

SECTION ONE

SITE VISIT SUMMARY REPORT

SITE VISITS' SUMMARY REPORT

BACKGROUND:

The purpose of the Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant Program (CJMHSR) program is to demonstrate that investment in diversion strategies and in treatment efforts related to mental illness, substance abuse disorders and co-occurring disorders will result in a reduced demand on the resources of the judicial, corrections, juvenile detention and health and social services systems. In keeping with this purpose, the Substance Abuse and Mental Health Corporation awarded nearly \$4 million dollars to twenty-three (23) Florida counties.

A goal of the program is for the funded counties to develop a strategic plan whereby individuals are intercepted from judicial commitment to community-based service programs that provide needed treatment services at the earliest point possible while protecting public safety. A further goal is for the funded counties to demonstrate that systemic change would be effected through the required collaboration among the grant participants in affected governmental agencies including the criminal, juvenile and civil justice systems, mental health and substance abuse treatment service providers, transportation programs and housing assistance programs.

The following "Problem" section is an examination of the scope of the problem as it relates to the criminal justice system and the individual, clinical and system barriers that make it difficult for people with mental illness or co-occurring substance use disorders to get help. The Problem section is excerpted from CMHS National GAINS Center (2007). *Practical Advice on Jail Diversion: Ten Years of Learnings on Jail Diversion from CMHS National GAINS Center*. Delmar, NY: Author.

THE PROBLEM:

Significant numbers of people with serious mental illness and co-occurring substance use disorders are threatened with arrest or placed in jail, often for minor offenses, many of which are the result of or associated with untreated mental illness. This phenomenon disrupts jail operations, clogs court dockets, and impedes recovery from mental illness and substance use disorders.

Each year, 14 million people are arrested and booked into jails. An estimated 1,100,000 people, 8% of annual jail bookings, have current symptoms of serious mental illness and approximately three-quarters have co-occurring substance use disorders. (Bureau of Justice Statistics, 2006; National GAINS Center, 2004; Steadman & Naples, 2005; New Freedom Commission, 2004).

People with mental illness in jails are likely to be poor and uninsured and more than half are members of minority groups. They cycle in and out of the mental health, substance abuse and criminal justice systems, receiving inadequate or inappropriate treatment, if they receive treatment, at all. Many become homeless and end up on the streets where they engage in survival activities (e.g. panhandling, public urination, theft of services) that get them into trouble. In other cases, people whose mental illness is untreated may act in ways that the general public considers to be frightening or threatening, resulting in a call to law enforcement.

Often as a result of circumstances beyond their control, people with mental illness are more likely to be arrested; to be detained because they cannot post even very low bail; to be charged with more serious crimes; to have stiffer penalties imposed; to spend two to five times longer in jail; and to be involved in more fights, infractions, and sanctions (Massaro, 2004). Further, people with serious mental illness and co-occurring substance use disorders are at increased risk of returning to jail on a probation violation, as compared to probationers without a mental illness. Behaviors either directly or indirectly related to their mental illness or substance use disorder (e.g. substance abuse, failure to keep appointments or a job) and the increased scrutiny that people with mental illness may receive from their probation officers or treatment providers might be to blame (Skeem & Loudon, 2006) for this elevated risk of technical violation.

Frequently, people who are caught in the “revolving door” of corrections, mental health treatment and homelessness are thought of as “bad clients” or “treatment resistant” when in reality they are the casualty of “client resistant services” (H. J. Steadman, personal conversation, March 6, 2006).

Indeed, numerous clinical, system and individual barriers combine to make it difficult even for the most functional and motivated people with mental illness and co-occurring substance use disorders to get help.

