FY 2018-19 Annual Report on the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program

July 1, 2018 – June 30, 2019

Submitted by:

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

Department of Mental Health Law and Policy

Louis de la Parte Florida Mental Health Institute

College of Behavioral & Community Sciences

University of South Florida

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initiative. The information presented in this document is self-reported and extracted from grantee applications, grantee contracts, and grantee quarterly progress reports. Information for each grantee is organized and presented in the same manner and order. An overview of each grantee's program is provided along with narratives to address contractually and legislatively required report elements.

The primary goal of the planning grants is to develop a community-wide strategic plan for the target population. The main goal of the implementation/expansion grants is to divert adults/juveniles who have a history of criminal/juvenile justice involvement and mental health and/or substance use issues away from the criminal/juvenile justice system and state mental health treatment facilities into community-based treatment. Implementation/expansion grant objectives vary somewhat; however, generally, they include implementing diversion initiatives, collaborating with key stakeholders, and increasing access to coordinated care, person-centered treatment, and recovery support services. Several of the implementation/expansion grants are extensions and/or enhancements of prior CJMHSA grants. These include: Collier County, Hillsborough County (LHZ49 and LHZ69), Kids Hope Alliance (Duval County/City of Jacksonville), Lee County, LifeStream Behavioral Center (Lake County), Martin County, Meridian Behavioral Healthcare (Alachua and Bradford Counties), Orange County, and Seminole County.

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

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

The matching funds primarily support provider services, such as screening, triage, case management, law enforcement participation in CIT training, building occupancy and other operational costs. Additional details regarding utilization of matching funds are provided in the grantee profiles in this report.

CJMHSA TAC ACTIVITIES

As required, the report provides detailed information on the technical assistance activities of the CJMHSA TAC at the University of South Florida. During FY2019, the CJMHSA TAC provided individualized, on-site technical assistance as requested by applicants as well as grantees. For grantees, needs and priorities were identified through a CJMHSA TAC Technical Assistance Needs Assessment Survey administered to each grantee upon contract execution and at the beginning of each subsequent fiscal year. Technical assistance was provided to grantees through on-site visits, webinars, conference calls, and electronic communications. The most frequently administered technical assistance area was Permanent Supportive Housing. Quarterly webinar topics included the Children's System of Care (CSOC), Recovery Oriented Systems of Care (ROSC), and Problem Solving Courts.

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2. Provide an information system to track youth and young adults during their involvement with the BYRC, and for at least one year after program discharge
3. Create and encourage collaboration among key stakeholders

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

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

Number Served through July 31, 2019 (Year 1, Quarter 1):*

* This program is in Quarter 1. Youth have not yet enrolled in the program as of FY19.

- Measure: 35 percent reduction in number of among program participants within the one-year period following program discharge compared to the one-year period prior to program admission
  - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 55 percent of program participants who did not reside in at admission to phase 3 will reside in stable housing within 90 days after admission to phase 3
  - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 65 percent of program participants in program year 1 and program year 2 who did not reside in at the time of admission will reside in stable housing one year following program discharge
  - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 65 percent of program participants in program year 3 who did not reside in at the time of admission will reside in stable housing by program end date
  - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 50 percent of program participants who are at program admission are employed full or part-time within 180 days of program admission
  - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 50 percent of program participants who are at program admission are employed full or part-time within one year following program admission
  - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 85 percent of program participants who were assisted in obtaining for which they may have been eligible but were not receiving at program admission
  - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 85 percent of youth and families will be assigned and engaged in Peer/Life Coach services within nine months of admission
  - The grantee is collecting data; however, it is too early to report on this measure.

CENTERSTONE OF FLORIDA (SARASOTA COUNTY)

Centerstone's grant program for Sarasota County

Collier County's three grant objectives include:

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

Evidence-based, Best and Promising Practices and Tools Utilized

- Crisis Intervention Teams (CIT)
- SSI/SSDI, Outreach, Assist, and Recovery (SOAR)
- Forensic Intensive Case Management (FICM) model
- Motivational Interviewing
- Seeking Safety
- Peer Specialists
- Supported Employment
- Permanent Supportive Housing
- Mental Health Screening Form III (MHSF III)
- Ohio Risk Assessment System Reentry Tool (ORAS-RT)
- PLC-5 Trauma Assessment (PLC-5)
- Texas Christian University Drug Screen IV Substance Abuse Assessment (TCUDS V)

Number Served through June 30, 2019 (Year 2, Quarter 4)

	126	80	-	206
	100	100	100	300
	109	98	-	207
	80	80	80	240

Overall Grant Award

- Total award amount: $1,042,506 (over three years)

Performance Measures

The outcomes listed below reflect progress through June 30, 2019 (Year 2, Quarter 4).

