

Monroe County Criminal Justice, Mental Health, Substance Abuse (CJMHS) Planning Council AGENDA

Harvey Government Center
1200 Truman Avenue, Key West, FL 33040
February 5, 2019 - 9:00 AM

**Any person that wishes to be heard on any agenda item shall notify administrative staff prior to the start of the meeting.*

CALL TO ORDER

SALUTE TO FLAG

ROLL CALL & INTRODUCTION OF PLANNING COUNCIL MEMBERS

- A. Agenda: Additions, Corrections, Deletions
 - 1. Approval of Agenda

- B. Approval of Minutes
 - 1. December 4, 2018

- C. Review of LHZ53 DCF Grant Quarterly Reports – G/CC
 - 1. Program Status, Appendix A, Appendix B, Financial Report

- D. Update on Activities – Maureen Dunleavy
 - 1. Technical Assistance Workshop – “Discharge Planning & Re-entry”
 - i. Workshop Review
 - 2. Baker Act Training – 2019, Grant Year 3

- E. Schedule for the next Planning Council Meeting – Tuesday, May 7, 2019

- F. Other Business as Appropriate

- G. Public Comment*

ADJOURNMENT

ADA ASSISTANCE: If you are a person with a disability who needs special accommodations in order to participate in these proceedings, please contact the County Administrator’s Office, by phoning (305) 292-4441, between the hours of 8:30 a.m. – 5:00 p.m., no later than five (5) calendar days prior to the scheduled meeting; if you are hearing or voice impaired, call “711”.

February 5, 2019 | CJMHSA Planning Council Meeting
Agenda Item B. 1.
Approval of December 4, 2018 Minutes

CJMHSA PLANNING COUNCIL MEETING MINUTES

**Monroe County Criminal Justice, Mental Health, and
Substance Abuse (CJMHS) Planning Council**

Meeting Minutes – December 4, 2018

Harvey Government Center
1200 Truman Avenue, Key West, FL

BOCC Meeting Room - 9:00 A.M.

Draft – To be approved at the February 5, 2019 meeting

CJMHS Planning Council members/designees present:

Val Winter, Designee for Dennis W. Ward, State Attorney
Peary Fowler, Planning Council Vice-Chair, County Court Judge
Danny Kolhage, Commissioner, Board of County Commissioners
Lt. Linares, Designee for Sheriff Rick Ramsay, Monroe County Sheriff's Department
Elicia Pintabona, Area Homeless/Supportive Housing Program Representative
Vincent Vurro, DJJ, Director of Detention Facility
Elaine Thompson, DJJ, Chief Probation Officer
Joseph Laino, SFBHN, Substance Abuse and Mental Health Program Office Representative
Maureen Dunleavy, Director of Community Health Agency
Duane Triplett, Local Substance Abuse Treatment
Wayne Lewis, Primary Consumer of Mental Health Services
Shana Brady Primary Consumer of Substance Abuse Services

Planning Council Members Absent: Hon. Luis Garcia, Circuit Court Judge; Robert Lockwood, Public Defender, 16th Circuit Court; Holly Elomina, Court Administrator; Tim Age, Chief Correctional Officer; Brylan Jacobs, State Probation Circuit Administrator; Steve Torrence, Planning Council Chair, Designee for Chief Donie Lee, City of Key West Police Department; Heather Tintera, County Director of Probation; Elmira Leto, Primary Consumer of Community Based Treatment Family Member

Staff members present: Christine M. Limbert-Barrows, Assistant County Attorney; Laura deLoach-Hartle, Finance and Shared Services Manager; and Janet Gunderson, Sr. Grants & Finance Analyst.

The CJMHS meeting was called to order at approximately 9:00 a.m. by Planning Council Vice-Chair, Judge Peary Fowler, led the Pledge of Allegiance and requested introductions of the Planning Council members.

Item A: Commissioner D. Kolhage nominated Judge Fowler as Planning Council Chair, seconded by E. Pintabona; Judge Fowler nominated Holly Elomina as Vice-Chair, seconded by M. Dunleavy; hearing no objection the motion carries.

Item B: M. Dunleavy moved to approve the agenda, seconded by S. Brady; hearing no objection the motion carries.

Item C: V. Winter moved to approve the August 7, 2018 minutes, seconded by M. Dunleavy; hearing no objection the motion carries.

Item D: Review of LHZ53 DCF Grant Quarterly Reports

C. Dochow, Program Coordinator for the Guidance/Care Center, was absent; M. Dunleavy presented an overview of the activities since August 7, 2018. The goals of the program are on track. Through tele-medicine and e-prescribe G/CC has secured psychiatrists/physicians that are available when needed to meet with program participants/clients and prescribe medications, within the required three day window.

**Monroe County Criminal Justice, Mental Health, and
Substance Abuse (CJMHS) Planning Council**

Meeting Minutes – December 4, 2018

Item E: Update on Activities – Maureen Dunleavy

Item E.1: Technical Assistance (TA) Workshop, “*Discharge Planning & Re-entry*” – M. Dunleavy moved to approve, Thursday, January 17, 2019, as the date for the TA workshop. Motion seconded by J. Laino; hearing no objection the motion carries.

Item F: The next meeting is scheduled for 9:00 AM Tuesday, February 5, 2019.

Item G: Other Business

- Maureen Dunleavy provided update regarding funds for Criminal Justice services have come through for the Jail In-house program (JIP).
- Monroe County has been awarded, through the Florida Alcohol & Drug Abuse Association, an “Opioid Rural Planning Grant”, to establish a consortium of parties interested in planning processes for addressing the opioid crisis in this community. This committee will also be addressing suicide prevention and education. G/CC also obtained funding through State Emergency Response Grant. The next meeting for this committee is January 28, 2018 at 1:00 PM in the Sheriff’s Office, Muster Room. Contact M. Dunleavy if interested in being a part of the committee.
- L. deLoach updated the Planning Council on the status and process for applying for the Federal Byrne/JAG grant funding for FY2019.
- M. Dunleavy also updated the Planning Council on funding released from SAMSA for a Minority Aids initiative grant that will begin in January 2019.
- E. Pintabona is organizing a roundtable discussion and workshop to address Homelessness solutions in the Florida Keys.
- J. Laino has been asked by Miami-Dade County National Alliance on Mental Illness (NAMI) to organize a list of families with Mental Health issues who may benefit from the services provided by NAMI.

Item H: No public comment.

Revisit Item F: M. Dunleavy moved to approve the date and time of the next meeting for Tuesday, February 5th at 9:00 AM, seconded by S. Brady; hearing no objection the motion carries.

E. Pintabona moved to adjourn the meeting, seconded by J. Laino; there being no further business, the meeting was adjourned at approximately 10:00 a.m.

Video recording of 12/4/18 Monroe County CJMHS) Planning Council meeting will be available on the MCTC Video On-Demand website.

February 5, 2019 | CJMHSA Planning Council Meeting
Agenda Item C
DCF LHZ53 Grant Quarterly Reports

QUARTERLY REPORTING – 10/01/2018 – 12/31/2018

February 5, 2019 | CJMHSA Planning Council Meeting
Agenda Item C.1.
DCF LHZ53 Grant Quarterly Reports

Program Status Report, Appendices A & B and Financial Report

Florida Department of Children and Families
 Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program
 Program Status Report
 Implementation and Expansion Grants

Do not type in green or shaded areas.

Grantee Summary			
Grantee's Name		Report Period	
Guidance/Care Center, Inc.		From:	10/01/2018
Grant Number:	LHZ53	To:	12/31/2018
Report Prepared By		Report Approved By DCF	
Preparer's Name:	Maureen Dunleavy	Approver's Name:	
Preparer's Title	Area Director	Approver's Title	
Preparer's Phone:	305-896-5964	Approver's Phone:	
Preparer's Email:	Maureen.dunleavy@westcare.com	Approver's Email:	
Date Prepared:	04/09/2018	Date Approved:	

Grant Information		
Amount awarded	\$1,073.044.50 over grant period	
Amount of match provided	\$1,073.044.50 over grant period	
Award Period	02/01/2017	through 12/31/19
Target Population <i>(must select one: shade/bold one)</i>	Juveniles	Adult
		Both

Section 1. Detailed Progress Summary

1. Provide an overview of your organization's CJMHSA Reinvestment grant-funded program:

The Guidance/Care Center, Inc. (GCC)'s CJMHSA Reinvestment grant-funded program, called MIND (Motivated Interventions for Needs and Deflection) is an intensive 6-month outpatient program for diverting individual's with a mental health or co-occurring mental health/substance abuse disorder from the criminal justice system. Potential clients are identified by Monroe County Sheriff's Office at Intercept 1 (law enforcement/ community encounters) and Intercept 2 (initial detention/ first court appearance). Pre-trial services, public defenders, Veterans Justice Outreach specialists, judges, and other court staff coordinate with G/CC clinical and care coordinator staff to provide screening, assessment, initial engagement, and linkage for the target population. MIND began accepting clients beginning April 1 2017 and G/CC is providing assistance with coordinating court monitoring and reporting.