The barriers include:

- Lack of funding for mental health services
- Lengthy waits for treatment and services
- Lack of adequate housing
- Fragmentation among mental health, substance abuse treatment, housing, social services and health care providers
- Lack of culturally competent service delivery and trauma-informed care
- A gap between what is known to be effective for treatment of mental illness, based on the best scientific evidence and services delivered at the community level
- Previous negative experiences in both the mental health and substance abuse treatment systems
- Stigma and discrimination

METHODOLOGY AND SELECTED SITES:

In January of 2009, the board and staff of the Substance Abuse Mental Health Corporation determined it was time to conduct initial site visits of the Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant Program. The purpose of the site visits (one day at each site) was to assess grantee progress first hand and gather information about the lessons each county had learned and whether linkages they had established improved services and reduced demand on the system. A further goal to be achieved after visiting all of the sites was to compile data that would facilitate linkages between the counties' programs that could improve services. A survey methodology was developed that involved the following components:

- Review of documents (needs assessment, strategic plans, etc.)
- Onsite meeting with stakeholders
- Completion of a focus group questionnaire
- Individual interviews
- Tour of site activities to showcase their work
- Lessons learned

The Substance Abuse Mental Health Corporation requested the monitoring of fifteen (15) of the twenty-three (23) grantee counties that were funded. The fifteen sites that were selected represented a cross-section of both Planning and Implementation grants that were awarded across the state. A detailed written report was prepared following the conclusion of each site visit. A review of the individual site visit reports will provide the reader a more in depth review of the activities conducted at each County's program. The individual county reports are located in Section Two.

The monitoring visits were completed between March 9, 2009 and May 20, 2009. A presentation of the findings was provided to the board and staff on June 3, 2009. The grantee counties that were included in the site visits and the dates of each visit follows:

• Hillsborough County	3-9-09	• Leon County	4-27-09
• Lee County	3-17-09	• Duval County	5-5-09
• St. Lucie County	04-2-09	• Nassau County	5-6-09
• Monroe County	4-7-09	• Flagler County	5-12-09
• Miami-Dade County	4-9-09	• Volusia County	5-13-09
• Orange County	4-13-09	• Martin County	5-19-09
• Polk County	4-15-09	• Palm Beach County	5-20-09
• Alachua County	4-16-09		

A summary related to the approach that was utilized by the visited sites and the progress they made in terms of their diversion strategies and treatment efforts follows, particularly, as it relates to their strategic plans, collaboration among the grant participants and lessons learned.

STAKEHOLDERS:

One of the most impressive and dynamic elements of each monitoring visit was the focus groups with the community stakeholders. The composition of these groups varied from one community to the next. However, all were positive about the diversion and treatment mission. Several of the counties have had stakeholders involved for years. Those were the sites that had started meeting several years ago due to crisis (usually the death of one or more offenders). Other stakeholder groups had formed more recently as a result of the Reinvestment grant opportunity. Each group had at least one “boundary spanner.” A boundary spanner is a person of influence who has the ability to span across corrections, criminal justice and community-based organizations to facilitate change in the system.

The Reinvestment grant opportunity is resulting in “Tipping Point” experiences within the existing continuum of care. It has started a ground swell of criminal justice, correctional and clinical reform! The stakeholders started the process by having decision-makers (not designees) around the table and their beginning the process simply by asking questions and seeking answers, such as the following:

1. How can we identify appropriate cases sooner? (intercept)
2. What can be done to shorten the wait time for appointments? (bridge funding)
3. What incentives and sanctions seem to work best with our chosen population? (evidence-based with flexibility)
4. What are the data points we need to collect to make the best decisions? (TAC)
5. How can we improve interagency communication? (MOUs & Unified Consent forms)
6. How can we reach other appropriate populations? (expansion)
7. What do our outcomes look like? (process & hard data, numbers)
8. How do we sustain our momentum? (sustainability planning)

These core questions resulted in change in many domains. Stakeholders consistently solved problems at the “line” level. This resulted in a vested interest in the success of the project.

It is important to note that the counties’ sheriffs and their departmental personnel represented one particular group that champions the Reinvestment initiative. Decreasing the incarceration numbers of complex offenders makes the jails a safer environment for offenders and correctional security officers. In addition, there are fewer suicides and fewer offenders are placed in isolation or restraints. The offenders become “everyone’s” client. Additionally, cross-training has given both security and treatment staffs a renewed appreciation for each others’ roles.

