

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

Harvey Government Center
1200 Truman Avenue, Key West, FL 33040
August 6, 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. May 7, 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. June 4, 2019, Baker Act Training - Overview
2. May 7, 2019, South Florida Crisis Intervention Team - Overview and Discussion

E. Schedule for the next Planning Council Meeting – Tuesday, November 12, 2019

F. Public Comment*

G. Other Business

1. Discussion The Washington Post newspaper article, "Drilling into the DEA's pain pill database", Jul. 2019.

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".

August 6, 2019 | CJMHSA Planning Council Meeting
Agenda Item B. 1.
Approval of May 7, 2019 Minutes

CJMHS A PLANNING COUNCIL MEETING MINUTES

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

Meeting Minutes – May 7, 2019

Harvey Government Center
1200 Truman Avenue, Key West, FL

BOCC Meeting Room - 9:00 A.M.

Draft – To be approved at the August 6, 2019 meeting

CJMHS Planning Council members/designees present:

Val Winter, Designee for Dennis W. Ward, State Attorney
Robert Lockwood, Public Defender, 16th Circuit Court
Peary Fowler, Planning Council Chair, County Court Judge
Holly Elomina, Planning Council Vice-Chair, Court Administrator
Brylan Jacobs, State Probation Circuit Administrator
Heather Tintera, County Director of Probation
Keena Allen, Designee for Sheriff Rick Ramsay, Monroe County Sheriff's Department
Chief Sean Brandenburg, City of Key West Police Department
Elicia Pintabona, Area Homeless/Supportive Housing Program Representative
Tim Age, Chief Correctional Officer;
Joseph Laino, SFBHN, Substance Abuse and Mental Health Program Office Representative
Maureen Dunleavy, Director of Community Health Agency
Duane Triplett, Local Substance Abuse Treatment
Elmira Leto, Primary Consumer of Community Based Treatment Family Member
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; Elaine Thompson, DJJ, Chief Probation Officer; Wayne Lewis, Primary Consumer of Mental Health Services; Vincent Vurro, DJJ, Director of Detention Facility

Staff members present: Christine Limbert-Barrows County Attorney; Tina Boan, Budget Director; Janet Gunderson, Grants Coordinator.

The CJMHS meeting was called to order at approximately 9:00 a.m. by Planning Council Chair Judge Peary Fowler. Judge Fowler requested a motion for Maureen Dunleavy to Chair the meeting; motion made by E. Pintabona, seconded by B. Jacobs; hearing no objection the motion carries. M. Dunleavy led the Pledge of Allegiance and requested introductions of the Planning Council members.

Item A: E. Leto moved to approve the agenda, seconded by J. Laino; hearing no objection the motion carries.

Item B: V. Winter moved to approve the February 5, 2019 minutes, seconded by J. Laino; hearing no objection the motion carries.

Item C: Review of LHZ53 DCF Grant Quarterly Reports - M. Dunleavy presented an overview of the activities since March 31, 2019.

Item D: Update on Activities – Maureen Dunleavy

Item D.1.: 2019 Baker Act Training -Grant Year 3 of 3 – M. Dunleavy reported that Martha Lenderman will be doing the last Baker Act training in Key West on Tuesday, June 4, 2019 at 8:30 am.

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

Meeting Minutes – May 7, 2019

Item E: August 6, 2019 is the date for the next CJMHS Planning Council meeting.

Item F: Public Comment - Alison Kerr, MPH, Health Education Program Consultant/Public Information Officer/Community Health Improvement and Planning for the Florida Department of Health in Monroe County. A. Kerr reported that the Community Health Improvement Plan and Community Health Assessment is complete and the report is available. A. Kerr noted that Mental Health and Substance Abuse were designated as top priorities in the study.

Item G: Other Business – South Florida Crisis Intervention Team

- Presentation from Miami-Dade County, South Florida Behavioral Health Network and the Miami Police Department on developing and implementing a team approach to working with chronically homeless individuals. The program assisted with placement and the provision of services as well as ideas for funding such a program.