G/CC's Care Coordinators assist with delivering appropriate recovery-oriented services for adults and juveniles within the adult system who have mental illness and co-occurring mental illness and substance use disorders. Upon admission to the MIND program, clients are linked to community-based, evidence-based mental health services provided by G/CC. In order to minimize potential barriers to treatment (e.g., transportation, child care, etc.), G/CC offers home-based services for all clients. For those clients not able to meet at their homes, G/CC will arrange an alternate meeting place that is convenient for the client (community center, McDonald's, etc.).

All clients will receive a comprehensive psychiatric evaluation from a licensed psychiatrist who has experience with addictions. Clients will receive psychotropic medications as needed, including the Medication Assisted Treatments for substance abuse. The psychiatrist will review the psychotropic medications monthly and/or quarterly to determine the effectiveness of the medication, identify any side effects from the medication, and adjust the dosage, frequency, or type of medication as deemed necessary. Based on the findings from the psychiatric evaluation, the clients will receive appropriate mental health services within the curriculums of this project and/or receive linkages for additional psychiatric services, including medication management. Care Coordination will help ensure clients receive needed medications.

Based on the findings from the assessments, the client, in collaboration with the therapist, will develop an individualized Wellness and Recovery Plan. This will allow the client to provide input into the identification of goals and objectives, establish timeframes for achieving them, and prioritize needs. Wellness and Recovery Reviews will occur every three months as a collaborative effort between the client and the therapist. In addition, all participants will receive at least one (1) 60-minute individual therapy session weekly and three (3) one-hour case management sessions weekly for six months or longer until services are completed. In delivering these services, G/CC will implement the evidence-based practices identified in number 5 of this narrative.

2. Provide a detailed report of the goals, objectives, services tasks and activities performed during the reporting period.

a) For each reporting period, provide a detailed description of program achievements to-date and progress towards meeting goals and objectives identified in Section B-3.

During this period of Guidance/Care Center's CJ Reinvestment grant-funded program, MIND, a Program Director, Evaluator, Program Coordinator, Mental Health Therapist, and two Care Coordinators continued working on this grant. Staff attended the CJ Reinvestment Council meeting with community stakeholders on 12/04/2018.

Staff completed additional trainings required for different components of the program and services are continuing to be provided to clients. The following are the key program activities and status during this reporting period:

CJSTEPS/RNR – Staff continues to access the website and work on designing personalized measures for positive rewards using the incentives. MIND offers \$10 gift cards to clients for attending all initial appointments in the first 30, 60 and 90 days. In addition, incentives will be awarded for individualized milestones identified by each client. For non-cash incentives for JSTEPS and RNR, we offer Publix grocery store gift cards and Subway gift cards since they are not redeemable for cash. These gift cards are limited in use and are marked by the customer service desk to ensure they cannot be used for alcohol or cigarettes, or any other unauthorized substances.

Individual Placement and Support (IPS) –Care Coordinator, Stacey Pena and Program Coordinator, Carol Dochow have completed the training and are implementing tools learned in IPS Supported Employment for IPS Practitioners. Care Coordinator, Joseph Knoth for the upcoming IPS training in March 2019. The online Blackboard course includes weekly interaction with course instructors and students who are assisting clients with addressing employment options while also meeting with employers within the community.

Training and Orientation for Monroe County Detention Center (MCDC) jail access has been completed by the two Care Coordinators and the Program Coordinator. The MIND Care Coordinators and the Program Coordinator continue to screen potential clients in the jail who have been referred through the MCDC referral sources including Psychiatric services, Jail In-House program, and Public Defenders office. *Eighty-five individuals have been screened or signed up to be screened and assessed for the MIND program this quarter. A total of six hundred and fifty-eight (658) individuals have been screened for the MIND program thus far.*

The Program Coordinator, Carol Dochow and Care Coordinator, Stacey Pena have been administering the Correctional Assessment and Intervention System™ (CAIS), a supervision strategy model that combines risk and needs assessments within one face-to-face assessment interview. Care Coordinator, Joseph Knoth successfully completed the CAIS qualified training and certification on December 14, 2018. See attached Certificate of Completion. The Program Coordinator and two Care Coordinators are the only staff trained to administer the CAIS Assessment.

CJMHSa Planning Council has chosen Technical Assistance, 'Guidelines for Successful Transition Planning, Jail Reentry: Trends, Assessment & Implementation' to be held on January 17, 2019. Mark A. Engelhardt, MS, MSW, ACSW will be providing the technical assistance. All CJMHSa Council members are encouraged to attend as well as any other interested community providers.

- b) **For each reporting period, provide a detailed description of each task and associated activities delineated in Section C-1 of the grant agreement. For each task identified, include the completion date, or anticipated date of completion, and discuss any adjustments to timelines outlined in the original grant application.**
- c) **List your program's MOUs or other legally binding agreements that were executed for this program (indicate the parties, when it was executed, purpose) and add to this list each reporting period as appropriate.**

Two MOUs or subcontracts were needed for this contract:

- Lenderman & Associates for annual Baker Act and CIT training fully executed on 3/3/17. Due to Hurricane Irma the original date of this training for year 1 was postponed at the request of the Council until January 2018. Baker Act training was held on 06/07/2018. Fifty two (52) participants were trained at the Key West community session and in the law enforcement academy.
- Lower Keys Medical Center for the required match of this grant was in development in March and fully executed 4/13/17. The hospital had difficulty with their financial system since November so the match amount was much lower for this quarter. This has been corrected moving forward.

d) List your program's partners and collaborators (add to the list each reporting period as new collaborators emerge).

Numerous studies have shown that without social supports, offenders are more likely to recidivate, so programs that help clients meet basic needs are essential to preventing further involvement with the criminal justice system. Specific community linkages provided will include the Rural Health Network (RHN), Community Health of South Florida, Inc. (CHI), and Good Health Clinic for those clients not selecting the G/CC Center for Wellness for their health home; Independence Cay, Florida Keys Outreach Coalition for the Homeless, Inc. (FKOC), Heron, and Peacock Supported Living for housing linkages; The Village South or other providers within the South Florida Behavioral Health Network (SFBHN) for connections to long-term substance abuse treatment; Wesley House for services to family members and dependent children; the South Florida Workforce program for employment opportunities; Florida Keys Community College for educational opportunities; Monroe County Homeless Services Continuum of Care for community strategic planning and policy development on housing and homelessness issues; and Salvation Army for linkages to clothing. The Key West Police Department provides restored bicycles to the MIND program for assisting with client transportation needs. Additional Program collaborators include the Monroe County Detention Center, Public Defenders office, and Florida Department of Corrections.

3. Provide a detailed summary of the achievements to-date in meeting the Administrative Tasks identified in Section C-2 of the Grant Agreement. For all subcontractor(s) identified in Section C-2.3, provide an electronic copy of the executed subcontract(s).

C.2.1.2	.10	FTE Project Director- Maureen Dunleavy 2/1/17
C 2.1.2	.92	FTE Clinical Program Coordinator- Carol Dochow, LMHC 2/1/17
C 2.1.3	1.0	FTE Therapist- David Swendsen 06/01/2018
C 2.1.4	1.0	FTE Care Coordinator- Stacey Pena 5/30/17
C. 2.1.4	1.0	FTE Care Coordinator- Joseph Knoth 8/1/2018
C.2.1.5	1.0	FTE Research Assistant-
C- 2.1.6	0.05	FTE Director of Evaluation- Frank Scafidi, PhD 2/1/17
C-2.1.7	0.01	FTE Trainer-Martha Lenderman 2/28/17

Program Coordinator Carol Dochow and Care Coordinators Stacey Pena and Joseph Knoth attended the web event: 'Systems of Care in Behavioral Health Care' on 12/13/18. (See attached Certificates)

Two MOUs or subcontracts were needed for this contract and are attached

- Lenderman & Associates for annual Baker Act/ CIT training fully executed on 06/07/2018.
- Lower Keys Medical Center for the required match of this grant was in development in March and fully executed 4/13/17.

4. Describe any barriers or challenges faced by your program during this reporting period and the strategies implemented to address them. Also, describe significant barriers that remain, if any.

