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DEPARTMENT OF CHILDREN AND FAMILIES

CRIMINAL JUSTICE, MENTAL HEALTH, AND SUBSTANCE ABUSE (CJMHSA) REINVESTMENT

GRANT # RFA11H20GN1

Respectfully Submitted by:

LSF HEALTH SYSTEMS
Managing Entity for Northeast and
North Central Florida Region

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Appendix I -MATCH SUMMARY

(for the entire grant period)

Date- 1/22/18

County- Marion County

Type of Grant- Expansion Grant

Match Requirement Percentage- 100%

Total Match Required for the Grant- $1,198,362.00

Match Committed:

Cash	$	120,000
In-Kind	$	

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with offenders who have mental health disorders, providing them with services and treatment as an alternative to jail.

The SIM report initially conducted in 2008 and subsequently updated in 2012 identified the following needs:

1) Intercept 1: Pre-Booking Diversion Program
2) Intercept 1: Law Enforcement Training
3) Intercept 2: Peer Support
4) Intercept 3: Sustainability of Intercept 3 Diversion Programs
5) Intercept 4: Maximizing enrollment of re-entrants into social service entitlement programs and linking them to peer support

While stakeholders in our community continue to seek other grants and funding sources to implement a Pre-Arrest diversion program, and law enforcement training is currently provided by Court staff, funding from the CJMHSA Reinvestment Expansion grant represents a unique and critical opportunity for Marion County to maximize local resources currently invested in the Mental Health Court program while addressing SIM priorities 2 through 5 using addition

SHIVANA RAMESHWAR

the Marion County Mental Health Court (MCMHC) and will provide oversight of the CJMHSA Reinvestment Grant Program.

Description of the Strategic Plan, including progress toward implementing the plan, when the plan was last reviewed or updated, and any challenges or barriers toward implementation:

Project Overview: Marion County Mental Health Court (MCMHC) Expansion

The Marion County Mental Health Court (MCMHC) is a division of the County Court with a specific docket of select non-violent misdemeanor defendants who have mental health issues. The MCMHC utilizes a problem solving approach to its cases in lieu of traditional

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Strategic Plan – Appendix A
Marion County Mental Health Court

Statement of the Problem or Critical Issues: A disproportionate number of individuals in Marion County experiences issues of mental health, emotional disturbance, and substance abuse. Over the course of a year, 27.42% of adults met the

described herein. The Planning Council consists of the twenty members required by statue, including a presiding judge, a county commissioner, and representatives from The Centers, Ocala Police Department, Salvation Army Probation of Marion County, Public Defender's Office, and the State Attorney's office. The Planning Council will meet quarterly to monitor progress with the achievement of the goals and objectives of the strategic plan and provide oversight of the CJMHSA Reinvestment Grant Program. MCMHC staff will support the Management and Planning Councils by coordinating and performing case management duties.

Vision: Individuals with behavioral health disorders including co-occurring mental health/substance abuse disorders will receive the treatment and support they need to live well and Tc 0 Tw l heal/BBox3(v)1s(o)]Tpositively to their community.

build successful and pro(v)1ductive lives.

Values: -centered, strength-based, involvement of families, friends, caregivers, allies, and the community.

Servce Model(s): SAMHSA supports a Tw l integrated treatment approach to treating occurring mental and substance use disorders. Treatment planning is person-centered, addressing the individual's goals a Tw ld using treatment stra(v)1s(o)]gies that are acceptable to them. Service models identified include: Mental Health Commu Tw lity Court model, Center for Alternative Se Tw l e Tw lcing and Employme Tw l Services (CASES) Tw l Case Manageme Tw (TCM), Peer Specialist Support, Care Coordination, NAMI Pe Tw l Peer Program, NAMI Provider Training courses, and NAMI Family-to-Family Program, Perma Tw le Tw l Supportive Housing, and other evidence-based inpatient and outpatient Mental Health and Substance Abuse treatment a Tw ld support services

Goal #2: Increase access to services for Mental Health Court participants

Objective # 2.1:	Decrease use of illegal drugs by 20% while participating in the program per year with the use of increased substance screenings and support.				
	Task	Performance Measure	Measurement Tools	Lead Person or Organization	Projected Completion Date
2.1.1	Increasing the identification of participants with substance use issues				

Objective # 2.2:	Increase participant attendance in community support groups by 75% over course of project.

