



With an already well-defined system of jail diversion services, service delivery for our adult target population will be strengthened and augmented by the addition of this project's Community Resource Center.

SBH will collaborate with the Sheriff's Office and the Public Safety Coordinating Council (PSCC) to identify individuals with substance abuse, mental illnesses, or co-occurring disorders whose criminal

**Service Gaps in the Community:** The major service gap for Seminole County is the lack of a Florida Assertive Community Treatment (FACT) Team. This highly intensive and comprehensive service is available in 31 Florida counties. Each Team has 14 members, including a full time psychiatrist, case managers, vocational specialists, and peer specialists. They serve the 100 persons in their service area who are at highest risk for institutionalization or incarceration.

**Extent of the Problem:** The problem, and the opportunity, is that Seminole County ranks above the State average for its percentage of adults who use services for mental health, substance abuse, and co-occurring disorders and who are arrested and incarcerated (Seminole County Data – Florida Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center, 2010), indicating a need for increased services to meet demand and provide care. Additionally, estimates place the rate of functional illiteracy in the county at as much as 18.1% (National Center for Education Statistics). Of Florida's 67 counties, Seminole ranked 15<sup>th</sup> of 67 counties in the number of Baker Act Examinations initiated (Annual Report of Baker Act Data, Summary of 2011 Data, Released January 2013, University of South Florida; Florida Mental Health Institute).

The additional support made possible by this grant will be used to develop new partners and new services through the Centralized Coordination Project, strengthening the pre-booking component of the diversion continuum (Intercept 1), which will further reduce arrests and prevent deeper penetration into the system. These new services will be housed in a new intercept point, Intercept 1.1, the Community Resource Center (CRC). The new CRC and its network of partners will comprise the Centralized Coordination Project, which will emphasize prevention and early intervention. The CRC's services will be those which are currently in need of increased emphasis in the community for the target population, including housing, employment, education, and benefits enrollment.

**Geographic Environment:** At 345 square miles, Seminole County is the second smallest county, by land area, in Florida (Census 2000 U.S. Gazetteer Files: Counties, 2011). Situated between Volusia County (Daytona Beach) and Orange County (Disney World), the county went from an agriculture-based economy in the 1950's to a mixed suburban county with a variety of businesses and industries, and saw an 81% growth in population from 1970 to 2010. The 2012 estimated population is 430,718, and Seminole is ranked as the 33<sup>rd</sup> fastest growing county in the country (U.S. Census Bureau 2010-2011). Much of the northern half of the county (Sanford, Geneva, Chuluota) is still rural in character.

**Priority as a Community Concern:** Because Seminole County, primarily through the Sheriff's Office and Seminole Behavioral Healthcare, has made services to persons with mental illnesses and co-occurring disorders who are involved or are at risk for involvement in the criminal justice system a high priority for over 15 years, influential members of the community, as well as the

community at large, are well aware of the needs of this population, and of what is being done to meet their needs. In addition, the Department of Children and Families, and more recently Central Florida Cares Health Systems, the Managing Entity for the Central Region, have led, and will continue to lead the way in helping to ensure that the target population is recognized by all segments of the community as a high priority.

**Jail Data and Trends:** The John E. Polk Correctional Facility (County Jail) houses a maximum capacity of 1,240 local, state, and federal inmates. In 2012, there were 15,034 incarcerations. 100% of those individuals received a healthcare screening designed to detect, among other conditions, the presence of substance abuse or mental health needs. According to the Sheriff's Office, the percentage of inmates who received a referral to the jail's Mental Health Team as a result of that screening was at 78% in 2012. Of those 11,727 inmates, 2,508, or 21%, went on to receive treatment while in the jail from the Single Point of Access (SPA) Team, which is comprised of the jail's Mental Health Team and Forensic staff from SBH (SCSO, Intake Release Services, May 2013). There will be more discussion of the SPA Team's role and composition in Section 2. From 2001-2010, 8.1% of Seminole County inmates received mental health services, 1.8% received substance abuse services, and 12.6% received services for co-occurring disorders, for a total of 22.5% for all disorders. Trends in county jail populations in Florida show a 13% decline in average census of all jails from 2007 to 2010 (Florida Department of Corrections 2010 Annual Report). During the same period, the average daily census of the Seminole County jail declined by 12%, from 1016 to 892 inmates (PSCC Quarterly Reports, 2012). Factors which place the Target Population at risk of entering or re-entering the criminal justice system include the possibility of substance abuse relapse among persons with co-occurring disorders, the likelihood that, if these individuals do not comply with community based treatment, they will experience exacerbation of symptoms contributing to dangerousness to self or others or criminal behavior, and the ongoing risk of homelessness and the associated risks of stealing, robbing, prostitution, or other illegal means of survival. This Program is designed to attack those risk factors aggressively and comprehensively.