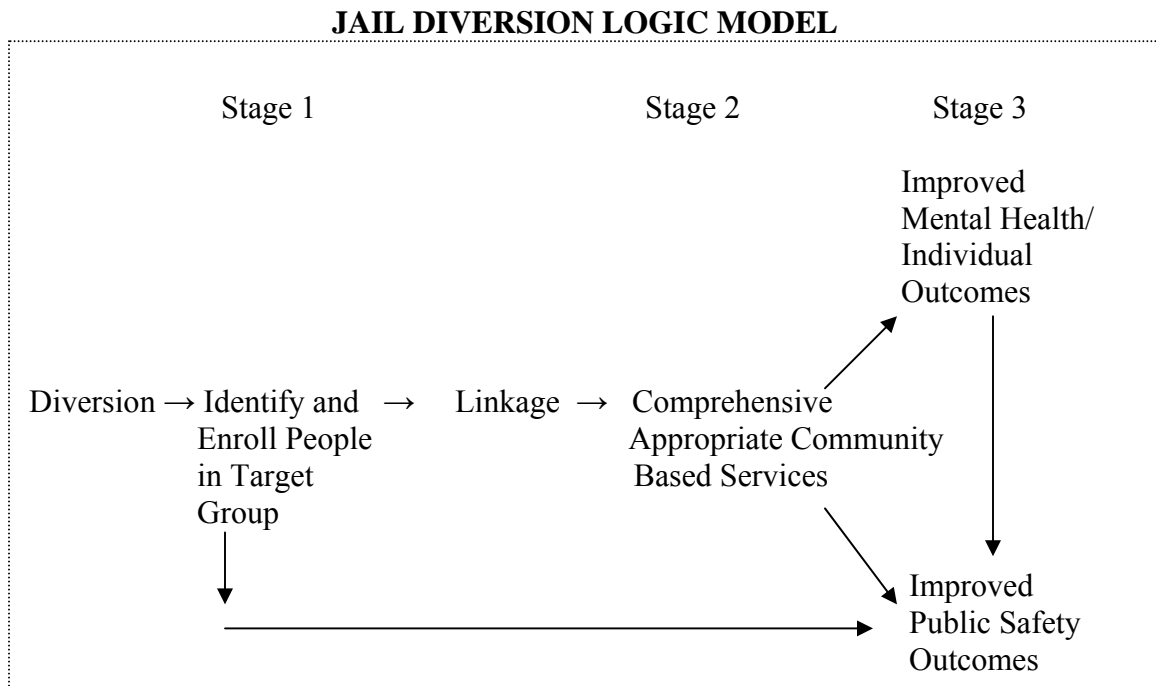
Groups who were not often represented among the stakeholders, who might be considered, in the future, as significant stakeholders who can make a significant impact on the problem include representatives of Social Security Disability Determination, hospitals and insurance companies.

The stakeholder groups in most counties have been dynamic. New members have been added that brought key community leaders to the table as problems surfaced. In sum, the stakeholders are the foundation of the Reinvestment initiative.

A. BUILDING THE FOUNDATION (NEEDS ASSESSMENT, INTERCEPT MAPPING AND /STRATEGIC PLANNING)

STEP 1) Jail Diversion Logic Model:

