

### **3.8.4 Project Narrative**

#### **3.8.4.1 Statement of the Problem**

Martin County seeks Florida Department of Children and Families' support to expand treatment to individuals with mental health diagnoses. Martin County's Mental Health Court became operational in 2007, and serves a caseload of approximately 25-30 people at any given time. Participants receive individualized treatment services and have their charges dropped upon successful completion of program requirements. However, poor access to treatment, lack of housing, limited employment services, and inadequate case management has limited the program's success. The Martin County Mental Health Court provides a foundation for future improvements in addressing the needs of arrestees with mental illness. Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant resources will help Martin County provide a continuum of care, improve the delivery of necessary social services, and expand the caseload to 75-100 participants.

##### **3.8.4.1.1 Analysis of Current Jail Population**

Martin County faces a jail overcrowding problem. From 2006 to 2016. Martin County's jail population grew from 525 to 696. The average jail stay is 28 days for the total population. This overcrowding is exacerbated by the increasing number of inmates diagnosed with mental illnesses and disorders. The jail averages 200 new mental health patients annually. Between 2006 to 2016

charges pursuant to the assigned Assistant State Attorney's assessment of the totality of the circumstances. Upon successful completion of the Mental Health Court program, the plea will be withdrawn and the State will dismiss charges.

Upon acceptance into Mental Health Court, individuals participate in an administrative process consisting of the collection of identifying data, determination of financial status, and signature of consent for treatment. In addition, each client participates in a clinical assessment consisting of the following: psychosocial assessment, alcohol/drug use history, discussion of an initial treatment plan, a review of program schedule, completion of appropriate release forms,



met. Florida also ranks 3<sup>rd</sup> nationally for homeless population and 2<sup>nd</sup> in the number of children in detention facilities. Forensic commitments are the fastest growing segment of mental health consumers and commitments are up 72% in the State of Florida since 1999.

Martin County's problem is America's problem. Last summer, *The Atlantic Monthly*



**Section 1**

Name: _____			Detainee #: _____	Date: ____/____/____	Time: _____ AM PM
First	MI	Last			

General Comments

Questions	No	Yes	
1. Do you <i>currently</i> believe that someone can control your mind by putting thoughts into your head or taking thoughts out of your head?			
2. Do you <i>currently</i> feel that other people know your thoughts and can read your mind?			
3. Have you <i>currently</i> lost or gained as much as two pounds a week for several weeks without even trying?			
4. Have you or your family or friends noticed that you are <i>currently</i> much more active than you _____?			

Officer's Comments/Impressions (check all that apply)

Not Referred

Referred on \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_\_

Person completing screen \_\_\_\_\_

INSTRUCTIONS ON REVERSE

MARTIN COUNTY HEALTH & HUMAN SERVICES  
ADMISSIONS/SCREENING PROFILE

CLIENT INFORMATION

Date: \_\_\_\_\_ Client name: \_\_\_\_\_ Client #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date of Birth/Age: \_\_\_\_\_ S.S. #: \_\_\_\_\_  
Sex: M \_\_\_ F \_\_\_ Ethnicity/Race: \_\_\_\_\_ Religion: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Student (grade and school/suspended or expelled for offense) \_\_\_\_\_  
Occupation: \_\_\_\_\_ Status: Full Time Part Time Unemployed Not in labor force  
Employer: (name, address, phone #) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact information in case of emergency: (name, relationship, & phone #)  
\_\_\_\_\_  
\_\_\_\_\_

HEALTH INSURANCE/SOCIAL WELFARE/FINANCIAL INFORMATION

Health Insurance Company: \_\_\_\_\_ Medicaid: \_\_\_\_\_ Medicare: \_\_\_\_\_  
Unemployment benefits: \_\_\_\_\_ SSDI: \_\_\_\_\_ Food stamps: \_\_\_\_\_

PRESENTING PROBLEM

Who referred you: \_\_\_\_\_  
Why were you referred: (what happened) \_\_\_\_\_  
\_\_\_\_\_

