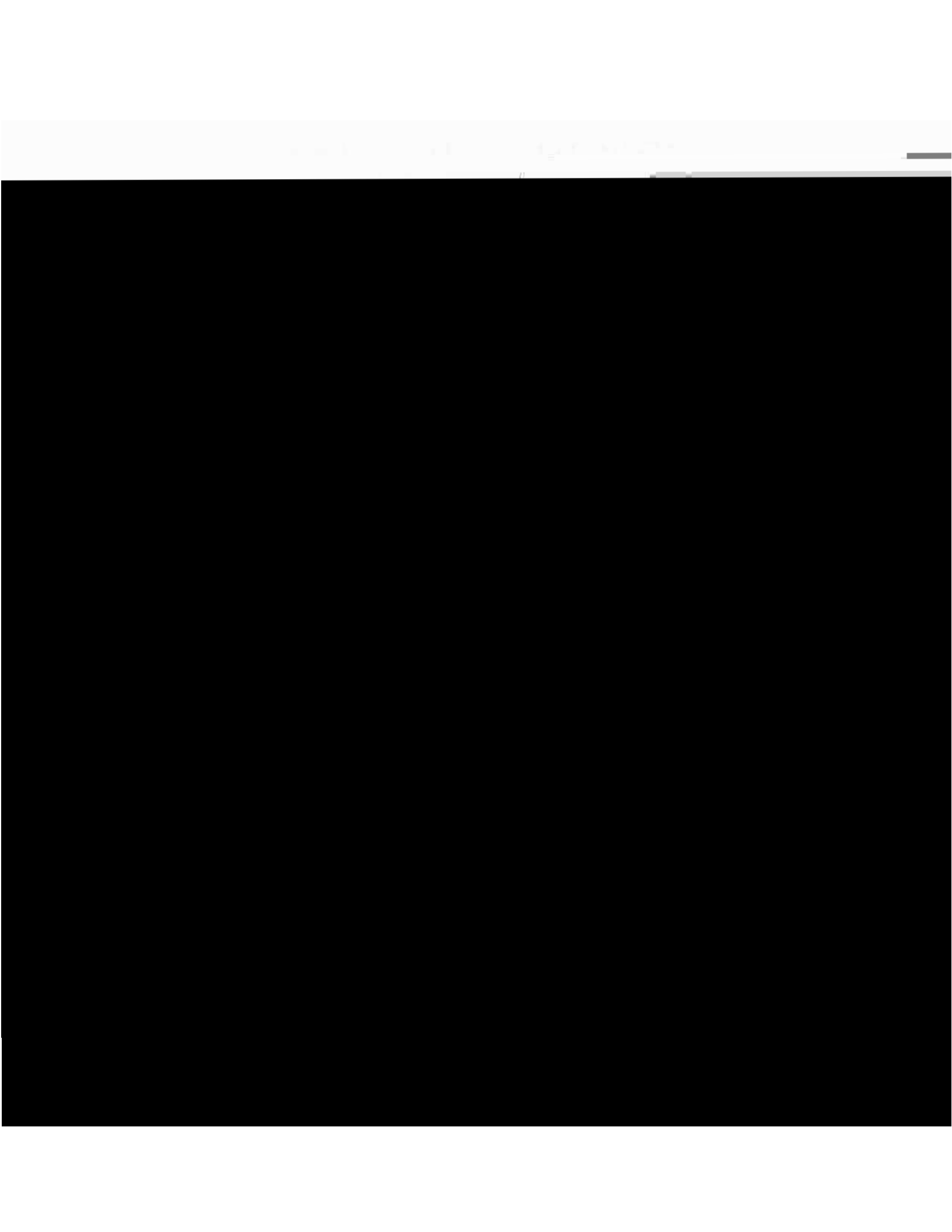




RESPONSE TO:  
Department of Children and Families  
Office of Substance Abuse and Mental Health

Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant  
GRANT #: DCF RFA 2021 001

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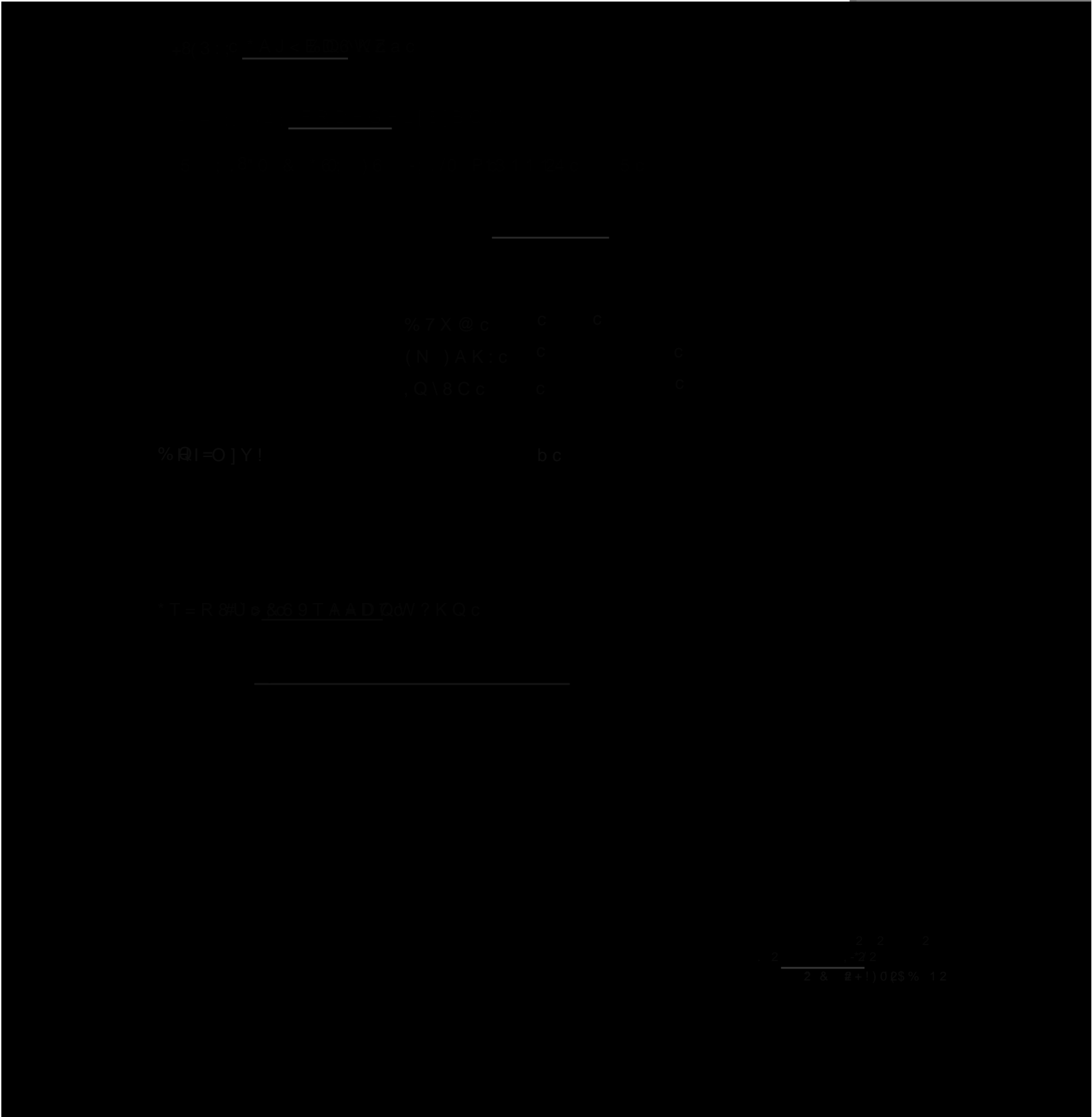
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Appendix H (cont.)  
BASIS OF VALUATION

Building/Space

1. Donor retains title:
  - a. Fair commercial rental value - Substantiated in provider's records by written confirmation(s) of fair commercial rental value by qualified individuals, e.g., Realtors, property managers, etc.