A barrier faced during this period is the continuing struggle for new clients to see the psychiatrist in a timely manner. New clients are released from jail with a three day prescription for their medications. It is often difficult to complete the Intake paperwork and get new clients in to see the psychiatrist within three days before they have run out of medications, especially if they are released from jail on a weekend. It can take a few weeks for a new client to get a psychiatric appointment so we have new clients come in and wait for a standby psychiatric appointment to become available (which happens if a scheduled client does not show up).

The MIND program continues to struggle with a lack of referrals in the Upper and Middle Keys. Despite these challenges we have been able to meet our numbers with focusing on Lower Keys. MIND staff remain diligent with time management and arranging schedules to accommodate clients where needed.

Also, safe affordable housing for potential clients continues to be a large barrier to accepting clients and providing services to this population. Based on initial screenings, housing continues to be a primary challenge due to limited options in the Florida Keys. Samuel's House is a halfway house for women in transition. This has only been exacerbated by Hurricane Irma which resulted in damage to 90% of the homes of which 25% are unlivable. The Heron which was the only Assisted Living Facility in the Florida Keys has remained closed resulting in a loss of 16 beds which would be appropriate for some of our clients. Additionally, exclusion of clients due to certain criminal charges (i.e. assault or battery) is a barrier. FKOC housing for men and Peacock House follow the same guidelines regarding charges. We will continue to work through the council and community stakeholder meetings to address these barriers and identify housing options. One success is that we have partnered with The Neece Center through Florida Keys Outreach Coalition. Guidance/Care Center was able to assist them in getting four additional physical beds which can be used for MIND clients in the future. The beds were purchased in March 2018 and continue to be available for client transitional housing.

As of December 31, 2018, the Research Assistant resigned therefore the MIND program will be looking to hire a new Research Assistant next Quarter.

List evidence-based, best, and promising practices used in your program including assessment or screening instruments and tools.

Correctional Assessment and Intervention System™ CAIS

G/C will utilize the Correctional Assessment and Intervention System™ (CAIS), a supervision strategy model that combines risk and needs assessments in one face-to-face assessment interview. The risk assessment used in the CAIS system is research-based and has been employed and validated widely across the United States. Seven separate evaluations of the CAIS supervision assessment (formerly known as Client Management Classification or CMC) by separate researchers in five states have found a significant reduction in recidivism.

Motivational Interviewing (MI)

G/C integrates the spirit and evidenced-based practices, tools, and techniques from the Motivational Interviewing (MI) model pioneered by Dr. William R. Miller throughout its services. These fundamental concepts and approaches were elaborated by Dr. Miller's work with Dr. Stephen Rollnick. MI is an interpersonal style that balances directive and client-centered components and is shaped by a guiding philosophy and understanding of what triggers change.

Moral Reconciliation Therapy (MRT)

Moral Reconciliation Therapy® (MRT) is the premiere cognitive-behavioral program for offender populations and substance abuse treatment that leads to enhanced moral reasoning, better decision making, and more appropriate behavior. MRT has specific curriculums adapted to address mental health needs as well as the treatment of co-occurring disorders. Developed in 1985 by Dr. Gregory Little and Dr. Kenneth Robinson, nearly

200 published outcome studies have documented that MRT-treated offenders show significantly lower recidivism for periods as long as 20 years after treatment. MRT was originally developed as the cognitive-behavioral component within a prison-based therapeutic community. Because of its remarkable success, the program grew to be implemented across a wide variety of settings, including general population, juvenile detention, parole and probation, community corrections, hospital and outpatient, educational, and drug courts. MRT has been proven to lead to increased participation and completion rates, decreased disciplinary infractions, beneficial changes in personality characteristics, and significantly lower recidivism rates.

Seeking Safety

Seeking Safety by Lisa Najavits is an effective treatment for persons with co-occurring disorders. SAMHSA's National Registry of Evidence-Based Programs and Practices recognizes Seeking Safety as an evidence-based practice for substance abuse treatment. Seeking Safety is a present-focused therapy to help people attain safety from trauma/PTSD and substance abuse. The treatment is flexible for use in groups and individual sessions for women, men, and mixed-gender using all or fewer sessions in a variety of settings (outpatient, inpatient, residential). It also is effective with people who have a trauma history but do not meet criteria for PTSD. Seeking Safety consists of 25 topics that staff can conduct in an order that is most appropriate for the client's needs. G/CC successfully uses this model in its other programs and has trainers on staff.

Individual Placement & Support (IPS)

As part of the recovery process, G/CC's Care Coordinators will help clients find and maintain jobs following the evidence-based Individual Placement & Support (IPS) model. Working in coordination with clients and the program's Therapists, G/CC's Care Coordinators will help clients identify employment goals and provide assistance in securing jobs. After clients are hired, the Care Coordinators will provide continuous support to help them overcome barriers and succeed in their new positions. Anyone in the program who wants to find a job will be provided with help to find a paid job at regular wages in the general workforce. Job searches will be uniquely tailored to help clients find jobs that match their strengths, interests, preference for work hours, and location. Care Coordinators will also help clients understand how employment impacts access to insurance and government benefits. Supported employment services will be available for as long as they are needed by the client.

Justice Steps (JSTEPS) To encourage offender engagement in programs, G/CC will incorporate Contingency Management/Motivational Incentives throughout its programs following the Justice Steps (JSTEPS) model. JSTEPS is designed as an adapted Contingency Management (CM) protocol for justice settings that tailors responses to offender behavior to meet the needs of the individual. CM involves three main steps: 1) a behavioral contract specifying target behaviors that support certain goals (abstaining from drugs, consistent medication management, remaining crime-free); 2) a systematic reinforcement of target behaviors with rewards to encourage positive behaviors; and 3) the use of swift and certain responses where the value of the response increases to sustain the effects. Rewards have been used widely in treatment programs and have been shown to successfully change the targeted behaviors.

Modified Mini Screening (MMS)

For screenings taking place in the municipal court setting, G/CC clinicians will use the Modified Mini Screen (MMS) as the preliminary screening tool. MMS is a 22-item scale designed to identify persons in need of an assessment in the domains of Mood Disorders, Anxiety Disorders, and Psychotic Disorders. The client responds "yes" or "no" to each question, and each yes response scores 1, with scores ranging from 1 to 22. Scores in the mid-range of 6 to 9 indicate a moderate likelihood of a mental disorder, and there should be serious consideration to referring the client for a diagnostic assessment. Scores of 10 or more indicate a high likelihood of a mental disorder, and clients definitely should receive a referral for a diagnostic assessment into our program.

5. Describe the composition of your Planning Council membership, in compliance with F.S. 394.657(2) (a), and complete Appendix A, located at the end of this document. (Note: this form must be updated when there is a change in Planning Council members).

a) Describe any difficulties you have had in filling these membership positions.

Not Applicable

b) Describe the activities of the Planning Council, such as meeting frequency and types of collaboration efforts.

See attached minutes: Met on 12/04/2018

c) Provide the date that your planning council met during this reporting period and brief description of the agenda.

Met on 12/04/2018 - minutes attached

Section 2. Deliverables

1. Provide a detailed summary of the progress achieved in meeting the deliverable requirements outlined in **Exhibit D** of the Grant Agreement.

a. Satisfactory Progress towards the service targets of 5 individuals per month of the grant enrollment

2. Using the Performance Measures for Acceptance of Deliverables in **Section D-4.** of the grant agreement, complete the Service Summary Tables below.

