treatment, and supervision will be based on the offender's level of risk and need. Risk assessments will be used to determine the level of supervision and services required. Incentives and sanctions will be used to encourage positive behavior and discourage negative behavior. The higher the severity of substance use and/or mental health problems, the higher the level of treatment services will be required. High and low level individual will not be mixed in treatment and service settings. Within the Model, needs that are often overlooked such as attitudes, beliefs, peer networks, social relationships, education, employment and leisure skills will be addressed.

Services will be adjusted for high risk and high need offenders with tracks such as:

- Residential Treatment
- Outpatient, Peer Support and Aftercare Programs
- Longer duration of treatment and supervision
- Criminal thinking groups through Social Rehabilitation Outpatient
- Frequent supervision
- Drug testing (as indicated/required), and
- The implementation of proximal goals (engagement in treatment and other services to address criminal risk factors).

⁹ Andrews, D; Bonta, James (1998)

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- A community drop-in center open to members/peers to assist in skill attainment, meaningful employment, finding quality housing, obtaining community services and continuing education.
- Members will have opportunities to work with staff and peers each day to operate the peer-run services, learning job skills in the process.
- Voluntary participation: Membership is voluntary once eligible.
- No time limits. Members are welcome to attend as long and as often as necessary.
- Members of the group work side-by-side with staff to operate the peer-run services.

Care Coordination: The proposed team will manage services through a Care Coordination approach in concert with, and inclusive of, the Court and Court Administration (MH/CTI Care Coordination Unit). Care Coordination is the implementation of deliberate and planned organizational relationships and service procedures that improve the

...the Hillsborough County Sheriff's Office (HCSO), along with other local law enforcement agencies, continues to be invested and involved in educating and training staff on the importance of recognizing and being sensitive to behavioral health needs. HCSO continues to offer Crisis Intervention Training (CIT) multiple times a year to recruits, deputies and other law enforcement agencies, as space allows. This training has been offered through the Sheriff's Office since at least 2010 and over 800 people have been trained in just the last 2.5 years.

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3.8.1.3.7 How law enforcement will assess their current process at inpatient points of capacity, and how they intend to implement or expand diversion initiatives (e.g., processes, training, etc.) and

The Hillsborough County Sheriff's Office (HCSO), along with other local law enforcement agencies, continues to be invested and involved in educating and training staff on the importance of recognizing and being sensitive to behavioral health needs. HCSO continues to offer Crisis Intervention Training (CIT) multiple times a year to recruits, deputies and other law enforcement agencies, as space allows. This training has been offered through the Sheriff's Office since at least 2010 and over 800 people have been trained in just the last 2.5 years.

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...p r o c e s s e s o r a t r a l i z e d M t a t e a n c o u r t.

3.8.3.3.8 If the applicant is a consortium of counties, describe the labor force and the relationship between the partner counties. NA

3.8.3.4 A description of the states as an Applicant intends to serve the Target Population, including a description of the services and delivery methods to be applied and the goals and measurable objectives of the new interventions

Linkages to community-based, evidence-based treatment programs for the served Target Population; New Court programs, including pretrial services and specialized dockets; Specialized diversion programs;

This courtroom is a critical arena for the therapeutic process in the current Hillborough Mental Health Pre-Trial Intervention. Borrowing again from the method of drug courts, the MHPTI was designed to be informal, often involving interaction and dialogue between the judge and the participant about problems and treatment options. Just as the drug court model involves a therapeutic view of the addict and employs clinical terminology about addiction and recovery, the MHPTI incorporates a respectful and helpful manner toward

Screening and assessment will match level and types of services to criminogenic risk level. Risk for recidivism will be determined by use of an evidence based risk assessment

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- Life Skills: services... of daily living, such as budgeting, household management, and other issues.
- Faith-based services: assist an individual or group in developing spiritual activities, but are not limited to establishing relationships with God and others. These services provide positive values or principles, identifying one's purpose and mission, and achieving serenity and peace. Faith-based services include those provided to individuals and using spiritual resources designed to help people spiritually integrate better their faith and recovery. Such services are usually provided in a religious or spiritual setting by spiritual leaders or other staff who are knowledgeable about the spiritual values of the community and are equipped to assist individuals in finding spirituality. Services include, but are not limited to, social support and community-engagement services, faith, or spirituality to assist individuals with craving on the resources of their faith tradition and community to support their recovery, mentoring and role modeling, and pastoral or spiritual counseling and guidance.

¹⁰ ACTS will develop a "Corp" of Certified Recovery Peer Specialists

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Post-Booking Alternatives to Incarceration.

Tier Two (second priority) participants will have access to all the same services and supports as the Tier One (first priority; MHP I) participants as listed above. Tier Two participants will be diverted from jail for pre and post-booking misdemeanor or violation offenses identified under a current MOU between Hillsborough County and various other agency partners. Hillsborough County's existing misdemeanor or diversion program has been unable to serve these clients because of their severe mental health needs and limited resources in the community. Under this Program, they will be eligible to be included in this diversion because they will have access to all the services and treatment available to the MHP I participants.

