3.7.2 Tab 2: Table of Contents

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3.7.4 Tab 4: Match Commitment and Summary Forms

SEE ATTACHMENTS

COMMITMENT OF MATCH DONATION FORM, APPENDIX H
&
MATCH COLLECTION SUMMARY REPORT, APPENDIX I

APPENDIX H – COMMITMENT OF MATCH DONATION FORMS
(FOR THE ENTIRE GRANT PERIOD)

TO: (name of county) Orange County
FROM: (donor name) Orange County Government
ADDRESS: 201 S. Rosalind Avenue
Orlando, FL 32801

The following _N/A_ space, _N/A_ equipment, _N/A_ goods or supplies, and __X__ services are donated to the County permanently (title passes to the County) __X_ temporarily (title is retained by the donor), for the period October 1, 2021 to September 30, 2024.

Description and Basis for Valuation (see next page)

Description	Value
(1) Cash Match - Orange County Government Contract $400,000 x 3 years	$ 1,200,000

TOTAL VALUE $1,200,000

The above donation is not currently included as a cost (either direct or matching) of any state or federal contract or grant, nor has it been previously purchased from or used as a match for any state or federal contract.

_____ _____ _____ _____
(Donor Signature) (Date) (County Designee Signature) (Date)

0.00200280

episodes. While average length of stay (LOS) in the CSU was 4.67 days, the mean LOS was only 2 days. This suggests a significant number of persons committed for inpatient stabilization could have been effectively served through brief, crisis intervention services via mobile crisis response, community respite center, or through short, intensive treatment episodes of less than 24 hours. Failure to provide these more appropriate interventions often results in individuals decompensating and becoming a risk to themselves or others. It also leads to calls to law enforcement as a public safety response. In addition to the risk of injury or death to both officers and individuals in crisis during tense encounters. Individuals in crisis are oftentimes charged with crimes and enter the

promote safety and wellness. The project targets low demand individuals earlier in the process, before their mental and emotional distress and substance abuse escalates to the need for deep-end, acute/crisis care and criminal justice involvement.

Need for Additional Law Enforcement CIT Training - The three largest law enforcement offices in Orange County, {Orange County Sheriff's Office (OCSO), Orange County Corrections (OCC), Orlando Police Department (OPD)} have all requested additional CIT trainings. Currently, 250 of OPD's 800 officers are CIT trained. At OCC, 353 out of the agency's 1002 officers have been trained in CIT. OCSO currently has 394 out of 2,700 deputies trained. In addition to these major partners, 11 smaller city and municipal departments within Orange County participate in CIT trainings. Following the shooting at Marjory Stoneman Douglas High School in Parkland, FL in 2018 and efforts to address school safety issues, attendance at recent CIT trainings has primarily consisted of school resource officers. This has resulted in a long waiting list of patrol officers requesting CIT training. With present funding capacity and no full-time staff exclusively dedicated to organizing CIT trainings, the community's primary CIT training agency, Aspire Health Partners, is unable to deliver more than 5 trainings (150 officers) per year in Orange County. Law-enforcement officers often act as "first responders" to individuals in crisis when concerned individuals, family members, or others call 9-1-1. They may contact individuals who have never received mental health care before, do not know where to go, or who are hesitant about receiving care and as a result have avoided voluntarily seeking treatment. In 2019, OPD reported receiving an average of 10 phone calls per day related to mental health distress, and many more related to substance use, trespassing, or general disturbances such as behaving erratically or disturbing the peace. Many individuals with mental illness report their past experiences with law enforcement have been frightening or traumatizing, and sadly, both civilians and officers can wind up injured or killed when these encounters go wrong. A nationwide study by the Treatment Advocacy Center in 2015 found that people with untreated mental illnesses are 16 times more likely to be killed by a police officer than other citizens.

Target Populations : Consistent with the County's Strategic Plan, the proposed CJMHSA Reinvestment Grant for Orange County will target the following populations.

- Adult males and females (ages 18+), who are in, or at risk of entering, the criminal justice system with concomitant factors including: mental health, substance use and/or co-occurring disorders; homelessness or at risk of becoming homeless; a history of victimization or abuse; a recent release from jail; re-entry to the community from prison; release from a forensic facility; a history of involvement in the criminal justice system. The project specifically targets a gap within the existing continuum of care: Individuals who have come into contact with law enforcement, in need of mental health and/or substance abuse services, but who d44d(v)4(i s)4()4(i)6(c)4()

order for them to receive assistance, or: Release the individual back into the community where their needs remain unmet resulting in an escalation of symptoms and ultimately a commitment into deep-end services or arrest for a more serious offense.