What service is to be provided: Mental Health Assessment Substance Abuse Evaluation Screening  
Assessment Type: Initial \_\_\_\_\_ Initial Assessment \_\_\_\_\_  
Program component: ADC JDC DDC MC School/Diversion Court U-refer Baker act Marchman act

**STAFF USE ONLY-DIAGNOSIS/TREATMENT RECOMMENDATIONS/COMMENTS**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MARTIN COUNTY HEALTH & HUMAN SERVICES

ASSESSMENT

Client Name: \_\_\_\_\_ Note: \_\_\_\_\_

**LEGAL**

Present arrest/legal status/currently incarcerated:

Do you have an attorney? (name, address, & phone #)

Are you on probation, with whom and why?

Are you eligible or do you have a valid driver's license? (explain)

Are you a U.S. citizen, here on Visa, undocumented immigrant?

**DRUG/ALCOHOL**

Age of first alcohol use \_\_\_\_\_ last use \_\_\_\_\_ frequency of use & amount

Have you ever experienced: (circle all that apply)

other drug use	age/first use	last use	frequency	periods of abstinence
----------------	---------------	----------	-----------	-----------------------

marijuana				
cocaine				
opiates				
benzodiazepines				



**Drug/alcohol-continued**

~~Have you ever consulted a~~  
doctor (explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever mixed one drug with another or with alcohol (explain) \_\_\_\_\_  
\_\_\_\_\_

~~Ever had any problems~~ \_\_\_\_\_

What is your longest period of abstinence in the last two years (why) \_\_\_\_\_

What is your substance of choice (includes alcohol) \_\_\_\_\_

Last use of any substance \_\_\_\_\_

~~How long~~ How long do you feel substance use has been a problem \_\_\_\_\_

Has use of alcohol/drugs affected your work performance, advancement, or employment? (circle)

Ever missed work because of drinking/drug use \_\_\_\_\_

Have you ever lost a job due to drug use (details) \_\_\_\_\_

What kind of marital, family or relationship troubles have you had due to chemical use (explain)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What other problems have your substance use caused you \_\_\_\_\_  
\_\_\_\_\_

What have you done to deal with these problems \_\_\_\_\_  
\_\_\_\_\_

Where does drugs/alcohol fit into your lifestyle \_\_\_\_\_  
\_\_\_\_\_

Do you prefer to use chemicals: Alone    Home    With Others    Bars    Social Gatherings

**PSYCHOLOGICAL**

Are you currently seeing a mental health counselor/psychiatrist (contact information)  
\_\_\_\_\_  
\_\_\_\_\_

Current diagnoses and treatment including psychotropic medications  
\_\_\_\_\_  
\_\_\_\_\_

**Psychological-continued**

How do you pay for these services \_\_\_\_\_

Psychiatric history-dates/diagnosis/treatment/Baker Act \_\_\_\_\_

Have you ever had any thoughts of suicide? Yes No When? \_\_\_\_\_

Have you ever attempted suicide? Yes No When? \_\_\_\_\_

How did you try to do this? \_\_\_\_\_

Have you ever had homicidal thoughts? Yes No When/attempts \_\_\_\_\_

Do you have any current suicidal thoughts? \_\_\_\_\_

Is there any family history of mental health problems? \_\_\_\_\_

Have you ever had any substance abuse treatment/Marchman Act (explain) \_\_\_\_\_

Have you ever been hospitalized or considered for hospitalization? \_\_\_\_\_

Yes

What did you think of them \_\_\_\_\_

Describe your general feelings? \_\_\_\_\_

What types of feelings or thoughts have been troubling you most? \_\_\_\_\_

What is your most uncomfortable feeling to deal with? \_\_\_\_\_

How do you deal with uncomfortable feelings? \_\_\_\_\_

Do you have any behavioral patterns that bother you or others? \_\_\_\_\_

What do \_\_\_\_\_

What would y \_\_\_\_\_

Where do \_\_\_\_\_

What is your chief complaint in life? \_\_\_\_\_

If you had one wish what would it be? \_\_\_\_\_

Are you currently living in a treatment facility, hospital or group home (explain) \_\_\_\_\_