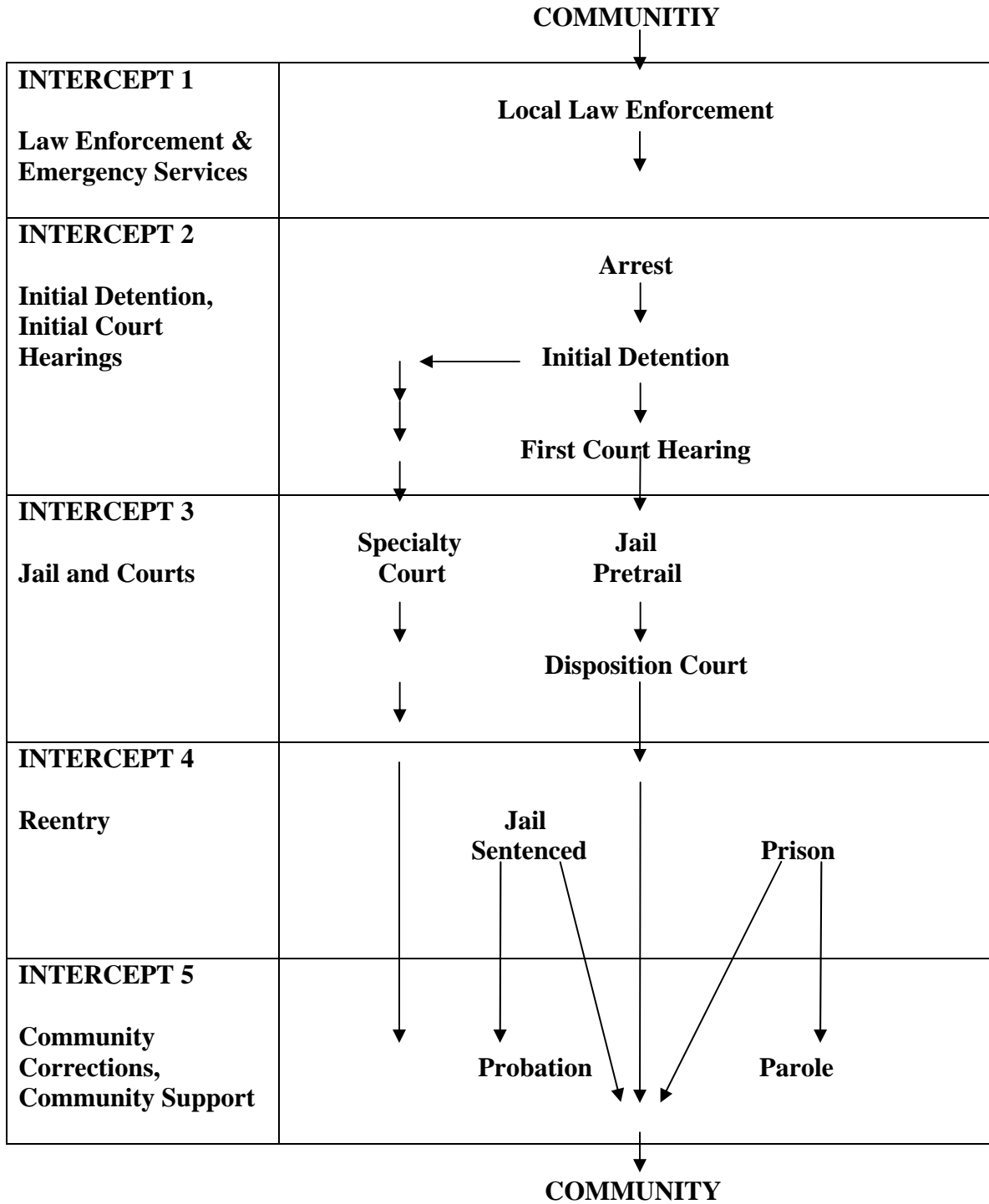
Each reinvestment site has taken the time to engage community stakeholder and build the foundation for this criminal justice reform initiative (jail diversion). The foundation is the Jail Diversion Logic Model. The diagram which follows displays the stages and flow in this step in the process.



STEP 2) Intercept Mapping:

The second step in the process required stakeholders to participate in what is commonly known as the Sequential Intercept System Mapping process. The structures of the mental health, substance abuse and criminal justice systems and the points at which they intersect are complex which makes it difficult if not impossible for any one person to see the system as a whole. System mapping is a process for identifying gaps and needs in the system and for setting priorities in the action planning process. A Sequential Intercept Model is displayed on the following page.