- Measure: 50 percent reduction in the total number of among participants while enrolled in the program compared to the one-year period prior to

participates in a weekly one-hour individual therapy session and three one-hour case management sessions for six months or longer until services are complete. Incentives in the form of restricted use gift cards are awarded for client milestones.

Goals/Objectives

The primary goal of this grant program is to divert adults and juveniles with a history of criminal justice involvement who are at risk of reentering the criminal justice system or a state mental health treatment facility and divert them into community services and treatment.

GCC's three grant objectives include:

1. Implement services and diversion initiatives
2. Create and encourage collaboration among key stakeholders
3.

Performance Measures

The outcomes listed below reflect progress through June 30, 2019 (Year 3, Quarter 2).

- Measure: 20 percent reduction in the total number of among participants while enrolled in the program compared to the one-year period prior to program admission
  - 75.47 percent reduction
- Measure: 30 percent reduction in the total number of among participants within the one-year period following program discharge compared to the one-year period prior to program admission
  - 77.17 percent reduction

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

Between April 1, 2019 and June 30, 2019 there were 186 inmates arrested in Monroe County who were determined to have a serious mental illness. These inmates with a mental health diagnosis spent a total of 636 days in jail collectively, at a cost of $99.00 per day per inmate. The total cost to the county for housing these inmates with a mental health diagnosis in the Monroe County Detention Center was $62,964.00.

Summary of the Effect of the CJMHSA Reinvestm.52 2rc 0 Tw 23.772 0Ai3 (i)-3.362ac90 (s)6.6ac9C[in)2.3 (90)1.1 (ee

Program Design/Model

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

To date, the MHC EODI has diverted 105 clients over the life of the grant from further penetration into the criminal justice system. Based on an average daily cost for being house in the jail of $125.87, this results in cost avoidance of approximately $356,841 for the county (assuming

Program Design/Model

Hillsborough County's second, current CJMHSA Reinvestment grant, DESI (awarded in late 2017), expands the county's existing DPTI by adding 30 additional clients to the existing DPTI (up to 90 over three years) and adding approximately 100 days in length of service for participants. The grant

- Measure: 75 percent of enrolled participants will experience a in psychiatric symptoms and substance use within six months of admission
  - 91 percent experienced a decrease in symptoms

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

As of June 2019, the grantee estimates that the increased and enhanced services provided to participants have potentially saved the county just over $3,984.90 in avoided jail costs for a single quarter. Over the lifetime of the grant, the cost avoidance estimates are approximately $203,936.61. This is estimated using 27 days (with an average jail day cost of $125.87) as the average jail stay for program clients.

Summary of the Effect of the CJMHSA Reinvestment Grant Program on the Availability and Accessibility of Effective Community-

substance use services. CCP youth can be referred to and access the High Intensity Wrap Around program for mental health services that is part of the county's System of Care program.

Goals/Objectives

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

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

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

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

Number Served through April 30, 2019 (Year 2, Quarter 2)

	1,407	804	--	2,211
	900	900	900	2,700
	227	81	--	308

Performance Measures

Progress toward meeting the grantees' performance measures as of Year 2, Quarter 2 (April 30, 2019):

- Measure: 80 percent reduction in the total number of arrests among program participants while enrolled in the program compared to the one-year period prior to admission.
  - 69 percent reduction
- Measure: 75 percent reduction in the total number of arrests among program participants within the one-year period following program discharge compared to the one-year period prior to admission.
  - 78 percent reduction
- Measure: 50 percent of eligible participants (17 and 18 year olds) at the time of admission will be employed full- or part-time within 180 days of admission.
  - 7 percent employed (2/30 eligible participants employed)
- Measure: 75 percent of eligible participants (17 and 18 year olds) at the time of admission will be employed full- or part-time one year following discharge.
  - 5 percent employed. (This represents 1 individual reporting employment. The majority of participants were lost to follow up, with others not reporting employment and 1 being deceased).
- Measure: 60 percent of participants who were eligible for, but not receiving at the time of admission will be assisted in applying for benefits within 180 days of admission.
  - 100 percent assisted
- Measure: 90 percent of participants will be from a state mental health treatment facility.
  - Not applicable to this grant program as the target population is youth under age 18.
- Measure: 80 percent of the annual targeted number of participants will complete the training.
  - 101 percent completed MHFA training (Kids Hope Alliance exceeded their annual target number of 80 individuals trained, 81 individuals have been trained thus far in year 2).