E. Pintabona moved to adjourn the meeting, seconded by S. Brady; there being no further business, the meeting was adjourned at approximately 10:22 a.m.

A video recording of 5/7/19 Monroe County CJMHS Planning Council meeting is available on the MCTV Video On-Demand website: <https://monroe-fl.vod.castus.tv/vod/?video=3a024517-4704-4aa6-a512-fed68e987029&nav=programs/CJMHS%20Planning%20Council%20Meeting.%20May%207,%202019>

August 6, 2019 | CJMHSА 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:	04/01/2019
Grant Number:	LHZ53	To:	06/30/2019
Report Prepared By		Report Approved By DCF	
Preparer's Name:	Maureen Dunleavy	Approver's Name:	Adrian Williams
Con	Area Director	Approver's Title	Contract Manager
Preparer's Phone:	305-896-5964	Approver's Phone:	850-717-4459
Preparer's Email:	Maureen.dunleavy@westcare.com	Approver's Email:	Adrian.williams1@myflfamilies.com
Date Prepared:	04/09/2018	Date Approved:	4/18/19

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

Section 1. Detailed Progress Summary

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

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

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

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

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

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

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

During this period of Guidance/Care Center's CJ Reinvestment grant-funded program, MIND, a Program Director, Evaluator, Program Coordinator, Mental Health Therapist, and two Care Coordinators continued working on this grant. Staff attended the CJ Reinvestment Council meeting with community stakeholders on 05/07/2019.

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. **Ninety-four (94) individuals have been screened or signed up to be screened and assessed for the MIND program this quarter. A total of eight hundred and thirty (830) 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 was 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- Gulafroz Dailey 2/18/2019
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 attended the web event from University of South Florida: 'Overview of Problem-Solving Courts: Findings and Lessons Learned from Recent Needs Assessment' on 6/28/19. (See attached Certificates)

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

- Lenderman & Associates for annual Baker Act/ CIT training 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 05/07/2019.

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

Met on 05/07/2019 - 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 (EDITS IN RED BY CONTRACT MANAGER A.W.)											
Service Target	YR1 Annual Program Target	Program Lifetime Target	Number of Participants Served								
			1 st Quarterly Reporting Period	2 nd Quarterly Reporting Period	3 rd Quarterly Reporting Period	4 th Quarterly Reporting Period	Program YR1 Total to Date	% of Program YR1 Target Achieved to Date	Program Lifetime Total to Date	% of Lifetime Target Achieved to Date	
			2/1/17-3/31/17	4/1/17-6/30/17	7/1/17-9/30/17	10/1/17-12/31/17	2/1/17-12/31/17	2/1/17-12/31/17	2/1/17-12/31/19	2/1/17-12/31/19	
D-2.1 100% of start up activities	100 %	100%	75%	100%	100%	100%	100%	100%	100%	94%	94%
D-2.2 Number of Individuals	50	180	0	15	9	17	41	82%	180 41	23%	

82%
4.5/month

PROGRAM YEAR 2 (EDITS IN RED BY CONTRACT MANAGER A.W.)											
Service Target	YR2 Annual Program Target	Program Lifetime Target	Number of Participants Served								
			1 st Quarterly Reporting Period	2 nd Quarterly Reporting Period	3 rd Quarterly Reporting Period	4 th Quarterly Reporting Period	Program YR2 Total to Date	% of Program YR2 Target Achieved to Date	Program Lifetime Total to Date	% of Lifetime Target Achieved to Date	
			1/1/18-3/31/18	4/1/18-6/30/18	07/01/18-09/30/18	10/01/18-12/31/18	01/01/18-12/31/18	01/01/18-12/31/18	2/1/17-12/31/19	2/1/17-12/31/19	
D-2.1 100% of start up activities	100 %	100%	NA	NA	NA	NA	NA	NA	95%	95%	95%
D-2.2 Number of Individuals	65	180	23	16	18	17	74	114%	113 115	63 64%	