Objective # 2.3:	Implement three specialized group sessions per year for the court participants over project period.				
	Task	Performance Measure	Measurement Tools	Lead Person or Organization	Projected Completion Date

Objective # 2.4:	Place 100% of participants in the most appropriate treatment and supportive services in a timely manner.

	Task	Performance Measure	Measurement Tools	Lead Person or Organization	Projected Completion

Strategic Plan Description/ Implementation : The MCMHC Strategic Plan was last updated in December of 2017 and will be reviewed quarterly by the CCASA CJMHSA Planning Council. The council will review the independent evaluators' quarterly report and provide support and advocacy to implement recommendations. The Council will support the development of MOUs between collaborating organizations to facilitate communication, information and data sharing, and the integration of services for the benefits of participants.

Participation in the MCMHC has increased steadily since the inception of the program and the rate of successful participants has increased. Therefore, in order to maintain and increase that momentum, the program requires additional activities to increase the probability of success. The greatest challenge to the program's implementation has been the lack of funding to support critical positions, ensure fidelity to the model, support ongoing evaluation and tracking of outcome measures, and enable participants to receive the necessary community-based services. Please see pages 51-55 for strategic plan goals, objectives, tasks, person responsible, completion date and performance measurement.

abuse. Alina Stoothoff, Drug Court Manager, will conduct these trainings for law enforcement. Activities include:

1) At least three trainings annually over the 36 month period for at least 60 law enforcement officers outlining how to recognize the signs and symptoms of mental illness and co-occurring disorders. The goal is to have at least 90% of the participating law enforcement officers demonstrate an increased knowledge of signs and symptoms as evidenced by pre- and post-testing.
2) At least three trainings annually over the 36 month period for at least 60 law enforcement officers training them on involuntary Admission/Baker Act criteria and process. The goal is to have at least 90% of the participating law enforcement officers demonstrate an increased knowledge of Admission/Baker Act criteria and process as evidenced by pre- and post-testing.
3) At least three informational sessions annually over the 36 month period for at least 60 law enforcement officers outlining jail diversion options and Court Alternative Programs. The goal is to have at least 90% of the participating officers demonstrate an increased knowledge of jail diversion options and Court Alternative Programs.

Goal #2: Increase access to services for Mental Health Court participants.

Objective #2.1 : Decrease use of illegal drugs by 20% while participating in the program per year with the use of increased substance screenings and support during the three-year program period. Activities include:

(1) Increase the identification of participants with substance abuse issues. With the training outlined in Objective #1 above, law enforcement officers will be better equipped to identify potential and participating people who have substance abuse screenings. With the increased drug screening and vigilance of law enforcement officers, the goal is for at least 75% of those screened to have negative results for use of illegal drugs. use4(i)6(pa)10(t)2(i)6(ng)10(inv)14(e s,ng)10c forg peopl prousegnce praho

criteria for people who lead their courses and a structured curriculum to be followed. There will be at least 5 new Certified Facilitators trained to teach the Provider Course within the first year of the project.

Objective #2.3 : Implement three specialized group sessions per year for the court participants over the project period.

These sessions will give participants more insight into the activities that led them to be involved with the court system and will help them develop coping skills to avoid future challenges. These specialized group sessions include:

(1) Batterers Intervention Course for those participants who need education for a battery charge;
(2) Retail Theft Course for those participants who need education for a theft charge; and
(3) Anger Management Course for those participants that have a history or demonstrate an inability to manage their anger. The goal is to have at least 75% of program participants who fit into the above categories to attend these sessions. These sessions will be conducted by an agency to be determined (TBD) which has a strong background and experience in administering these course requirements.