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

Through early screening, assessment and identification of youth with mental health and/or substance use disorders, youth are able to receive treatment to mitigate the impact of their issues on delinquency. Over the course of the grant, the program has resulted in a 78 percent reduction in arrests. The majority of youth treated have remained out of the juvenile justice system.

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

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

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

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

Summary of How Local Matching Funds Leveraged Additional Funding to Further the Goals of the Reinvestment Grant Pr0 (h-04 (a)-38 019 Tw 254 (n)5 (te)914JETQq1 0 612 792 reW nBT/CS0 CS 0 SCN0.343 w /TT1 1 T

Lee County's three major grant objectives include:

1. Implement services and diversion initiatives
2. Encourage and emphasize collaboration among key stakeholders
3. Train law enforcement and corrections personnel in identifying and effectively responding to individuals who have a mental illness and/or substance use disorder.

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

- Crisis Intervention Teams (CIT)
- Housing First approach
- Coordinated Entry
- Peer Specialists
- Permanent Supportive Housing

Number Served through June 30, 2019

- Measure: 25 percent of participants not residing in at admission that received case management services while residing at the Triage Center and discharged into a participating Lee County Continuum of Care (CoC) program or other participating Homeless Management Information System (HMIS) supportive housing program will report living in stable housing year following program discharge
  - 28.61 percent in stable housing
- Measure: 10 percent of program participants will be assisted in applying or be linked to for which they may have been eligible but were not receiving at program admission
  - 12.58 percent received assistance
- Measure: 60 percent of enrolled program participants will have to community comprehensive recovery-based mental health and/or substance use treatment services participating in the program
  - 80.75 percent received increased access to services

Summary of the Effect of the CJMHSA Reinvestment Grant Program on the Growth and Expenditurcor .511 0 T57 0Tj0147.( )TT4 1 Tf-0. Tm5 (h) 212 (t)-.7 (r-2c 0.r-2c 0, (n)(i)J.013 Tu)10 v Jc 0.r-2c 0eae t

LIFESTREAM BEHAVIORAL CENTER (LAKE COUNTY)

LifeStream Behavioral Center's (LifeStream) grant program for Lake County began April 1, 2017. It is an expansion of Lake County's 2014-17 CJMHSA Reinvestment Grant program, the Forensic Community Services Team (FCST).

Target Population

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

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

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

Program Design/Model

LifeStream, in conjunction with Lake County, operates the FCST. The FSCT, a modified Assertive Community Treatment (ACT) Team, delivers a system of recovery-oriented screening, assessment, triage, intensive treatment services, and rehabilitation. Individuals can be referred to the voluntary program if they have pending criminal charges and the District Attorney agrees to alternative sentencing or individuals may be referred to the program if they are at risk for further criminal j1.3103 Tw 0.62 0 T(,)2 (212.3 3

- Measure: 70 percent reduction in the total number of program participants within the one-year period following program discharge compared to the one-year period prior to program admission.
  - 63.58 percent reduction
- Measure: 60 percent of program participants not residing in a stable housing environment at program admission will report living in a stable housing environment within 90 days of program admission.
  - 42.86 percent in stable housing
- Measure: 80 percent of program participants not residing in a stable housing environment at program admission will report living in a stable housing environment one year following program discharge.
  - 70 percent in stable housing
- Measure: 30 percent of program participants at program admission who are employed full or part-time within 180 days of program admission.
  - 23.94 percent employed
- Measure: 40 percent of program participants at program admission who are employed full or part-time one year following program discharge.
  - 51.61 percent employed
- Measure: 80 percent of participants will be assisted in applying or be linked to

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

As of June 30, 2019, LifeStream has expended/leveraged $721,104.47 or approximately 60 percent of the three-year match commitment

LUTHERAN SERVICES FLORIDA HEALTH SYSTEMS (MARION COUNTY)

Marion County's three-year

Marion County's three major grant obje [redacted] e:

1. Increase referrals to the Me [redacted] oPrtogram through increased education and awareness of law enforcem [redacted].
2. Increase access to behavio [redacted] vices for Mental Health County participants
3. Establish a Pre-Booking d vers [redacted]

Evidence-based, Best, and Promising Pra [redacted] ols Utilized

- x AC-OK Screen for C-Occurring D [redacted]
- x Center for Alternative Sentenci [redacted] yment Services (CASES) Transitional Case Management
- x SSI/SSDI, Outreach, Assist, an [redacted])
- x Permanent Supportive Housing [redacted]
- x Peer Specialists
- x Functional Assessment Rating [redacted]

Number Served through June 30, 2019 ([redacted] r 4):

[redacted]				
		-	-	145

Number Served through May 31, 2019 (Year 2, Quarter 4):

	92	38	-	130
	100	100	100	300
	79	0	-	79
	15	15	14	44

Overall Grant Award

- Total award amount: $1,200,000 (over three years)

Performance Measures

The outcomes listed below reflect progress through May 31, 2019 (Year 2, Quarter 4).