Service Summary Tables

PROGRAM YEAR 1										
Service Target	YR1 Annual Program Target	Program Lifetime Target	Number of Participants Served							
			1 st Quarterly Reporting Period	2 nd Quarterly Reporting Period	3 rd Quarterly Reporting Period	4 th Quarterly Reporting Period	Program YR1 Total to Date	% of Program YR1 Target Achieved to Date	Program Lifetime Total to Date	% of Lifetime Target Achieved to Date
			2/1/17-3/31/17	4/1/17-6/30/17	7/1/17-9/30/17	10/1/17-12/31/17	2/1/17-12/31/17	2/1/17-12/31/17	2/1/17-12/31/19	2/1/17-12/31/19
D-2.1 <i>100% of start up activities</i>	100 %	100%	75%	100%	100%	100%	100%	100%	94%	94%
D-2.2 <i>Number of Individuals</i>	50	180	0	15	9	17	41	82%	180	23%

PROGRAM YEAR 2											
Service Target	YR2 Annual Program Target	Program Lifetime Target	Number of Participants Served								
			1 st Quarterly Reporting Period	2 nd Quarterly Reporting Period	3 rd Quarterly Reporting Period	4 th Quarterly Reporting Period	Program YR2 Total to Date	% of Program YR2 Target Achieved to Date	Program Lifetime Total to Date	% of Lifetime Target Achieved to Date	
			1/1/18-3/31/18	4/1/18-6/30/18	07/01/18-09/30/18	10/01/18-12/31/18	01/01/18-12/31/18	01/01/18-12/31/18	2/1/17-12/31/19	2/1/17-12/31/19	
D-2.1 100% of start up activities	100 %	100%	100%	100%	100%	100%	100%	100%	100%	95%	95%
D-2.2 Number of Individuals	65	180	23	16	17	16	72	110%	113	54%	

PROGRAM YEAR 3										
Service Target	YR3 Annual Program Target	Program Lifetime Target	Number of Participants Served							
			1 st Quarterly Reporting Period	2 nd Quarterly Reporting Period	3 rd Quarterly Reporting Period	4 th Quarterly Reporting Period	Program YR3 Total to Date	% of Program YR3 Target Achieved to Date	Program Lifetime Total to Date	% of Lifetime Target Achieved to Date
			<Insert Quarterly Reporting Period 1	<Insert Quarterly Reporting Period Dates>	<Insert Quarterly Reporting Period Dates>	<Insert Quarterly Reporting Period Dates>	<Insert Dates>	<Insert Dates>	<Insert Dates>	<Insert Dates>
D-2.1 100% of start up activities	100 %	<Insert Program Target 100%>	XX	XX	XX	XX	XX	XX	XX	XX
D-2.2 Number of Individuals	65	<Insert Program Lifetime Target>	XX	XX	XX	XX	XX	XX	XX	XX

Section 3. Performance Measures and Outcomes

1. Describe the methodology(ies) used to collect data and track progress on admissions, completions, discharge, assessments, services received, and outcomes of individuals being served. Reportable outcomes include but are not limited to arrests, rearrests, services, program completion, receipt of benefits, employment, housing, etc. Data anomalies and additional methodology information can be noted directly into the Excel spreadsheet, Appendix B, Reinvestment Grant Performance Measure Data Table.

Guidance/Care Center, Inc. uses a centralized database to collect data and track progress of clients, assessments, services and outcomes. Additional required data is tracked on an excel spreadsheet and ratio analysis is used for performance measures. No performance measures or outcomes were completed during the first quarter of the grant.

2. Complete the Reinvestment Grant Performance Measure Data Table (Appendix A).

Attached

3. Using the Performance Evaluation Methodology in Section E-2. of the grant agreement, provide the actual percentage for the Performance Measures specified in Section E-1. In addition, provide the actual numbers used in the Performance Evaluation Methodology to derive at the performance measure percentages.

E-1.1. 20% reduction in the total number of arrests among Program participants while enrolled in the Program compared to the one year period prior to Program admission.

Program year 2, Quarter 4, there were eighteen (18) arrests among participants attending the program. This is a 72% reduction compared to the total number of arrests one year prior to admission: Sixty-five (65).

E-1.2. 30% reduction in the total number of arrests among Program participants within the one year period following Program discharge compared to the one year period prior to Program admission.

As of Program year 2, Quarter 4, the program has discharged eighty-nine (89) participants: There have been twenty-three (23) arrests among all the participants who completed the program. This is 74% reduction compared to the total number of arrest before admission: eighty-two (82).

E-1.3. 80% of Program participants not residing in a stable housing environment at program admission will report living in a stable housing environment within 90 days of Program admission.

For those participants having a 90-day assessment, at the time of admission, zero (0) participants did not have stable housing. Within 90 days of admission, zero (0) of these participants still did not reside in a stable living environment. (All were in stable housing). 100%

E-1.4. 80% of Program participants not residing in stable housing at Program admission will report living in stable housing one year following Program discharge.

To date, the program discharged eighty-three (83) participants: The first discharge was on 10/24/2017, therefore, we have no one-year follow-up data for this performance measure.

E-1.5. 80% of Program participants not employed and who express a desire to work at Program admission are employed full or part-time within 180 days of Program admission.

Because the MIND Program is only 180 days in length, this Performance Measure is not relevant and does not need to be measured. However, Program year 2, Quarter 4, thirteen participants were not employed at admission and expressed a desire to work and were employed within 180 days. 100% of participants were employed within 180 days who expressed a desire for employment.

E-1.6. 70% of Program participants not employed and who express a desire to work at Program admission are employed full or part-time within one year of Program admission.

The first admissions into the program were in April 2017. 100% of the participants not employed and expressing a desire to work, were employed full or part-time within one year of Program admission. All participants who expressed a desire to work are currently working full or part-time.

E-1.7. 70% of Program participants assisted in applying for Social Security or other benefits for which they may have been eligible but were not receiving at Program Admission.

Program year 2, Quarter 4, seventeen (17) participants have been admitted into the program. Of those participants, sixteen (16) were not receiving benefits and were assessed to determine eligibility for Social Security and other benefits. Of these participants, fifteen (15) 94% were determined eligible to receive Social Security or other benefits.

E-1.8. 90% of Program participants will be diverted from a State Mental Health Treatment Facility.

Program year 2 Quarter 4, nine (9) participants have been diagnosed with serious mental illness and display symptoms of psychosis or have previously been to the State Mental Health Treatment Facility. Of those nine (9) participants, all nine (9) who are at risk of State Mental Health Hospitalization were diverted. (100%)

E-1.9. 80% of Program participants will have reduced mental health symptoms at discharge.

Program year 2, Quarter 4, there were eleven (11) participants who had mental health symptoms at admission who have been discharged. Of those discharged, nine (9); eighty-one percent (81%) exhibited reduced mental health symptoms at discharge.

E-1.10. 70% of Program participants will maintain improvements at 3, 6, and 12- months post-discharge.

To date, the program discharged ninety-four (94) participants. Of the follow-up data participants, eight (8) out of eleven (11) participants interviewed had reduced mental health symptoms post discharge. This is a seventy-two percent (72%) reduction in mental health symptoms after discharge.

E-1.11. 75% of Program participants will be substance free at discharge.

To date, the program has discharged seventy-four (74) participants who were co-occurring. Of those discharged, fifty-nine (59) participants were substance-free. Seventy-nine percent (79%) of the discharged participants were substance free at discharge.

E-1.12. 70% of Program participants will remain substance free at 3, 6, and 12-months post-discharge.

To date, the program discharged ninety-four (94) participants. Of the eleven (11) follow-up participants interviewed post discharge, nine (9) reported to be substance-free. Eighty-two percent (82%) of the discharged participants interviewed reported being substance-free post discharge.

E-1.13. 80% of Program participants will have improved physical health at discharge.

To date, the program discharged ninety-four (94) participants. The first discharged participants were due for a 3-month post discharge assessment in January 2018. The physical health instrument for measuring this data has yet to be established. Therefore, there is no data at this time to measure post discharge improvement.

E-2. PERFORMANCE EVALUATION METHODOLOGY.

E-2.1. For the measure in Section E-1.1., the total number of arrests among participants while enrolled in the Program DIVIDED BY the total number of arrests among program participants one year prior to Program admission shall be LESS THAN OR EQUAL TO 20%.

E-2.2. For the measure in Section E-1.2, the total number of arrests among participants within one year post Program admission DIVIDED BY the total number of arrests among Program participants one year prior to Program admission shall be LESS THAN OR EQUAL TO 30%.

E-2.3. For the measure in Section E-1.3., the total number of Program participants not residing in a stable housing environment at program admission who live in a stable housing environment within 90 days of Program admission DIVIDED BY the total number of Program participants not residing in a stable housing environment at Program admission shall be GREATER THAN OR EQUAL TO 80%.

E-2.4. For the measure in Section E-1.4., the total number of Program participants not residing in a stable housing environment at program admission who live in stable housing one year following Program discharge DIVIDED BY the total number of Program participants not residing in stable housing at Program admission shall be GREATER THAN OR EQUAL TO 80%.

E-2.5. For the measure in Section E-1.5., the total number of Program participants not employed and who express a desire to work at Program admission who are employed full or part-time within 180 days of Program admission DIVIDED BY the total number of Program participants not employed and who express a desire to work at Program admission shall be GREATER THAN OR EQUAL TO 80%.

E-2.6. For the measure in Section E-1.6., the total number of Program participants not employed and who express a desire to work at Program admission who are employed full or part-time within 1 year of Program admission DIVIDED BY the total number of Program participants not employed and who express a desire to work at Program admission shall be GREATER THAN OR EQUAL TO 70%.

E-2.7. For the measure in Section E-1.7., the total number of program participants who were eligible for, but not receiving, social security or other benefits at program admission who are assisted with applying for such benefits within 180 days of admission DIVIDED BY the total number of program participants who were eligible for, but not receiving, those benefits at program admission shall be GREATER THAN OR EQUAL TO 70%.

