

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

Harvey Government Center  
1200 Truman Avenue, Key West, FL 33040  
May 7, 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. February 5, 2019

### 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. Baker Act Training – 2019, Grant Year 3

When: Tuesday, June 4, 2019

Time: 8:30 AM – 11:30 AM

Where: Harvey Government Center – BOCC Room

### E. Schedule for the next Planning Council Meeting – Tuesday, August 6, 2019

### F. Public Comment\*

### G. Other Business

#### 1. Presentation – South Florida Crisis Intervention Team

## 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".*

May 7, 2019 | CJMHSA Planning Council Meeting  
Agenda Item B. 1.  
Approval of February 5, 2019 Minutes

# CJMHSA PLANNING COUNCIL MEETING MINUTES

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

**Meeting Minutes – February 5, 2019**

Harvey Government Center  
1200 Truman Avenue, Key West, FL

BOCC Meeting Room - 9:00 A.M.

***Draft – To be approved at the May 7, 2019 meeting***

CJMHS Planning Council members/designees present:

Val Winter, Designee for Dennis W. Ward, State Attorney  
Robert Lockwood, Public Defender, 16<sup>th</sup> Circuit Court  
Peary Fowler, Planning Council Chair, County Court Judge  
Holly Elomina, Planning Council Vice-Chair, Court Administrator  
Brylan Jacobs, State Probation Circuit Administrator  
Keena Allen, Designee for Sheriff Rick Ramsay, Monroe County Sheriff's Department  
Elicia Pintabona, Area Homeless/Supportive Housing Program Representative  
Tim Age, Chief Correctional Officer;  
Elaine Thompson, DJJ, Chief Probation Officer  
Joseph Laino, SFBHN, Substance Abuse and Mental Health Program Office Representative  
Wayne Lewis, Primary Consumer of Mental Health Services  
Maureen Dunleavy, Director of Community Health Agency  
Duane Triplett, Local Substance Abuse Treatment  
Shana Brady Primary Consumer of Substance Abuse Services

Planning Council Members Absent: Hon. Luis Garcia, Circuit Court Judge; Sylvia Murphy, Commissioner, Board of County Commissioners; Heather Tintera, County Director of Probation; Steve Torrence, Designee for Chief Sean Brandenburg, City of Key West Police Department; Vincent Vurro, DJJ, Director of Detention Facility; Elmira Leto, Primary Consumer of Community Based Treatment Family Member

Staff members present: Paunece Scull, Assistant County Attorney; Laura deLoach, 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 Chair, Judge Peary Fowler, led the Pledge of Allegiance and requested introductions of the Planning Council members.

Item A: M. Dunleavy moved to approve the agenda, seconded by H. Elomina; hearing no objection the motion carries.

Item B: T. Age moved to approve the December 4, 2018 minutes, seconded by M. Dunleavy; hearing no objection the motion carries.

Item C: Review of LHZ53 DCF Grant Quarterly Reports

M. Dunleavy presented an overview of the activities since December 4, 2018. The goals of the program continue to be on track. This is the 3<sup>rd</sup> and final year for this grant.

Item D: Update on Activities – Maureen Dunleavy

Item D.1: M. Dunleavy briefed the Planning Council on the TA Workshop held on January 17<sup>th</sup>. Mark Engelhardt presented on the Planning Council's recommended topic, "Discharge Planning & Re-entry". There were approximately 30 attendees.

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

**Meeting Minutes – February 5, 2019**

Item D.2.: 2019 Baker Act Training -Grant Year 3 of 3 – E. Pintabona moved to approve, Tuesday, June 4, 2019, as the date for the last Baker Act Training. Motion seconded by H. Elomina; hearing no objection the motion carries.

Item E: E. Thompson moved to approve the next meeting for Tuesday, May 7, 2019 at 9:00 am, as the date for the next Planning Council meeting and to receive a presentation from Mami-Dade County and the Miami Police Department on developing and implementing a team to work with the homeless individuals for placement and provision of services as well as ideas for funding such a program. Motion seconded by E. Pintabona; hearing no objection the motion carries.

Item G: Other Business

- Assessment and planning are in progress for identifying whether or not there is an opioid problem in Monroe County and if yes, the best way to address the issue.

Item H: No public comment.

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

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Video recording of 2/5/19 Monroe County CJMHS) Planning Council meeting will be available on the MCTC Video On-Demand website.

May 7, 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:	01/01/2019
Grant Number:	LHZ53	To:	03/31/2019
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	<b>Both</b>

## 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 02/05/2019.

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. 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. The Research Assistant, Gulafroz Dailey will be attending the jail training in the next quarter so she will have access to screening clients within the jail setting. **Seventy-eight (78) individuals have been screened or signed up to be screened and assessed for the MIND program this quarter. A total of seven hundred and thirty-six (736) individuals have been screened for the MIND program thus far.**

**The Program Coordinator, Carol Dochow and Care Coordinators, Stacey Pena and Joseph Knoth 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. The Program Coordinator and two Care Coordinators are the only staff trained to administer the CAIS Assessment.**

**CJMHSa Planning Council chose Technical Assistance, 'Guidelines for Successful Transition Planning, Jail Reentry: Trends, Assessment & Implementation' was held on January 17, 2019. Mark A. Engelhardt, MS, MSW, ACSW provided the technical assistance. CJMHSa Council members were encouraged to attend as well as any 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 to be executed on 06/04/2019.

- 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 6/01/2018
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- <b>Gulafroz Dailey 2/18/2019</b>
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, Therapist David Swendsen, Care Coordinators Stacey Pena and Joseph Knoth and Research Assistant Gulafroz Dailey all attended the web event from University of South Florida: ‘Realizing the Recovery Vision in Florida: Implications for Justice Involved Individuals’ on 3/26/19. (See attached Certificates)**

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

- Lenderman & Associates for annual Baker Act/ CIT training to be executed on 06/04/2019.
- 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.

**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/CC 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/CC 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 02/05/2019.

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

Met on 02/05/2019 - 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 <sup>st</sup> Quarterly Reporting Period	2 <sup>nd</sup> Quarterly Reporting Period	3 <sup>rd</sup> Quarterly Reporting Period	4 <sup>th</sup> 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-2.1 100% of start up activities	100 %	100%	75%	100%	100%	100%	100%	100%	94%	94%
D-2.2 Number of Individuals	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 <sup>st</sup> Quarterly Reporting Period	2 <sup>nd</sup> Quarterly Reporting Period	3 <sup>rd</sup> Quarterly Reporting Period	4 <sup>th</sup> 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 2										
Service Target	YR2 Annual Program Target	Program Lifetime Target	Number of Participants Served							
			1 <sup>st</sup> Quarterly Reporting Period	2 <sup>nd</sup> Quarterly Reporting Period	3 <sup>rd</sup> Quarterly Reporting Period	4 <sup>th</sup> 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
			< 01/01/2019-03/31/2019>	<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 %	100%	100%	XX	XX	XX	XX	XX	XX	XX
D-2.2 Number of Individuals	65	180	20	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 3, Quarter 1, there were six (6) arrests among participants attending the program. This is a 73% reduction compared to the total number of arrests one year prior to admission: Twenty-two (22).

**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 3, Quarter 1, the program has discharged one hundred and two (102) participants: There has been one (27) arrest among all the participants who completed the program. This is 80% reduction compared to the total number of arrest before admission of one hundred and thirty (130).