The proposed Pre-Booking Diversion Drop-In Centers

In

Orange County: Pre-

Orange County: Pre-

community the size of Orange County. The proposed CJMHSA Reinvestment grant project is part of the county's effort to address the gaps continuum of care. Using the SIM as its Strategic Plan, the county has chosen to focus on two of the SIMs identified priorities in this proposal:

SEQUENTIAL INTERCEPT MODEL MAPPING REPORT
Orange County, Florida
December 201

Priority # 2	Develop alternative center for low demand folks x Respite x One Stop Shop x Alternative for law enforcement instead of jail, emergency rooms, or Central Receiving Facility

	profit organizations and educational institutions to provide collateral services.	

developing the comprehensive, individualized service/treatment/recover plan including any referral recommendations for ancillary services. While assessment activities are concentrated during the client's initial enrollment, case managers and peer support specialists continuously monitor and measure each participant for progress or regression related to service plan goals. This ongoing assessment also facilitates prompt crisis assessment and the development of intervention strategies when clients struggle or experience unanticipated events that detrimentally affect their treatment.

Screening and selection of first responders for CIT Training is conducted by the partner departments, allowing individual agencies to select those employees who are best suited to attend the training based on the needs of their jurisdiction. Orange County and its partner Aspire Health Partners also support the annual CIT Banquet, to recognize the efforts of CIT officers. All CIT coordinators from local law enforcement and mental health agencies are invited to attend, and each department highlights a CIT officer who has delivered outstanding service in the field. This allows departments to learn from each other, share stories of success, promoting continued engagement in CIT implementation.

Care Coordination to Increase Access to Behavioral Health & Ancillary Social Services: Case Managers in the Drop-In Centers are responsible for providing Care

The Project Manager will work with law enforcement to address additional needs related to assessment of processes both for the adult and juvenile target populations.

Recovery Support Specialists and P eer Support : Peer Specialist are also a key component of the Pre-Booking Diversion Drop-In Centers. Each Drop-In Center will have one 25n

Centers for additional screening and assessment by a case manager from Aspire Health Partners.

The proposed project also targets also targets law enforcement and other first responders in need of CIT Training. This includes officers and deputies at Orange County's 3 largest law enforcement agencies, the Orange County Sheriff's Office (OCSO), Orange County Corrections (OCC), the Orlando Police Department (OPD), and 10 smaller departments within the county. The CIT component of the project will also target fire fighters and paramedics in fire/rescue departments across the county, Emergency Medical Services (EMS) personnel, and 9-1-1 dispatch staff from the various agencies. The proposed project includes funds for a CIT Coordinator that will co-coordinate CIT trainings alongside Aspire Health Partners' CIT Coordinators, recruit officers to participate in CIT Training, collect and maintain data on personnel trained, review OCCD arrests to determine if arrests are appropriate, and build law enforcement relationships for training opportunity and redirection to diversion options as necessary.

Specialized Diversion Programs: Intercept 1 – Law Enforcement & Emergency Services; and Intercept 5 – Community Corrections and Community Supports. The Pre-Diversion Drop-In Centers is a Pre-Booking Diversion initiative designed to divert low-risk, low-demand individuals with mental health, substance abuse and co-occurring disorders from the Orange County Jail or other deep-end treatment services. The project targets individuals who have come into contact with law enforcement, who are in need of mental health and/or substance abuse services, but who do not meet the criteria for extended observation, crisis stabilization, or detoxification. The Drop-In Centers provide an appropriate alternative where individuals exhibiting stress can be observed, provided relief from their symptoms, and connected to more appropriate and community based levels of care. Drop-in centers are appropriate for individuals with mild to moderate mental health disorders with minimal suicide risk, medication side effects, and/or early relapse of psychosis. Often, these individuals are also in need of housing, supportive housing services, case management and continuing care services related to their mental health, substance use and/or co-occurring disorders.

Linkages to Community-Based, Evidence-Based Treatment Programs: Intercept 5 – Community Corrections and Community Supports. Individuals diverted to the Pre-Diversion Drop-In Centers will be linked to Aspire Health Partners comprehensive continuum of care for intervention and treatment of mental health, substance use and co-occurring disorders, and other services and supports in the community. Treatment interventions include Intensive Outpatient Treatment, Residential Treatment, Psychosocial Rehabilitation, Room & Board with Supervision, Targeted Case Management and Drug Testing. Aspire treatment services utilize evidence-based practices including: Cognitive Behavioral Therapy (CBT) and Trauma Informed-CBT, Rational Emotive Behavioral Therapy (REBT); Dialectical Behavioral Therapy (DBT);

Each program participant will receive an individualized service plan tailored to his or her unique needs at a frequency and duration justified by clinical necessity. This a la carte approach ensures that each enrolled client receives the necessary services, at the appropriate time, and in the required amount, in order to achieve optimal outcomes. Information gathered during the assessment process is the basis for developing the

- Inform process evaluations for continued Project improvements as authorized by the Orange County PSCC and the CRC Governing Board; and
- Inform outcomes evaluations, which will be monitored by the County to ensure target capacity is achieved.