- Measure: 20 percent reduction in the total number of among participants while enrolled in the program compared to the one-year period prior to program admission.
  - 92.42 percent reduction
- Measure: 10 percent reduction in the total number of among participants within the one-year period following program discharge compared to the one-year period prior to program admission.
  - 97.97 percent reduction
- Measure: 75 percent of participants not residing in a environment at program admission will report living in a stable housing environment within 90 days of program admission.
  - 93.55 percent in stable housing
- Measure: 75 percent of participants not residing in at program admission will report living in a stable housing environment6 (o)-6.6 (ll r)11 (e)-3 (85.9 (6 (o)-6.6 (ll r)11 (e)-3 (825-0.9 04 Tc 0.000

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

There has been no fiscal impact determined at this time.

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

Martin County continues to review the effect that the grant-funded program has on the needs of MHC clients, however the initial observation is that the MHC has been expanded to serve a larger number of individuals and clients appear to remain stable for a longer durations.

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

As of May 31, 2019, Martin County has expended/leveraged $225,197.24 or approximately 18.76 percent of the three-year match commitment.

MERIDIAN BEHAVIORAL H

Goals/Objectives

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

Meridian's three major grant objectives include:

1. Implement services and diversion initiatives
2. Create and encourage collaboration among the key stakeholders
3. Increase access to coordinated care, person-centered treatment, and recovery support services

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

- Crisis Intervention Teams (CIT)
- Mental Health First Aid (MHFA)
-

Performance Measures

The outcomes listed below reflect progress through June 30, 2019 (Year 3, Quarter 1).

individuals receiving early intervention and crisis stabilization services are being diverted from continued involvement in the criminal justice system.

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

During Year 3 Quarter 1 of the grant program, 6 participants were diverted from the state hospital who were incompetent to proceed (ITP) or not guilty by reason of insanity (NGI). Other participants who are ITP and NGI receive intensive case management, which has been made possible with the CJMHSA grant funding. Jail competency restoration is also available for participants who are diverted from the state hospital and instead receive a short competency restoration period and are then likely to be sent to prison once they gain competency. Additionally, jail competency maintenance services are provided to

Goals/Objectives

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

Miami-Dade's three major grant objectives include:

1. Implement services and diversion initiatives
2. Create and encourage collaboration among the key stakeholders
3. Provide effective transition planning that will enhance public safety by increasing the possibility that individuals will participate in supervision and complete treatment requirements that will promote recovery and successful community reintegration

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

- Assess, Plan, Identify, and Coordinate (APIC) Model
- Texas Christian University Drug Screen (TCU-DS)
- Ohio Risk Assessment Community Supervision Tool (ORAS-CST)
- Peer Specialist

Number Served through May 31, 2019 (Year 3, Quarter 1)

	107	218	83	408
	125	125	125	375

Overall Grant Award

- Total award amount: $1,200,000 (over three years)

Performance Measure

The outcomes listed below reflect progress through May 31, 2019 (Year 3, Quarter 1).

- Measure: 50 percent reduction in the total number of

- Measure: 50 percent of participants not residing in at program admission will report living in a stable housing environment one year following program discharge.
  - 37 percent in stable housing
- Measure: 100 percent of participants will be assisted in applying for for which they may have been eligible but were not receiving at program admission.
  - 100 percent received assistance
- Measure: 15 percent of participants will be from a state mental health treatment facility
  - 100 percent diverted
- Measure: 15 percent of participants served by the program will be .
  - 2 percent were veterans
- Measure: The number of program participants unable to receive at program admission due to will decrease by at least six during the program.
  - 2 participants received benefits
- Measure: 100 percent of program participants will receive an individualized , matched to identified risks and needs and the appropriate level of service.
  - 100 percent received an individualized transition plan

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

Procedures have been developed to ensure collaboration among the Miami-Dade Corrections and Rehabilitation Department (MDCRD), Correctional Health Services (CHS), and South Florida Behavioral Health Network (SFBHN). Together, the MDCRD, CHS, and SFBHN address the need to identify and expedite jail diversion for eligible individuals. These procedures help reduce expenditures by reducing jail bed days, forensic commitments, and recidivism.