114%
6.2/month

Minimum of 5/month: Program YTD (12 months*5 = 60) - Minimum met

Adrian Williams

, Contract Manager

PROGRAM YEAR 3 (EDITS IN RED BY CONTRACT MANAGER A.W.)										
Service Target	YR2 Annual Program Target	Program Lifetime Target	Number of Participants Served							
			1 st Quarterly Reporting Period	2 nd Quarterly Reporting Period	3 rd Quarterly Reporting Period	4 th Quarterly Reporting Period	Program YR2 Total to Date	% of Program YR2 Target Achieved to Date	Program Lifetime Total to Date	% of Lifetime Target Achieved to Date
			< 01/01/2019-03/31/2019>	<04/01/2019-06/30/2019>	<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%	NA	NA	NA	NA	NA	95%	95%	95%
D-2.2 Number of Individuals	65	180	19	17	XX	XX	20	29%	134	74%

29%
6.33/month

Minimum of 5/month: Program YTD (3 months*5 = **15** - Minimum met

Adrian Williams

, Contract Manager

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 2, there were three (3) arrests among participants enrolled the program. This is a 87.18% reduction compared to the total number of arrests one year prior to admission: Nineteen (19).

- (YTD 87.18%) FROM 19 TO 3.
- (LTD 78.88%) 161 to 34.

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 2, the program has discharged two (2) clients with zero (0) arrest within the one-year period following program discharged compare to the one-year prior to program admission of zero (0) arrests.

- (YTD 100%) 1 DISCHARGE & FROM 0- 0 ARRESTS THIS QUARTER.
- (LTD 77.32) 83 DISCHARGES & FROM 97 TO 22 ARRESTS.

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.

As of Program Year 3, Quarter 2, for those participants having a 90-day assessment, at the time of admission, fourteen (14) participants did not have stable housing. Within 90 days of admission, twelve (12) of these participants reside in a stable living environment. **Ninety-two (92%) of these participants reside in stable housing.**

- (YTD 92%) 12 out of 14 IN PROGRAM /DISCHARGED W/IN 90 DAYS & W/HOUSING THIS QUARTER.
- (LTD 91.86%) 86 IN PROGRAM OR DISCHARGED W/IN 90 DAYS & 79 W/HOUSING.

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.

As of Program Year 3, Quarter 2, out of five (5) clients not residing in stable housing at Program admission, three (3) clients reported residing in stable housing one year following Program discharge.

- (YTD 83.33%) 3 OF 5 W/HOUSING 1 YR AFTER DISCHARGE THIS QUARTER.
- (LTD 81.82%) 18 OF 22 W/HOUSING 1 YR AFTER DISCHARGE.

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.

As of Program Year 3, Quarter 2, Two (2) clients are discharged and both were employed after being part of the MIND Program. A total of sixteen (16) clients enrolled this Quarter were not employed, they have not stayed in the program for 180 days to assess their employment for this performance measurement. (Note: The MIND Program is 180 days only program).

- *(YTD 100%) 2 OF 2 IN PROGRAM/DISCHARGED W/IN 180 DAYS or Discharged & W/EMPLOYMENT THIS QUARTER.*
- *(LTD 94.44%) 53 OF 56 IN PROGRAM /DISCHARGED W/IN 180 DAYS & W/EMPLOYMENT W/HOUSING.*

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.

As of Program year 3, Quarter 2, Out of seven (7) participants not employed and expressing a desire to work; four (4) were employed full or part-time within one year of Program admission.

- *(YTD 83.33%) 4 OUT OF 7 DISCHARGED 1 YR & W/EMPLOYMENT THIS QUARTER.*
- *(LTD 85.71%) 18 OUT OF 21 DISCHARGED 1 YR & W/EMPLOYMENT W/EMPLOYMENT W/HOUSING.*

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 2, nine (9) participants were not receiving benefits and were assessed as eligible for Social security and other benefits. Eight (8) out of nine (9) participants assisted receive Social Security or other benefits.