The project's evaluation plan also incorporates feedback from consumers and family members. The Evaluation Team will conduct client/consumer exit surveys and conduct focus groups designed to capture satisfaction with services provided and whether those services met the individual's needs. The results of these surveys and focus groups will be shared with the CRC Governing Board (Planning Council) during quarterly reviews of the project and will be incorporated into the Quarterly Program Status Reports and the Final Program Status Report.

Proposed Targets and Methodologies : Orange County anticipates that over the three-year period, 1,620 individuals will be served through the proposed CJMHSA Reinvestment grant project. This includes:

- 1,080 adults will be diverted from booking into the Orange County Jail as a result of receiving Case Management and Peer Support Services through the network of Drop-in Centers.
- 540 first responders will receive CIT training.

Orange County: Pre-Booking Diversion Drop-In Centers

APPLICANT PERFORMANCE MEASURE: Number of individuals diverted to Drop-In Centers who are actively engaged in treatment services for at least 60 days, will demonstrate improved functioning and ability to perform self-care tasks as measured by the FARS and the DLA-20;	Project Manager will work with Project Coordinator and Aspire Health Partners to track this data.	85%

3.7.6.5 Capability and Experience

Capability and Experience of the Applicant and Partners: Orange County, through its Mental Health and Homelessness Division, has been a leader in Florida in the effort to divert non-violent offenders from the criminal justice system through the provision of community-based intervention and treatment services for individuals with mental health, substance use and co-occurring disorders. One of the county's most significant initiatives is the Orange County Central Receiving Center (CRC) and its continuum of care. The CRC was the first of its kind in the state of Florida, and it is a model that has been replicated across the state and funded by the State Legislature. The CRC is a one-stop shop for adults with a mental health, substance use or co-occurring disorder. Since 2003, the CRC has provided a complete continuum of services including: screening, assessment, stabilization, and referral services to more than 5,000 individuals each year. The CRC is a collaborative effort that incorporates the services and expertise of local law enforcement, the area's largest behavioral healthcare provider (Aspire Health Partners), and other community partners. The CRC is an example of what can be accomplished with progressive thinking and coordinated effort.

Since its inception in 2003, the CRC and its Governing Board has worked to coordinate, enhance, and expand existing services within the community, while also developing new services as part of the CRC's continuum of care. These include, but are not limited to:

ORANGE COUNTY CRC GOVERNING BOARD COORDINATES SERVICES

- Crisis Intervention Training (CI

- x Crisis Services and Residential Treatment – Through cooperative and contractual agreem
  Aspire Health Partners, Orange County provides:
  - o Crisis stabilization for adults needing emergency mental health treatment;
  - o Detoxification for adults in need of medically managed withdraw from alcohol, op
    substances; and
  - o Residential substance abuse treatment adult men, women and pregnant women
- x Primary Medical Care and Dental Care – Through cooperative and contractual agreement
  Health Care Center for the Homeless, Orange County provides primary medical c
  services, pharmacy services, and vision services for individuals that are homeless a

Aspire Health Partners will provide all behavioral health services in the Pre-Booking Diversion Drop-In Centers project. This includes case management and peer support services. Aspire Health Partners is a comprehensive, community-based, private, not-for-profit, 501 (c) (3) Florida corporation that provides behavioral healthcare services. Aspire provides a full continuum of prevention, intervention, and treatment services for children, adolescent and adults with, or at-risk of developing mental health, substance use and co-occurring disorders; HIV/AIDS and Hepatitis Spectrum disease; homelessness; and juvenile delinquency. Service components include community and school-based prevention and intervention services; outpatient and residential treatment for mental health, substance use and co-occurring disorders; detoxification and crisis stabilization, inpatient psychiatric care, supportive housing, and homeless support. In addition to providing a full continuum of behavioral health services, Aspire serves as the designated public receiving facility for involuntary mental health commitments in Orange and Seminole Counties and operates the only Addictions Receiving Facility for involuntary substance use commitments in Central Florida.

Aspire's programs, are licensed by the Florida Department of Children and Families –

financial reports, and

Evaluation : The Project Manager, CIT Coordinator and Project Coordinator will be responsible for development and impl51(ementation of eval51(uation pl51(an designed to assess the effecti51(venesstbe proposed Pre-Booking Di51(version D51(Cenlers. Along wi51(th the Project Coordinator from Aspire Health Partners, this E

of Program Status and Financials to DCF and USF CJMHSA TAC. These reports will be monitored by the CRC Governing Board to ensure target capacity and Project objectives are achieved.