**Forensic Admissions:** In 2012, there were 10 admissions to Forensic State Treatment Facilities. There were 28 admissions in 2009, 22 in 2010, and 14 in 2011. This positive trend was a contributing factor in the decision to focus on creating new resources for prevention of incarceration and early intervention for those who are incarcerated through the development of the Community Resource Center. Through strengthening the system as a whole, SBH forecasts a further reduction in Forensic admissions of 10% per year for the next three years.

## 2. PROJECT DESIGN AND IMPLEMENTATION

### PROJECT DESIGN

**Centralized Coordination Project:** The Centralized Coordination Project for which Seminole County, and its Lead Agency, Seminole Behavioral Healthcare (SBH) are submitting this proposal builds upon the relationships established over the more than 15 years in which the stakeholders in jail diversion have devised and implemented strategies for pre-booking diversion (CIT), in-jail treatment (the SPA Team), and post-booking diversion (Mental Health Court and Adult Drug Court). The Project envisions a Sequential Intercept model (Attachment 3) with four intercept points:

Intercept 1.0, takes place through pre-booking diversions, most frequently CIT, but it also incorporates other intercept points. It will divert persons - who are members of the target population, are at risk due to being high utilizers of emergency services and/or crisis services including crisis stabilization and detox, or who are homeless or precariously housed - to the Community Resource Center, which is conceptualized as Intercept 1.1.

Intercept 2 is for those who are arrested and intercepted by the SPA Team, which was created by the 1998 Agreement between SBH and the SCSO. The SPA Team, a blend of SCSO and SBH staff, embodies the close level of collaboration which the two organizations enjoy. This collaboration is reinforced and supported by the County's Mental Health and Substance

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facilities in neighboring counties which often see Seminole County residents. Key staff of these facilities and programs will be trained on how to access the CRC.

At Intercept 1.1, the Community Resource Center offers target population members Care Management from Forensic staff and Peer Specialists both on-site and as a community based transition to Intercept 4, Re-Entry. On-site supports at the CRC will include computer kiosks where clients can search for housing, employment (Workforce Central Florida), education (Seminole State College), and benefits. The CRC will be co-located with SBH's Medical Benefits Office, where staff trained in SOAR will assist clients who may qualify for SSI and/or Medicaid with the application process. In Year 2 of the Project, short term Shelter beds will be brought on line for clients entering the CRC who have been homeless and will need a brief respite while the Care Managers secure more permanent housing.

Dispositions from the Community Resource Center to Intercept 4 involve another constellation of partners including the State Attorney and Public Defender (Assisted Outpatient Treatment, Post Booking Diversion, Mental Health Court and the Veteran's MH Court docket), VA services (through the Supportive Services for Veteran Families housing program), and other SBH housing options offered in partnership with the Homeless Services Network, to include Shelter Plus Care, a Level 2 Residential Treatment Facility, an intensive residential program for persons with co-occurring disorders, and short-term Shelter beds scheduled to come on line in Year 2 of the grant. The Community Resource Center will also offer support to family members, through SBH educational initiatives, marriage and family counseling, and partnerships with NAMI for Family to Family and Peer to Peer trainings.

## **PROJECT IMPLEMENTATION**

### **Goal, Objectives, and Tasks, Accomplishment of Which is the Responsibility of Seminole Behavioral Healthcare**

**Goal:** Divert members of the target population from arrest, prosecution, or incarceration, to substance abuse and/or mental health treatment or prevention services.

#### **Objectives:**

Objective 1. Create a Centralized Coordination Project within eight months of the execution of the MOU, to include creation of a Community Resource Center.

#### **Tasks**

- a. Establish an MOU with all participating law enforcement agencies outlining the transportation plan, and the roles and responsibilities of each party (see Attachment 5, the Baker Act Transportation MOU currently in effect).