SEQUENTIAL INTERCEPT MAPPING MODEL



STEP 3) Collection and Management of Data:

As the mapping process was developed, gaps in services were identified and a second level of decision-making occurred. Key decisions had to be made, including the following:

- Who do we want to serve?
- What types and levels of services are needed?
- At what point in the process, do we want to begin the intervention?
- What types of services do we already have and which ones do we lack?
- How do we plan to fill any service gaps?

At this point an action plan or strategic plan was written and included:

- Designating responsibilities
- Development of an information management system and mechanism to share information
- A plan for providing services
- Identification of key positions
- Outreach and marketing of the program

B. KNOWLEDGE MANAGEMENT AND LESSONS LEARNED

The purpose of the monitoring visits was two fold. First, it was necessary to determine whether the grantee commitments were being completed. Second, and most important, was the goal to craft a knowledge management tool titled “Lessons Learned.” These lessons are the unique problem-solving and client-centered accomplishments that were achieved and can be shared throughout the state. Identification of successful initiatives and the counties where they were demonstrated will support learning from each other with the potential to unify and advance the field on a statewide basis.

For your future use and additional reference, the following list highlights some Lessons Learned and provides a brief overview of the focus of some County initiatives. A Glossary of Terms which might be beneficial is included as an attachment in Section Three.

1. Information Sharing and Communication: Several counties were exceptional in reference to establishing procedures and documents. Particular areas of note include:
 - Memorandums of Understanding
 - Staff roles and functions
 - Unified Consent Forms
 - HIPPA/42CFR Training

Subject Matter Experts: John Petrla and the Florida Mental Health Institute Technical Assistance Center staff have provided excellent guidance in these areas.

2. Clients obtaining benefits: Depending on the target population chosen to serve, many clients in the programs are eligible for benefits. Typically, that process is time consuming (10-12 months). Two counties, Dade and St. Lucie are excellent at accomplishing this task in six to eight weeks.
3. Identification cards (ID), Mobile medical: These are ongoing issues for persons with co-occurring problems. Orange County has an "I Dignity" Program that is an excellent model for replication.
4. Crisis Intervention Team (CIT) training is a staple of each project with some data reflecting 80% diversion to community resources instead of incarceration. In Martin County a DVD was developed for law enforcement titled "Understanding Baker Act" that assists road deputies, detention officers, dispatchers and school rescue officers, etc.
5. Volusia County and Stewart Marchman have developed a prescription monitoring program that is excellent and can be a statewide model.
6. Alachua County has an excellent jail diversion model. As part of their data system they do a "failure analysis" on re-arrests. They also are in the process of expanding to gender specific trauma informed groups.
7. Polk County is tracking head injuries (Traumatic Brain Injuries) in their mental health clients. Specific clinical strategies to address that issue (TBIs) are sure to follow. Polk County also has an excellent peer-to-peer program.
8. It should be noted that peer specialists in several counties made a point to indicate their desire and need to be more unified through statewide technology initiatives.
9. Flagler County is beginning a wellness overlay program to address the issues surrounding the 25-year shorter lifespan for members of their population who suffer with obesity, heart disease, smoking addiction, diabetes, etc.
10. Stakeholders in West Palm Beach have begun surveying clients in focus groups to reach the incarcerated minority population.
11. Monroe and Volusia County's strategic planning documents provide an excellent reference point in terms of format and structure for developing and writing a strategic plan.
12. Monroe County has established a "Voice Recognition Software Program" to support their pre-trial diversion services. The utilization of this innovative technology approach has reduced the need for staff to answer the telephones by two full-time FTEs. The cost savings has permitted reallocation of staff resources to address other vital service needs.