- x Continuation After Termination of Grant: For one year following the termination of the 36-month grant period, the Evaluation Team will collect the required data to report on long-term results. Recidivism, employment, and housing data will be tracked for project participants who completed the risk assessment component and remained in the program for at least 30 days.

Projected Co st Savings: Prior to the opening of the CRC in 2003, the Orange County Jail had an average daily population of 4,200 inmates, and an additional 8,000 individuals under Community Corrections Supervision. By 2020, the average daily population of the jails had been cut almost in half to 2,341, and the number of individuals under Community Corrections Supervision had been reduced by more than 70% to 2,322. Individuals in the targeted population had an average of 1.45 admissions to Detoxification per month for a total of 17.4 admissions per year. With an average detoxification episode of 4 days that totaled 69.5 days per year. At an average cost of $250 per day each individual generated $17,400 in service costs each year. Following treatment and accompanying case management, these same clients experienced 0.4 admissions per month for a total of 4.8 admissions per year, for a total of 19.2 days per year at a cost of $4,800, That is a cost savings of $12,600 per person per year. Crisis Stabilization services for individuals experiencing a severe mental health episode saw similar results. Inpatient access was 5.8 days per month. Currently, the same target population is experiencing 0.78 days per month. This is a savings of $15,060 per person per year. The reality of these cost savings, and increases in services cost since 2003, supports expanding the target population of the CRC through the proposed Pre-Booking Diversion Drop-In Centers. It is anticipated that individuals served by the proposed project will experience reductions in their utilization of services comparable with the individuals cited above. By adding the services offered by the Pre-Booking Diversion Drop-In Centers to the CRC's continuum of services available to individuals with mental health substance use and/or co-occurring disorders who are in, or at risk of entering, the criminal justice system and who are homeless or at risk of becoming homeless, Orange County and its partners anticipate improved outcomes and significant cost saving to the local service delivery system. It is anticipated that the individuals participating in the Pre-Booking Diversion Drop-In Centers will achieve the same reductions as those achieved throughout the CRC continuum and that the cost savings would result in millions of dollars being reinvested in services for those in need. Additionally, by providing effective interventions earlier, connecting individuals to outpatient and/or inpatient services as appropriate, linking them to ancillary services including housing assistance, and connecting individuals to peer related supports, the proposed will improve individual functionality, promote recovery, and reduce the frequency of incarceration and commitment to state mental facilities among the target population.

Reduce Judicial Commitments to State Mental Health Treatment Facilities: Orange County's CRC was originally designed with the goal of reducing the number of non-violent offenders with mental health, substance use and co-occurring disorders being booked

into the Orange County Jail. Following implementation, the County and its partners expanded the goal to also

3.7.7 Tab 7: Project Timeline

Orange County: Pre-Booking Diversion Drop-In Centers Project Timeline (Project Start Date – July 1st, 2021) Year 1	
First 90 Days (1st Quarter)	
Task	Responsible Party
x Announce grant award to public and appropriate stakeholders	Orange County Project Manager
x Convene Project Implementation Team & Develop Implementa	Orange County Project Manager
x Develop MOU's with collaborative partners for use of Drop-In Centers (Christian Services Center, Samaritan Resource Center)	Orange County Project Manager
x Develop and execute contract with behavioral services provider (Aspire Health Partners)	Orange County Project Manager
x Hire and train staff on protocols, documentation, evaluation, and design.	Orange County, collaborative partner contracted vendors
x Initiate pre-service training on the program model program servic cultural competency for program staff, and collaborative partne	, Aspire Health Partners Project Coordinator, and collaborative partners
x Initiate in-service trainings for local law enforcement on protocols diverting individuals to Drop-In Centers	

Orange County: Pre-Booking Diversion Drop-In Centers

3.7.8 Tab 8: Letters of Commitment

Letters of Commitment are provided from our collaborative partners involved in the Pre-Booking Diversion Drop-In Centers project.