Objective 2.4:

- Establishing legally binding agreements with all participating entities to establish programs and diversion initiatives for the Target Population, examples of which are provided in Section 2.1.4.4;

  As documented in Strategic Plan Objectives 2.4 on page 55, LSF Health Systems, Court Administration, and The Centers will collaborate with community stakeholders to establish MOUs that facilitate: 1) care coordination and linkage of MCMHC participants to the most appropriate services in a timely manner, including access to benefits and other supportive services. The MOU will be established within 90 days of the grant award.

- Providing an information system to track individuals during their involvement with the Program and for at least one year after discharge, including but not limited to, arrests, receipt of benefits, employment, and stable housing.

  LSF Health Systems (LSFHS) will contract with independent evaluators associated with the University of South Florida – Florida Mental Health Institute (USF-FMHI) to monitor the required performance measures. LSFHS will ensure that all required data is collected and entered in the state SAMHIS system and the care coordination module that is utilized by the Managing Entity to track those who are high utilizers of behavioral huih -°"zÄJ ! .Ñ&A … íò¬Ò gaNÝ§í 6z-øÛ ß_ 8Q@Ð¬NÛ ~A Va fÛ ä~* jf~ Á ¤zÊzp lh! n g«àDB .C

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10) Increase Peer to Peer and Family to Family classes provided by NAMI with flexible hours and dates for the families and

continued stabilization and reintegration of the defendant into the community. Included as part of that objective is completing tasks set forth in the defendant's Personalized Case Plan.

Phase 2 GOALS:

1. Completing tasks set forth in the Defendant's Personalized Case Plan.
2. Report bi-weekly to the Judge.
3. Remain medication compliant as prescribed by physician.
4. Attend all appointments set.
5. No new arrests.
6. Contact with the Case Manager as ordered by the Judge.

Phase 3: Graduation Planning

The Phase 3 defendant should demonstrate an increasing ability to remain in treatment and maintain stability within the community while being responsible for their own treatment and vocational activities. Phase 3 will last approximately 8 weeks. A Phase 3 Defendant will report monthly to the Judge in addition to reporting to their Case Manager who will continue to monitor their treatment compliance. The successful completion of Phase 3 will result in a Defendant's graduation from MCMHC.

Phase 3 GOALS:

1. The defendant has completed their Personalized Case Plan.
2. The defendant

Law Enforcement Activities and Diversion Initiatives: Sequential Intercept Map – Marion County :

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in July 2012 to oversee a 23-county region in Northeast and North Central Florida. Counties served by LSF Health Systems include Alachua, Baker, Bradford, Citrus, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Hernando, Lake, Lafayette, Levy, Marion, Nassau, Putnam, St. Johns, Sumter, Suwannee, Union, and Volusia counties.

LSF Health Systems promotes and supports the development of holistic, innovative, and evidence-based substance abuse and mental health programs within a strength- based, recovery-oriented system of care. We envision communities where every child, adult, and family has access to the behavioral health care services they need to live well and be well. Our mission is to develop and sustain an integrated system of behavioral health care through a network of services built on integrity, innovation, and collaboration. Our network consists of 40+ leading behavioral health organizations that provide a comprehensive range of mental health, substance abuse, and primary care services for uninsured children, adults, and families who are unable to afford care. LSF Health System's goal is to ensure that every child and adult in need receives the right service, at the right time, and in the right setting.

LSF Health Systems manages a network of providers that deliver evidence-based mental health and substance abuse services to uninsured and indigent individuals who are involved with the criminal justice system. These providers include The Centers who delivers services to residents of Marion County.

LSF Health Systems is experienced with the CJMHSA Reinvestment program as it is currently completing the implementation of a CJMHSA Reinvestment Planning Grant for Adults in Hernando County and has recently initiated a Youth Planning grant in partnership with the Hernando County government, Public Safety Coordinating Council members, and community stakeholders.