- *(YTD 95.45%) 8 OUT OF 9 ASSISTED W/BENEFITS THIS QUARTER.*
- *(LTD 98.10%) 103 OUT OF 105 ASSISTED W/BENEFITS.*

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

Program year 3 Quarter 2, one (1) participant has been diagnosed with serious mental illness and display symptoms of psychosis or have previously been to the State Mental Health Treatment Facility. The one (1) participant who was at risk of State Mental Health Hospitalization was diverted. (100%).

- *(YTD 100%) 1 OUT OF 1 DIVERTED THIS QUARTER.*
- *(LTD 100%) 47 OUT OF 47 DIVERTED.*

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

Program year 3, Quarter 2, there were twenty (20) participants who had mental health symptoms at admission who have been discharged. Of those discharged, nineteen (19) clients; eighty percent (87.5%) exhibited reduced mental health symptoms at discharge.

- *(YTD 87.5%) 19 OUT OF 20 DISCHARGED CLIENTS SHOED IMPROVEMENT.*
- *(LTD 70%) 84 OF 120.*

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

As of Program year 3, Quarter 2, Eleven (11) out of fourteen (14) participants who showed improved mental health at discharged maintained it at 3, 6, and 12 months post-discharge.

- *YTD (73.91%) REDUCTION MAINTAINED FOR 1 THIS QUARTER.*
- *(LTD 52.78%) 38 OUT OF 72*

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

In Year 3, Quarter 2, nineteen (19) clients with co-occurring at admission has been discharge. Sixteen (16) out of the nineteen (19) clients were substance free at discharge.

- **(YTD 71.05%) 16 OUT OF 19 SUBSTANCE FREE AT DISCHARGE THIS QUARTER.**
- **(LTD 78.99%) 94 OF 119 SUBSTANCE FREE AT DISCHARGE.**

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

Out of eleven (11) clients who were substance free at discharge and has been discharged for at least three months, nine (9) clients reported substance free at 3, 6, and 12-months post discharge.

- **(YTD 77.7%) 5 OF 6 REMAIN SUBSTANCE FREE THIS QUARTER.**
- **(LTD 38.81%) 26 OF 67 REMAIN SUBSTANCE FREE. A.W**

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

In Year 3, Quarter 2, six (6) clients reported physical health problems who are discharged. Five (5) out of six (6) clients showed reduced physical health at discharge.

- **(YTD 87.7%) 5 OF 6 SHOWS IMPROVED PHYSICAL HEALTH AT DISCHARGE**
- **(LTD 47.62%) 10 OF 21.**

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%**.

The old and new measurement for physical health are compared to make analysis. The old measurement has a score between 7 – 18, low scores for high risk and high score for low risk. In the new measurement, physical health is categorized as POOR, FAIR, GOOD, VERY GOOD, and EXCELLENT. The new measurement also collects data if the client is satisfied or dissatisfied with their physical health. To compare the old measurement tool with the new measurement tool, we have developed below rubric:

Old measurement	New measurement
7 – 11	Poor
12 - 15	Fair
16 – 18	Good
19 – 21	Very Good
22 - 28	Excellent

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 an 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 April 1, 2019 and June 30, 2019 there were Eighteen (18) inmates arrested in Monroe County Detention Center who were determined to have a (SMI) Serious Mental Illness. Sixteen (16) inmates with SMI acquired one (1) arrest and two (2) inmates acquired two (2) arrests during the second Quarter of 2019. These inmates with a mental health diagnosis spent a total of six hundred and thirty-six (636) days collectively in jail during this time period (April 1- June 30, 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 \$62,964.00.

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.

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

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

Section 7. Source Documentation

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

Attachments include:

Criminal Justice Reinvestment Council Sign In
Criminal Justice Reinvestment Council Minutes