E-2.8. For the measure in Section E-1.8., the total number of individuals screened and enrolled in the Program diverted from a State Mental Health Treatment Facility admission DIVIDED BY the total number of individuals screened for Program eligibility meeting the criteria for a State Mental Health Treatment Facility admission shall be GREATER THAN OR EQUAL TO 90%.

E-2.9. For the measure in Section E-1.9., the total number of Program participants discharged DIVIDED BY the total number of Program participants reporting fewer symptoms on the MMS and PCL-5 at each time point shall be GREATER THAN OR EQUAL TO 80% at discharge.

E-2.10. For the measure in Section E-1.0., the total number of Program participants discharged DIVIDED BY the total number of Program participants reporting fewer symptoms on the MMS and PCL-5 at each time point shall be GREATER THAN OR EQUAL TO 70% at 3, 6, and 12- months post-discharge.

E-2.11. For the measure in Section E-1.11., the total number of Program participants who receive program related services while in the Program DIVIDED BY the total number of Program substance free at discharge shall be GREATER THAN OR EQUAL TO 75%..

E-2.12. For the measure in Section E-1.12., the total number of Program participants who receive program related services while in the Program DIVIDED BY the total number of Program

substance free at 3, 6, and 12-months post-discharge shall be GREATER THAN OR EQUAL TO 70%.

E-2.13. For the measure in Section E-1.13., the total number of Program participants having unstable indicators at admission to the Program DIVIDED BY the total number of Program participants who have improved or stable health indicators at each time point at discharge shall be GREATER THAN OR EQUAL TO 80% .

E-2.14. For the measure in Section E-1.14., the total number of Program participants having unstable indicators at admission to the Program DIVIDED BY the total number of Program participants who have improved or stable health indicators at each time point at 3, 6, and 12-months post-discharge shall be GREATER THAN OR EQUAL TO 70%.

Section 4. Technical Assistance

Explain what collaboration, if any, you have had with the Florida Mental Health Institute's Technical Assistance Center (TAC). In accordance with Section C-2.4, Technical Assistance Requirements, of the Grant Agreement, provide a summary and documentation, if applicable, demonstrating that the following requirements were met:

The Criminal Justice Reinvestment Council ranked the items for technical assistance to include Development of a Mental Health Court, Supportive Housing and Supported Employment as part of this grant as indicated in the attached council minutes. Monroe County selections were submitted to University of South Florida in last quarter which remained the same for year 2 (supported employment, supported housing, mental health court assistance).

Section 5. Sustainability

Describe actions and/or steps taken that will lead to sustainability upon the completion of the grant funding.

Every client is assisted in receiving benefits. Care Coordinators are SOAR trained and assessing clients for SOAR eligibility. Eligibility is checked in the Florida Medicaid system and if the client has Medicaid, Medicare, or Third Party Insurance it can be used to pay for these services. The goal is to sustain services through obtaining benefits.

Section 6. Additional Information

1. Describe the effect the grant-funded initiatives have had on meeting the needs of adults and/or juveniles who have a mental illness, substance abuse disorder, or co-occurring disorder and include a discussion of the following:

- a) The impact of the grant-funded program on expenditures of the jail, juvenile detention center, and prison (e.g., decreased numbers, fiscal estimates);
- b) The impact of the grant-funded program on the reduction of forensic commitments to state mental health treatment hospitals or children's state hospitals/treatment centers (if population served includes juveniles); and
- c) The impact the grant-funded program has had on the number and type of individuals detained (detention and/or jail) and incarcerated (prison) (e.g., change in numbers detained, change in types of charges of detainees).

100% of MIND clients have been diverted from the state hospital

For impact on incarceration, based upon data from the Monroe County Detention Center: Between the time period of October 1, 2018 and December 31, 2018, there were 1,350 total individuals arrested in Monroe County Detention Center. Out of the 1,350 inmates, twelve (12) inmates were determined to have a mental health diagnosis. Ten (10) of those inmates were arrested one time during this time period and two (2) inmates were arrested two times for a total of fourteen (14) arrests. These inmates with a mental health diagnosis spent a total of two hundred and seventy-four days (274) days in jail during this time period (Oct. 1-Dec. 31, 2018) at a cost of \$99.00 per day per inmate. The

total cost to the county for housing these inmates with a mental health diagnosis in the Monroe County Detention Center was Twenty-seven thousand one hundred and twenty-six dollars (\$27,126.00).

2. Describe the impact the grant-funded program has had on the availability and accessibility of effective community-based services.

The grant funded program has allowed for an increase in access to mental health services and specialized therapy and case management services for this population.

3. Describe the impact that your local matching funds has had on meeting and furthering the goals and objectives of your CJMHSA Reinvestment grant program (level of additional services and capacity served as a result of local matching funds).

Matching funds are being used for medical services to divert clients from higher levels of care and to provide true integrated care. 100% of MIND clients have been enrolled and received at least a baseline primary care service or wellness service.

Section 7. Source Documentation

Attach an appendix of the source documentation, described in **Section C-2.5.3.** of the Grant Agreement, documenting the tasks and associated activities performed during the report period.

Attachments include:

Criminal Justice Reinvestment Council Sign In

Criminal Justice Reinvestment Council Minutes

APPENDIX A
CRIMINAL JUSTICE, MENTAL HEALTH &
SUBSTANCE ABUSE REINVESTMENT GRANT
PLANNING COUNCIL

- State Attorney: Dennis Ward
- Public Defender: Robert Lockwood
- County Court Judge: Peary Fowler
- Chief Circuit Court Judge: Luis Garcia
- Local Court Administrator: Holly Elomina
- State Probation Circuit Administrator:
Brylan Jacobs
- County Commission Chair (Designee):
Sylvia Murphy
- County Director of Probation: Adele Faris
- Sheriff: Rick Ramsay
- Police Chief: Donnie Lee
- Area Homeless or Supportive Housing
Representative: Elicia Kim
- Chief Correctional Officer: Tim Age
- DJJ – Director of Detention Facility:
Vincent Vurro
- DJJ – Chief of Probation Officer: Elaine
Thompson
- DCF – SA and MH Program Office
Representative: Joseph Laino
- Primary Consumer of Mental Health
Services: Wayne Lewis
- Community Mental Health Agency
Director: Maureen Dunleavy
- Local Substance Abuse Treatment
Director: Mr. Triplets
- Primary Consumer of Community-Based
Treatment Family Member: Elmira Leto
- Primary Consumer of Substance Abuse
Services: Shana Brady

APPENDIX A

Reinvestment Grant Additional Data Elements

Program Year 2					Pink-shaded cells contain formulas to sum each quarter's numbers.			
Enter numbers in the gray-shaded cells	Program Year 2				Program Year 2			Lifetime-to-Date
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Performance Results			
	01/01/2018-3/31/18	4/1/18-6/30/18	7/01/18-9/30/18	10/1/18-12/31/18	<Insert Program Year 2 Dates>			<Insert LTD Dates>
Other Data Elements					TOTAL	Target	% Achieved	LTD
Enrollment, Receiving Services, Screening/Assessment, Discharge								
Number of individuals screened/assessed during this quarter (enter number)	118	78	92	85	373	n/a	n/a	658
Number of individuals who were enrolled in the program during this quarter (enter number)	23	16	17	16	72	n/a	n/a	113
Number of active program participants being served this quarter (enter number)	58	41	33	43	175	n/a	n/a	254
Number of program participants successfully discharged from the program this quarter (enter number)	19	13	25	6	63	n/a	n/a	69
Crisis Intervention Team (CIT) Training (applicable if your grant program is offering CIT)								
Number of individuals who received/completed CIT training during this quarter (enter number)	0	0	0	0	0	n/a	n/a	0
Mental Health First Aid (MHFA) Training (applicable if your grant program is offering MHFA)								
Number of individuals who received MHFA training during this quarter (enter number)	n/a	n/a	n/a	n/a	#VALUE!	n/a	n/a	#VALUE!