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

As a means to identify which services are appropriate, program participants are assessed using evidence-based screening tools. These tools (see list in prior section) assist in creating individualized transition plans for each participant. As a component of a participant's discharge plan, grant program personnel assist in coordinating services and housing.

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

As of May 31, 2019, Miami-Dade County has expended/leveraged $2,668,691 or approximately 27.72 percent of the three-year match commitment.

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

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

Number Served through April 30, 2019

- Measure: 50 percent of participants assisted in applying for for which they may have been eligible but were not receiving at program admission
  - This measure is not applicable at this time because all of the participants were already receiving benefits at program admission
- Measure: 5 percent of participants will be from a state mental health treatment facility
  - Not applicable because none of the participants were eligible for the state hospital.
- Measure: 35 percent of all potential participants will be
  - 71.06percent screened

ORANGE COUNTY

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

- Child and Adolescent Needs and Strengths comprehensive tool (CANS) (completed at intake, at three months, six months, twelve months, and at discharge/transition)
- Car, Relax, Alone, Forget, Friends, Trouble (CRAFFT) screening tool)
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)

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

As of April 30, 2019, Polk County expended/leveraged $38,230.55 or approximately 60.7 percent of the three-year match commitment for their CJMHSA Reinvestment grant. The county's cash match provides funding to support the PGFICM program manager.

POLK COUNTY BOCC (LHZ77)

Polk County's grant program, Roots (housing component) of Helping Hand Here: Access, Navigation, Delivery, and Support (Helping HANDS) began September 1, 2018.

- Measure: 50 percent of participants will be engaged in while enrolled in the program
  - 100 percent were engaged in treatment

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

There is no fiscal impact determined at this time.

Summary of the Effect of the CJMHSA Reinvestment Grant Program on the Availability and

In year two, the grant program began serving juveniles. Referrals for juvenile services are received through Seminole County Sheriff's Office (SCSO) School Resources Officers, Child Protective Services, and SCSO programs such as: Prosecution Alternatives for Youth, Youth Intervention Services, Evolution Diversion Program and Eugene Gregory. Following the referral, program staff conduct eligibility screenings using the Florida Network of Youth and Family Services NetMIS screening form and a Conduct/Oppositional Problem Checklist. Eligible youth and their parents participate in the 13-week Stop Now And Plan (SNAP) grant program. SNAP is an evidence-based cognitive behavioral model that provides a framework to teach youth struggling with behavioral issues how to effectively regulate their emotions, practice self-control, and utilize problem solving skills in structured, curriculum-based group therapy settings. Services include life skills training, Motivational Interviewing, counseling services and decision-making classes for the youth and their parents.

Goals/Objectives

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

Objectives:

1. Implement services and diversion initiatives
2. Create and encourage collaboration among key stakeholders
3. Provide treatment services for adults with mental health, substance use and/or co-occurring disorders
4. Train -vQ0(e)]TJ9e

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

As of June 30, 2019, Seminole County expended/leveraged $673,930.42 or approximately 56.49 percent of the three-year match commitment for their CJMHSA Reinvestment grant. Seminole County is utilizing match funds to address homelessness among program participants (personnel and direct costs). Aspire is also providing some match.

SOUTHEAST FLORIDA BEHAVIORAL HEALTH NETWORK (INDIAN RIVER COUNTY)

Southeast Florida Behavioral Health Network's (SEFBHN) grant program began January 31, 2017 and expands Indian River County's existing Mental Health Court (IRCMHC).

Target Population

The target population for the Mental Health Court includes:

- Adults with serious mental illness (SMI), substance use disorder (SUD), and co-occurring disorder (COD) who demonstrate high utilization of acute care services, including crisis

In the early period of the grant, clients were receiving jail sanctions as punishment for testing positive on drug tests, and occasionally spending longer periods in the jail while waiting for placement through the IRC-MHC program. In Year 3, the team has become much less punitive with sanctions, and has been expanding sanctions to including community service, AA attendance, and other treatment as a viable alternative to jail.

Since the inception of the current grant program, eight participants were committed to a state mental health treatment facility. One of the clients has been transitioned to a less restrictive step-down facility. Those clients who may have been considered for commitment to the state hospital system have stayed in the program with the assistance of the FACT team and ADI-Recovery Services.

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

As of April 30, 2019, Southeast Florida Behavioral Health Network has expended/leveraged $952,033.34 or approximately 76.06 percent of the three-year match commitment.