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(Donor Signature)

3/3/2021  
(Date)



Dir. Of OP Services \$73,140 including benefits x 624 hours	\$21,942
Dir of Quality Assur. & Compliance \$67,045 including benefits x 624 hours	<del>\$20,416</del>
Administrative costs direct at 10%	<u>\$63,918</u>
Total	\$139,82
2. Volunteer- Comparable annual salary \$ <u>23.56 FL Volunteer rate</u>	
\$23.56/hour x 624 hours/year x 3 years	\$44,104

### 3.7.5 Tab 5: Statement of the Problem

3.7.5.1 For both Planning and Implementation and Expansion Grants, the application must include a detailed description of the problem the project will address. The application should document the extent of the problem using local or state data and include trend analysis. Describe the project's geographic environment, Target Population, socioeconomic factors, and priority as a community concern. If the Applicant is a consortium of counties, describe the geographic region to be covered.

Description of the Problem: Pinellas County has consistently had rates of mental illness and substance use, particularly opioid use, that are higher than the overall state average for Florida. In a recent health assessment of Pinellas County by the Florida Department of Health, mental health and substance abuse were recognized as two of Pinellas County's top health priorities.

Opioids and Substance Use: The opioid epidemic in Pinellas County is a pressing matter as more than one person dies every 37 hours from a drug-related overdose. A recent community health assessment conducted by the Florida Department of Health in Pinellas County (DOH) identified "addiction"

Data provided by the Pinellas County Forensic Laboratory for 2015 to 2019 shows the number of accidental illicit drug related fatalities increased by an alarming 810.7% (28 to 255) while the number of accidental opioid related deaths increased by 145.9% (135 to 332). Pinellas County's population increased only 2.9% during same period. Emergency Medical Services (EMS) data regarding 9-1-1 transports with Narcan administered have increased year over year as well. In 2019 there were 3,003 transports with a 43.9% increase from the 2,087 reported in 2016. In 2019, the Pinellas County EMS/Administration Department reported 4,448 suspected opioid overdose calls.



trauma. Results of the study indicated that inadequate care coordination was a significant barrier to successful outcomes for justice-involved individuals with behavioral health disorders.

In most instances, clients evaluated in the 2016 USF-FMHI study had been with 8-22 days of medication and a referral to outpatient mental health care. However, there was rarely a record confirming communication between acute care and outpatient providers and little to no indication that outpatient referrals resulted in continuity of care for clients. Feedback from clients confirmed this issue; while clients generally showed improvement and stated they had benefitted from their treatment groups, many described difficulties in transitioning to outpatient care and did not continue treatment.

A subsequent 2020 evaluation noted that communication between providers in the County continues to be an issue. The analysis of the Pinellas County Behavioral Health System, performed by KPMG at the request of County leadership, demonstrated that providers operate as a set of distinct programs without facilitating the necessary linkages of a coordinated system of care. The study further observed that crisis care settings, including the jail, served as the primary point of entry into behavioral health services, and recommended the County establish a county and provider-managed model of coordinated access for consumers.

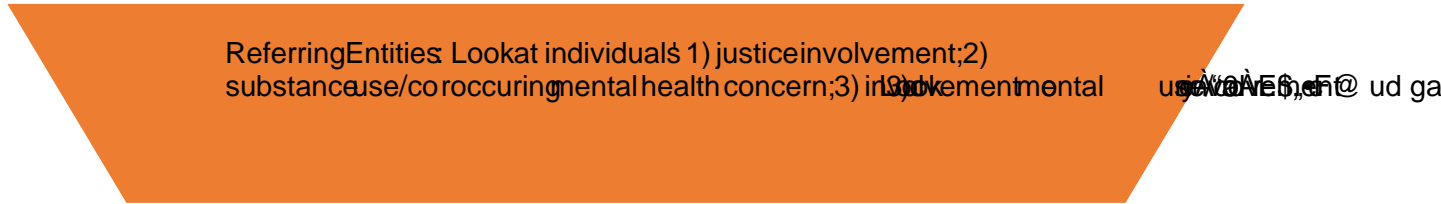
While there is a wealth of substance use and mental health services available in Pinellas County, the services are largely not geographically coordinated and have limited communication between providers. As individuals move through various programs and specific interventions, the lack of coordinated care makes it easy for clients to slip through the cracks. This gap in the higher-level coordination of all services to ensure continuity, is often the driving force behind the adverse outcomes associated with this population such as reincarceration, overuse of Baker Act services, or premature death. The proposed Complex Case Reintegration project seeks to provide a more cohesive approach to better serve individuals repeatedly cycling through the criminal justice system and behavioral services with the County. This program will not only improve outcomes for some of the County's most vulnerable residents, but also provide valuable insights and measurable data to better inform future decisionmaking regarding a coordinated care model in Pinellas County.

Target Population: Pinellas County seeks to implement the Complex Case Reintegration Program (CCRP) for justice-involved adults with substance use or co-occurring mental health needs, with an emphasis on treatment for individuals with histories of CCRP. ( f)-(ofd ( C2\_ne

also well documented that the COVID-19 virus demonstrated a clear effect on the increase in opioid use, non-fatal overdoses, and overdose deaths.

Geographic Region/Environment: Pinellas County is a 274 square mile peninsula on Florida's Gulf Coast with an estimated population of 974,996 residents. The county is home to

Fig. 1: Team-Based Process



Pinellas County Jail & Safe Harbor: CCRP partners will coordinate with the Jail Program Services Division to perform eligibility screenings during provider video visitation hours for potential clients preparing to leave jail, as well as to identify recently released individuals currently sheltered in Safe Harbor who would be eligible for program services. Safe Harbor is a shelter and service hub for homeless people involved in the criminal justice system in Pinellas County. It is used as an alternative to incarceration as well as a portal for inmates re-entering the community from the Pinellas County Jail. Safe Harbor is a well-utilized program with a capacity of 470 and average daily population of 400.<sup>13</sup> About 20% of individuals assessed in Safe Harbor have active substance use disorders and require safe shelter.

<sup>13</sup> Pinellas County Sheriff's Office reported population: <https://www.pcsoweb.com/pinellas-safe-harbor>

Sixth Judicial Circuit Public Defender's Office: The Sixth Judicial Circuit Public Defender's office has a jail diversion program that has been in operation since 2004. The CCRP team will collaborate with the Public Defender's office to identify clients who are members of the target population and who are eligible for the Complex Case Reintegration Program.

Crisis Stabilization Units: In Florida, petitions for involuntary and voluntary placement under Florida's Mental Health Act, also known as the 'Baker Act', are sought to provide the least restrictive form of intervention for an individual with a mental illness. The Baker Act balances individual liberties against safety of the individual and society by providing criteria to determine who should be subject to involuntary commitment. A person may voluntarily consent to treatment given s/he fully understands the decision and is able to consent in writing.<sup>4</sup> Involuntary examinations may be initiated under the following conditions:

1. There is reason to believe person has a mental illness and because of mental illness, person has refused or is unable to determine if examination is necessary;
2. Without care or treatment, person is likely to suffer from neglect or refusal to care

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are prevalent. The project team will engage these agencies to identify clients for pre-arrest diversion through CCRP.