Enter numbers in the gray-shaded cells	Program Year 2				Program Year 2			Lifetime-to-Date
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Performance Results			
	01/01/2018-3/31/18	4/1/18-6/30/18	7/01/18-9/30/18	10/1/18-12/31/18	<Insert Program Year 2 Dates>			<Insert LTD Dates>
Other Data Elements					TOTAL	Target	% Achieved	LTD
Recidivism: Individuals Arrested (if data is attainable) <i>(not related to and different from the performance measure regarding the number of "arrests" by participants)</i>								
Number of participants enrolled in the program who had at least one arrest during this quarter (enter number)	1	8	3	4	16	n/a	n/a	23
Number of participants who were discharged within the last 12 months (12 months or less) (enter number)	21	41	66	77	205	n/a	n/a	211
Number of participants who have been discharged <u>and</u> who were arrested within 12 months post-discharge (12 months or less) (enter number)	2	7	22	13	44	n/a	n/a	44
<i>Notes regarding the data elements completed above: Data gathered from Monroe County Sheriff's Department arrest website.</i>								

APPENDIX B

Reinvestment Grant Performance Measure Data

Program Year 2					Pink-shaded cells contain formulas to sum each quarter's numbers and calculate % achieved and LTD numbers.					
Enter numbers in the gray-shaded cells only	Program Year 2				Program Year 2			Lifetime-to-Date		
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Performance Results					
	01/01/2018-03/31/2018	04/01/2018-06/30/2018	07/01/2018-09/30/2018	10/1/2018-12/30/2018	<Insert Program Year 2 Dates>			LTD Actual	LTD % Achieved	LTD Target
Performance Measures					TOTAL	Target	% Achieved			
Performance Measure: Percent of arrests or re-arrests among Program participants while enrolled in the Program.										
Performance Measure Target: Percent reduction in the number of arrests/re-arrests among participants while enrolled in the program compared to the one-year period prior to program enrollment (enter percentage) (target is for program year)					n/a	20%	71.43%	n/a	78.45%	20%
Data elements needed to calculate the above performance measure:										
Baseline: Actual number of arrests accumulated by participants one year prior to program enrollment (enter number) new clients in Quarter	24	13	12	14	63	n/a	n/a	116	n/a	n/a
Actual number of arrests accumulated by participants enrolled in the program who were arrested during this quarter (enter number) Any active participant during this Q	3	7	4	4	18	n/a	n/a	25	n/a	n/a
Performance Measure: Percent of arrests or re-arrests among Program participants within one year following Program discharge.										
Performance Measure Target: Percent of arrests among discharged participants who are arrested within one-year post-discharge (12 months or less) (enter percentage) (target is for current program year)					n/a	30%	74.16%	n/a	79.65%	30%
Data elements needed to calculate the above performance measure:										
Baseline: Actual number of arrests accumulated by participants one year prior to program enrollment (enter number): for discharged clients	23	21	27	18	89	n/a	n/a	113	n/a	n/a
Actual number of participants have been discharged for 12 months or less (enter number)	21	14	29	12	76	n/a	n/a	82	n/a	n/a
Actual number of arrests accumulated by participants who were discharged for 12 months or less (enter number)	2	9	11	1	23	n/a	n/a	23	n/a	n/a
Please explain the methodology used to collect arrest data, including the source of the data, who collects/reports the data, and any peculiarities and/or barriers to reporting this data: Program MIND Research Assistant staff collect arrest data from the Monroe County Sheriff's Office Website and Florida Keys Probation Officer reports. Barriers include inability to reach clients due to lack of resources, substance abuse and homelessness.										

Enter numbers in the gray-shaded cells only	Program Year 2				Program Year 2			Lifetime-to-Date		
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Performance Results			LTD Actual	LTD % Achieved	LTD Target
	01/01/2018-03/31/2018	04/01/2018-06/30/2018	07/01/2018-09/30/2018	10/1/2018-12/30/2018	<Insert Program Year 2 Dates>					
Performance Measures					TOTAL	Target	% Achieved			
Performance Measure: Percent of Program participants not residing in a stable housing environment at Program admission who reside in a stable housing environment within 90 days of Program admission.										
Performance Measure Target: Percent of participants not residing in a stable housing environment at Program admission who reside in a stable housing environment within 90 days of Program admission (enter percentage) (target is for current program year)					n/a	80%	97.83%		93.75%	80%
Data elements needed to calculate the above performance measure: (row 24 numbers will be a subset of row 23 numbers)										
Actual number of participants who did not have stable housing at the time of enrollment (enter number)	13	10	11	12	46	n/a	n/a	64	n/a	n/a
Actual number of participants who did not have stable housing at the time of enrollment, but had stable housing within 90 days (enter number)	12	10	10	13	45	n/a	n/a	60	n/a	n/a
Performance Measure: Percent of participants who reside in a stable housing environment one year following Program discharge)										
Performance Measure Target: Percent of participants who reside in a stable housing environment one year following Program discharge (enter percentage)					n/a	80%	#DIV/0!	n/a	#DIV/0!	80%
Data elements needed to calculate the above performance measure: (row 30 numbers will be a subset of row 29 numbers; row 29 will be a subset of row 28 numbers)										
Actual number of participants who did not have stable housing at the time of enrollment (enter number)	13	10	11	12	46	n/a	n/a	64	n/a	n/a
Actual number of participants who did not have stable housing at the time of enrollment and have been discharged for at least 1 year (enter number)	n/a	n/a	n/a	0	0	n/a	n/a	0	n/a	n/a
Actual number of participants who have been discharged for at least 1 year and who resided in a stable housing environment 1 year following discharge (enter number)	n/a	n/a	n/a	0	0	n/a	n/a	0	n/a	n/a
Please explain the methodology used to collect housing data, including the source of the data, who collects/reports the data, and any peculiarities and/or barriers to reporting this data during this quarter: The Program Coordinator, Care Coordinators and Research Assistant meet with the active clients weekly, communicate with transitional housing staff and help clients achieve and maintain stable housing. Care Coordinators use the Client Track Housing Database to verify housing status. The Research Assistant who meets with clients for follow-up interviews, will acquire housing data through client self-report.										

Enter numbers in the gray-shaded cells only	Program Year 2				Program Year 2			Lifetime-to-Date		
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Performance Results			LTD Actual	LTD % Achieved	LTD Target
	01/01/2018-03/31/2018	04/01/2018-06/30/2018	07/01/2018-09/30/2018	10/1/2018-12/30/2018	<Insert Program Year 2 Dates>					
Performance Measures					TOTAL	Target	% Achieved			
Performance Measure: Percent of Program participants not employed at Program admission who are employed full or part-time within 180 days of Program admission.										
Performance Measure Target: Percent of participants who were not employed (full- or part-time) and expressed a desire at the time of admission but were employed within 180 days of admission (enter percentage) (for current Program Year)					n/a	80%	71.74%	n/a	117.65%	80%
Data elements needed to calculate the above performance measure: (row 37 numbers will be a subset of row 36 numbers)										
Actual number of participants who were not employed (full- or part-time) at the time of admission (enter number) (and expressed a desire at the time of admission)	16	8	9	13	46	n/a	n/a	81	n/a	n/a
Actual number of participants who were not employed (full- or part-time) at the time of admission but were employed within 180 days of admission (enter number)	5	11	17	*	33	n/a	n/a	40	n/a	n/a
Performance Measure: Percent of Program participants employed full or part-time 1 year following Program discharge.										
Performance Measure Target: Percent of participants employed (full- or part-time) 1-year post discharge (enter percentage) (for current Program Year)					n/a	70%	#DIV/0!	n/a	#DIV/0!	70%
Data elements needed to calculate the above performance measure: (row 43 numbers will be a subset of row 42 numbers; row 42 a subset of row 41 numbers)										
Actual number of participants who were not employed (full- or part-time) at the time of admission (enter number)	16	8	9	13	46	n/a	n/a	81	n/a	n/a
Actual number of participants who were not employed at the time of admission and have been discharged from the program for at least 1 year (enter number)	n/a	n/a	n/a	0	0	n/a	n/a	0	n/a	n/a
Actual number of participants who were not employed at admission , who have been discharged at least 1 year, and who are employed (enter number)	n/a	n/a	n/a	0	0	n/a	n/a	0	n/a	n/a
Please explain the methodology used to collect employment data, including the source of the data, who collects/reports the data, and any peculiarities and/or barriers to reporting data during this quarter: The Care Coordinators, Program Coordinator and Research Assistant meet weekly with clients and gather data through client self-report. Staff often speak with employers which may be a resource for data. Once clients are discharged, the Research Assistant gathers data through follow-up interviews and client self-report. Barriers may include client arrest or inability to locate clients after discharge.										