SOUTHEAST FLORIDA BEHAVIORAL HEALTH NETWORK (OKEECHOBEE COUNTY)

Southeast Florida Behavioral Health Network's (SEFBHN) grant, to establish a Mental Health Court and expand the existing Drug Court for Okeechobee County, began November 2, 2017. The program is called Okeechobee Specialty Courts (OSC).

Target Population

The target population for OSC includes adults who have a mental illness, substance use disorder, and/or co-occurring mental health and substance use disorder, and who are in or at risk of entering the criminal justice system. Individuals may have factors associated with possible criminal behavior, including homelessness, unstable living conditions, history of victimization or abuse, and prior arrests, hospitalization, or incarceration.

Program Design/Model

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

The Drug Court serves first-

Overall Grant Award

- Total amount awarded: $126,044 (over three years)

Performance Measures

Outcome data for the performance measures reflect progress through April 30, 2019 (Year 2, Quarter 2)

- Measure: 40 percent reduction in the total number of among participants while enrolled in the program compared to the one-year period prior to program admission
  - 85.71 percent reduction
- Measure: 30 percent reduction in the total number of among participants within the one-year period following program discharge compared to the one-year period prior to program admission
  - 81.82 percent reduction
- Measure: 67 percent of participants not residing in a environment at program admission will report living in a stable housing environment within 90 days of program admission
  - 100 percent in stable housing
- Measure: 90 percent of participants not residing in at program admission will report living in stable housing one year following program discharge
  - The grantee did not report on this measure.
- Measure: 10 percent of program participants and who express a desire to work at program admission are employed full or part-time within 180 days of program admission
  - 22.22 percent employed
- Measure: 24 percent of participants and who express a desire to work at program admission are employed full or part time within one year following program discharge
  - The grantee is collecting data; however, it is too early to report on this measure.
- Measure: 65 percent of participants were assisted in applying for which they may have been eligible but were not receiving at program admission
  - 94.44 percent received assistance
- Measure: 15 percent of participants will be from a state mental health treatment facility
  - 80 percent diverted
- Measure: 50 percent of participants will be from the criminal justice system and graduate from the program
  - 46.67 percent diverted

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

A cost avoidance estimate was completed using averages of SOC clients stays in jail and an average cost per day. Assuming the rate of $125/per d

Goals/Objectives

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

SMA Behavioral Healthcare's three main objectives:

1. Increase access for at-risk youth to receive effective mental health and substance use interventions at the earliest possible point to prevent or divert youth from involvement with the juvenile justice system.
2. Establish a comprehensive and coordinated youth behavioral health System of Care in Flagler County.
3. 0 Tf -0

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

STEWART MARCHMAN ACT (SMA) BEHAVIORAL HEALTHCARE (PUTNAM COUNTY)

SMA's Putnam County grant program, the Putnam County Crisis Triage and Treatment Unit (CTTU), began January 3, 2018.

Target Population

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

Program Design/Model

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

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

Goals/Objectives

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

Objectives:

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

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

- Crisis Intervention Team (CIT)
- Case managers trained in Targeted Case Management
- SSI/SSDI, Outreach, Assist, and Recovery (SOAR)
- Motivational Interviewing
- myStrength (online support systt sys8e4.6)

- Measure: 50 percent of participants who are at program admission are employed full or part-time within one year post-discharge
  - 83 percent employed
- Measure: 85 percent of participants will be assisted in applying for or other benefits for which they may have been eligible but were not receiving at admission
  - 100 percent of participants assisted
- Measure: 90 percent of participants will be from a state mental health treatment Facility
  - There have been no participants who would have been eligible to be admitted to a state

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

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

THE CJMHSA TECHNICAL ASSISTANCE CENTER

This section summarizes the CJMHSA TAC's technical assistance during FY 2019. Technical assistance

Collier County BOCC	Adult	1, 4, 5	x Crisis Intervention Teams (CIT) x SSI/SSDI, Outreach, Assist, and Recovery (SOAR) x Forensic Intensive Case Management (FICM) x Motivational Interviewing x Seeking Safety x Peer Specialists x Supported Employment x Permanent Supportive Housing x Mental Health Screening Form III (MHSF III) x Ohio Risk Assessment System Reentry Tool (ORAS RT) x PLC-5 Trauma Assessment (PTSD) x Texas Christian University Drug Screen IV Substance Abuse Assessment (TCUDS V)	x Diversion/Reentry x Centralized Assessment Center (CAC) operated by the Collier County Forensic Intensive Reintegration Support Team (FIRST)