**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, six (6) participants did not have stable housing. Within 90 days of admission, all six (6) of these participants 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.**

The number of participants discharged for at least a year and did not have stable housing at admission are nine (9). All nine (9) have stable housing one year following discharge.

Note: One client (100162943) who is currently in the program for the second round is counted as well

**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 3, Quarter 1, eleven (11) participants were not employed at admission and expressed a desire to work. All eleven (11) participants who were not

employed at admission, expressed a desire to work, and were in the program for at least 180 days, including the participants who were in the program for less than 180 days but discharged. 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.**

Program year 3, Quarter1, 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 3, Quarter 1, twenty (20) participants have been admitted into the program. Of those participants, twelve (12) were not receiving benefits and were assessed to determine eligibility for Social security and other benefits. All twelve (12) 100% participants were assessed as 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 3 Quarter 1, eight (8) 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 eight (8) participants, all nine (8) who are at risk of State Mental Health Hospitalization were diverted. (100%).

**E-1.9. 75% of Program participants will have reduced mental health symptoms at discharge.**

Program year 3, Quarter 1, there were nine (9) participants who had mental health symptoms at admission who have been discharged. Of those discharged, seven (7); seventy-eight percent (78%) exhibited reduced mental health symptoms at discharge.

Note: The other two (2) clients have been not evaluated for reduced mental health systems at discharge, the clients are out of reach.

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

To date, the program discharged one hundred and two (102) participants. Of the follow-up data participants, seven (7) out of nine (9) participants interviewed had reduced mental health symptoms post discharge. This is a seventy-eight percent (78%) reduction in mental health symptoms after discharge.

Note: The remaining two (2) clients were out of reach to assess any improvement.

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

To date, the program has discharged ninety-seven (97) participants who were co-occurring. Of those discharged, seventy-two (73) participants were substance-free. Seventy-nine percent (75.2%) 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.**

During this Quarter, twenty-five (26) clients were interviewed for their post-discharged assessments. Twenty-three (23) out of twenty-five (26) clients showed improvement and remained substance free during their post discharge. The Research Assistant will continue collecting data from the client's follow-up interviews.

Note: Out of the twenty-three (23) clients who showed improvements, three clients were not substance free during post-discharge, therefore, they were arrested. These three clients are substance free in the jail at this time and thus counted as substance free clients.

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

To date, the program has discharged one hundred and two (102) participants. The physical health instrument is recently established. There's insufficient data to evaluate the improved physical health at discharge compare to admission. The Research Assistant will continue collecting data to evaluate the recent clients physical health 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

Impact on incarceration, based upon data from the Monroe County Detention Center: Between the time period of January 1, 2019 and March 31, 2019 there were 1,382 total individuals arrested in Monroe County Detention Center. Out of the 1,382 inmates, sixteen (16) inmates were determined to have a (SMI) Serious Mental Illness. Each of the sixteen (16) inmates acquired one arrest in during the first Quarter of 2019. These inmates with a mental health diagnosis spent a total of five hundred and fifty (550) days collectively in jail during this time period (Jan. 1- March 31, 2019) 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 Fifty-four thousand four hundred and fifty dollars (\$54,450.00).

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

Guidance/Care Center Inc.

Grant Agreement # LHZ53

Quarterly Finance Report Narrative 1/1/19-3/31/19

Guidance/Care Center's financial statements are prepared on an accrual basis and financial statements are finalized by the 30<sup>th</sup> of the following month. While this report is for the quarter ended 3/31/19, 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 \$69,074.22, remaining grant award is \$265,242.60.

Fringe Benefits: expenses for the quarter are \$15,541.70, remaining grant award is \$59,679.88.

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

Travel: expenses for the quarter are \$89.00, remaining grant award is \$(1,353.72).

Supplies: expenses for the quarter are \$577.18, remaining grant award is \$4,177.71.

Other Expenses: expenses for the quarter are \$1,445.40, remaining grant award is \$9,679.12.

Administrative: expenses for the quarter are \$8,672.75, remaining grant award is \$33,893.63.

In-Kind match: in-kind match for the quarter is \$0, match requirement has been met as of 12/31/18.

Cash match: cash match for the quarter is \$0.00; remaining amount is \$0.00.  
Cash match waiver request approved 2/1/19.

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.

**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 3					Pink-shaded cells contain formulas to sum each quarter's numbers.			
<b>**Enter numbers in the gray-shaded cells **</b>	Program Year 3				Program Year 3			Lifetime-to-Date
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Performance Results			
	01/01/2019 - 03/31/2019	<Insert Quarterly Reporting Period Dates>	<Insert Quarterly Reporting Period Dates>	<Insert Quarterly Reporting Period Dates>	01/01/2019- 12/31/2019			<Insert LTD Dates>
Other Data Elements	#	#	#	#	TOTAL	Target	% Achieved	LTD
<b>Enrollment, Receiving Services, Screening/Assessment, Discharge</b>								
Number of individuals <b>screened/assessed</b> during this <b>quarter</b> (enter number)	78				78	n/a	n/a	736
Number of individuals who were <b>enrolled</b> in the program during this <b>quarter</b> (enter number)	19				19	n/a	n/a	132
Number of active program participants <b>being served this quarter</b> (enter number)	53				53	n/a	n/a	307
Number of program participants successfully <b>discharged</b> from the program <b>this quarter</b> (enter number)	13				13	n/a	n/a	82
<b>Crisis Intervention Team (CIT) Training (applicable if your grant program is offering CIT)</b>								
Number of individuals who received/completed <b>CIT</b> training during this quarter (enter number)	0				0	n/a	n/a	0
<b>Mental Health First Aid (MHFA) Training (applicable if your grant program is offering MHFA)</b>								
Number of individuals who received <b>MHFA</b> training during this quarter (enter number)	0				0	n/a	n/a	#VALUE!

<b>**Enter numbers in the gray-shaded cells **</b>	Program Year 3				Program Year 3			Lifetime-to-Date
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Performance Results			
	01/01/2019 - 03/31/2019	<Insert Quarterly Reporting Period Dates>	<Insert Quarterly Reporting Period Dates>	<Insert Quarterly Reporting Period Dates>	01/01/2019- 12/31/2019			<Insert LTD Dates>
Other Data Elements	#	#	#	#	TOTAL	Target	% Achieved	LTD
<b>Recidivism: Individuals Arrested (if data is attainable)</b> <i>(not related to and different from the performance measure regarding the number of "arrests" by participants)</i>								
Number of participants <b>active</b> in the program who had at least one <b>arrest</b> during this quarter (enter number)	6				6	n/a	n/a	29
Number of participants who were discharged within the last 12 months (12 months or less) (enter number)	75				75	n/a	n/a	286
Number of participants who have been discharged <b>and</b> who were arrested within 12 months post-discharge (12 months or less) (enter number)	5				5	n/a	n/a	49
<i>Notes regarding the data elements completed above: Data gathered from Monroe County Sheriff's Department arrest website.</i>								