SEE ATTACHMENT

Letter from Mayor

SEE ATTACHMENT

Letter from Judge

SEE ATTACHMENT

Letter from CSC

SEE ATTACHMENT

Letter from SRC

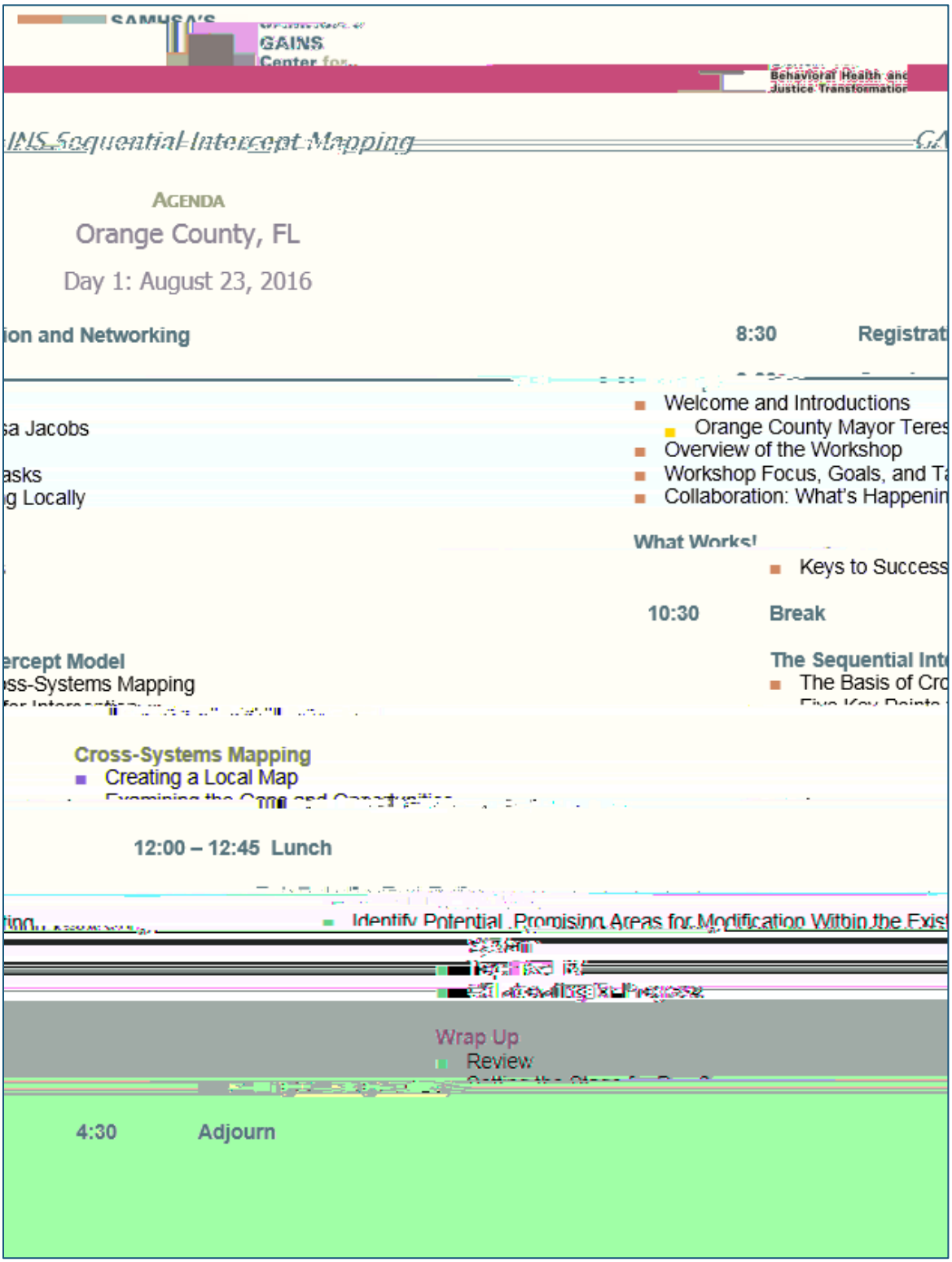
Attachment 1

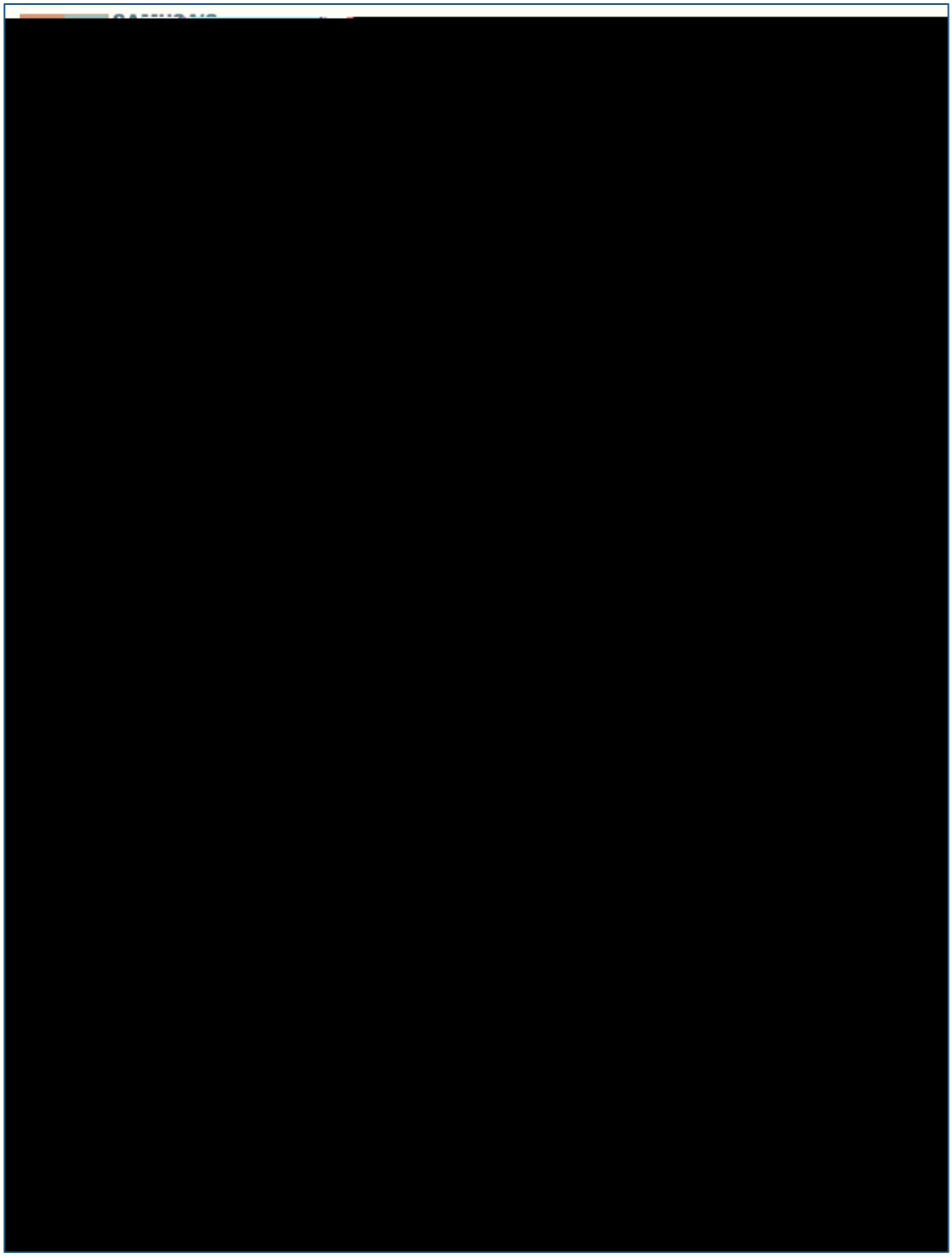
Orange County Sequential Intercept Model Report