Hillsborough County BOCC (LHZ49)	Adult	1, 2,3	x Risk-Need-Responsivity (RNR) x Level of Service / Case Management Inventory Risk Assessment Tool (LS/CMI) x Texas Christian University Drug Screen x PTSD Checklist for DSM-5 (PCL-5) x Peer Specialists x SSI/SSDI, Outreach, Assist, and Recovery (SOAR) x Comprehensive, Continuous, Integrated Systems of Care (CCISC)	x Diversion for SPMI offenders through the Mental Health Pretrial Intervention Program x Mental Health Court x Stable Housing (20 Tampa Housing Authority vouchers) x Linkages to community-based treatment providers
Hillsborough County BOCC (LHZ69)	Adult	1,2,3	x Motivational Interviewing x Housing First approach x American Society of Addiction Medicine (ASAM) Criteria (2013) x National Council for Behavioral Health/MTM Services Daily Living Activities 20 (DLA-20) x SAMHSA-HRSA and SAMHSA TIP-57 Recommended PTSD Checklist-Civilian (PCL-C) x Global Appraisal of Individual Needs Q3 (GAIN Q3) x Accelerated Resolution Therapy (ART) x Medication-Assisted Treatment x SSI/SSDI, Outreach, Assist, and Recovery (SOAR) x Comprehensive Continuous Integrated System of Care (CCISC)	x Expansion of Drug Pre-trial Intervention with an expanded Adult Drug Court docket and service infrastructure

LifeStream Behavioral Center (Lake County)	Adult	0, 1, 2, 3, 4, 5	x Assertive Community Treatment (ACT) x Motivational Interviewing (MI) x Cognitive Behavioral Therapy (CBT) x Crisis Intervention Teams (CIT) x Mental Health First Aid (MHFA) x Risk-Need-Responsivity framework (RNR) x Forensic Community Services Team (FCST) x Interactive Journaling x Eye Movement Desensitization and Reprocessing (EMDR) x Ohio Risk Assessment System (ORAS) x Texas Christian University (TCU) Drug Screen x Global Appraisal of Individual Needs (GAINS SS) x Posttraumatic Stress Disorder Checklist for DSM 5 (PCL-5) x Life Events Checklist for DSM 5 (LEC-5) x Trauma-Informed Therapy x SSI/SSDI Outreach, Assist, and Recovery (SOAR) x Peer Specialists	x Diversion x Reentry x Linkages to community-based treatment providers

Operation PAR (Pinellas County)	Adult	1, 2	x Motivational Interviewing (MI) x Mental Health Empowerment Team approach x GAIN Short Screener (GAIN-SS), GAIN Q3, and GAIN-I Core x Screening, Brief Intervention, and Referral to Treatment (SBIRT) x Medication Assisted Treatment x Cognitive Behavioral Therapy	x Screening x Linkage program for individuals under a Marchman Act order x Detoxification services x Outpatient mental health treatment
Orange County BOCC	Juvenile	1, 2, 3, 4, 5	x Child and Adolescent Needs and Strengths Comprehensive tool (CANS) (completed at intake, at three months, six months, twelve months, and at discharge/transition) x	

Pinellas County BOCC	Adult	1, 2	x	Motivational Interviewing

Southeast Florida Behavioral Health Network (Okeechobee County)	Adult	2,3,4	x Crisis Intervention Teams (CIT) x Brief Jail Mental Health Screen (BJMHS) x Cognitive Behavioral Therapy (CBT) x Motivational Enhancement Therapy (MET) x Motivational Interviewing (MI) x Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) x SSI/SSDI, Outreach, Assist, and Recovery (SOAR) x Wellness Recovery Action Plan (WRAP) x Whole Health Action Management (WHAM) x Referral Decision Scale (RDS) x High-Fidelity Wraparound x Mobile Crisis Teams x Peer Specialists x Forensic Needs Assessment x Mindfulness-based Stress Reduction (MBSR) x Forensic Needs Assessment x Mindfulness-based Stress Reduction (MBSR)	x Mental Health Court x Drug Court expansion x Diversion from incarceration x Linkages to community-based treatment providers

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

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

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

County-level/Program-level Strategies

- Establish realistic targets for performance measures in grantee contracts.
- Crosswalk the number and type of evidence-based and best practices proposed in the grant application and included in the executed grant agreement; identify the evidence-based tools to be used.
- Clearly identify county leadership including county/circuit courts, health and human services staff, substance use and mental health providers, advocates, and individuals responsible for implementing the strategic plan.
- Develop concrete sustainability plans.
- Follow up on Sequential Intercept Mapping action plan priorities.
- Reestablish co-occurring capabilities across systems
- Encourage emphasis on formalized reentry strategies and coordination of care management