<b>**Enter numbers in the gray-shaded cells **</b>	Program Year 3				Program Year 3			Lifetime-to-Date
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Performance Results			
	01/01/2019 - 03/31/2019	<Insert Quarterly Reporting Period Dates>	<Insert Quarterly Reporting Period Dates>	<Insert Quarterly Reporting Period Dates>	01/01/2019- 12/31/2019			<Insert LTD Dates>
Other Data Elements	#	#	#	#	TOTAL	Target	% Achieved	LTD
<b>Additional Data Element that apply to the Grant Program: &lt;Provide description of additional measure&gt;</b>								
Actual:					0	n/a	n/a	#REF!
<i>Notes:</i>								
<b>Additional Data Element that apply to the Grant Program: &lt;Provide description of additional measure&gt;</b>								
Actual:					0	n/a	n/a	#REF!
<i>Notes:</i>								
<b>Additional Data Element that apply to the Grant Program: &lt;Provide description of additional measure&gt;</b>								
Actual:					0	n/a	n/a	#REF!
<i>Notes:</i>								

**APPENDIX B**

**Reinvestment Grant Performance Measure Data**

Program Year 3					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 3				Program Year 3			Lifetime-to-Date					
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Performance Results			LTD Actual	LTD % Achieved	LTD Target			
	01/01/2019-03/31/2019	<Insert Quarterly Reporting Period Dates>	<Insert Quarterly Reporting Period Dates>	<Insert Quarterly Reporting Period Dates>	01/01/2019 -12/31/2019								
Performance Measures	#	#	#	#	TOTAL	Target	% Achieved						
<b>Performance Measure: Percent of arrests or re-arrests among Program participants while enrolled in the Program.</b>													
<b>Performance Measure Target:</b> 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		30.00%	n/a	22.79%	13%			
<b>Data elements needed to calculate the above performance measure:</b>													
<b>Baseline: Actual number of arrests</b> accumulated by participants one year prior to program enrollment (enter number) <b>new clients in Quarter</b>					20			20	n/a	n/a	136	n/a	n/a
<b>Actual number of arrests</b> accumulated by participants enrolled in the program who were arrested during this quarter (enter number) <b>Any active participant during this Q</b>					6			6	n/a	n/a	31	n/a	n/a
<b>Performance Measure: Percent of arrests or re-arrests among Program participants within one year following Program discharge.</b>													
<b>Performance Measure Target:</b> 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		5.26%		22.22%	20%			
<b>Data elements needed to calculate the above performance measure:</b>													
<b>Baseline: Actual number of arrests</b> accumulated by participants one year prior to program enrollment (enter number)					19			19	n/a	n/a	108	n/a	n/a
<b>Actual number of participants</b> have been discharged for 12 months or less (enter number)					21			21	n/a	n/a	97	n/a	n/a
<b>Actual number of arrests</b> accumulated by participants who were discharged for 12 months or less (enter number)					1			1	n/a	n/a	24	n/a	n/a

<b>**Enter numbers in the gray-shaded cells only **</b>	Program Year 3				Program Year 3			Lifetime-to-Date		
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Performance Results			LTD Actual	LTD % Achieved	LTD Target
	01/01/2019-03/31/2019	<Insert Quarterly Reporting Period Dates>	<Insert Quarterly Reporting Period Dates>	<Insert Quarterly Reporting Period Dates>	01/01/2019 -12/31/2019					
Performance Measures	#	#	#	#	TOTAL	Target	% Achieved			
<i>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 :</i> 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 duet to lack of resources, substance abuse and homelessness.										

**Enter numbers in the gray-shaded cells only **	Program Year 3				Program Year 3			Lifetime-to-Date		
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Performance Results			LTD Actual	LTD % Achieved	LTD Target
	01/01/2019-03/31/2019	<Insert Quarterly Reporting Period Dates>	<Insert Quarterly Reporting Period Dates>	<Insert Quarterly Reporting Period Dates>	01/01/2019 -12/31/2019					
Performance Measures	#	#	#	#	TOTAL	Target	% Achieved			
<b>Performance Measure:</b> 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.										
<b>Performance Measure Target:</b> 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		100.00%		98.21%	53%
<b>Data elements needed to calculate the above performance measure:(row 24 numbers will be a subset of row 23 numbers)</b>										
Actual number of participants who did not have stable housing at the time of enrollment (enter number)	10				10	n/a	n/a	56	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)	10				10	n/a	n/a	55	n/a	n/a
<b>Performance Measure:</b> Percent of participants who reside in a stable housing environment one year following Program discharge)										
<b>Performance Measure Target:</b> Percent of participants who reside in a stable housing environment one year following Program discharge (enter percentage)					n/a		72.22%	n/a	-72.22%	53%
<b>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)</b>										
Actual number of participants who did not have stable housing at the time of enrollment (enter number)	10				10	n/a	n/a	56	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)	18				18	n/a	n/a	18	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)	13				13	n/a	n/a	13	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 3				Program Year 3			Lifetime-to-Date		
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Performance Results			LTD Actual	LTD % Achieved	LTD Target
	01/01/2019-03/31/2019	<Insert Quarterly Reporting Period Dates>	<Insert Quarterly Reporting Period Dates>	<Insert Quarterly Reporting Period Dates>	01/01/2019 -12/31/2019					
Performance Measures	#	#	#	#	TOTAL	Target	% Achieved			
<b>Performance Measure: Percent of Program participants not employed at Program admission who are employed full or part-time within 180 days of Program admission.</b>										
<b>Performance Measure Target:</b> Percent of participants who were <b>not employed</b> (full- or part-time) at the <b>time of admission</b> but were employed within <b>180 days of admission</b> (enter percentage) (for current Program Year)					n/a		<b>100.00%</b>	n/a	<b>124.24%</b>	<b>53%</b>
<b>Data elements needed to calculate the above performance measure: (row 37 numbers will be a subset of row 36 numbers, row 36 a subset of row 35)</b>										
<b>Actual</b> number of participants who were <b>not employed</b> (full- or part-time) at the time of admission (enter number)	8				8	n/a	n/a	54	n/a	n/a
<b>Actual</b> number of participants who were <b>not employed</b> (full- or part-time) at the time of admission <b>AND</b> who have been in the program for <b>at least 180 days</b> (enter number)	8				8	n/a	n/a	33	n/a	n/a
<b>Actual</b> number of participants who were <b>not employed</b> (full- or part-time) at the time of admission but were <b>employed</b> within <b>180 days of admission</b> (enter number)	8				8	n/a	n/a	41	n/a	n/a
<b>Performance Measure: Percent of Program participants employed full or part-time 1 year following Program discharge.</b>										
<b>Performance Measure Target:</b> Percent of participants <b>employed</b> (full- or part-time) <b>1-year post discharge</b> (enter percentage) (for current Program Year)					n/a		<b>66.67%</b>	n/a	<b>66.67%</b>	<b>47%</b>
<b>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)</b>										
<b>Actual</b> number of participants who were <b>not employed</b> (full- or part-time) at the time of admission (enter number)	8				8	n/a	n/a	54	n/a	n/a
<b>Actual</b> number of participants who were <b>not employed</b> at the time of admission <b>and</b> have been discharged from the program for at least 1 year (enter number)	24				24	n/a	n/a	24	n/a	n/a
<b>Actual</b> number of participants who were <b>not employed at admission</b> , who have been discharged at least 1 year, <b>and</b> who are <b>employed</b> (enter number)	16				16	n/a	n/a	16	n/a	n/a

<b>**Enter numbers in the gray-shaded cells only **</b>	Program Year 3				Program Year 3			Lifetime-to-Date		
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Performance Results			LTD Actual	LTD % Achieved	LTD Target
	01/01/2019-03/31/2019	<Insert Quarterly Reporting Period Dates>	<Insert Quarterly Reporting Period Dates>	<Insert Quarterly Reporting Period Dates>	01/01/2019 -12/31/2019					
Performance Measures	#	#	#	#	TOTAL	Target	% Achieved			
<i>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 :</i>										