**HEALTH/MEDICAL**

How is your general health \_\_\_\_\_

Identify any major **physical/dental** complaints/limitations \_\_\_\_\_  
\_\_\_\_\_

Are you currently taking \_\_\_\_\_  
\_\_\_\_\_

When was your last physical exam \_\_\_\_\_

Which prescription medicines/drugs are you currently taking?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What prescription medicines have you taken in the past, when, last use, why, did you abuse them or  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been seriously ill or injured that required hospitalization/surgery (explain)  
\_\_\_\_\_  
\_\_\_\_\_

What over the counter products do you use \_\_\_\_\_

How do you pay for your medical and prescription needs?  
\_\_\_\_\_

**FAMILY/RELATIONAL**

Times married: how long and reason for divorce  
\_\_\_\_\_

Names and ages of children \_\_\_\_\_

Where and with whom do the children live? \_\_\_\_\_

Other dependents \_\_\_\_\_

What is your current relationship with the children? \_\_\_\_\_  
\_\_\_\_\_

How do you spend time with the children? \_\_\_\_\_

How many people live at home?

How do you spend time with your spouse/family?

What type of communication do you have with

How do you feel about your present situation?

Any problems or concerns? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How often do you involve you family in these?

Always       Sometimes       Never

What was growing up like to you? \_\_\_\_\_

Is there any particular memories of \_\_\_\_\_  
\_\_\_\_\_

Is there any particular memories of \_\_\_\_\_  
\_\_\_\_\_

Where were you born and raised? \_\_\_\_\_

Describe your childhood environment \_\_\_\_\_  
(rural/residential - economic - emotional climate - etc.)

Age \_\_\_\_\_ Occupation \_\_\_\_\_ Type \_\_\_\_\_

Mother \_\_\_\_\_

Father \_\_\_\_\_

How many brothers/sisters do you have? \_\_\_\_\_

Do any have a problem with alcohol/drugs \_\_\_\_\_

Spouse/partner's Name \_\_\_\_\_  
\_\_\_\_\_

Describe nature \_\_\_\_\_

**SOCIAL/RECREATIONAL**

What is your favorite activity? \_\_\_\_\_

What are your hobbies (what)? \_\_\_\_\_

What do you do in your spare time? \_\_\_\_\_

Are you affiliated with gangs or Satanic activities? (yes/no) \_\_\_\_\_

**EDUCATION**

What school do you attend? \_\_\_\_\_

What grade are you in? \_\_\_\_\_ What is your grade point average? \_\_\_\_\_

Problems in school (classmates; authority; etc) \_\_\_\_\_

**EMPLOYMENT/FINANCIAL**

Present employer \_\_\_\_\_ Occupation \_\_\_\_\_

\_\_\_\_\_ status \_\_\_\_\_

Other work history (types of jobs; how long, etc) \_\_\_\_\_

How do you get along with employers? \_\_\_\_\_ Co-Workers? \_\_\_\_\_

Is your salary adequate? Yes No Does it meet your needs? Yes No

**Employment/financial-continued**

What is your dream job? \_\_\_\_\_

How do you feel about your economic situation? \_\_\_\_\_

Do you have any other income/assistance? (explain) \_\_\_\_\_

_____	Less than \$10,000	\$20,000 to \$30,000	\$15,000 to \$20,000
	\$10,000 to \$15,000	\$30,000 to \$40,000	Over \$40,000

Do you have a bank account? (explain) \_\_\_\_\_

Living situation: (house, apartment, mobile home, room, facility, school campus) \_\_\_\_\_  
Own      Rent      live with parents      other: \_\_\_\_\_