13. Dade County has initiated the “Interim Assistance County Housing Program” which provides a good model to be reviewed as a replenishing fund for housing. Under this program, the County provides the clients with a loan to support their housing needs while they are applying for disability assistance. The loan serves to “bridge the gap” until their disability check is awarded which may take a few months. When the clients receive their first disability check, the loan is repaid.
14. In terms of funding strategies, several counties requested and were awarded funding support in the “Outreach” category from the Florida Department of Children and Families. Funds awarded in this category allowed more flexibility in meeting the varying needs of the clients.
15. Flagler County documents provide an excellent descriptive resource for ways to expand the National Alliance on Mental Illness (NAMI) to include a separate outreach track for veterans.
16. Hillsborough County has established an exemplary model for the co-location of discharge, reentry and support services provided by the jail, court system, mental health, substance abuse treatment, housing and employment organizations, etc. Of particular note is the high level and expediency of interagency communication, the excellent unified client data collection and tracking system that has been established and the development and utilization of a Unified Consent Form that meets the confidentiality requirements of and has been approved by the Legal Action Center.
17. For those interested in the use of graduate students in mental health court research, Leon County’s evaluation provides an excellent resource. Leon County utilized graduate students to track staffings, court proceedings, the use of incentives and several other areas that support mental health research.
18. Duval County was successful in the use of computers for the provision of recovery Support Services. They utilized Gateway’s “Distance Support Program” for that purpose.
19. Nassau County is operating a business training (Social Enterprise) program for clients. In the employment program they are providing at the present time, they are training clients for employment in the landscaping industry.
20. As appropriate, the needs of children of clients are addressed in Nassau County by primary stakeholders who focus on advocating for the children through the Guardian ad Litem Program. The program is a network of professional and community advocates, partnering to provide a strong voice in court on behalf of abused and neglected children. Stakeholders provide representation through dependency court for the children.

21. Lee County has instituted a Low Demand Triage Center. This approach positively impacts and reduces hospital and emergency room costs. As a result, the local hospital pays for the medical services of the Center.
22. Several of the counties have dedicated probation officers to provide closer, clinically driven supervision to the offenders.

SUMMARY:

The Reinvestment Act has resulted in many success stories. In most counties, they have implemented “criminal justice reform” and the groundswell continues to grow in those counties. In most of these counties, planning efforts are underway as these same stakeholders are focusing on reentry. These efforts are critical and time sensitive.

Earlier this year, the PEW Foundation issued a criminal justice report titled “One in One Hundred.” The title of this report refers to the alarming new statistic that in our country, today, one of every 100 citizens is incarcerated.

When one looks at a breakdown of the statistics of who is being incarcerated by age and race, the trends are frightening. A copy of the statistical breakdown is included for your reference at the end of this section.

The Reinvestment Act has started a process that has growing momentum and is successfully treating thousands of people all around the state, people who are numbered, or might otherwise be numbered, among our nation’s alarming incarceration statistics.

The Reinvestment Act programs being operated by counties all over the state of Florida have made a wonderful start. They are unique, imaginative, forward thinking and on target with their County’s most pressing concerns. Most importantly, they are operated with compassion by “passionate” people who understand and care about their community, its needs and its future.

SECTION TWO:

INDIVIDUAL COUNTY

CJMHSR REINVESTMENT GRANT

SITE VISIT REPORTS

CRIMINAL JUSTICE, MENTAL HEALTH AND SUBSTANCE ABUSE GRANT

ALACHUA COUNTY SITE VISIT

APRIL 28, 2009

EXECUTIVE SUMMARY

Alachua County has used their Reinvestment Act grant funding to enhance identification, case management, vocational support and treatment services for mental health clients and clients with co-occurring mental health and substance abuse treatment needs.

COMMENDATIONS:

1. The Meridian Forensic Clinic has prioritized jail release clients to assist with uninterrupted medication management once released from jail.
2. There is a dedicated probation officer to the caseload.
3. A root-cause analysis process is done on clients who are rearrested.
4. Real estate, business and landlord professionals have joined the collaboration to assist with employment and housing.
5. They have established an excellent data system for tracking the jail population and case identification.
6. They have an excellent Crisis Intervention Training (CIT) program.
7. Both the County and Public Safety Commission are involved in sustainability planning.

NEXT STEPS:

- 1) Reach the goal of at least one CIT-trained officer on each shift..
- 2) Implement gender responsive/trauma informed groups.