**Enter numbers in the gray-shaded cells only **	Program Year 3				Program Year 3			Lifetime-to-Date		
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Performance Results			LTD Actual	LTD % Achieved	LTD Target
	01/01/2019-03/31/2019	<Insert Quarterly Reporting Period Dates>	<Insert Quarterly Reporting Period Dates>	<Insert Quarterly Reporting Period Dates>	01/01/2019 -12/31/2019					
Performance Measures	#	#	#	#	TOTAL	Target	% Achieved			
<b>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</b>										
<b>Performance Measure Target:</b> 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		100.00%	n/a	100.00%	47%
<b>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)</b>										
<b>Actual</b> number of participants who were <b>not receiving benefits</b> at the time of admission (enter number)	12				12	n/a	n/a	80	n/a	n/a
<b>Actual</b> number of participants who were <b>not receiving benefits</b> at the time of admission <u>and</u> who were <b>assessed to determine eligibility</b> to receive benefits (enter number)	12				12	n/a	n/a	76	n/a	n/a
<b>Actual</b> number of participants who were <b>not receiving benefits</b> at the time of admission <u>and</u> who were <b>assessed as eligible</b> to receive benefits (enter number)	12				12	n/a	n/a	75	n/a	n/a
<b>Actual</b> number of participants who were <b>not receiving benefits</b> at the time of admission <u>and</u> who were <b>found to be eligible</b> to receive benefits <u>and</u> were <b>receiving benefits subsequent to enrollment</b> (enter number)	12				12	n/a	n/a	75	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.										

**Enter numbers in the gray-shaded cells only **	Program Year 3				Program Year 3			Lifetime-to-Date		
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Performance Results			LTD Actual	LTD % Achieved	LTD Target
	01/01/2019-03/31/2019	<Insert Quarterly Reporting Period Dates>	<Insert Quarterly Reporting Period Dates>	<Insert Quarterly Reporting Period Dates>	01/01/2019 -12/31/2019					
Performance Measures	#	#	#	#	TOTAL	Target	% Achieved			
<b>Performance Measure: Percent of Program participants diverted from a State Mental Health Treatment Facility</b>										
<b>Performance Measure Target:</b> Percentage of participants who will be diverted from a <b>state mental health treatment facility</b> (adults and/or youth) (target is for program year) (enter percentage)					n/a		<b>0.00%</b>	n/a	<b>0.00%</b>	<b>60%</b>
<b>Data elements needed to calculate the above performance measure: (row 57 numbers will be a subset of row 56 numbers)</b>										
<b>Actual</b> number of participants who, prior to admission, would have been eligible for a <b>state mental health treatment facility</b> (adults and/or youth) (enter number)	8				8	n/a	n/a	33	n/a	n/a
<b>Actual</b> number of participants who were committed to a <b>state mental health treatment facility or children's state hospitals/treatment center</b> (if population served is juveniles) (enter number)	0				0	n/a	n/a	0	n/a	n/a
<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 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.</i>										



<b>**Enter numbers in the gray-shaded cells only **</b>	Program Year 3				Program Year 3			Lifetime-to-Date		
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Performance Results			LTD Actual	LTD % Achieved	LTD Target
	01/01/2019-03/31/2019	<Insert Quarterly Reporting Period Dates>	<Insert Quarterly Reporting Period Dates>	<Insert Quarterly Reporting Period Dates>	01/01/2019 -12/31/2019					
Performance Measures	#	#	#	#	TOTAL	Target	% Achieved			
<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 :</i> 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.										

May 7, 2019 | CJMHSa Planning Council Meeting  
Agenda Item D.1.

# Baker Act Training - Martha Lenderman

# WHAT: BAKER ACT & MARCHMAN ACT TRAINING

FREE TRAINING AND WHAT YOU NEED TO KNOW

**WHO: LAW ENFORCEMENT, BEHAVIORAL HEALTH CLINICIANS,  
COMMUNITY AGENCIES, COURT PERSONNEL,**

**WHEN: June 4, 2019**

\*\*\*NO REGISTRATION NEEDED\*\*\*

➤ **8:30 AM-12:00 PM KEY WEST**

- Harvey Government Center-
- Board of County Commissioners Room
- 1200 Truman Avenue  
2nd Floor  
Key West, FL 33040

Martha Lenderman has consulted for more than 21 years, primarily related to the Baker Act and Marchman Act. She has assisted the Legislature in the 1996 rewrite of the Baker Act and is currently assisting in writing amendments to the law. In addition, she developed the model Baker Act and Marchman Act forms, wrote the state's Baker Act and Marchman Act Handbooks, Wrote the Baker Act Benchguide for judges that is posted on the Florida Supreme Court website, and Worked with FDLE on the implementation and training for new firearm restriction legislation. Martha serves as a member of the Florida Supreme Court Taskforce on Mental Health and Substance Abuse. She works with courts, hospitals, law enforcement agencies and professional associations throughout the state on the appropriate use of the Baker Act and serves as an expert witness in litigation.

**Guidance/Care Center, Inc**

**MIND Motivated Interventions for Needs & Deflection**

Funded by the Florida Department of Children and Families For Monroe County



May 7, 2019 | CJMHSА Planning Council Meeting  
Agenda Item G.1.

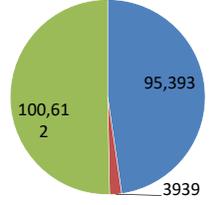
# South Florida Crisis Intervention Team - Presentation



**Crisis Intervention Team Program**  
Miami-Dade County  
*Building partnerships for a healthier Community*

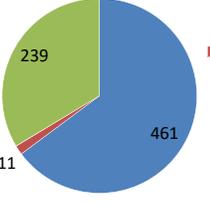


### Annual Report of Baker Act Data 2016-2017 Florida – 199,944 individuals

Variable	Involuntary Examination Initiations
Type of Initiator	Number Percentage
MH Professional	95,393 47.71%
Law Enforcement	100,612 50.32%
Judges	3,939 1.97%