- Community Council Against Substance Abuse (CCASA) is a semi-autonomous workgroup of Marion County Alliance and as such is ultimately governed and under the oversight of the Board of Directors of the Alliance. Board members are considered leaders in Marion County who have the credibility and clout necessary to change policy and practice, reduce or eliminate barriers to prevention, and further advance the Coalition's effectiveness. For over 25 years CCASA has addressed the needs of Marion County. Marion County's drug coalition is one of the oldest in the state and is comprised of is comprised of 12 sectors being represented: youth, parents, business, media, school, youth serving organizations, religious/fraternal organizations, civic/volunteer groups, healthcare professional, state/local government, law enforcement, and organizations involved in reducing substance abuse. CCASA serves as a link between various community groups and county

leaders and provides a clearinghouse and resource for relevant agencies and interested residents. The workgroup's mission is to increase participation and encourage coordination among all organizations that are committed to reducing substance abuse in Marion County while reducing and preventing substance abuse among youth.

- Marion County Mental Health Court:

Role	Level of effort	Primary responsibility
Carolyn Weldon, Court Assistant	1.0 FTE (in-kind)	Responsible for the court case management of the mental health court participants
NAMI Marion	Provide Peer to Peer, Family to Family and Instructor Training (grant funds)	Provide classes with flexible hours and days of the week that are convenient and accessible to the target population
USF Dr. Scott Young and Dr. Kathleen Moore	Contractor (grant funds) - The evaluation will comply with the quarterly evaluation requirements as specified in the RFA.	Independent Evaluation
USF-FMHI TA Center	Technical Assistance. Funded by the Department of Children and Families	Provide technical assistance with selection of evidence-based screening tools and implementation of additional best practices.

Evaluation: The project evaluation will be led by our evaluation consultants Drs. Kathleen Moore and Scott Young, two independent evaluators affiliated with University of South Florida. Drs. Moore and Young have collaborated on over thirty project

coordination (e.g., participation in trainings, classes, and supports groups). Drs. Moore and Young will collaborate with project staff to design surveys that will be administered before and after project trainings/classes, thereby allowing us to determine if those activities achieved the expected outcome (increased knowledge, etc.). Drs. Moore and Young will also evaluate progress through direct observation of program activities (trainings, classes, meetings, etc.), reviewing program records (sign-in sheets, case manager attendance logs, drug screen call logs, etc.), and analyzing program data (pre-post surveys, etc.). Accomplishing items in the Strategic Plan will help to promote public safety, reduce recidivism, and increase access to services/supports for the Target Population. We will share data and reports with the Department and CJMHSA TA team.

The project will monitor Implementation Fidelity to gauge adherence to the proposed timeline, identify barriers, and describe departures from the implementation plan. Drs. Young and Moore will also observe program activities to assess the fidelity to which the activities are implemented according to the evidence-based model. They will also conduct interviews with project stakeholders to assess their perceptions of the project and its impact.

Expenditure Reduction. There are an average of 15,673 admissions into the Marion County Jail each year (average daily population is 1,720 inmates), 60% of which are misdemeanor charges; the average length of stay is 46 days. Each year, an average of 30% of the annual jail population is identified as having some mental health issue or diagnosis. By investing in targeted community-based diversion programs like MCMHC, cost savings can be achieved through reductions in the number of jail and hospital days. MCMHC's mission is to divert select non-violent and mentally ill defendants from the Marion County Jail and from active criminal prosecution to community-based treatment and support services to best protect public safety, reduce recidivism, and help

strategic plan to ensure that the goals and objectives are achieved. The Planning Council will continue to review quarterly reports to monitor progress beyond the life of the grant and make recommendations to the Board of County Commissioners on how to best continue the expansion of the program through a variety of funding sources.