Do you own a vehicle or what type of transport? \_\_\_\_\_  
\_\_\_\_\_

Do monthly bills exceed income? \_\_\_\_\_

**MILITARY BACKGROUND (if applicable)**

Military Service \_\_\_\_\_ Dates \_\_\_\_\_

Types of duty/job(s) \_\_\_\_\_

Discharge Rank \_\_\_\_\_ Type of Discharge \_\_\_\_\_

How do you feel about military service? \_\_\_\_\_

Do you get any Veteran assistance? (explain) \_\_\_\_\_



MARTIN COUNTY HEALTH & HUMAN SERVICES

CHEMICAL DEPENDENCY QUESTIONNAIRE

Client Name: \_\_\_\_\_

Mark each question Yes or No as it applies to you

- Have you ever tried to cut down on your drug/alcohol use? Yes No
- Do you get annoyed when people ask you about your alcohol/drug use? Yes No
- Have you ever felt guilty about your alcohol/drug use? Yes No

Mark each question T for True or F for False as it applies to you.

T F Because of alcohol/drug use, did you miss work? \_\_\_\_\_

\_\_\_\_\_

T F Were you ever arrested for drinking and driving? \_\_\_\_\_

T F \_\_\_\_\_

T F Did you develop a tolerance to alcohol or drugs so that the same amount as previous did not have the same affect?

T F Did any of the following occur when you quit or cut down on your drinking or using?  
Heart racing or sweating, the shakes, sleep problems, Nausea or vomiting, hallucinations, feeling fidgety, restless, agitated, anxious, nervousness, or seizures? (Circle all that apply)

T F Did you often drink or use anything else to stop with alcohol/drug use? \_\_\_\_\_

T F When you drank or used, did you often drink or use more time than you planned?

T F Did you frequently think about cutting down or quitting?

T F At times, did you try to cut down or stop, but could not?

T F Did you spend a lot of time doing things and planning ways to get alcohol and/or drugs?

T F Did you spend so much of your time drinking that you missed a lot of time from work, spent less time with your family or friends, gave up hobbies or other interests?

T F Did drinking or using cause you any physical problems? (explain) \_\_\_\_\_  
Anxiety or depression? (explain) \_\_\_\_\_  
Any other type of psychological problems? \_\_\_\_\_

Client signature \_\_\_\_\_ date \_\_\_\_\_

Counselor signature \_\_\_\_\_ date \_\_\_\_\_



MARTIN COUNTY HEALTH & HUMAN SERVICES

ATTITUDE QUESTIONNAIRE

Client Name: \_\_\_\_\_

This questionnaire consists of twenty (20) statements (sentences). Please read each statement carefully, one by one. If the statement describes your attitude for the past week, including today, answer by circling the word TRUE next to the sentence. If the statement is false for you, circle the word FALSE next to it.

True False A. I look forward to the future with hope and confidence. \_\_\_\_\_

True False B. I might as well give up because there is nothing I can do about making things better for myself. \_\_\_\_\_

True False C. \_\_\_\_\_

True False D. \_\_\_\_\_  
True False E. \_\_\_\_\_  
True False F. \_\_\_\_\_

True False G. My future seems dark to me. \_\_\_\_\_

True False H. I happen to be particularly lucky and I expect to get more of the good things in life than the average person. \_\_\_\_\_

True False I. I just cannot get the breaks, and there is no reason to believe I will in the future. \_\_\_\_\_

True False J. My past experiences have prepared me well for my future. \_\_\_\_\_

True False K. \_\_\_\_\_  
True False L. \_\_\_\_\_  
True False M. \_\_\_\_\_  
True False N. \_\_\_\_\_

True False O. I have great faith in the future. \_\_\_\_\_

True False P. I never get what I want so it is foolish to want anything. \_\_\_\_\_

True False Q. \_\_\_\_\_  
True False R. \_\_\_\_\_  
True False S. \_\_\_\_\_

Client signature \_\_\_\_\_ date \_\_\_\_\_

Counselor \_\_\_\_\_ date \_\_\_\_\_

MARTIN COUNTY HEALTH & HUMAN SERVICES

I.