### Annual Report of Baker Act Data 2016-2017 Monroe County – 711 individuals

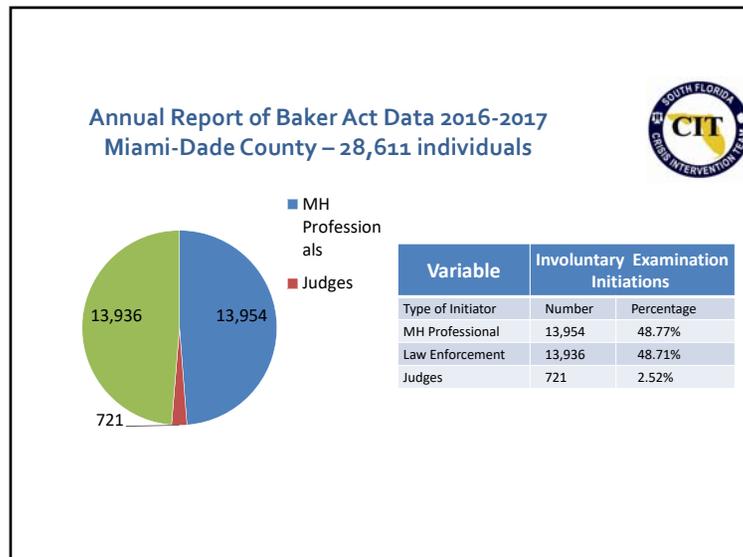
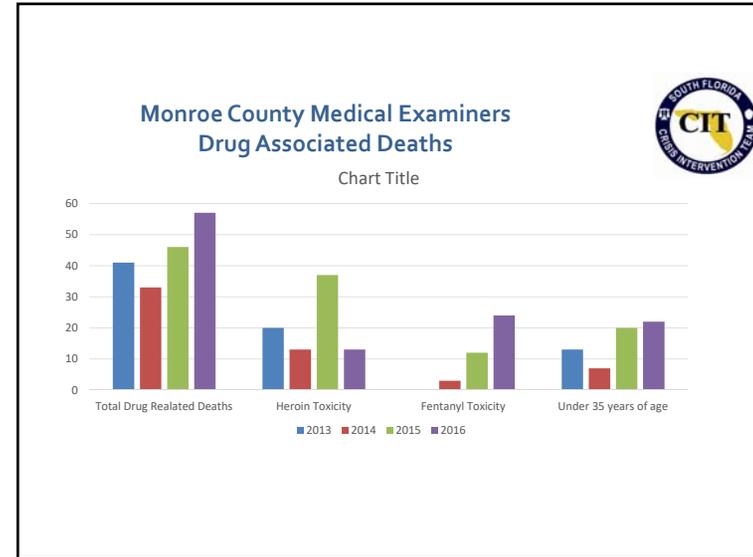
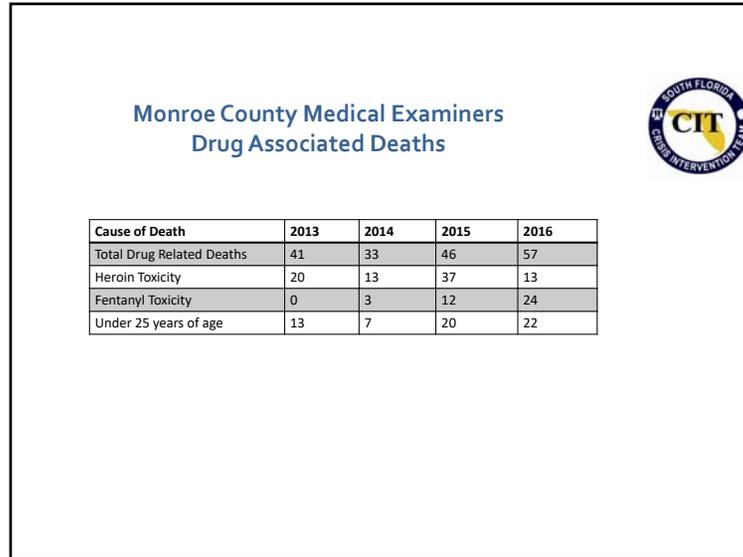
Variable	Involuntary Examination Initiations
Type of Initiator	Number Percentage
MH Professional	461 64.84%
Law Enforcement	239 33.61%
Judges	11 1.55%

### Consequences of acute alcohol use in Monroe County and Florida



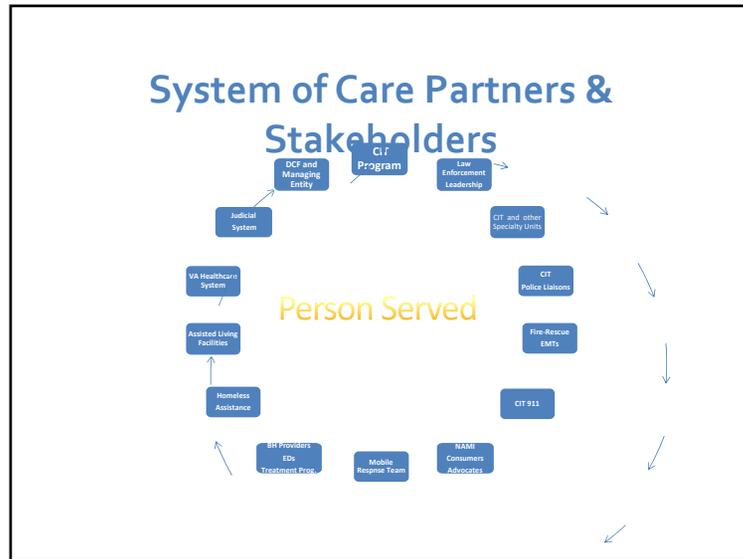
Measure	Year	Florida	Monroe
Percent of crashes that are alcohol related	2010	15.20%	7.50%
Rate of alcohol-related motor vehicle injuries	2010	182	64.8
Rate of alcohol-related motor vehicle deaths	2010	17.9	4.2
Rate of hospitalizations for alcohol intoxication	2011	446.3	190
Rate of hospitalizations for alcohol-related injuries	2011	216.2	108.3
Rate of arrests for Driving Under the Influence (DUI)	2011	590.9	231.2
Rate of liquor law violations other than DUI	2011	433.9	144
Rate of Alcohol-related deaths	2011	3.1	13.8
Rate of violent crimes	2010	442.2	542.9
Rate of domestic violence offenses	2010	584.6	603.4

All rates are per 100,000 population  
Substance Use and Mental Health in Monroe County, Report developed for the Monroe County Coalition by Hal Johnson, MPH



### IMPACT ON MIAMI-DADE COUNTY JAIL

- Nearly **11,000** jail bookings per year involve people with serious mental illnesses who require treatment while in custody.
- On any given day, approximately 1,400 of the 4,600 (**30%**) individuals detained in county jail facilities receive psychiatric medications.
- The Miami-Dade County jail serves as the largest psychiatric institution in Florida housing more than half as many individuals with mental illnesses as all state psychiatric hospitals combined.
- Based on an average of **174.4 jail bookings** per day between June 1, 2015 and May 31, 2016, resulting in roughly **64,000 bookings** annually; and an estimated prevalence of serious mental illnesses among jail detainees of **16.9%**.
- The estimated county taxpayer cost to house people with mental illnesses in jail is **\$250,000 per day, or \$90 million annually**.



## MIAMI-DADE COUNTY

- The 11<sup>th</sup> Judicial Circuit Criminal Mental Health Project (CMHP) was established in by Judge Steven Leifman (2000).
- CIT training begins in collaboration with Jackson Behavioral Health Hospital Education Division (2000).
- Jail Diversion Program pre-booking and post-booking program. CIT Coordinator is hired and takes over CIT training (2003).
- Grand Jury Report: Mental Illness and the Criminal Justice System: A Recipe for Disaster / A Prescription for Improvement (Spring 2004)
- Miami-Dade County Mayor’s Mental Health Task Force formed to address findings in Grand Jury Report – 47 community leaders, Judge Leifman, chair (2005)

## CRIMINAL MENTAL HEALTH PROJECT



- The 11<sup>th</sup> Judicial Circuit Criminal Mental Health Project (CMHP) was established in 2000 to divert individuals with serious mental illnesses, away from the criminal justice system and into comprehensive community-based treatment and support services.
- The program operates two components: pre-booking diversion consisting of Crisis Intervention Team (CIT) training for law enforcement officers and post-booking diversion serving individuals booked into the jail and awaiting adjudication.