- b. Establish an MOU with the local Homeless Coalition outlining planning strategies and available housing alternatives in the community (see attached MOU in Letters of Commitment section).
- c. Hire and train relevant staff, including Peer Specialists. Establish a collaborative relationship between the Community Resource Center and law enforcement, judicial personnel, fa

- c. Use Evidence-Based Practices such as Motivational Enhancement Therapy and Cognitive Behavioral Skills Training, and employ co-occurring capable services, as measured by the Co-Morbidity Program Audit and Self-Survey (COMPASS), and the Co-Occurring Disorders Educational Competency Assessment Tool (CODECAT). These constitute essential elements in the recovery-oriented system of care at SBH (see Attachment 8, Co-Occurring Action Plan).

Objective 4. Increase public safety by reducing the number of arrests for the Target Population.

**Tasks**

- a. Demonstrate that there is an active and updated Strategic Plan for the Program in the community and that the Planning Council meets on a regular basis to implement elements of the plan. The PSCC will begin a new Strategic Planning cycle in January, 2014. The Plan will incorporate the goals of this Project.
- b. Provide individuals with interventions associated with reduced criminal justice recidivism in the Target Population, using the CRC to implement those interventions.
- c. Have available, through the Community Resource Center, a system to track arrests of individuals prior and subsequent to their involvement with the Project for at least one year.
- d. Law enforcement agencies participating in the Project will continuously assess current practices and capacity by participating in Program evaluation activities, and in the ongoing trainings offered as part of the CRC. By so doing, they will expand arrest diversion opportunities.

Objective 5. Assist Program participants in locating and engaging in educational, employment and housing opportunities which will further their recovery.

**Tasks**

- a. Create a Community Resource Center available to all Program participants on the Sanford campus of SBH, which, in partnership with SBH's Public Receiving Facility, will receive referrals from law enforcement, community partners, and SBH programs and staff.
- b. The CRC will have computer kiosks available, along with Peer Specialists and Care Managers, to assist Program participants in enrollment in GED and college courses, job searches, and access to supportive and independent housing.

**Key Stakeholders and Partners:** The Department of Children and Families, the Managing Entity for the Central Region (Central Florida Cares), Law Enforcement Agencies, the Public Safety Coordinating Council and its committees, Seminole Behavioral Healthcare, the SPA Team and the jail, NAMIGO, hospitals, Seminole County Government, municipalities, chambers of commerce, news media, the judiciary, and the County Commission are among



the key partners whose interests include the health, safety, and wellbeing of all the citizens of Seminole County, especially those with disabilities which include mental illnesses and substance abuse disorders.

**Ongoing involvement of the PSCC as the Planning Council:** Sheriff Eslinger will ensure that reports from SBH on the Reinvestment Grant's progress toward its goals, objectives, and tasks are a standing agenda item at each PSCC meeting. SBH will ensure that the PSCC receives timely, accurate, and comprehensive data on all aspects of the Program.

**Communications, Meetings, and Decision-Making:** SBH will ensure that all stakeholders as well as the community at large have regular reports and reminders of the activities, problems, and successes experienced by the Program, and will make presentations at meetings of the County Commission, civic groups, and other interested parties to impart information, answer questions, and hear and address suggestions and concerns. Major decisions about the Program will be a matter of public record.

### **3. CAPABILITY AND EXPERIENCE**

programs which expanded pre-trial diversion, created Drug Court and Mental Health Court, and reduced the jail population (seminolesheriff.org, June 2013). Detective Shannon Seiple, CIT Coordinator for the SCSO, will serve as the Liaison for this project representing the Sheriff. Charlotte Giuliani, SBH Project Director, will serve as SBH Liaison. Two groups form the mandatory collaboration structure for the project. The first, Seminole County's Public Safety Coordinating Council, established under section 951.26, F.S., has been designated as the planning council for this grant. In turn, the PSCC created the second group, which is the Re-Entry Task Force, in 2010 in order to devote particular attention to the Project's target population and ensure their successful transition from the Community Resource Center to the community. Most of the members of the PSCC are also on the Task Force, but the Task Force incorporates a broader cross section of community leaders who are interested in the successful return to the community of persons coming out of the jail. Those leaders represent the University of Central Florida, Seminole State College, the Seminole County School Board, the VA Medical Center, Hope & Help, which is the HIV/AIDS Ryan White lead agency for central Florida, Northland Church and First United Methodist Church, Goodwill, and the Seminole Prevention Coalition (See Attachment 10, Re-Entry Task Force roster). Reports on the Reinvestment Grant's progress will be standing agenda items for both the PSCC and the Task Force, and the SBH Project Director, Charlotte Giuliani, already serves on the PSCC, and will continue to do so. Dr. Valerie Westhead will continue to serve on both the PSCC and the Task Force. The PSCC will also consider nominating one of the Peer Specialists assigned to the project to serve on the Council. The PSCC retains the ultimate role of Planning Council for the Project.