Enter numbers in the gray-shaded cells only	Program Year 2				Program Year 2			Lifetime-to-Date			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Performance Results			LTD Actual	LTD % Achieved	LTD Target	
	01/01/2018-03/31/2018	04/01/2018-06/30/2018	07/01/2018-09/30/2018	10/1/2018-12/30/2018	<Insert Program Year 2 Dates>						
Performance Measures					TOTAL	Target	% Achieved				
Performance Measure: Percent of Program participants the Grantee assists in obtaining social security or other benefits for which they may be eligible but were not receiving at Program admission											
Performance Measure Target: Percent of Program participants the Grantee assists in obtaining social security or other benefits for which they may be eligible but were not receiving at Program admission (enter percentage) (target is for program year).						n/a	70%	100.00%	n/a	100.00%	70%
Data elements needed to calculate the above performance measure: (row 51 numbers will be a subset of row 50, row 50 will be a subset of row 49, row 49 a subset of row 48)											
Actual number of participants who were not receiving benefits at the time of admission (enter number)	20	15	17	16	68	n/a	n/a	100	n/a	n/a	
Actual number of participants who were not receiving benefits at the time of admission and who were assessed to determine eligibility to receive benefits (enter number)	18	15	15	16	64	n/a	n/a	96	n/a	n/a	
Actual number of participants who were not receiving benefits at the time of admission and who were assessed as eligible to receive benefits (enter number)	18	15	15	15	63	n/a	n/a	78	n/a	n/a	
Actual number of participants who were not receiving benefits at the time of admission and who were found to be eligible to receive benefits and were receiving benefits subsequent to enrollment (enter number)	18	15	15	15	63	n/a	n/a	78	n/a	n/a	
Please explain the methodology used to collect benefit data, including the source of the data, who collects/reports the data, and any peculiarities and/or barriers to reporting this data during this quarter: Care Coordinators collect this data through their weekly meetings with active clients. They collect and report benefits data based on Initial Benefits Screening Form.											
Performance Measure: Percent of Program participants diverted from a State Mental Health Treatment Facility											
Performance Measure Target: Percentage of participants who will be diverted from a state mental health treatment facility (adults and/or youth) (target is for program year) (enter percentage)						n/a	90%	100.00%		100.00%	90%
Data elements needed to calculate the above performance measure: (row 57 numbers will be a subset of row 56 numbers)											
Actual number of participants who, prior to admission, would have been eligible for a state mental health treatment facility (adults and/or youth) (enter number)	6	4	6	9	25	n/a	n/a	27	n/a	n/a	
Actual number of participants who were committed to a state mental health treatment facility or children's state hospitals/treatment center (if population served is juveniles) (enter number)	0	0	0	0	0	n/a	n/a	0	n/a	n/a	
Please explain the methodology used to collect commitment data, including the source of the data, who collects/reports the data, and any peculiarities and/or barriers to reporting this data during this quarter: Program Coordinator and Care Coordinators gathers this information through the Initial Screening performed to determine Program eligibility and communication with the legal system which may include Judges and Legal Representatives.											

Enter numbers in the gray-shaded cells only	Program Year 2				Program Year 2			Lifetime-to-Date		
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Performance Results			LTD Actual	LTD % Achieved	LTD Target
	01/01/2018-03/31/2018	04/01/2018-06/30/2018	07/01/2018-09/30/2018	10/1/2018-12/30/2018	<Insert Program Year 2 Dates>					
Performance Measures					TOTAL	Target	% Achieved			
Additional Performance Measure: Percent of participants who have reduced mental health symptoms at discharge.										
Performance Measure Target: Percent of participants who will have reduced mental health symptoms at discharge.					n/a	80%	40.00%	n/a	43.66%	80%
Actual number of participants who had mental health symptoms at admission <u>and</u> who have been discharged.	19	12	23	11	65	n/a	n/a	71	n/a	n/a
Actual number of participants who had mental health symptoms at admission <u>and</u> showed a reduction at discharge.	3	5	10	8	26			31		
<i>Please explain the methodology used to collect commitment data, including the source of the data, who collects/reports the data, and any peculiarities and/or barriers to reporting this data during this quarter: The Modified Mini Screening tool, Wellness Plans and Psychiatric evaluations are used to collect this data as well as the Licensed Therapist Evaluation and clinical observation.</i>										
Additional Performance Measure: Percent of participants who will maintain reduced mental health symptoms at 3-, 6-, and 12-months discharge.										
Performance Measure Target: Percent of participants who will maintain reduced mental health symptoms at 3-, 6-, and 12-months discharge.					n/a	70%	18.46%	n/a	#VALUE!	70%
Actual number of participants who reduced mental health symptoms at discharge.	19	12	23	11	65	n/a	n/a	70	n/a	n/a
Actual number of participants who maintained reduced mental health symptoms at 3-, 6-, and 12-months post discharge.	0	1	3	8	12			#VALUE!		
<i>Please explain the methodology used to collect commitment data, including the source of the data, who collects/reports the data, and any peculiarities and/or barriers to reporting this data during this quarter: The Modified Mini Screening Tool, Wellness Plans are used to collect data. Narrative Status Report states 3-month post discharge assessments were due in January 2018. The Research Assistant is continuing to work on gathering this follow-up data. Thus far, the data is insufficient and not complete to measure post discharge improvement.</i>										
Additional Performance Measure: Percent of participants who are substance free at discharge.										
Performance Measure Target: Percent of participants who are substance free at discharge.					n/a	75%	82.43%	n/a	84.81%	75%
Actual number of participants with a co-occurring substance use disorder at enrollment. Who have been discharged	21	14	28	11	74			79		
Actual number of enrolled participants with a co-occurring substance use disorder who who are substance free at discharge.	20	12	22	7	61			67		
<i>Please explain the methodology used to collect commitment data, including the source of the data, who collects/reports the data, and any peculiarities and/or barriers to reporting this data during this quarter: Program staff use UA, swab tests and breathalyzer to determine if clients are substance free. We also communicate with Probation Officers about Urinalysis screenings given to clients at probation check-ins.</i>										
Additional Performance Measure: Percent of participants who will remain substance free at 3-, 6-, and 12-months post discharge.										
Performance Measure Target: Percent of participants who will remain substance free at 3-, 6-, and 12-months post discharge.					n/a	70%	4.84%	n/a	#VALUE!	70%
Actual number of participants who were substance free at discharge.	20	12	23	7	62	n/a	n/a	68		
Actual number of participants who remained substance free at 3-, 6-, and 12-months post discharge.			n/a	3	3	n/a	n/a	#VALUE!		
<i>Please explain the methodology used to collect commitment data, including the source of the data, who collects/reports the data, and any peculiarities and/or barriers to reporting this data during this quarter: Narrative Status Report states 3-month post discharge assessments were due in January 2018. The Research Assistant is in the process of gathering this follow-up data. The data is insufficient to measure post discharge improvement at this time.</i>										

Enter numbers in the gray-shaded cells only	Program Year 2				Program Year 2			Lifetime-to-Date		
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Performance Results			LTD Actual	LTD % Achieved	LTD Target
	01/01/2018-03/31/2018	04/01/2018-06/30/2018	07/01/2018-09/30/2018	10/1/2018-12/30/2018	<Insert Program Year 2 Dates>					
Performance Measures					TOTAL	Target	% Achieved			
Additional Performance Measure: Percent of participants who will have improved physical health at discharge.										
Performance Measure Target: Percent of participants who will have improved physical health at discharge.					n/a	80%	#DIV/0!	n/a	100.00%	80%
Actual number of participants who had physical health problems at admission who were discharged			n/a	n/a	0	n/a	n/a	2		
Actual number of participants who had improved physical health at discharge.			n/a	n/a	0	n/a	n/a	2		
Please explain the methodology used to collect commitment data, including the source of the data, who collects/reports the data, and any peculiarities and/or barriers to reporting this data during this quarter: Narrative Status Report states 3-month post discharge assessments were due in January 2018. Data is just starting to be collected (AW). SMQR8 Form is used to collect physical health data. If score specifies low risk then no physical health problem will be indicated. The Research Assistant is continuing to work on gathering this follow-up data. The data is insufficient to measure post discharge improvement.										
Additional Performance Measure: Percent of participants who will maintain improved health at 3-, 6-, and 12-months post discharge.										
Performance Measure Target: Percent of participants who will maintain improved physical health at 3-, 6-, and 12-months post discharge.					n/a	80%	#DIV/0!	n/a	0.00%	80%
Actual number of participants who had improved physical health at discharge.	0	0	0	0	0	n/a	n/a	2		
Actual number of participants who had improved physical health at 3-, 6-, and 12-months post discharge.			n/a	n/a	0	n/a	n/a	0		
Please explain the methodology used to collect commitment data, including the source of the data, who collects/reports the data, and any peculiarities and/or barriers to reporting this data during this quarter: Narrative Status Report states 3-month post discharge assessments were due in January 2018. The Research Assistant is continuing to work on gathering this follow-up data. The data is insufficient to measure post discharge improvement.										

Guidance/Care Center Inc.