3.7.5.2.2 The percentage of persons admitted to jail or juvenile detention center that represents people who have a mental illness, substance use disorder, or co-occurring disorders.

Persons Admitted to Jail: The incidence of inmates suffering from mental illness, substance use, or co-occurring disorders in the jail population, and criminal justice system overall, is significant. An estimated 45% of offenders in jails and local and state prisons have a mental health problem and comorbid substance abuse or addiction disorder.<sup>15</sup>

In 2019, there were 36,352 arrests in Pinellas County. Of these arrests, 5,733 (15.8%) were classified as drug arrests and 2,300 (6.3%) were DUI arrests.<sup>16</sup> That same year, there were 590 Marchman Act jail intakes and 722 arrests for disorderly intoxication.<sup>17</sup> About 11,000 Baker acts are performed within th

individuals with substance use, mental health, or co-occurring disorders within the jail. This population has elevated rates of criminogenic risk factors such as unemployment, poverty, homelessness, lack of social supports, antisocial attitudes, and antisocial peer networks that contribute to increased contact with law enforcement and arrest. Justice-involved people with mental illness also have higher rates of co-occurring substance use disorders. Of people in jail with a serious mental illness, 72% have a co-occurring substance use disorder.<sup>22</sup> This complicates their involvement with the justice system, as people with co-occurring mental illness and substance use disorders have been shown to recidivate more often and more quickly than those who only have a serious mental illness only.<sup>23</sup>

The overall jail population is also greatly affected by changes to the community it serves. Both general changes, such as those to county population and the unemployment rate; or changes more specific to the criminal justice system, such as changes in sentencing laws or the availability of jail alternatives, can have tremendous impact. Initiatives undertaken to allow the Pinellas County jail to adhere to CDC guidelines in response to COVID have dramatically reduced the average daily population as well as daily bookings. Since the implementation of the closures in March of 2020, daily intakes into the jail have decreased by about 36%, from 100 people per day to 70 people per day.<sup>24</sup>

#### 3.7.5.2.4 Data and descriptive narrative delineating the specific factors that put the Target Population at-risk of entering or re-entering the criminal or juvenile justice systems.

Deinstitutionalization is often cited as the origin of many factors that put the target population at-risk of entering or re-entering the criminal justice system. Prior to 1960, almost 560,000 patients with behavioral health disorders were treated in long-term state mental hospitals designated for that purpose, but a shift to deinstitutionalize reduced the number of individuals in public psychiatric hospitals to 70,000 by the 1990s.<sup>25</sup> Although psychiatric hospitals still exist, there is a distinct lack of long-term care options for individuals with behavioral health issues in the U.S. The few remaining state-run psychiatric facilities have the capacity to serve only a fraction of the patients they did in in the 1950s.

As a result, individuals with severe behavioral health issues are often homeless, rather than in long-term care, and communities have increasingly had to rely on correctional systems for behavioral health treatment and services. Nationally, an estimated 45% of offenders in jails and prisons have co-occurring mental health and substance abuse disorders.<sup>26</sup>

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<sup>21</sup> Andrews DA, Bonta J: The Psychology of Criminal Conduct, 5th ed. New Providence NJ, Anderson 2010

<sup>22</sup> "The Burden of Mental Illness Behind Bars." (2016). Vera Institute of Justice.

<sup>23</sup> Meeting the Needs of Justice-Involved People with Serious Mental Illness within Community Behavioral Health Systems (2020). Natalie Bonfine et. Al. Psychiatric Services 71:4, April 2020.

<sup>24</sup> Varn, Kathryn. Tampa Bay Times. (2020). "Pinellas jail count down 500 after concerted legal effort to address coronavirus fears."

<sup>25</sup> Mentally Ill Persons in Corrections National Institute of Corrections <https://nicic.gov/mentallyill-persons-in-corrections>

<sup>26</sup> National Institute of Drug Abuse (2008)

Pinellas County, the number of recorded homeless individuals in Pinellas County Jail has increased by 49.4% (from 478 to 714).

While Pinellas County has experienced a decrease in the count of homeless individuals from 2,777 in 2016 to 2,226 in 2020, subpopt.0017 Tw 1

## 3.7.6 Tab 6: Project Design and Implementation

3.7.6.1 For both Planning Grants and Implementation and Expansion Grants, the application must include a description of the planning council or committee, including the following.

3.7.6.1.1 A description of the composition of the planning council or committee, including the role of each member as stakeholder, consumer, etc. demonstrating compliance with section 394.657(2)(a), F.S. If the Council does not currently meet the statutory



The PSCC has and will continue to meet on a quarterly basis. Board members will receive notice either by newsletter, U.S. telephone or e-mail, at least ten (10) days prior to any meeting. Reports from committees and select programs will take place at quarterly meetings.

### 3.7.6.3 Implementation and Expansion Grants Only (Limited to 35 pages)

3.7.6.3.1 The application must include a copy of the existing Strategic Plan, which must include at minimum, all the elements specified in Appendix A and a description of the Strategic Plan, including progress toward implementing the plan or SIM, when the plan or Sequential Intercept Mapping was last reviewed or updated for the Target Population, and any challenges or barriers toward implementation

As specified in Appendix A, a copy of the Pinellas County Sequential Intercept Mapping (SIM) report is included as an attachment to this proposal. The workshop was held in Pinellas County on February 1<sup>st</sup> and 19<sup>th</sup> 2016 and was facilitated by the Florida Criminal Justice, Mental Health, and Substance Abuse (CJMHS) Technical Assistance Center at USF-FMHI. Elements of the SIM were last reviewed in a 2020 Review of Pinellas County's Behavioral Health System. Updates on SIM goals and progress are listed below.

- x GOAL 1 - Leadership Coordination (All Intercepts): Both goals were completed with the reactivation of the Public Safety Coordinating Council and the establishment of the Strategic Information Partnership (SIP). A primary goal of the SIP is to address opioid issues within Pinellas County through the development and enhancement of information processes to improve prevention and education activities, access to care, and planning for Naloxone, law enforcement, and other activities. Meetings of both collaborative leadership teams are ongoing.
  - x GOAL 2 - Jail In-Reach (Intercept 3): This goal was completed through the creation of the Jail Transition Planning Team. The team involves members of PCSO's Jail Program Services, local substance use and mental health providers, and the Sixth Judicial Circuit Public Defender's Office. Members of the team continue to work together to connect inmates re-entering the community to critical services upon release. The CCRP team will engage with Jail Program Services to facilitate jail in-reach in alignment with this goal.
  - x GOAL 3 - Centralized Receiving Facility (CRF) and Addictions Receiving Facility (ARF) (Intercept 1): This goal has been reworked and is in progress. There were many discussions on the feasibility of establishing a CRF/ARF in Pinellas County, but a 2020 analysis performed by consultant group KPMG on the request of the Pinellas Board of County Commissioners suggested that, due to the geographic dimensions and population density of the County, a centralized receiving facility was not the best approach currently warranted.
- x GOAL/r | Pe-ArrcrstDtvrr(sio) (s

health providers, peer recovery specialists and the Public Defender's office, which continues to look for opportunities to expand and improve upon pre-arrest diversion options. A major step forward was the implementation of the Pinellas County Sheriff's Office Adult Pre-Arrest Diversion program. The CCRP team will perform targeted outreach with local law enforcement to identify potential clients eligible for pre-arrest diversion through CCRP.