## MIAMI-DADE CRISIS INTERVENTION TEAM



The Eleventh Judicial Circuit Criminal Mental Health Project's CIT Program:

- Improve police responses to individuals with possible mental illnesses through CIT 40-hour training, continuing education and collaborative strategic efforts.
- Serve as a platform to facilitate partnerships and collaboration between law enforcement, justice and behavioral health system, county and state-wide.
- Re-design access and delivery to behavioral health services in the community.
- Develop partnerships, establish, streamline communication within all entities, partners and stakeholders.
- Remove barriers at all entry points for law enforcement officers and ensure that seamless access becomes standardized.

### MIAMI-DADE CRISIS INTERVENTION TEAM



All **36** law enforcement agencies have a partnership with the Miami-Dade County's CIT Program and have trained CIT Officers

Miami-Dade's CIT Program has trained over **6500** law enforcement officers

Miami-Dade's CIT Program has trained over **600** Communications call-takers/dispatchers

### CIT IS MORE THAN JUST TRAINING



*Partnerships, Communication and Collaboration*

CIT Law Enforcement Liaisons/Coordinators  
 CIT Mental Health Provider Liaison/Representative

**Miami-Dade Police Department**

9 Districts: 2-3 per district

**Police Municipalities**

2-3 per agency

All 19 mental health providers have CIT Liaisons and required by the Mental Health Authority to attend all CIT Steering Committee meetings.

### FULL-TIME CIT PROGRAM COORDINATOR



- Mental Health and law enforcement knowledge is critical
- It's all about the partnerships
- You've got to be out there!
- Linking law enforcement to resources
- Linking Individuals or families to resources
- Linking providers to law enforcement
- Linking medical professionals/community services to CIT program
- Linking specialty court programs to CIT law enforcement
- Navigating through the Behavioral Health System
- Need to be responsive
- Advocate

### Obama praises Miami-Dade's police mental health training as "good example of reform".



<https://www.miamiherald.com/news/local/community/miami-dade/article124683044.html>

### FULL-TIME CIT PROGRAM COORDINATOR



- Troubleshooting
- Streamlining
- Mediating
- Improving Cross Systems - Collaboration
- Policy and Procedures
- Data Collection
- Cross-Cultural Training
- Resource Expert
- Listen to ALL perspectives
- Compassion
- Passion
- Training, training and more training

### MIAMI-DADE CIT PROGRAM OUTCOMES 2010-2016



Miami-Dade PD + Miami PD	2010	2011	2012	2013	2014	2015	2016	Total
<b>Total CIT Calls</b>	7,779	9,399	10,404	10,626	11,042	10,579	11,799	<b>71,628</b>
<b>Arrests Made</b>	4	45	27	9	24	10	19	<b>138 (0.2%)</b>
<b>Diverted from Jail</b>	1,940	3,563	2,118	1,215	1,871	1,633	1,694	<b>14,034 (19.6)</b>
<b>Transported to Crisis</b>	3,307	4,642	5,527	3,946	5,155	7,417	8,303	<b>38,297 (53.5%)</b>

• For every 1,000 CIT calls: 535 people received assistance in accessing treatment, 196 diversions from the county jail, and just 1.9 arrests.

### CRIMINAL MENTAL HEALTH PROJECT



**OUTCOMES:**

- Among individuals diverted from the jail post-booking, recidivism rates have been reduced by approximately 75% and it is estimated the county has saves more than 25,000 jail bed days, more than 68 years.
- Because of local diversion programs, the average daily census in the county jail system has dropped from **7,200 to less than 4,000 inmates, and the county has closed one entire jail facility at a cost-savings to taxpayers of \$12 million per year.**

For more information, please visit:  
[Decriminalizing Mental Illness - The Miami Model](#)

### JAIL DIVERSION ANNUAL COST SAVINGS



Existing Diversion Capacity:	
Estimated annual jail cost avoidance from pre-booking diversion:	\$ 4.3 million
Estimated annual jail cost avoidance from post-booking diversion:	\$1.7 million
Estimated reduction in annual jail bookings:	1,182
Estimated reduction in annual jail days (equivalent to 93 beds/year):	34,079
<b>Total existing annual cost avoidance:</b>	<b>\$6 million</b>



### CIT ACCOMPLISHMENTS

- Active collaboration within community stakeholders.
- Safer more efficient hospital and facility guidelines and procedures.
- 5- 10minute law enforcement to crisis facility hand-off
- Improved and more efficient court procedures regarding Substance Abuse Act and Mental Health Act.
- Strong alliance with police legal bureau, mental health authority, managing entity developing, psychiatric hospitals, and streamlining policy and procedures.
- Open communication and access to law enforcement.
- Decrease in arrests and increase in diversions and care coordination
- Drastically lower injuries to law enforcement and consumers



### Miami Beach PD Homeless Resource Unit Recipient of the 11th Judicial Criminal Mental Health Project CIT 2016 Dream Team Award





**Habsi W. Kaba, MS, MFT, CMS**  
 Director of CIT and Police Mental Health  
 Collaboration  
 11th Judicial Circuit Criminal Mental Health  
 Project  
 Miami-Dade County Crisis Intervention Team  
 (CIT) Program  
 Cell: 786-399-8591  
 Email: [hkaba@jud11.flcourts.org](mailto:hkaba@jud11.flcourts.org)



**MIAMI BEACH  
POLICE**



**South Florida  
Behavioral  
Health Network, Inc.**

## TEAM UP: Going to Bat for the Homeless

Presented by:  
 Miami Beach Police Department  
 South Florida Behavioral Health Network

## TEAM UP: SFBHN and MBPD





## South Florida Behavioral Health Network, Inc. (SFBHN)

- In 2004 Florida's Department of Children and Families (DCF) privatized and created Managing Entities (ME).
- Southern Region ME for Miami-Dade and Monroe Counties
- Is a 501(c)(3), private, non-profit organization
- Manages and oversees approximately \$84 million in public funds (from the Florida Department of Children and Families) for the provision of mental health and substance abuse services in Miami-Dade and Monroe counties
- Does NOT provide direct services
- Subcontracts with 39 agencies to provide mental health and substance abuse services to the **indigent population**





## Miami Beach Police Department (MBPD)

The MBPD is a fully accredited law enforcement agency, which is dedicated to pursuing every opportunity and engaging all challenges as part of this organization's on-going quest for excellence.

With the continued growth in the popularity of Miami Beach as a destination of choice for out of town and local visitors alike, the Police Department is tasked with balancing the needs of the residential population with the huge increase in the amount of visitors to the City.

Mission: Prevent crime and enhance public safety.

Vision: We aspire to be a world-class agency, which protects our diverse community and serves as a model for character, innovation and service to meet the challenges of tomorrow.

Values: Professional, Accountable, Honest and Proud.





## MBPD HRO Unit

The MBPD Homeless Resource Officers (HRO) Unit consists of :

1. Captain Ian Robinson
2. Sergeant Jerome Berrian
3. Officer Ysidro Llamoca
4. Officer Kevin Lantigua
5. Officer Yoe Merida
6. Officer Lazaro Paredes
7. Bo Hall – Homeless Liaison Specialist




## Florida Marchman Act



The Hal S. Marchman Alcohol and Other Drug Services Act of 1993, or more commonly referred to as the Marchman act, provides for emergency assistance and temporary detention for individuals requiring substance abuse evaluation and treatment in the state of Florida.