CRIMINAL JUSTICE, MENTAL HEALTH AND SUBSTANCE ABUSE GRANT

DUVAL COUNTY SITE VISIT

MAY 5, 2009

EXECUTIVE SUMMARY

Duval County had a Reinvestment Act planning grant. They experienced growing pains as, shortly after their award, both the public defender and the State Attorney were changed as the result of an election. As a result the Health Department became the facilitator of the planning process. There was a dedicated group that participated in the planning meetings, however, as a group they expressed “system coordination” was still a work in progress.

COMMENDATIONS:

1. Providers offer a wide scope of services.
2. I-Connect is an effort to sustain engagement using the internet.
3. Sheriff Rutherford is a creative boundary spanner.
4. The Department of Health provides in-jail medical/mental health services which lead to a continuum in the community.
5. The Criminal Justice Coordination serves in the role of the Public Safety Coordination Council.
6. A new data system has improved case identification.
7. The Department of Children and Families is facilitating a county-wide co-occurring initiative.
8. Crisis Intervention Training (CIT) is exceptional with approximately 70% diversion when possible.
9. State Probation and the Veterans Administration are new partners to the planning collaborative.

CONSIDERATIONS:

- 1) The strategic plan is still being finished.
- 2) New applications and reinstatements for Medicaid are taking several months.
- 3) The misdemeanor diversion system is working efficiently. The judiciary is slow to approve initiatives with felonies
- 4) SOAR training has just been completed. This will, hopefully, help improve timeliness of participating in benefits.
- 5) The overarching goal of the planning grant is to complete the needs assessment/strategic plan and to recommend a mental health authority that can continue the progress and provide coordination and grant writing from the county's perspective.

CRIMINAL JUSTICE, MENTAL HEALTH AND SUBSTANCE ABUSE GRANT

FLAGLER COUNTY SITE VISIT

MAY 12, 2009

EXECUTIVE SUMMARY

Flagler County received a planning grant and established the following goals and activities:

1. Develop effective collaboration efforts among participants in affected governmental agencies, including the criminal, juvenile and civil justice systems, mental health and substance abuse treatment service providers, transportation programs and housing assistance programs.
2. Develop strategies to divert individuals from judicial commitment to community based service programs offered by the Department of Children and Family Services in accordance with ss.916.13 and 916.17, F.S.

Activities:

- Conduct Needs Assessment with clear definition of target population to be served: Elana Lee and Work Group, May 30, 2008.
- Key stakeholders to share expertise in their subject matter during planning - Chet Bell, substance abuse provider; Janet Miller, mental health provider; Rick Hankey, Northeast FL Addictions Network; Becky Quinteri, Health Director of Flagler County Jail; Debra Polite, Director of Juvenile Detention Center. Meetings were scheduled throughout the year during the planning process.
- Provide expert consultation for key stakeholders and education on specific approaches and their linkage to best known/effective mental health and substance abuse treatment practices, diversion strategies and support services: Memphis Model CIT Consultant, July 2008. Other consultants will be scheduled upon receipt of survey from council members per their request to meet their needs.
- Develop and write a strategic plan for creating a comprehensive service system for criminal justice diverted persons with mental health and or substance abuse disorders;
- Deriving methodologies for sharing data among partners and collection and reporting data to the Criminal Justice, Mental Health and Substance Abuse

Technical Assistance Center (FMHI, University of South Florida); Mark Yount and Ivan Cosimi, Stewart-Marchman Center MIS, October 2008.

- Conduct a performance assessment of the planning actions; Elana Lee, Lynda Linke and work group December 2008.

The planning grant timeframe has ended and the collaborative work group has accomplished their scope of work. The only area that they intended to make more progress in was their interventions with juveniles.