1. I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantee nor assurance

[Redacted signature line]

[Redacted signature line]

[Redacted signature line]

[Redacted signature line]

staff about the psychosocial assessment/brief counseling offered through Martin County Health & Human Services.

I agree to cooperate with the course of treatment I am referred to by Martin County Health & Human Services.

I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantee nor assurance

[Redacted signature line]

[Redacted signature line]

Client

Witness

Date

Print Name



## TREATMENT COURT WAIVER

Consent for disclosure of confidential information: Treatment Court Program referral

[REDACTED]

[REDACTED]

Client signature \_\_\_\_\_

date \_\_\_\_\_

Staff signature \_\_\_\_\_

date \_\_\_\_\_



MARTIN COUNTY HEALTH SERVICES CENTER

Information release to: \_\_\_\_\_

For services from \_\_\_\_\_ to \_\_\_\_\_

Information to be released:

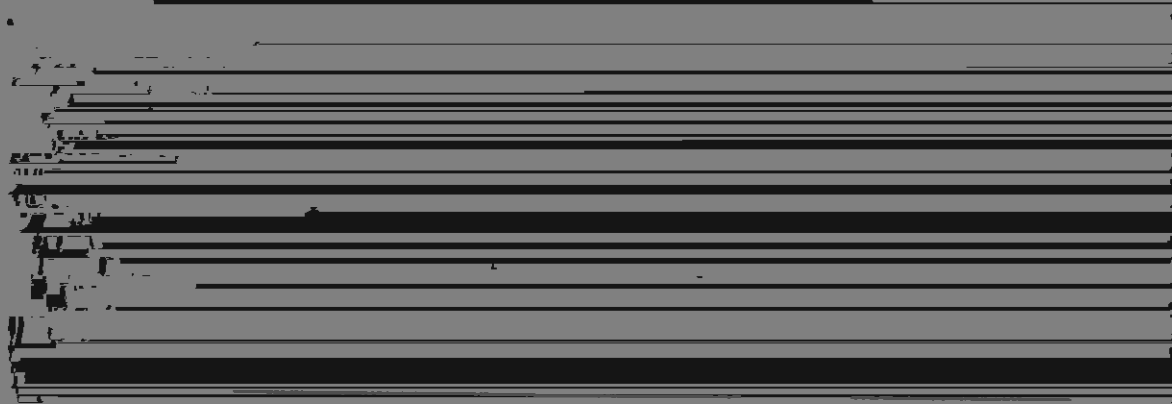
Client name: \_\_\_\_\_ DOB: \_\_\_\_\_

Lab Tests:                                  Results:                                  Adulteration:

Client Medication:

Picture ID:    yes                  no

I hereby give my consent to have my urine collected and analyzed by the staff of Martin



**NOTICE OF CONFIDENTIALITY**

The information contained herein is privileged and confidential and intended only for the use of the individual or entity named above. This information has been disclosed from records protected by Federal Confidentiality Regulation (42 CFR Part 2). The Federal Law prohibits you from making any further disclosure of this information unless



MARTIN COUNTY HEALTH & HUMAN SERVICES DIVISION

CLIENT'S BILL OF RIGHTS

❖ To the extent provided by law and within the capacity of this facility, every client has the right: To be treated with

CLIENT RESPONSIBILITIES

GRIEVANCE PROCEDURE

Procedure: TO REGISTER A GRIEVANCE, THE FOLLOWING STEPS WILL BE FOLLOWED:

Signature: \_\_\_\_\_ date: \_\_\_\_\_

**NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT**

**MARTIN COUNTY HEALTH & HUMAN SERVICES DIVISION**

**I understand that, under the Health Insurance Portability & Accountability Act of 1996 ("HIPAA"), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:**

- **Conduct, plan and direct my treatment and follow-up among the multiple**

**health care providers.**

- **Conduct normal health care operations such as quality assessments and**

**credentialing certifications.**

**I have received, read and understand your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that this organization has a duty to protect my health information.**

**Signature:**

**Date:**

**I attempted to obtain the client's signature in acknowledgment of this Notice of Privacy Practices.**

**Date:**

**Initials:**

**Person:**



MARTIN COUNTY, N.C.