**Role of Consumers, Advocates, and Family Members:** SBH has welcomed

**Availability of Resources for the Project:** Seminole Behavioral Healthcare has facilities on its main campus in Sanford to house the Community Resources Center and its staff. There are no zoning barriers associated with including the CRC on campus. SBH also brings the fiscal, HR, administrative, and programmatic infrastructure required for a program of this size and scope.

**Staff and Subcontractors Participating in the Project:** Seminole County's Resource Management Department will administer this grant. Angela Singleton, the Department's Financial Administrator, will be the grant Point of Contact, and will be responsible for finalizing project contracts, submitting grant progress and financial reports and monitoring the progress of the project.

**Seminole Behavioral Healthcare as a Subcontractor Providing Commodities/Units of Services Overview:** In accordance with the standard service industry practice for behavioral healthcare organizations, SBH will provide subcontractor units of service for grant funding and as in-kind match in accordance with the Unit Cost Method of Payment, also known as the Florida DCF Substance Abuse and Mental Health Performance Contracting System which has been in existence since the early 1990's and stated in the Florida Administrative Code (65E-14) since 2002. Rather than

delivered by existing SBH staff re-assigned to this Project or through outside recruitment of individuals with experience working with Forensic populations. Duties will include administration of the DLA-20 and ORAS screening instruments, assistance with Community Resources Center operations, and linkage to services and supports in the community. In addition, SBH intends to carry out some of the Outreach Care Management services by utilizing Peer Specialists, either as independent contractors or employees of SBH. For some time, several SBH clients have been preparing for this role in hopes that funding would become available. They will work under Ms. Giuliani's leadership to help oversee CRC operations, link clients to community resources, and assist in NAMIGO's Peer to Peer and Family to Family trainings. It is hoped that one of the Peer Specialists will be nominated to serve on the PSCC to consult on the Project's progress and serve as another voice for consumers on that Council. Other key services to be provided by either grant funding or as match provided by SBH as a subcontractor are described in detail in the SBH Rate Table and

- criteria and services will be surveyed as to whether they referred persons who became part of the target population, and if so, whether they were satisfied with the process and outcome. Stakeholders who receive referrals from the CRC (Intercept 4) will be surveyed as to the appropriateness of the referrals and the quality of the information they received.
2. Service coordination will be assessed by way of surveys of the members of the PSCC and Re-Entry Task Force regarding the degree to which the CRC has successfully engaged law enforcement, criminal justice, and community partners in the project, as well as opportunities for improvement.

**Performance Measures:**

1. Percentage reduction of re-arrests among project participants will be 80%. Arrests pre and post project participation will be compared. Because the project is targeting young adults who may not have a significant number of arrests, that factor will be taken into account and disclosed when project results are published.
2. Increased access to comprehensive community-based recovery services: Project clients will receive comprehensive assessments and individualized treatment plans which will identify needed services, and client surveys conducted quarterly will demonstrate that

alternatives and through collaborations

## **5. DISCLOSURE REGARDING SEMINOLE BEHAVIORAL HEALTHCARE**

On June 5, 2013, the Center for Drug Free Living and Lakeside Behavioral Healthcare, two large and well-respected central Florida behavioral healthcare organizations, along with Seminole Behavioral Healthcare, announced plans to merge and operate under the new corporate name Aspire Health Partners. The merger will occur in phases over the course of the next three years. Should Seminole County be awarded this grant, SBH will still be the Lead Agency under its current 501 (c) 3 designation until the next funding cycle. Aspire will eventually assume responsibility for this project contract, and all other contracts currently held by the three parties to the merger.