- x GOAL 5 - Supported Housing (Intercepts 1 and 5): Pinellas County provides annual funding to supportive housing providers Catholic Charities and Holy Centers. In 2017, 2019, and 2020 the County provided additional funding to these providers for services and case management for residents in their permanent supportive housing units. Expansion of supportive housing remains a challenge due to lack of affordable housing and funding for supportive services, but Pinellas County remains dedicated to identifying opportunities to expand supportive housing initiatives.
- x GOAL 6 – Violation of Probation (VOP) Expanded Services (Intercepts 4 and 5): Stakeholders continue to examine VOP misdemeanor data and identify opportunities for expanded, recovery-oriented services that will reduce recidivism and prevent re-arrest. The CCRP team will seek collaboration with probation officers where appropriate to facilitate successful client outcomes and divert client arrests for VOP.

3.7.6.3.2 The application must include a description of the project design and implementation, including the following:

3.7.6.3.2.1 Project goals, strategies, milestones and key activities toward meeting the objectives specified in Section 2.2. Applicants must include at least one objective in addition to those specified in Section 2.2 and may propose tasks in addition to those specified in the RFA.

3.7.6.3.2.2 Organization and key stakeholder responsible for each task or key activity necessary to accomplish the objectives.

- f Estimated time to complete: <3 months
        - f Organization Responsible: PERC, WestCare, Pinellas County
      - x 2.2.4.1.2 Providing an information system to track persons served during their involvement with the Reinvestment Grant Program and for at least one year after discharge, including but not limited to, arrests, receipt of benefits, employment, and stable housing.
        - f Tasks: Coordinate partner data systems to facilitate seamless and continuous tracking of participants in the program. Develop data tracking protocols and points of contact from each agency to ensure timely data collection and accurate reporting.
        - f Estimated time to complete: 3 months
        - f Organization Responsible: PERC and WestCare (Internal systems, HMIS, Odyssey).
      - x 2.2.4.1.3 Implementing strategies that support the Applicant's strategic plan for diverting the Target Population from the criminal or juvenile justice systems. Partners will collaborate with stakeholders to identify opportunities for diversion of justice-involved adults with substance use or co-occurring mental health disorders. This includes pre-arrest, at Sequential Intercept 1, as prioritized by the 2016 Pinellas Sequential Intercept Mapping Report.
        - f Tasks: Review Medical Examiner opioid overdose data to identify target geographical areas. Notify law enforcement in target areas of the program and provide them with guidance regarding eligibility.
        - f Estimated time to complete < 3 months, updates ongoing as needed
        - f Organization responsible: PERC, WestCare, Pinellas County
        - f Key Stakeholders: Local law enforcement agencies, the Sixth Circuit Public Defender, PCSO, and Safe Harbor.

## Objective 2 – Collaboration

All Implementation and Expansion Grant Applications must propose objectives, tasks and timetables designed to create and encourage collaboration among stakeholders in implementing the Strategic Plan and providing ongoing oversight and quality improvement activities. Applicants must detail their approach to the following.

### 2.2.4.2.1 Participating in regular Planning Council or Committee meetings.

A representative from the project will provide regular updates on program progress at quarterly Public Safety Coordinating Council (PSCC) meetings. The PSCC serves as the designated local planning council for CJMHSAs Reinvestment Grants. PERC's Executive Director, Mark Jalazo, is seated member on the Public Safety Coordinating Council (PSCC), Pinellas County's designated planning council for CJMHSAs grants.

- o Tasks: Provide updates to the PSCC at their quarterly meetings and facilitate discussion as necessary.
- o Estimated time to complete: Quarterly as scheduled.
- o Organization responsible: PERC, WestCare
- o Key Stakeholder: Public Safety Coordinating Council



- o Tasks: Work with program staff to identify training needs, align needs with training opportunities, and facilitate access to necessary trainings for staff.
- o Estimate time to Complete: Ongoing
- o Organization responsible: PERC, WestCare, Pinellas County

clients. The concept is simple when multiple programs come together with a variety of services and share to meet their goals/objectives, the individual organizations and programs working collectively benefit each other – but most importantly – successfully benefit clients in the communities they serve.

The identification of opportunities for sustainability will be continuous, but the team will also hold annual Sustainability Planning Meetings to develop, formalize, and update strategies for program continuation at the end of the grant period. Opportunities identified by program staff, PSCC, CFBHA, and other stakeholders will be regularly discussed and incorporated into annual updates. The first formal Sustainability Planning meeting will be held within 6 months of the program start date.

3.7.6.3.2.5 The plan to screen potential participants and conduct tailored, validated needs-based assessments. Include the criteria to be used, specific screening tool(s) and validity







with the various support programs. The peer support team and ICMs will play integral roles in each client's recovery support network within the program. As the individual navigates treatment, housing, vocational assistance, and other services, the individual will maintain the structured support of the recovery support network to ensure continuity in all services. If the client is part of a probation program, the ICM will optimize compliance to the goals outlined by the probation officer.

The Complex Case Reintegration program provides the local partnering agencies of Pinellas County with the ability to expand upon current diversionary successes by creating an opportunity to more effectively support a subpopulation with specialized supports for safe community reintegration. Treatment will be provided as part of a range of services that optimize recovery and community retention using an approach that is uniquely aimed at addressing the causal factors of arrest, homelessness, substance use, or co-occurring mental health disorders.

The primary difference the CCR will make for the Pinellas County system, if selected for this grant, is the ability to apply a different approach to serving this higher-need population directly through enhanced coordination with law enforcement, in-reach discharge coordination in the jail, and improved linkages to recovery services with the use of intensive case management and forensic peer support for a growing population. Building upon current innovative resources, Pinellas county will direct the target population to resources that optimize recovery such as safe and stable housing, vocational rehabilitation, robust behavioral health treatment services, peer support, and intensive case management.

3.7.6.3.2.7 How law enforcement will assess their current process at intercept points, cur22capacity, aClisessir a66en



Each client referred to the CCRP will be assessed using the biopsychosocial evaluation built into PERC's data system. This assessment follows the use of the LS/CMI assessment tool to provide a better understanding of client risk factors on an individualized basis and develop responses accordingly. The LS/CMI, other assessments listed in section 3.7.6.3.2.5, and clinical wrap around services will be done in concert with the team at WestCare.

**Counseling Services:** Each client will be assigned a Licensed Mental Health Counselor, Licensed Social Worker or Registered Intern for either licensed professional responsible for individual sessions with the client. An individualized treatment plan will be created at the onset of treatment and then reviewed every 30 days per 65D-30's outpatient level setting. Session and group work with this skilled professional could include not only relapse prevention goals, but also address mental health needs, unresolved trauma or grief, family/couple's counseling, career planning, psychoeducation targeted toward holistic living, and so on. As substance use disorders do not exist in a vacuum, isolated from these other relevant areas, neither does effective treatment.

The licensed professionals will have an expected caseload of Complex Case Reintegration Program (CCRP) caseload of 15 clients offering the clinician enough flexibility to fully invest in the client's journey both on-site and within the community on a weekly basis. The ease in accessing other services both becomes paramount to creating a support system designed to protect the client, provide oversight for safety, and establish rapport. The flexibility of a lower caseload also permits more availability for a more direct relationship with the PERC case manager and other identified members of the client's recovery support network. The counselors will participate in weekly internal staffing meetings for thorough case evaluation in addition to monthly meetings between PERC, WestCare, and the County to ensure adequate provision and communication between entities.