DCF/State-level Strategies

- Convene an annual grantee meeting providing an opportunity for grantees to share information and experiences with each other as well as engage with DCF SAMH personnel.
-

SUMMARY OF TECHNICAL ASSISTANCE PROVIDED DURING PRIOR FY (7/1/18-6/30/19)

The CJMHSA TAC provides assistance in person (site visits), via electronic mail, telephonically and via quarterly webinars. As stated previously, CJMHSA TAC facilitated fifteen formal technical assistance events for fifteen of the twenty-five grantees during the FY2018-19. As required in LH289.1, the following pages summarize the assistance provided by CJMHSA TAC.

Activities and Accomplishments

Per LH289 section 1C1.2.2, the CJMHSA TAC must conduct a technical assistance needs assessment survey at the beginning of each fiscal year. The CJMHSA TAC disseminated the 2018-19 FY Technical Assistance Needs Assessment Survey to:

- RFA06H16GS1 Implementation/Expansion grantees: sent 7/26/2018
- RFA06H16GS1 planning/Implementation/Expansion grantee: sent 7/26/18 and 8/16/2018 (based on date of contract execution)
- RFA03H17GN2 Planning and Implementation/Expansion grantees: sent 9/11/2018

The top three technical assistance priorities identified in the 2018-19 needs assessment surveys were:

- Permanent Supportive Housing
- Overall grant development/approach
- Sequential Intercept Mapping (SIM)/SIM follow-up

CJMHSA TAC Quarterly Updates

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

December 10, 2018, Mary Armstrong, Ph.D., Professor in the Department of Child and Family Studies at the University of South Florida, Executive Director of the Louis de la Parte Florida Mental Health Institute and CJMHSA TAC subject matter expert, hosted the quarterly webinar, titled, "Systems of Care in Behavioral Health Care." The webinar reviewed the System of Care (SOC) framework, as well as the core values of SOC. Dr. Armstrong explained the positive impact that utilizing a SOC framework can

March 26, 2019, Jim Winarski, MSW, Research Associate in the Department of Mental Health Law and Policy at the University of South Florida and CJMHSA TAC subject matter expert hosted the quarterly webinar. Mr. Winarski's presentation was titled, "Realizing the Recovery Vision in Florida: Implications for Justice-Involved Individuals." Th.4 (in)2.2 (ars)9.03 Tw 0. (cat)d [(T)-6.1v-1.204 74 11.04 tter8 0 Td [(Vi)-1.3 (s)-

SMA Behavioral Healthcare Southeast Florida Behavioral Health	Final Putnam County SIM Repo	Email

	TA needs assessment follow-up	Email
	Drug Court and MAT Panel	On-site
	Permanent Supportive Housing Roundtable	On-site
	TA needs assessment follow-up	Telephonic
Centerstone of Florida	TA needs assessment follow-up	Email

LSF Health Systems	SIM planning	Email
SMA Behavioral Healthcare	TA needs assessment follow up	Email

APPENDIX A: REINVESTMENT GRANT BACKGROUND

The Florida Legislature enacted Florida's Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Act in 2007. This legislation laid the foundation for community leaders to plan, create, and expand innovative services to shift the care of individuals with mental illnesses and/or co-occurring substance use disorders from the most expensive, crisis-driven treatment settings and jails to community-based programs. The grants have enabled counties to expand community mental health and substance use disorder services, establish local planning councils, and engage in strategic planning.

The Reinvestment Grant Act initially created two types of grants—planning and implementation—to assist communities in developing and/or expanding treatment alternatives to jails, prisons and state forensic hospitals (treatment facilities). The grantee applicant was restricted to local government entities (counties). The initial

APPENDIX B: GRANTEES—HISTORICAL SNAPSHOT

The table below provides a historical snapshot of all CJMHSA Reinvestment Grantees, to date including those outside of this current reporting period (FY18-19). Not all of the grantees listed below are "county grantees." New grantees may be county governments, managing entities, sheriff's offices, or private, not-for-profit providers. Grantees are listed alphabetically by county in which the grant was/is implemented. If the grantee is not a county government entity, the grantee's name is listed in parentheses under the county's name. text indicates active grants as of the FY18-19 annual report period.

Alachua	LHZ09	Implementation	Adults	3/28/2008	3/27/2011
	LHZ33	Expansion	Adults	3/17/2011	3/16/2014
	LHZ45	Implementation/ Expansion	Adults	4/1/2014	3/31/2017

For questions or additional information, please contact:

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