Grant Agreement # LHZ53

Quarterly Finance Report Narrative 10/1/18-12/31/18

Guidance/Care Center's financial statements are prepared on an accrual basis and financial statements are finalized by the 30th of the following month. While this report is for the quarter ended 12/31/18, data is not complete for December at this time. This report is prepared according to the Revised Budget Request submitted 1/16/19.

Grantee Expenses

Salaries: expenses for the quarter are \$60,096.94, remaining grant award is \$334,316.82.

Fringe Benefits: expenses for the quarter are \$13,521.81, remaining grant award is \$75,221.59.

Equipment: expenses for the quarter are \$0.00, remaining grant award is \$129.00.

Travel: expenses for the quarter are \$0.00, remaining grant award is \$(1,264.72).

Supplies: expenses for the quarter are \$0.00, remaining grant award is \$4,754.89.

Other Expenses: expenses for the quarter are \$1,105.07, remaining grant award is \$11,124.52.

Administrative: expenses for the quarter are \$7,472.38, remaining grant award is \$42,566.38.

In-Kind match: in-kind match for the quarter is \$0.00, remaining amount is \$0.00. In-Kind match requirement was met in prior period.

Cash match: cash match for the quarter is \$0.00; remaining amount is \$0.00. Cash match waiver request submitted 1/16/19.

SubGrantee Expenses

Consultant Fees: consultant fees for the quarter are \$0.00; remaining amount is \$1,386.66.

The cost estimates for this program remain the same as described in the Grant Application.

February 5, 2019 | CJMHSA Planning Council Meeting
Agenda Item D.1.
DCF LHZ53 Grant Quarterly Reports

Technical Assistance Workshop – Review: *“Discharge Planning & Re-entry”*



Monroe County CJMHSA Planning Council

Technical Assistance:
Mark A. Engelhardt, MS, MSW, ACSW
USF CJMHSA TA Center
January 17, 2019
1:00 – 4:00

Introductions: Maureen Dunleavy and participants

1. Guidelines for Successful Transition Planning (Hand Out)
2. Current practices in Monroe County – Jail Reentry
3. What's trending in Florida?
4. What does the national research say?
5. Risk-Need-Responsivity – Overview – Risk Factors
6. APIC Model – Guidelines
7. Assessment – Screening Tools
8. Plan – Interagency Staffing
9. Identify
10. Coordinate
11. GAINS Reentry Checklist
12. Implementation Discussion
13. Next Steps
14. Resource – www.floridatac.org

Thank you

GUIDELINES FOR SUCCESSFUL TRANSITION PLANNING: ASSESS PLAN IDENTIFY COORDINATE - APIC MODEL

Mark A. Engelhardt, MS,MSW, ACSW

USF CJMHSA TA Center

STRATEGIC IMPLEMENTATION OF APIC

- Monroe County CJMHSA Reinvestment Grants
- Training & Technical Assistance 1/17/19
- Overview of Current Programs/Process
- Cross-Systems Stakeholders: Planning Council
- Goal – Getting Everyone on the Same Page
- Next Steps and Implementation
- APIC Model (Osher, Steadman & Barr, 2002)

WHAT DOES THE RESEARCH SAY?

- People with Substance Abuse and Mental Health Disorders are higher among people incarcerated (33-60%) compared with people who are not incarcerated (14 -25%)
- Longer stays in jail
- Serve time in segregation during incarceration
- Experience victimization or exploitation
- Source: SAMHSA – (SMA) -16-4998
- High service needs and higher costs to Counties/State

SYSTEM GOALS FOR MONROE COUNTY

- Sequential Intercept Mapping Action Plan (Status)
- Integration and coordination of services among multiple providers and programs (jail/community)
- Reduce recidivism of people returning to the system
- Promote public safety and recovery-oriented care
- Implement Evidenced-based practices
- Keep data and outcomes, evaluation of programs

ASSESSMENT

- Assess the individuals clinical, social needs and public safety risks
- Guideline 1 – Conduct universal screening as early in the booking/intake process as feasible and throughout the criminal justice continuum to detect substance use, mental health and/or co-occurring disorders and criminogenic risk. Valid and reliable screening instruments should be used.

ASSESS – SCREENING INSTRUMENTS

- Recommendation – The 2016 SAMHSA publication, “Screening and Assessment of Co-occurring Disorders in the Justice System” (SMA15-4930)
- <http://STORE.SAMHSA.GOV>
- Global Appraisal of Individuals Needs Short Screener (GAIN-SS)
- Ohio Risk Assessment System (ORAS)
- Risk-Need-Responsivity Model

RISK- NEED-RESPONSIVITY (RNR)*

- Risk Principle: Match the intensity of the individuals' treatment to their level of risk of reoffending
- Need Principle: Target criminogenic needs – the dynamic (what can be changed) and static factors (criminal history and other factors) that contribute to the likelihood of reoffending
- Responsivity Principle: Address the individuals barriers to learning in the design of interventions
- Bonta, Andrews*

DYNAMIC CRIMINOGENIC RISK FACTORS

- Antisocial Attitudes
- Antisocial Friends and Peers (crime)
- Antisocial Personality
- Substance Abuse
- Family and/or Marital Problems
- Lack of Education
- Poor Employment History
- Lack of Prosocial Activities
- Emerging – Post Traumatic Disorder

ASSESSMENT

- Guideline 2 – For individuals with positive screens, follow up with comprehensive assessments to guide appropriate program placement (choice) and service delivery. The assessment process should involve obtaining information on basic demographics and pathways to criminal involvement; clinical needs; strengths and protective factors; social and community support needs and public safety risk and needs.

APIC - PLAN

- Plan for treatment and services required to address the individual's needs (while in custody and upon reentry) – *In jail and community programs*
- Guideline 3 – Develop individualized treatment and service plans using information from the risk and needs screening and assessment process
- Reference – “Treatment Planning for Person-centered Care” – Neal Adams and Diane M. Grieder

APIC - PLAN

- Guideline 4 – Develop collaborative responses between behavioral health and criminal justice that match individuals' levels of risk and behavioral health need with the appropriate levels of supervision and treatment
- *The days and weeks following reentry are a time of heightened vulnerability for individuals.*

APIC - IDENTIFY

- Identify required community and correctional programs responsible for post-release services
- Guideline 5 – Anticipate that the periods following release (the first hours, days, weeks) are critical and identify appropriate interventions as part of transition planning practices for individuals with co-occurring disorders leaving correctional settings.

APIC - IDENTIFY

- Guideline 6 – Develop policies and practices that facilitate continuity of care through the implementation of strategies that promote direct linkages (i.e. warm hand offs) for post release treatment and supervision agencies.
- *Opportunities – In-reach, benefits planning for Medicaid (SOAR), initial transportation for an assertive “warm hand off”, immediate follow up including homeless outreach*

APIC - COORDINATE

- Coordinate the transition plan to ensure implementation and avoid gaps in care with community-based services
- Guideline 7 – Support adherence to treatment plans and supervision conditions through coordinated strategies
- Consider – *Access to Guidance Center Services, specialized probation staff, Wellness Recovery Action Plans, Peer specialists*

APIC - COORDINATE

- Guideline 8 – Develop mechanisms to share information from assessments and treatment programs across different points in the criminal justice system to advance treatment goals
- Consider – *Data sharing agreements, training on Health Information Portability and Accountability (HIPAA – www.floridatac.org – Petrila webcast), case conferencing – clinical continuity of care*

APIC - COORDINATE

- Guideline 9 – Encourage and support cross training to facilitate collaboration between workforces and agencies working with people with mental health and substance use co-occurring disorders who are involved in the criminal justice system.
- *Examples of cross training – Crisis Intervention Teams, Motivational Interviewing, Trauma informed care, recovery-oriented principles, local experts*

APIC - COORDINATE

- Guideline 10 – Collect and analyze data to evaluate program performance, identify gaps in performance and plan for long term sustainability.
- *Evaluation – Collecting baseline data, pre and post needs assessment, new arrests, violation of probation, access to treatment, logic modeling – pathways to various programs*

GAINS REENTRY CHECKLIST: 10 DOMAINS

- Mental Health Services
- Psychotropic Medication
- Housing
- Substance Abuse Services
- Health Care
- Health Care Benefits
- Income Support & Benefits
- Food/Clothing
- Transportation
- Other

IMPLEMENTATION DISCUSSION

- How is transition planning currently being implemented in Monroe County ? Is it a formal or informal process?
- Establishment of a local transition planning workgroup
- Develop realistic goals and expectations/outcomes
- Sharing knowledge, available resources, services
- Status of information sharing among agencies
- Future cross training plan. Thank you for participating!

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