Mental health is inseparable from substance recovery. In the earliest phases of recovery, neurotransmitters are attempting to recalibrate having been freshly weaned off heavy regiments of narcotics that hijacked dopamine and serotonin. For many, this creates additional stressors of depression and anxiety or uncovers a litany of mental health diagnoses which were being masked through self-medication. CCRP clients requiring more intensive psychiatric services outside of partners' services, such as prescription of psychotropic medications will be referred to community-based psychiatric providers. CCRP Mental Health Counselors and Case Managers will consult and make those referrals as needed.

**Medication-Assisted Treatment:** CCRP clients will also be screened for interest and eligibility to participate in Medication-Assisted Treatment (MAT). The MAT program has multiple options for opioid use disorders, including the Vivitrol injection, Suboxone films or the extended-release Sublocade injection. The licensed physician will screen each eligible client and determine which medication protocol is appropriate to treat the addiction. Any MAT treatment protocol comes with physician-monitored administration and/or medication management as well as a counselor and certified peer support

specialist to assist the client with MAT-specific goals. If the client does not desire or qualify for MAT services, a peer support will be made available through the outpatient program's existing peer support team.

**Transitional Housing and Residential Treatment:** Mustard Seed Inn (MSI) is WestCare's transitional housing facility, designed to curtail homelessness and provide rapid rehousing services for homeless individuals and families as well as vocational and employment services where indicated. MSI accepts individuals from the local homeless coordinated entry system as well as from WestCare's residential treatment programs, which primarily serve at-risk individuals from the justice system. Individuals in residential treatment are admitted with a substance use co-occurring mental health disorders disorder who are experiencing barriers to obtaining or maintaining livable-wage employment and self-sufficiency.

**Vocational Services and Workforce Support:** WestCare and PERC both offer employment programs in coordination with local employers, workforce development boards, and other agencies invested in workforce activities or substance use disorder prevention and treatment. WestCare's vocational services utilize the Florida Department of Economic Opportunity Ready to Work guidelines as well as Supportive Employment evidence-based components. WestCare Workforce Support additionally provides short-term prevocational training services that are directly linked to employment opportunities in Pinellas County. Along with CareerSource, WestCare works with the client to identify specific employment needs, goals, and services. A Career Development Specialist will focus on career counseling, mapping career paths, and helping individuals understand the strengths and challenges they bring to the workforce. The Career Development Specialist will also conduct a DISCFlex profile to help clients understand behavioral and personality tendencies that may influence their success in a chosen field and work with the Employment Specialist. These strengths and challenges will be used to identify areas for additional training or focus in counseling sessions and will help in designing the client's Individualized Vocational Plan.

WestCare and PERC will work together to help clients through each step of employment seeking: review experiences, skills, and talents; identify work interests and goals; assist with benefits planning; perform job search; help make connections with employers; prepare for and attend interviews; acclimate to the new job.

PERC and WestCare will coordinate the collection and reporting of quarterly performance measurement data. To promote coordination and timely data reporting, PERC will build-in an entry point to their internal client information system to allow cross-agency access to grant-funded client records. PERC's system is tailored to needs/risk factors specific to Pinellas County and has remote access capabilities on a secured network for program partners. This system developed and used in the Pinellas Reentry Court Program funded through the Department of Justice Office of Justice Programs, Bureau of Justice Assistance, was part of a national evaluation with the Council of State Governments and RTI International, as well as collaborations with local evaluators. Providers will still use their own internal systems for day-to-day tracking of all other client information necessary for their own operations.

The primary external systems used for performance measure data collections include Odyssey (the portal for Criminal Justice Information System) and the Homeless Management Information System (HMIS). Odyssey will be used to collect arrest information for clients while enrolled in the program and post-completion as necessary. HMIS will be used, along with interviews with clients, to establish housing and employment status upon enrollment and post-completion as necessary.

3.7.6.4.2 Proposed targets and methodologies to address the measures specified in Section 2.4.1, for Planning Grants, and Section 2.4.2, for Implementation and Expansion Grants.

2.4.2.1.1 Less than 20% of clients enrolled in the program will be arrested or rearrested while receiving services.

- x Quarterly Calculation: ( $\frac{\text{\# of clients currently participating in the program who have no prior arrests during enrollment that were arrested this quarter}}{\text{\# of clients participating in the program this quarter who have not previously been arrested while enrolled}}$ )
- x End/Summary Calculation: ( $\frac{\text{\# of clients who participated in the program and had at least 1 arrest while enrolled}}{\text{total \# of clients who were enrolled and participated in the program}}$ )

2.4.2.1.2 80% of clients will be assisted in applying for social security or other benefits for which they may be eligible but were not receiving at their program start date.

- x Quarterly Calculation: ( $\frac{\text{\# of clients currently participating in the program who were eligible for, but not receiving a benefit at enrollment and who have not been previously assisted in applying for a benefit through CCRP, that were assisted this quarter}}{\text{\# of clients eligible for, but not receiving a benefit at enrollment who are participating in the program this quarter and have yet been assisted}}$ )
- x End/ Summary Calculation: ( $\frac{\text{\# of clients who were eligible for, but not receiving a benefit at enrollment who were assisted in applying for benefits}}{\text{total \# of clients who were eligible for, but not receiving a benefit at enrollment who were enrolled and participated in the program}}$ )

2.4.2.1.3 5% of clients will be those diverted from a State Mental Health Treatment Facility or its equivalent.

- x Quarterly Calculation: (# of new enrollments this quarter who were diverted from involuntary treatment or "Baker Act" or who have had multiple prior

- x Quarterly Calculation: (# of participants who started program services 180 days ago as of this quarter, were not employed but willing to work on their program start date, and have since been employed) / (total # of participants who started program services 180 days ago as of this quarter and were not employed but willing to work when they entered the program)
- x End/Summary Calculation:





provider, licensed HIV/AIDS testing and education provider, and provides many other cognitive education classes such as life skills, advanced life skills, anger management, errors in thinking, just to mention a few. WERC also offers larger comprehensive programs either as a lead agency or as a collaborative partner. Pr

2.1.7.3 When applicable to the project design, Applicants must demonstrate capacity to provide and coordinate services remotely, in accordance with local, state and federal health guidelines.

Pinellas County: PCHS has formal guidelines regarding remote work and, in response to the COVID-19 pandemic, has implemented several changes in response to local, state and federal health guidelines. Since March 2020, most staff responsible for grant administration and fiscal/programmatic oversight have been performing their duties remotely on a full-time basis through invoicing, data reporting, virtual site visits, and collaborative teleconferences with no interruption in services.

PERC has been doing remote case management, remote classes, and providing services remotely for nearly ten years on a limited basis, to help provide services to those in rural or remote locations, or where transportation has been a barrier. When the COVID 19 pandemic began, as an agency PERC was prepared and able to quickly move most services remotely without a break in continuity. PERC is accredited by CARF and licensed by the State of Florida under 65D 30. Services were and continue to be provided in accordance with local, state and federal health guidelines.

WestCare is currently equipped to meet clients remotely for assessment, individual sessions, and groups and have a history of providing services in this capacity on a case-

permanent housing supports; and SSI/SOD Outreach, Access, and Recovery (SOAR).  
Additional information on th



Counselors are responsible for documenting in accordance with accreditation and licensing standards. Qualified applicants for these positions will be Licensed Social Workers (LSWs), Licensed Mental Health Counselors (LMHCs), or registered interns for either license. Skills for these positions include but are not limited to sensitivity and awareness of individual's issues, understanding of abuse issues and post-traumatic stress disorders and will provide case management services to opiate dependent clients.