Their primary work completed had an adult focus. As a result of their collaborative work group they have been able to accomplish the following:

1. Completed an excellent strategic planning document.
2. Have already begun applying for grant funding to accomplish their top three priorities.
3. Have facilitated major changes in the jail system regarding case identification, timing of jail releases, access to ongoing community services and medication management.
4. The Stewart-Marchman/ACT merger has provided efficiencies and better coordination of client care.
5. NAMI is a very active partner and works to assist both at the county policy level and with meeting some critical day to day needs of consumers.
6. "Prevention on the Move" is a unique RV Mobile Project that brings HIV education, food stamp application, Medicaid enrollment, JIV testing to the community.
7. NAMI also has a Veterans NAMI which is unique in reconnecting displaced veterans to the services community..
8. A community drop-in center has been operational and approximately 90% of their drop-in clients have criminal justice history. This center emphasizes social support.

NEXT STEPS:

- 1) The three priorities of the strategic plan:
 - Continue to expand Crisis Intervention Trainings (CIT) with crisis team support.
 - In-jail identification and case management.
 - Information technology system to assist with data-driven, decision-making.
- 2) Engage education and the hospital as stakeholders in the planning process.
- 3) Develop a plan to assist with transportation issues.
- 4) Establish transitional housing capacity.
- 5) Overall, an excellent dedicated group who are action oriented and have already made great progress with their planning grant.

CRIMINAL JUSTICE, MENTAL HEALTH AND SUBSTANCE ABUSE GRANT

HILLSBOROUGH COUNTY SITE VISIT

MARCH 9, 2009

EXECUTIVE SUMMARY

I) COLLABORATIVE PLANNING:

The Hillsborough Criminal Registration Unit (CRU) is a project financed and programmatically supported by several organizations. Bi-weekly meetings held by the stakeholders with decision-making focused on client/offender needs continue to drive the process. Coordination and partnerships are the highlight of the program. As a result, the collaborative planning is a noteworthy strength of the program.

The Public Safety Council meets monthly and reviews the summary narrative and performance indicators. While not active in the CRU process, the Council is supportive and last October, 2008, the County Commission presented the CRU staff with a certificate of appreciation for their accomplishments.

The barriers that have been challenges are as follows:

- A) Ongoing planning to maintain confidentiality and maximizing utilization of available space. Space is emerging as an issue due to program growth.
- B) Internet and webhosting has experienced normal growing pains.
- C) The client-driven voucher system has taken time to build a network of providers and work out the approval and distribution methodology.

Overall, the collaboration, mutual support and commitment of the providers to the reintegration of the clients are at the core of the program that has made this initiative so successful.

II) IMPLEMENTATION AND PROGRAM DESIGN:

The CRU project has exceeded goals and expectations. For example:

- More than 1,420 individuals have been screened.
- 153 have been admitted.
- 76 law enforcement officers have been cross-trained.
- State hospital admissions are down.

- Over 15 memorandums of understanding are in place with local service providers.

The co-location, collaboration and client data outcome system are interagency successes. It is important to note that considerable time has been invested in creating an organizational culture built on access and responsiveness. Throughout the site visit, one could see how those two principles were woven throughout every decision at the CRU. For example, all partners have access to clinical data. An example of the CRU's responsiveness is the fact that they keep bus passes, housing vouchers and store shopping cards, for purchasing necessities, available at the site to assist with meeting the clients' immediate needs. This level of coordination has created recidivism reduction from 29% to 11.57% for those clients in the program 120 days out of incarceration.

The program has been built using both promising and evidence-based practices, as follows:

Promising Practices:

- Client Choice Model (Voucher System)
- Universal Release of Information Consent Form
- Outreach funding flexibility
- Co-location and Clinical Information Sharing

Evidence-Based Practices:

- SAMSHA Tip 42
- Modified GAIN
- Mini Diagnostic
- Locus-Level of Care
- Stage of Readiness and Care
- Recovery Support
- Motivational Interviewing

The fiscal challenges have been navigated now that the fiscal oversight is being coordinated by the Central Florida Behavioral Health Network. The lessons learned have been many. To list a few:

- Focus on clients with intermediate needs.
- Assist clients with intermediate needs.
- Provide support of clients' longer term needs.
- Whenever possible use the clients' natural supports.