### REQUEST FOR CLINICAL INFORMATION

I authorize \_\_\_\_\_

Name of Information Source

Address

Phone number and/or fax

to release to Martin County Health & Human Services, the following information:

contained in the clinical record of:

Print Client's Name Date of Birth

For the purpose of clinical

Relationship to client, if not client.

**Intercept 3: Jails and Courts**

**Intercept 4: Re-Entry**

**Intercept 5: Community Supervision**

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e Defendant within  
48 hr

**Community ( Limited Array of Services)**

Discharged to Community



### 3.8.5 Project Design and Implementation

#### 3.8.5.1 Description of Planning Committee

Martin County established a Public Safety Coordinating Council in 1987 to support the planning and implementation of its Mental Health Court.

##### 3.8.5.1.1 Composition of Planning Committee

Members of the Public Safety Coordinating Council, which will help oversee implementation of the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant project, include:

- John Hetherington, 19th Circuit Public Defender's Office: Represents Diamond Litty, Public Defender for the 19<sup>th</sup> Judicial Circuit. Assistant Public Defender Hetherington handles criminal cases in both county and circuit court, juvenile cases, and domestic violence injunctions. He is the head attorney for Martin County.
- The Honorable Judge Curtis L. Disque, 19<sup>th</sup> Judicial Circuit Court: Judge Disque is assigned to 1/3 of Martin County court cases, assists with felony and juvenile delinquency cases, oversees Juvenile Drug Court, and supervises traffic magistrates for all civil traffic matters. He previously served as a magistrate for the 19<sup>th</sup> Judicial Circuit Court (as District Magistrate) and as the Chief Probation Officer for the 19<sup>th</sup> Judicial Circuit Court. She is responsible for overseeing daily operations of probation in Circuit 19.

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Probation Officer for the 19<sup>th</sup> Judicial Circuit Court. She is responsible for overseeing daily operations of probation in Circuit 19.

- Chief Deputy Glenn Theobold, Martin County Sheriff's Office: Chief Deputy Theobold is the Chief of Staff of the Martin County Sheriff's Office and Chief Counsel representing Sheriff Snyder.
- John Romano, New Horizons: Mr. Romano is the President and CEO of New Horizons, an organization that delivers accessible behavioral and primary health care services to children, adults and families to achieve mental and physical

### **3.8.5.3 Implementation and Expansion Grants Only**

#### **3.8.5.3.1 Copy of Existing Strategic Plan**

##### **Statement of Problem**

The Martin County Jail Complex is overcrowded and contains an estimated 80% of individuals who have a co-occurring disorder (substance abuse and/or mental health) disorder. Many inmates who may have committed minor, victimless crimes related to their illness should be treated for their mental health issues. Treatment is a better option than incarceration for a significant number of Martin County inmates and less costly overall. Martin County's Mental Health Court became operational in 2007, and serves a caseload of approximately 25-30 people at any given time. Participants receive individualized treatment services and have their charges dropped upon successful completion of program requirements. However, poor access to treatment, lack of housing, limited employment services, and understaffed case management has limited the Martin County Mental Health Court program's success.