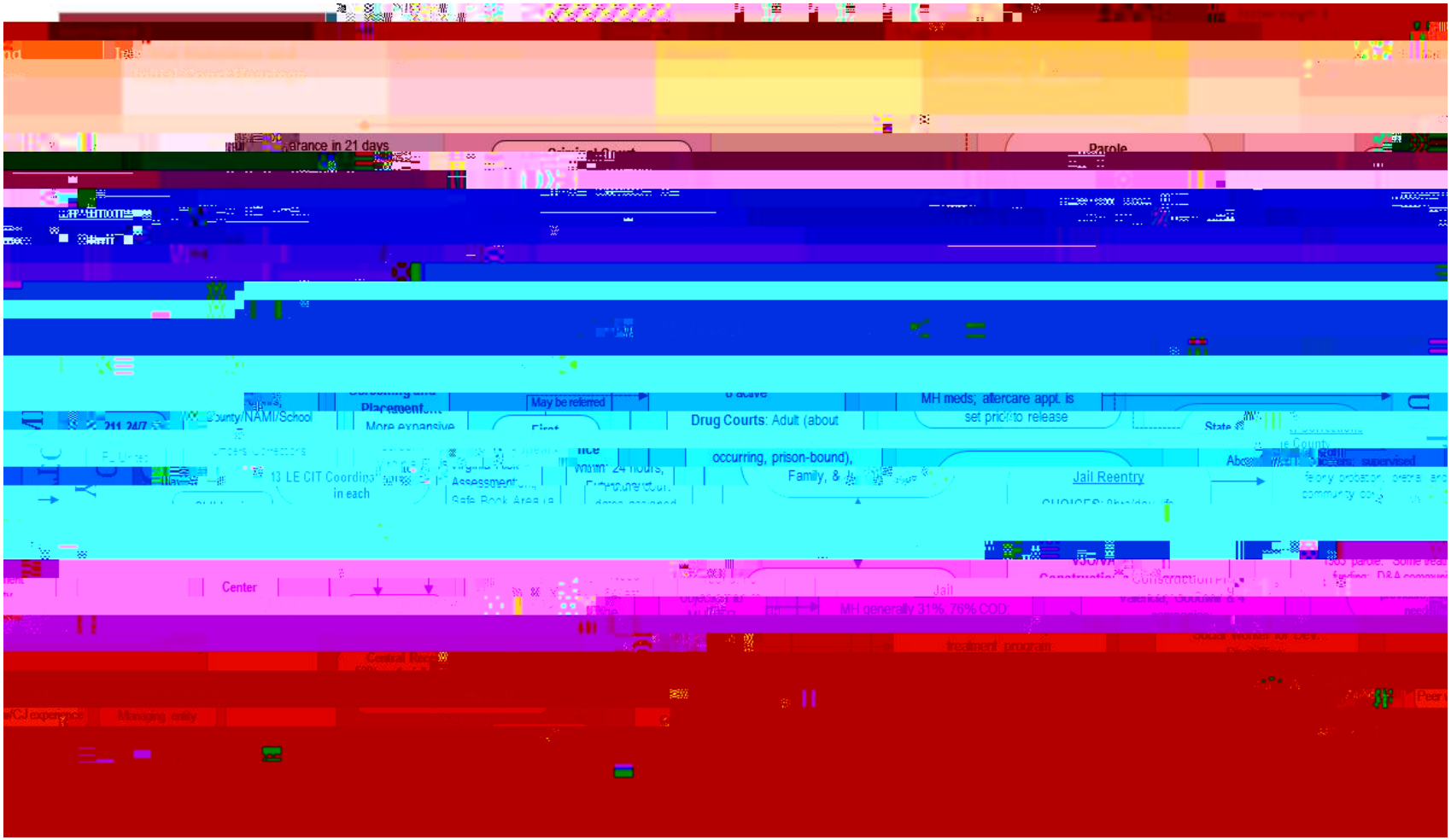
CJMHSA Reinvestment Grant Strategic Plan

Sequential Intercept

SAMHSA'S


GAINS
Center for
Behavioral Health and
Justice Transformation
INS Sequential Intercept Mapping
AGENDA
Orange County, FL
Day 1: August 23, 2016
ion and Networking
8:30
Registrat
sa Jacobs
asks
g Locally
Welcome and Introductions
Orange County Mayor Teres
Overview of the Workshop
Workshop Focus, Goals, and Ta
Collaboration: What's Happenin
What Works!
Keys to Success
10:30
Break
ercept Model
ss-Systems Mapping
The Sequential Int
The Basis of Cro
Cross-Systems Mapping
Creating a Local Map
12:00 – 12:45 Lunch
ting
Identify Potential, Promising Areas for Modification Within the Exist
Wrap Up
Review
4:30
Adjourn




Parole
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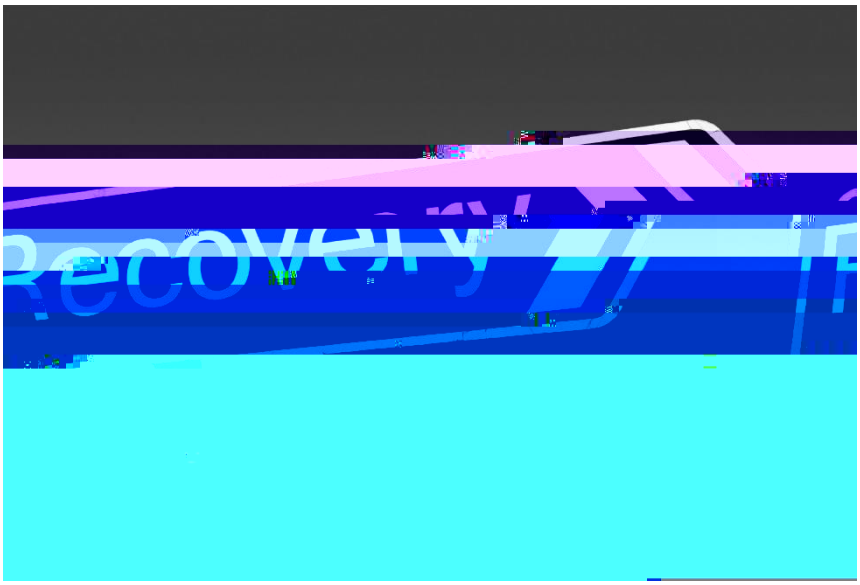
set prior to release
Jail Reentry
Center
Jail
MH generally 31%, 76% COD