LSF Health Systems will continue to

PROJECT TIMELINE AND EXPECTED MILESTONES

Marion County Project Timeline - 3 YEARS
CJMHSA Expansion Grant
2018-2021

Primary Goals and Objectives	Milestone	Person Responsible	Benchmark	Start Date	Completion Date
PROGRAM PLANNING					
Announce grant award to community stakeholders and members of the Planning Council	Announcement made to community stakeholders/ community at large to include funding source and project goals and objectives.	LSF Health Systems (LSFHS)	Press release distributed via news media, Managing Entity/LSFHS newsletter and community stakeholder groups (meetings, forums, etc.)	Upon execution of final grant agreement	Within 2 weeks of contract effective date
Establish formal partnerships with legally binding agreements among agencies to provide and coordinate services	Memoranda of understanding (MOU) executed with partnering agencies	LSFHS Project Coordinator	Conforms with best practices and recommendations of USF-FMHI Technical Assistance Center	Within 90 days of contract effective date	Within 180 days of execution of the final Grant Agreement
Establish contracts with Marion County Mental Health Court (MCMHC), NAMI, The Centers, Evaluators and other contracted services.	Executed contracts in compliance with grant requirements	LSFHS Finance/ Contract Department	Complies with DCF grant agreement	Within 1 week of execution of grant contract with DCF	Within 2 weeks of execution of grant contract with DCF

Primary Goals and Objectives	Milestone	Person Responsible	Benchmark	Start Date	Completion Date
ƒ Implement Men & Women's Batterers Intervention Courses; Retail Theft Courses; Anger Management Course	Contractor selected and contract established	Court Administration and LSFHS to select contractor	Participant attendance	Within 3 months of grant award	Within 12 months and annually thereafter

Primary Goals and Objectives	Milestone	Person Responsible	Benchmark	Start Date	Completion Date
RFA Objective 3: Conduct remapping of Marion County criminal justice system using the Sequential Intercept Model (SIM).					

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REPORTING					
Primary Goals and Objectives	Milestone	Person Responsible	Benchmark	Start Date	Completion Date
Prepare and ensure timely submission or required reports (Financial and Programmatic) to DCF	Quarterly reports and Final Reports submitted per schedule established by DCF	LSFHS	Meets DCF reporting requirements	July 2018	**15**

TAB 7: LETTERS OF COMMITMENT

The enclosed letters from Marion County Planning Council members serving through CCASA, community stakeholders and project consultants/contractors detail the role of each individual and/or organization that will actively contribute to the success of the Marion CJMHSA Reinvestment Grant.

1. Brad King, State Attorney, Office of State Attorney – Jennifer Kipke, Assistant State Attorney, Fifth Judicial Circuit of Florida

2. Law Offices of Michael A. Graves Public Defender – Leann Mackey-Barnes, Assistant Public Defender, Fifth Judicial Circuit of Florida

3. State of Florida County Court of Marion County – County Judge Thomas P. Thompson, III, Marion County Judicial Center

4. State of Florida Fifth Judicial Circuit – Jonathan D. Ohlman, Circuit Judge, Marion County Judicial Center

5. State of Florida Fifth Judicial Circuit – Debbie Clark, Director of Case Management

6. Florida Department of Corrections – Susan S. Cizmadia, Circuit Administrator – Circuit 5

7.

12. State of Florida, Department of Children and Families – Shivana Rameshwar, LMHC, Regional Director of Substance Abuse and Mental Health

13. Consumer, MH Services – Vince Hain

14. The Centers – Michelle Babb, Assistant Director, Case Management

15. The Centers – Steve Blank, MHS, ICDPD, Vice President of Outpatient Services

16. Family Member of Consumer – Carolyn Weldon

17. Consumer, SA Services – Jennifer Johnson

18. Marion County Sheriff's Office – William "Billy" Woods, Sherriff

19. Ocala Police Department – Rodney Smith, Deputy Chief of Police

20. NAMI of Marion County – Gerry Brent, Executive Director

21. The Centers – Donald J. Baracskay II, MD, MBA, CEO and Medical Director

22. Independent Evaluators – Dr. Kathleen Moore & Dr. Scott Young

Dr. Scott Young