##### **Regional Partnership Strategic Planning Process and Participants**

The Martin County Public Safety Coordinating Council pulls together the key regional partners involved in improving mental health along

## **Service Models**

**Goal #1: Improve the ability of law enforcement to address people with mental illness**

<b>Objective 1: Provide police officers with the tools and training to respond to calls involving person with mental illness</b>				
	<b>Task</b>	<b>Performance Measures</b>	<b>Lead Person/ Organization</b>	<b>Projected Completion Date</b>
1.1	Train dispatchers to identify calls involving persons with mental illness and refer to designated, trained responders.	6 number of dispatchers with trained Crisis Communications and Media Relation Training	Martin County Sheriff's Office	2017 (Within 3 months of Award of Grant)
1.2	Train officers with de-escalation techniques to effectively assess and respond to call where mental illness may be a factor.	44 number of police officers with CIT training	Martin County Sheriff's Office	2017 (Within 3 months of Award of Grant)
1.3	Document police contacts with calls involving a person with mental illness to promote use of available services and ensure accountability.	Development of new reporting system	Martin County Sheriff's Office	2018
1.4	Collaborate with mental health partners to identify available services and reduce frequency of subsequent contacts by individuals with histories of mental illness and with prior arrests.	20% reduction in subsequent contacts	Martin County Sheriff's Office	2018

**Goal #2: Provide alternatives to jail for persons with mental illness**

**Objective 1: Improve ability of court personnel to identify, assess and divert persons with mental illness into treatment programs**

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mental health history and service needs, available community mental health resources, and legislation and case law impacting the use of mental health information in case resolution.

and diverted from jail.



1.4	Ensure releases exit prison or jail with ID and prior determination of eligibility and linkage to public benefits to ensure immediate access upon release from prison or jail.	Medication access for all participants post-incarceration	Martin County Health and Human Services	2017 (Within 3 months of Award of Grant)
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- i. Establish MOUs with each member agency of the Public Safety Coordinating Council and community partner/service provider organizations.
  - ii. Expand number of MOU signatories to at least fifteen.
- B. Key task:** Provide an information system to track individuals during their involvement with the Mental Health Court and for at least one year after discharge, including but not limited to, arrests, receipt of benefits, employment, and stable housing.
  - i. Hire an evaluator to monitor and analyze operational information (maintaining current caseload information and case progress), operation management information (resource usage and budget management) and evaluation information (patient outcomes and relevant data on status of patient for at least one year after discharge).
- C. Key task:** Implement strategies that support the Mental Health Court expansion, which are provided in Section 3.8.5.3.4.

### **Objective 2 – Collaboration**

Create and encourage collaboration among key stakeholders in implementing and providing ongoing oversight and quality improvement activities of the Martin County Mental Health Court expansion.

- A. Key task:** Establish on-going communication, collaboration, and partnerships among all relevant county partners with respect to people with mental illness, substance abuse disorders, or co-occurring disorders who are in, or at risk of entering, the criminal or juvenile justice system.
  - i. Hold regular meeting of the Public Safety Coordinating Council.
- B. Key task:** Assess progress of the project based on established timelines and review attainments of goals.
  - i. Conducts quarterly quality assurance of all treatment and ancillary services
- C. Key task:** Make necessary adjustments to implementation activities, as needed.

### **Objective 3 – Diversion and Treatment**

Increase diversion and treatment of people with mental illness, substance use disorders, or co-occurring disorders who are in, or at risk of entering, then criminal justice systems. The project will:

- A. Key task:** Increase the annual number of participants in the Mental Health Court from 25-30 participants to 75-100 participants.
  - i. Hire two Case Managers.
- B. Key task:** Work with New Horizon of the Treasure Coasts, Inc. to increase the capacity for treatment by 300%. New Horizons of the Treasure Coast and Okeechobee delivers accessible behavioral and primary health care services to children, adults and families to achieve mental and physical wellness, serving priority populations that include: substance abuse disorders, pregnant IV drug users and/or other substances, IV drug users, and consumers involved in the child welfare system who have a substance use disorder.

#### **Objective 4 – Continuum of Care Services**

Increase connections to housing, employment, and/or educational resources to provide a seamless continuum of services to people with mental illness, substance use disorders, or co-occurring disorders who are in, or at risk of entering, then criminal justice systems.