Recovery

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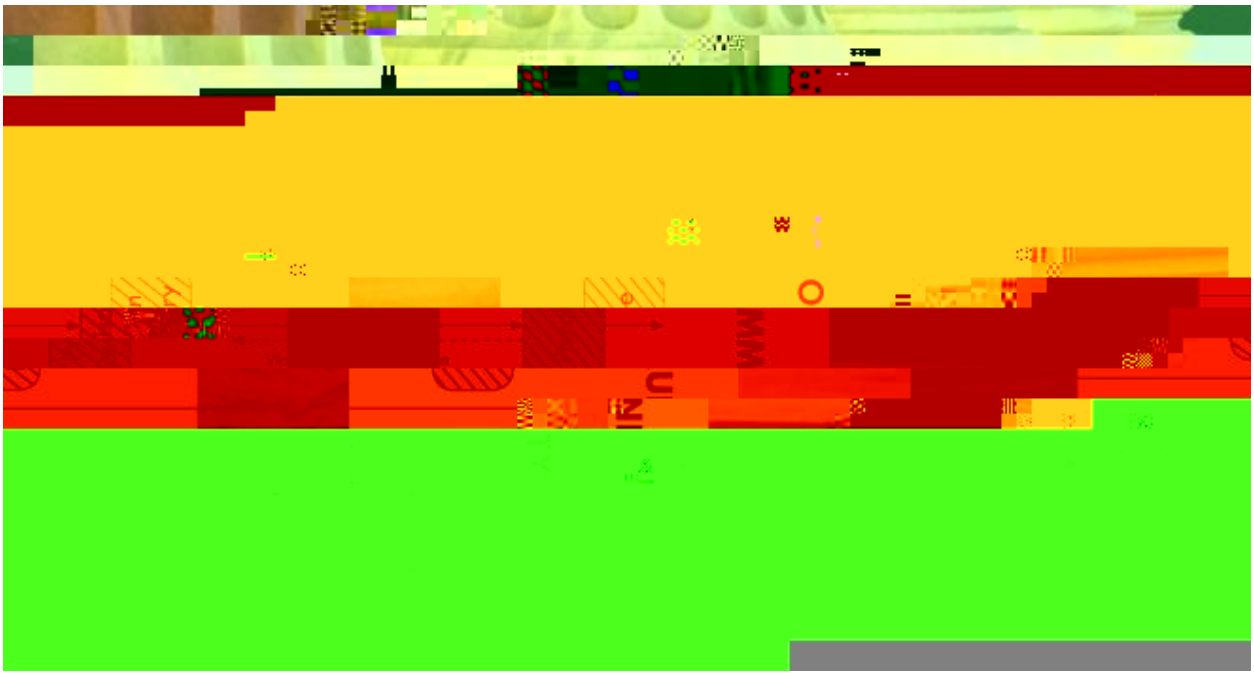

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After a review of the proposed priorities, the workshop participants decided to reorganize and regroup into the following priorities and action steps.

Objectives	Action Step	Who	When

National Association of Counties and the National League of Cities, "A Prescription for Action: Local Leadership in Ending the Opioid Crisis."

Inmates with mental disorders released from jail in Orange County should automatically be provided with a 30-day supply of medications as well as a prescription in order to bridge the gap from the time of release to their next appointment with a prescriber.

Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies.

Building Safer Communities: Improving Police Responses to Persons with Mental Illness

The Role of Law Enforcement Officers in Preventing Suicide

Engaging Law Enforcement in Opioid Overdose Response: Frequently Asked Questions.

Justice Reinvestment at the Local Level Planning and Implementation Guide.

The Connection between Health and Housing: The Evidence and Policy Landscape.

Getting Home: Outcomes from Housing High Cost Homeless Hospital Patients.

Supportive Housing for Returning Prisoners: Outcomes and Impacts of the Returning Home-Ohio Pilot Project.

NYC FUSE – Evaluation Findings.

Corrections and Reentry: Protected Health Information Privacy Framework for Information Sharing

Arrested Guides and Inmate Medication Forms

The National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use.

Advancing Access to Addiction Medications.

Federal Guidelines for Opioid Treatment Programs.

Medication for the Treatment of Alcohol Use Disorder: A Brief Guide.

Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction (Treatment Improvement Protocol 40)

. *Clinical Use of Extended Release Injectable Naltrexone in the Treatment of Opioid Use Disorder: A Brief Guide.*

Manhattan Arraignment Diversion Program

Transitional Case Management for Reducing Recidivism of Individuals with Mental Disorders and Multiple Misdemeanors.