## Marchman Act



A person meets the criteria for involuntary admission if there is good faith reason to believe the person is substance abuse impaired and, because of such impairment:

- Has **lost the power of self-control** with respect to substance use **AND EITHER**
- Has inflicted, or threatened or attempted to inflict, or unless admitted is likely to inflict, **physical harm on himself/herself or another** **OR**
- Is in need of substance abuse services and, by reason of substance abuse impairment, his/her judgment has been so impaired that the person is **incapable of appreciating his/her need for such services and of making a rational decision** in regard thereto; however, mere refusal to receive such services does not constitute evidence of lack of judgment with respect to his/her need for such services.

For information on involuntary commitment laws in the United States.  
<http://www.nasid.org/issuesandevents/NEW%20royalunary%20Commitment%20for%20Individuals%20with%20a%20Substance%20Use%20Disorder%20or%20Alcoholism%20August%202011.pdf>



## Individuals are Selected by the Following Criteria:



- No Support System
- Are chronically homeless and likely to die on our streets because of their addiction to substances
- Are an extreme strain on public safety resources (i.e. police/fire/code)
- Have a history of Marchman Acts and/or Baker Acts & Arrests

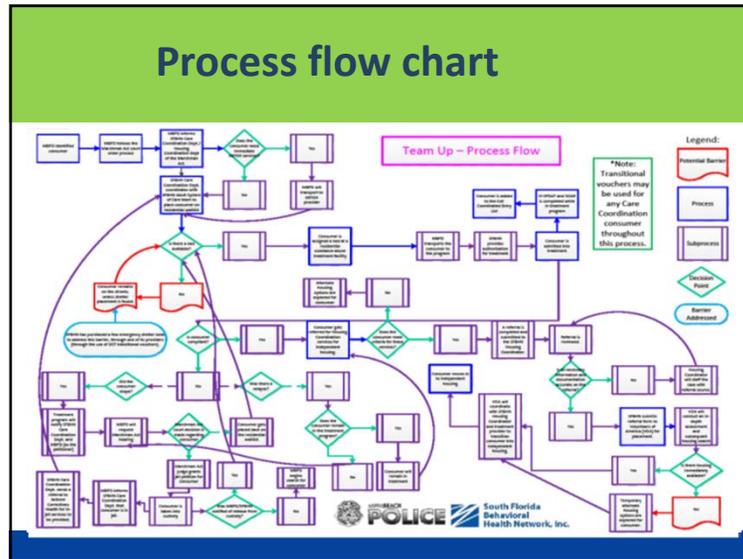


## MBPD HRO Internal Process



1. Creation of Individual's Case File
  - Client photo and information
  - Degradation photos
  - Criminal history printout
  - Marchman Act/Baker Act & Substance related arrests
  - Court/Provider related documents
2. File Petition for Treatment with courts/Court preceding
3. Contact SFBHN in reference to treatment bed
4. Continued engagement until treatment bed becomes available
5. Client is transported to treatment facility
6. Weekly follow-ups/case staffing on clients' progress
7. Area officers are made aware of the clients transitioning into treatment
8. Monthly meetings at police headquarters with SFBHN, area police commanders/City's Homeless Outreach Team
9. Client "graduates" and is replaced with a new client





### Case Example: Pedro



**EXTENSIVE CRIMINAL PAST**  
 52 ARRESTS: Possession of alcohol, Trespassing, Panhandling, Disorderly Intoxication, Disorderly Conduct, Drinking in Public, Urinating in Public  
 5 MARCHMAN ACTS  
 2 BAKER ACTS  
 CHRONIC MEDICAL CONDITIONS



### Case Example: Pedro (con't)



2009



2012



2013



2014



2015



2016



### Case Example: Pedro (con't)





## Case Example: Pedro (con't)






## Treatment timeline: Pedro




Throughout his enrollment in this project, despite the obstacles, he has remained engaged in services (case management, care coordination, substance abuse treatment, medical services and meals on wheels).



## Pedro: A New Beginning







## Case Example: Kenneth




**EXTENSIVE CRIMINAL PAST**  
**27 ARRESTS:** Trespassing, Public Intoxication, Disorderly Conduct, Resisting Officer w/o Violence, Urinating in Public, Robbery, Possession, Drinking in Public  
**9 MARCHMAN ACTS**  
**3 BAKER ACTS**  
**CHRONIC MEDICAL CONDITIONS**



## Case Example: Kenneth





2009



2011



2012



2016



2016



2017



## Case Example: Kenneth (con't)









## Treatment timeline: Kenneth



03/30/17

- SFBHN receives information on individual from MBPD

04/21/17

- Individual was given a bed at a residential substance abuse. Individual was transported to the program by MBPD, but later eloped.

04/26/17

- MBPD finds the individual and transports him back to the program.

05/18/17

- First appointment with Carrfour Supportive Housing.

06/06/17

- Accepted into Carrfour's housing.

07/07/17

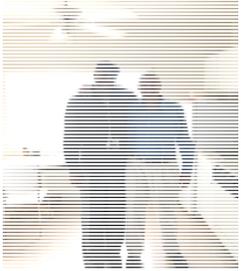
- Discharged from residential treatment and moved into independent apartment

Kenneth has remained housed since July 2017 with no relapses or further hospitalizations. He has been successfully discharged from Care Coordination and continues to receive housing case management.



## Kenneth: A New Beginning





## Kenneth: A New Beginning




**South Florida Behavioral Health Network, Inc.**

## Services Received



- Medical Evaluation
- Lab Work
- PPD/X-Ray (Tuberculosis Determination)
- HIV Test and Education
- Individual Therapy
- Group Counseling
- Random Drug Testing
- Transportation Assistance
- Meals on Wheels
- Home Health Care
- Florida ID Assistance
- Residential Substance Abuse Treatment
- Case Management
- Transitional Vouchers

**Best Practices:**  
 Care Coordination  
 Housing Coordination  
 Peer Services  
 SOAR  
 VI-SPDAT  
 Employment Services

**South Florida Behavioral Health Network, Inc.**

## Pre-enrollment Costs



Calculation of costs of not intervening with 7 homeless individuals	Total Cost
<b>Incarceration costs:</b> $\$192^* \times 403 \text{ days}$ <small>Cost per day at Miami-Dade County Jail x Total number of days spent in jail (52 arrests x avg. of 2 days in jail/arrest)</small>	<b>\$ 77,376.00</b>
<b>Arrest costs:</b> $\$45 \times 2 \times 2 \times 34 \text{ arrests}$ <small>Avg. cost/hour for police x # of officers/arrest x avg. # of hours/arrest x # of arrests</small>	<b>\$ 6,120.00</b>
<b>Hospital costs:</b> Jackson Behavioral Health Hospital <small>This includes psychiatric/crisis hospitalization and detox services</small>	<b>\$ 69,529.21</b>
Jackson Memorial Hospital <small>This includes medical services and hospitalizations</small>	<b>\$304,366.84</b>
Mt. Sinai Hospital <small>This includes psychiatric/crisis hospitalization and detox services</small>	<b>\$ 36,124.00</b>
<b>Total cost for 7 individuals:</b>	<b>\$486,616.69</b>

\*Source – Average cost for a jail bed is approximately \$192/day. This is simply the annual operating budget for FY17-18 of \$351 million divided by an average daily population of around 5,000 individuals (this includes roughly 4,000 in jail, as well as another 900 on some type of community control (e.g., house arrest, pretrial release monitoring/waiver bracelet). Also, this is the average cost across all individuals in the system and should be considered conservative for TEAM-UP participants who may receive treatment and/or detox services while incarcerated.