- A. Key task:** Increase access to safe and affordable housing for target population. A community liaison will work with community mental health agencies and practitioners, and with emergency, transitional and permanent housing providers to provide Mental Health Court participants with affordable housing options.
  - i.** Coordinate with residential treatment providers to ensure that Mental Health Court participants who require residential treatment have access to medications that were previously received and are engaged in other services to prevent destabilization of mental health symptoms.
- B. Key task:** Partner with local workforce development and community organization to provide job training for participants that are not currently employed or that are employed temporarily.
  - i.** Help participants with resume building, job search tools and application basics to help participants maximize their skills to increase their marketability.
- C. Key task:** Partner with local community colleges and vocational institutions to offer GED skills classes, test prep courses and English as a Second Language (ESL) classes at little to no cost to help appropriate participants who do not have a high school diploma to obtain one.

#### **3.8.5.3.3.2 Organization and Key Stakeholder Responsible for Tasks**

The Martin County Public Safety Coordinating Council (see Section 3.8.5.1.1) will



participant performance; continues to research effective treatment modalities; and conducts regular quality assurance.





- Provide an independent substance abuse screening for each client during his first 7 days as a Mental Health Court client to get an accurate assessment of the magnitude of a substance abuse problem, if any.
- Implement formal training and use of the GAINS Re-entry Checklist from *A Best Practice Approach to Community Re-entry from jails for inmates with Co-Occurring Disorders: the APIC Model – Assess, Plan, Identify, Coordinate*.

### 3.8.5.3.3.6 Coordination of Care

The Martin County Mental Health Court will coordinate care to increase access to mental health, substance abuse and co-occurring (the, the, the) IT support service and Tw9ubs\_





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### **3.8.5.5 Capability and Experience**



#### **3.8.5.5.4 Proposed Staff**

Proposed staff include:

- A “Mental Health Court Coordinator” will be responsible for overseeing the Mental Health Court budget and resources, maintaining individual files on participants, compiling statistical data and guiding or participating in program evaluation, contract management, preparation and management of dockets, and soliciting community support through education and other linkages in an effort to enhance services available to the participant. The Mental Health Court Coordinator will undertake all key tasks related to outreach and coordination of continuum of care services including coordination of treatment service providers, community organizations, and housing, employment, and education services. The Mental Health Court Coordinator will also be responsible for establishing MOUs with key roles for each participating organization.
- Two “Mental Health Court Case Managers” will be responsible for direct supervision of the participants’ compliance with the Mental Health Court program, including implementation of the appropriate supervision level based on established measures, providing community-based resources and referrals to appropriate agencies, and monitoring the day-to-day activities and home environment of the participant. The Case Manager provides educational material to all team members (validated research and evidence-based practices), communicates with the team and law enforcement, prepares affidavits/clerk cases, and provides the team with current information about each participant. Each Case Manager will monitor 50 cases of the Mental Health Court program. The Case Manager advocates for participants and remains a liaison between all agencies to ensure participants are receiving the services that are referred. Qualifications include: understands evidence-based practices for treatment modalities; knowledgeable about addiction and pharmacology generally and applies that knowledge to respond to compliance in a therapeutically appropriate manner; and understanding and knowledge of trauma-informed approaches to assessment and treatment.
- An “Evaluator” will be responsible for developing reliable and valid methodologies to study the effectiveness of the drug court, as well as tracking participant outcomes up to one year beyond completion of the Mental Health Court program. Qualifications include excellent understanding of data collection and operating systems; and knowledgeable of evidence-based practices Mental Health Court data collection and analysis.





#### **3.8.5.6.1.1.4 How county's**

### 3.8.5.6.3 Project Timeline

Month	Projected	Related Objective	Key Activities	Expected Completion Date	Responsible Partner
1-3	Reduce Re-entry into the criminal justice system by those with mental illness and/or				

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