In-Kind Match – 0.10 FTE Vice President of Operations: The VP of Operations, Larry McArthur, is responsible for overall operations of all programs in WestCare Gulfcoast Florida, Inc region. This position will assure program is implemented as designed and will work with all members of the team to promote success and help as many clients as possible. Mr. McArthur has worked in the behavioral health industry for almost 30 years in a wide variety of capacities from technology to Executive Director.

In-Kind Match – 0.10 FTE Director of Outpatient Services: This position will oversee daily operations and program services. They will provide clinical and administrative supervision ensuring the fidelity of services and build community resources for clients; and engage stakeholders in a every support model. The Director of Outpatient Services at WestCare is Elizabeth Darby. Ms. Darby is a Certified Mental Health Professional (CMHP), a Certified Addictions Professional (CAP), and holds an International Credential as an Alcohol and Drug Counselor (IADC). Ms. Darby will facilitate the use of program data into performance improvement where needed and in adherence to state licensing and CARF accreditation standards.

In- Kind Match – 0.10 FTE Director of Quality Assurance and Compliance: This position will be responsible for clinical file quality and licensing compliance. They will be responsible for working with program staff to get program ready for the CARF survey and to stay on top of all aspects related to our accreditation. The Director of Quality Assurance at WestCare is Sarey Chim. Ms. Chim has a bachelor's in applied science for Health Services Administration and several years professional experience in quality assurance.

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#### Pinellas Ex-Offender Reentry Coalition (Subrecipient)

1.0 FTE: Program Manager/Project Director: This position will serve as the project lead on the Complex Case Reintegration Program and will be responsible for day-to-day program oversight and monitoring, team collaboration, data collection, and reporting. The person in this position will supervise the care and supervision of clients in the program as well as the Case Managers, Assessors, and any other staff as assigned. The candidate hired for this position must hold a bachelor's degree in social work, psychology, childhood education, education counseling and psychology or a high school diploma/GED and equivalent experience in substance abuse/mental health. They additionally must hold a current certification from the National Association of Alcohol and Drug Abuse Counselors, or a similar organization.





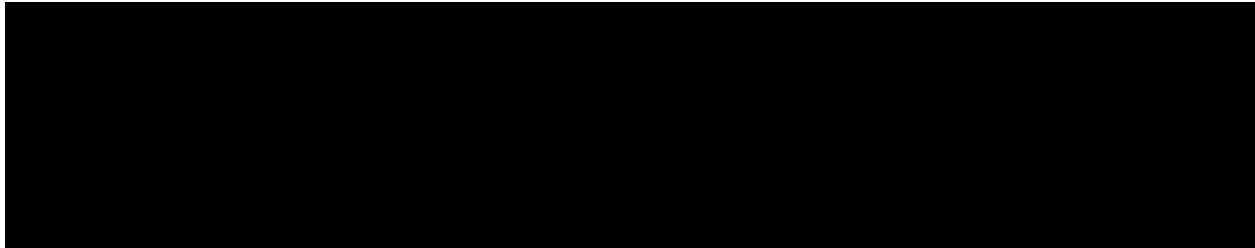




3.7.6.6.2.2 The proposed methodology to measure the defined outcomes and the corresponding savings or averted costs. An estimate of how the cost savings or averted costs will sustain or expand the mental health, substance abuse, co-occurring disorder

The Complex Case Reintegration Program (CCRP) will work closely with Crisis Stabilization Units (CSUs) to identify clients who access a CSU for an involuntary examination or "Baker Act". Individuals who enter a CSU are evaluated within 72 hours and may be petitioned for involuntary inpatient treatment, involuntary outpatient





# Pinellas County, Florida : Improving Services for Adults with Mental Illness es and/or Co-occurring Substance Use Disorders Involved with the Criminal Justice System

## Sequential Intercept Mapping

### Introduction

This report summarizes the Cross-Systems Sequential Intercept Mapping (SIM) workshop held in Pinellas County, February 18-19, 2016. The workshop was facilitated by the Criminal Justice, Mental Health, and Substance Abuse (CJMHS) Technical Assistance Center at Florida Mental Health Institute (FMHI), University of South Florida (USF). This report includes:

- ™ A brief review of the origins and background for the workshop
- ™ Information gathered at the workshop based on the Sequential Intercept Model or Cross-Systems Mapping
- ™ An action planning

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- ™ A DCF and County Commission approved Pinellas County transportation exception plan for persons in need of acute behavioral healthcare under the Baker Act (voluntary or involuntary)
- ™ A number of homeless outreach teams
- ™ A history of Crisis Intervention Team (CIT) training throughout the county

**Pinellas County Cross-Systems Map Narrative**

The following information reflects the information, often verbatim, gleaned during the Cross-Systems Mapping Exercise. These participant notes include a description of potential interventions at each intercept point in the Criminal Justice and Behavioral Health System as perceived by the participants during the mapping process. Gaps in service delivery and resource opportunities are identified at each intercept point. These notes may be used as a reference in reviewing the Pinellas County Cross-Systems Map and as a tool in developing a formal strategic action plan and/or updated Memorandum of Understanding among community stakeholders and local planning entities.

**Intercept I: Initial Contact w/ Law Enforcement, Prevention Programs, or Emergency Services**

¾ Identified Strengths and Resources

- „ Pinellas County 6 KHULIIV 2IILFH DQG P Xrewe SIDH PXQLFLSD WUDLQLQJ LQFOXGLQJ RIILFHUV GHsaxWLHV GLVSDW partnerships with service providers
  - f About 30% Of the PCSO Officers are CIT Trained
  - f 16+ years of CIT implementation
  - f Some municipalities see CIT as training vs. specialized team
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- „



- „ 6KHULIIV RIILFH KDV RZQ VWDII IRU PHGLFDO DQG S
- „ Specific healthcare pod for most severe inmates with SAMH
- „ Medical detox available at jail
- „ Pregnant women provided methadone by DACCO ±all others go through detox
- „ Pilot Project ±Central Florida Behavioral Health Network receives daily arrest data from the jail and send it to Suncoast Center, Inc. to notify case-managers about clients arrested and released
- „ Recovery Project ± MDLO GLYHUVLRQ SURJUDP UDAQ E\ WKH 3) that has a written agreement with one judge
  - f 30-40 clients
- „ 9HWHUDQIV LGHQWLILHG DW MDLO LQWDNH

¾4 Identified Gaps ±Initiated on 3/11/13 (a)-2 (n)B-6 (c)ra) 008 (o)-5 injaailsh-6]TJ EMC /P <</MCID



¾ Identified Strengths and Resources

- „ Jail Diversion ±3 therapists, Suncoast Center provides case management, yet peer specialist position ended, no case managers currently ± misdemeanor and felony
  - f Client sees therapists weekly
  - f Average length in program is 6 months
  - f 30 people waiting to go to court
  - f Acts more like triage and send individuals to local facilities
  - f Public Defenders program - Rent from housing authority (studio type apt) ±10 total apartments for sober housing ±must qualify (30% of SSI or type of income ±HUD Guidelines), but can self-pay once employed ±considered permanent housing (guests, not tenants)
  - f Representative of jail diversion picks up client and takes to a treatment facility
    - f Referrals made to Operation PAR, DACCO, and Crossroads
- „ 9 H W H U D Q ¶ V 7 U H D W P H Q W & R X U W
- „ Adult Drug Court
- „ Specialized dockets I R U W K R V H Z L W K P H Q W D O K H D O W K S U R E C O  
G D \ ` V S H F L D O S U R J U D P V
- „ Starting communication with Health Department about medications and transitioning pharmaceutical needs