**South Florida Behavioral Health Network, Inc.**

## Post-enrollment Costs



Calculation of treatment costs for 7 individuals	Total Cost
<b>Hospital/Crisis Intervention Services Cost:</b> Crisis Stabilization Unit <small>Cost of 3 day mental health crisis stabilization</small>	<b>\$ 383.30</b>
Detox <small>Cost of 45 days of substance abuse detox services</small>	<b>\$ 16,883.25</b>
Mt. Sinai Hospital <small>Cost of hospitalization for 1 consumer</small>	<b>\$ 19,150.00</b>
<b>Treatment Services Cost:</b> Residential Treatment <small>Cost of Residential Level II, Intervention, Case Management, Day/Night, Supportive Employment</small>	<b>\$128,490.60</b>
Outpatient Treatment <small>Psychiatric services, Individual and Group Sessions</small>	<b>\$ 9,974.39</b>
<b>Transitional Voucher (Housing assistance) costs:</b> First, Last and Security and Rental Assistance <small>Cost is for 3 individuals that have completed treatment and are linked to housing. Pedro received housing assistance twice</small>	<b>\$ 23,799.21</b>
Housing related expenses <small>Cost of Furniture, FPL and other miscellaneous expenses</small>	<b>\$ 2,177.26</b>
Transportation expenses <small>Bus passes</small>	<b>\$ 1,346.20</b>
<b>Contempt of Marchman Act Petition:</b> Incarceration <small>Cost of 2 individuals for 260 days</small>	<b>\$ 45,468.00</b>
<b>TOTAL COST</b>	<b>\$247,672.21</b>

**South Florida Behavioral Health Network, Inc.**

## Cost Summary



Cost Summary	TOTAL
Total Pre-enrollment Costs	\$486,616.69
Total Post-enrollment Costs	\$247,672.21
<b>Total Cost Savings:</b>	<b>\$238,944.48</b>

There is a **\$3,305.70** per month cost savings to keep an individual housed and in services vs. remaining on the streets

Estimated Costs of Housing and Services	TOTAL
Behavioral Health Services (CMGT, psychiatric, employment, group and individual sessions)	\$ 1,554.36
Average rent and utilities per month (covered through blended funds)	\$ 993.00
<b>Total Cost per person per month:</b>	<b>\$ 2,487.36</b>

Estimated Costs to Remain Homeless	TOTAL
Cost of 7 individuals for 1 year pre-enrollment	\$486,616.69
Cost per month for 7 individuals	\$ 40,551.39
<b>Total Cost per person per month:</b>	<b>\$ 5,793.06</b>



## TEAM UP CHALLENGES



**Lack of Resources**

- Officers don't want to work with the homeless
- No housing available upon discharge
- Lack of shelter beds
- Length of residential treatment waitlist
- Chronic medical conditions
- Fair Market Rent \$1066, SSI payment is \$750

**Social Engagement**

- Poor Engagement = Elopement from treatment
- Elopement could result in jail petition
- Lack of meaningful activities (employment) leads to relapse

**Data Sharing**

- Limited data sharing with private facilities impairs our ability to fully assess an individuals' needs.
- Lack of jail release notification means that individual returns to the streets and process starts all over again.



## TEAM UP RESOLUTIONS



**Lack of Resources**

- MDPD held interviews for open position until the right candidate was found
- SFBHN begins housing search immediately
- SFBHN contracts with Camillus House for shelter beds
- SOAR process for those not linked to benefits
- Use of blended funding to assist with housing

**Social Engagement**

- Use of Peer Services instrumental in engagement
- MBPD visits the individual while in treatment to provide additional support and encouragement
- SFBHN's Housing Peer facilitates WRAP groups
- Use of drop in centers and clubhouses
- Weekly HRO staffings and monthly meetings

**Data Sharing**

- SFBHN drafted a data sharing agreement with private facilities
- SFBHN has met with Dept. Of Corrections to assist with discharge planning
- SFBHN has held quarterly meetings with private hospitals to inform them of this project and Care Coordination services



## Outcomes



**Outcomes of 22 individuals**

There is a clear cost savings of approximately **\$238,944.48** to the community by linking these individuals to treatment and housing services.

The Miami Beach residents/business owners have notified MBPD's HRO Unit to applaud their efforts as they have noticed a marked difference in the amount of homeless individuals in the streets.

There is an increased awareness of this program's efforts within the treatment community that has led to increased collaboration to serve these individuals.

**HOUSING IS HEALTHCARE!**



- 23 individuals have participated in the program, 1 individual is deceased
- 36% (8 individuals) have graduated and moved into housing.
- One individual is currently incarcerated due to Marchman Act contempt order
- 4 females have participated in the program, 3 initially completed treatment and returned to streets. 2 currently in treatment.
- One year prior to enrollment, 7 individuals accounted for 403 days in jail. After enrollment, there were 260 days in jail due to contempt of Marchman Act.

## PATH and MBPD



- Projects for Assistance in Transition from Homelessness (PATH) funds services for people with serious mental illness (SMI) experiencing homelessness.
- Miami-Dade County has one PATH Team at New Horizon's Community Mental Health Center.
- PATH Team:
  - Team of 4 individuals that are outreach/case managers
  - 1 Housing Navigator
  - 1 PATH Program Manager
  - 1 SOAR Specialist
  - 1 Part-time Therapist
- PATH activities include:
  - Outreach
  - Case Management
  - SOAR
  - Housing assistance
  - Coordinated outreach with Law Enforcement and CoC



## PATH and MBPD






- First meeting to introduce PATH to MBPD held on August 9, 2018. This resulted in their first outreach case.
- Since August, there are coordinated outreach events at least 3-4 x month.






## Lessons Learned



- Establish relationships and communication early in the process;
- Having dedicated Homeless Resource Officers is vital to the success of the program;
- Relapse is part of recovery. Individuals will likely engage in this process multiple times;
- Private facilities should be informed of this process to allow for the coordination of care for the individuals and MOU creation for data sharing;
- Begin the search for housing options early in the process as safe and affordable housing is difficult to access;
- Individuals are likely to elope from facilities unless they are ready to fully commit to treatment, engagement is key;
- Place individuals onto the Substance Abuse Residential Treatment waitlist as soon as the Marchman Act order is in place;
- Coordination with providers and stakeholders (police, hospitals, crisis unit, courts, jails, treatment providers) is key to treatment planning and success;
- The importance of the use of Peers in Recovery;
- Buy-in from administration is vital to getting any program off the ground and for ensuring long-term viability;
- Monthly case staffing have been crucial in treatment planning and provision;
- Establishing aftercare supports upon discharge from residential treatment leads to a smoother transition into independent living.



## Recognitions






South Florida Behavioral Health Network and its community partner, the Miami Beach Police Department, were honored in early November with the 2018 Homeless Trust "Changemaker Award" for the team's overwhelming dedication to those in our community who find themselves homeless.

NBC 6 features MBPD and SFBHN's TEAM UP project to help the homeless.

[MBPD Tackles Homeless Problem](#)



## Partnerships

## Contacts

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## THANK YOU!!!

# Questions?