¾ Identified Gaps ±Jails/Courts (Intercept 3)

- „ Long waiting times for residential beds in jail diversion program
- „ No separate Mental Health Court ±only specialized dockets
- „ No transition or discharge planning
  
- „ Provided 3 days of medications when leaving jail (rare occasion a 10-day supply can be given), sometimes just a prescription that needs to be filled, which is an issue when released at end of week and run out over weekend

Intercept IV: Re-Entry

¾ Identified Strengths and Resources

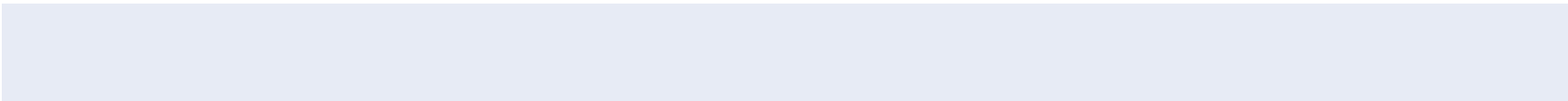
- „ Discharge planning in prisons
- „ 30 day supply of meds when released from prison and appointment with Suncoast (often made a requirement to go to appointment)

¾ Identified Gaps ±Re-entry (Intercept 4)

- „ Limited specialized services/programs for those being released from prison
- „ Linkages available for sex offenders
- „ If no community supervision, then inmates get an appointment to see Suncoast when released, but no-follow-up (About 50% show up to appointment)
- „ Limited transition planning

Intercept V: H, D, (a) 6 0 M, C, B, E, T, A, P, E, T, I, O, N, S, A, N, D, S, U, P, P, O, R, T, S, 6, 6, 7, 2, 1, 2, U, E, M, 6, 8, P, T, C, I, M, 1, 5, 3, 4, 0, k, e, g

- „ Division Z ±program to divert from prison
- „ Smart Probation Program ±







Priority Area : Supported Housing [Intercept 1 and 5]			
Objective	Action Step	Who	When
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Priority Area : VOP Expanded Services (Misdemeanor Focus) [Intercept 4 and 5]		
Objective	Action Step	Who

## Conclusions: Summary

The Cross-Systems Mapping workshop resulted in the acknowledgment of a challenging list of service gaps and opportunities for systems and program improvements. Pinellas County has a long history of collaborative relationships, but is

™ First, the individuals who participated in this workshop represented most of the major stakeholders necessary to accomplish change in this area. (see attached list)

™ Second, participants were enthusiastic and candid in their comments and observations. This spirit of collegiality and willingness to discuss limitations as well as strengths is an important part of being able to work across systems, as is necessary in improving the lives of adults with mental illnesses/substance abuse disorders in or at risk for entering the criminal justice system.

As Pinellas County moves forward with its strategic planning process, there are several issues that may be of particular importance.

™ It is critical that the planning process not lose the momentum created to date. Planning



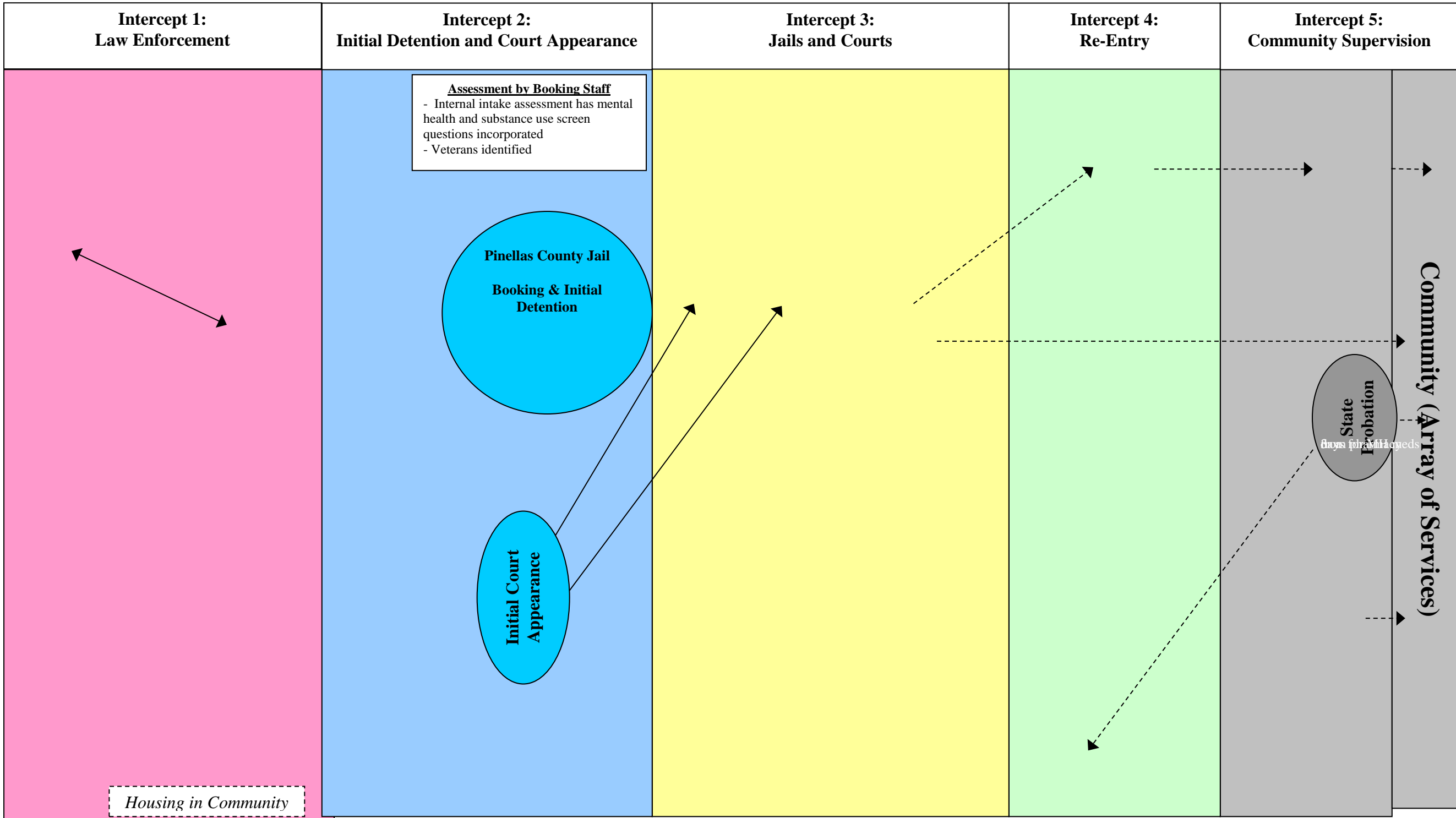
Website Resources and Partners	
Florida Criminal Justice Mental Health and Substance Abuse Technical Assistance Center	<a href="http://www.floridatac.org">www.floridatac.org</a>
Louis de la Parte Florida Mental Health Institute Department of Mental Health Law and Policy	<a href="http://mhlp.fmhi.usf.edu">http://mhlp.fmhi.usf.edu</a>
Florida Partners in Crisis	<a href="http://www.flpic.org">http://www.flpic.org</a>
Justice Center	<a href="http://www.justicecenter.csg.org">www.justicecenter.csg.org</a>
Policy Research Associates	<a href="http://www.prainc.com">www.prainc.com</a>
National GAINS Center/ TAPA Center for Jail Diversion	<a href="http://www.gainscenter.samhsa.gov">www.gainscenter.samhsa.gov</a>

## List of Workshop Participants

(25 signed in, 3 facilitators)

Name	Title	Organization	Type of Organization
Larnetta Peterson	Program Manager	Suncoast Center	

CPL Tom Kelley	Corporal - CIT	3 L Q H O O D V & R X Q W \ 6 K H U L I I ¶	Law Enforcement
Michael Jalaz	CEO/ED	Pinellas Ex-Offender Re-Entry Coalition	Planning Coalition
Mark Duvfa	Executive Director	Catholic Charities	Service Provider
Barbara Daire	President and CEO	Suncoast Center	Service Provider
Dr. Jessica Mitchell	CJMHS TA Center Coordinator	University of South Florida/FMHI	Research University
Dr. Kathleen Moore	Research Associate /T.14 Td		



### **3.7.7 Tab 7: Project Timeline**

**The application must include a realistic and detailed timeline for each funding year proposed, indicating goals, objectives, key activities, milestones, and responsible partners. The timeline must include anticipated start and completion dates for each milestone, benchmark, and goal. The timeline must include a specific preferred project start date**

Phase	Objectives	Activities	Milestones	Responsible

Program Maintenance	Continue meetings	Weekly Staffing meetings held	Client needs and barriers to case coordination are addressed.	PERC, WestCare	1/1/2022 to 6/30/2022
		Quarterly Collaborative Team meetings held	Program progress, barriers and successes are presented.	PERC, County, WestCare	
		Quarterly PSCC Meetings held	Quarterly data is presented.	PERC, WestCare	
		Monthly CFBHNA Acute Care Meetings held	Engage and receive referrals, feedback from key stakeholders.	PERC, WestCare	
	Continue quarterly DCF reporting	Collect and analyze program participant data	Submit Y1 Q3 to Y3 Q4 reports to DCF.	PERC, County, WestCare	7/1/2022 to 6/30/2024
	Identify necessary adjustments to program	Receive feedback from partner meetings, DCF, stakeholders	Implement changes as necessary	PERC, County, WestCare	
	Identify additional training needs of staff	Receive feedback from project staff	Provide ad hoc trainings to staff.	PERC, County, WestCare	
	Continue screening of referrals	Screen referrals from the jail, law enforcement, Safe Harbor, CSUs, etc.	55 participants are screened, 35 enrolled in year 2; 45 participants are screened, 35 enrolled in Year 3	PERC, WestCare	
	Continue Outreach	Outreach with key stakeholders		PERC, County, WestCare	
	Continue Providing services	to link clients to services		PERC, WestCare	
	Continue meetings	Weekly Staffing meetings held	Client needs and barriers to case coordination are addressed.	PERC, WestCare	
		Quarterly Collaborative Team meetings held	Program progress, barriers and successes are presented.	PERC, County, WestCare	
		Quarterly PSCC Meetings held	Quarterly data is presented.	PERC, WestCare	
		Monthly CFBHNA Acute Care Meetings held	Engage and receive referrals, feedback from key stakeholders.	PERC, WestCare	
	Update Sustainability Plan	Hold sustainability planning meeting	Incorporate new opportunities for sustainability as necessary	PERC, County, WestCare	10/1/2022 to 12/31/2022
Finalize Sustainability Plan	Hold sustainability planning meeting	Sustainability plan finalized.	PERC, County, WestCare	10/1/2023 to 12/31/2023	
Final reports to DCF	Prepare materials for final reports	Final reports submitted	PERC, County, WestCare	7/1/2024 to 8/31/2024	

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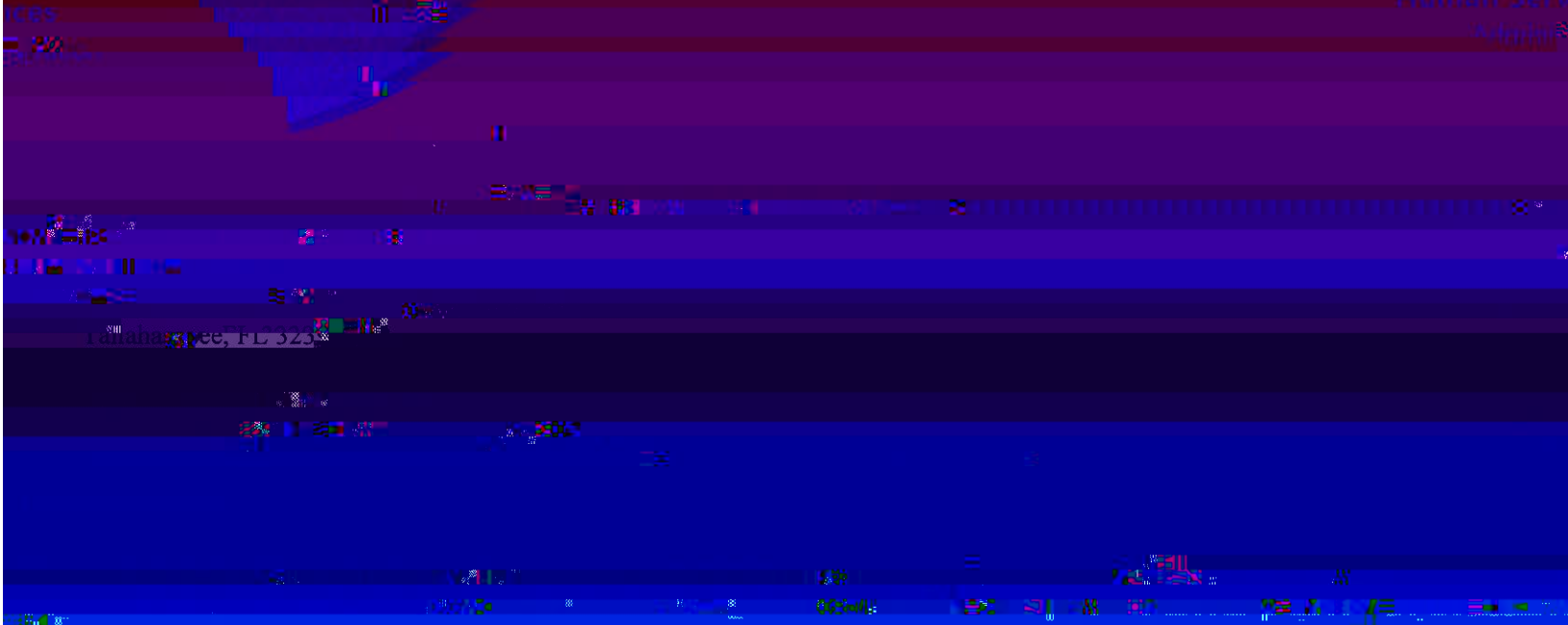
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Human Services  
Adoptive



March 2, 2021

Florida Department of Children and Families  
Office of Substance Abuse and Mental Health  
ATTN: Michele Staffieri  
1317 Winewood Blvd., Building 6, Room 231  
Tallahassee, FL 32399-0700

Dear Ms. Staffieri:

Please accept this letter as confirmation of the Pinellas Ex Offender Re Entry Coalition (PERC) commitment to be an active participant in the proposed Complex Case Reintegration Program as part of DCF RFA #2021.

PERC commits to contributing the following to Complex Case Reintegration Program:

1. Provide overall program management through a dedicated full-time employee and creation and management of data system for reporting to Pinellas County.

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