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

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

APPENDIX A

Reinvestment Grant Performance Measure Data

Program Year 2					Program Year 3					Pink-shaded cells contain formulas to sum each quarter's numbers and calculate % achieved and LTD numbers.			
					Program Year 3				Program Year 3		Lifetime-to-Date		
					Quarter 1	Quarter 2	Quarter 3	Quarter 4	Performance Results				
									Target	% Achieved	LTD % Achieved	LTD Target	
**Enter numbers in the gray-shaded cells only **													
Performance Measures					01/01/-03/31/	04/01/-06/30/	07/01/-09/30/	10/1/-12/30/		Target	% Achieved	LTD % Achieved	LTD Target
Performance Measure: Percent of arrests or re-arrests among Program participants while enrolled in the Program.													
Performance Measure Target: Percent reduction in the number of arrests/re-arrests among participants while enrolled in the program compared to the one-year period prior to program enrollment (enter percentage) (target is for program year)								TOTAL	20%	87.18%	LTD Actual	78.88%	20%
Data elements needed to calculate the above performance measure:													
Baseline: Actual number of arrests accumulated by participants one year prior to program enrollment (enter number) new clients in Quarter					20	19			39			161	
Actual number of arrests accumulated by participants enrolled in the program who were arrested during this quarter (enter number) Any active participant during this Q					2	3			5			34	
Performance Measure: Percent of arrests or re-arrests among Program participants within one year following Program discharge.													
Performance Measure Target: Percent of arrests among discharged participants who are arrested within one-year post-discharge (12 months or less) (enter percentage) (target is for current program year)								TOTAL	30%	100.00%	LTD Actual	77.32%	30%
Data elements needed to calculate the above performance measure:													
Baseline: Actual number of arrests accumulated by participants one year prior to program enrollment (enter number): for discharged clients					3	0			3			97	
Actual number of participants have been discharged for 12 months or less (enter number)					1	2			3			85	
Actual number of arrests accumulated by participants who were discharged for 12 months or less (enter number)					0	0			0			22	
Please explain the methodology used to collect arrest data, including the source of the data, who collects/reports the data, and any peculiarities and/or barriers to reporting this data :													
Program MIND Research Assistant staff collect arrest data from the Monroe County Sheriff's Office Website and Florida Keys Probation Officer reports. Barriers include inability to reach clients duet to lack of resources, substance abuse and homelessness.													

	Program Year 3				Program Year 3		Lifetime-to-Date			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Performance Results					
						Target	% Achieved	LTD % Achieved	LTD Target	
**Enter numbers in the gray-shaded cells only **										
Performance Measures	01/01-03/31/	04/01-06/30/	07/01-09/30/	10/1-12/30/		Target	% Achieved		LTD % Achieved	LTD Target
Performance Measure: Percent of Program participants not residing in a stable housing environment at Program admission who reside in a stable housing environment within 90 days of Program admission.										
Performance Measure Target: Percent of participants not residing in a stable housing environment at Program admission who reside in a stable housing environment within 90 days of Program admission (enter percentage) (target is for current program year)					TOTAL	80%	92.00%	LTD Actual	91.86%	80%
Data elements needed to calculate the above performance measure:(row 24 numbers will be a subset of row 23 numbers)										
Actual number of participants who did not have stable housing at the time of enrollment (enter number): Enrolled for 90 days or discharged during the quarter if prior to 90 days A.W.	11	14			25			86		
Actual number of participants who did not have stable housing at the time of enrollment, but had stable housing within 90 days (enter number)	11	12			23			79		
Performance Measure: Percent of participants who reside in a stable housing environment one year following Program discharge)										
Performance Measure Target: Percent of participants who reside in a stable housing environment one year following Program discharge (enter percentage)					TOTAL	80%	83.33%	LTD Actual	81.82%	80%
Data elements needed to calculate the above performance measure: (row 30 numbers will be a subset of row 29 numbers; row 29 will be a subset of row 28 numbers)										
Actual number of participants who did not have stable housing at the time of enrollment (enter number) This Quarter	10	14			24			89		
Actual number of participants who have been discharged for at least 1 year and who did not have stable housing at the time of enrollment (enter number)	13	5			18			22		
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)	12	3			15			18		
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.										

	Program Year 3				Program Year 3		Lifetime-to-Date			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Performance Results					
						Target	% Achieved	LTD % Achieved	LTD Target	
**Enter numbers in the gray-shaded cells only **										
Performance Measures	01/01-03/31/	04/01-06/30/	07/01-09/30/	10/11-12/30/		Target	% Achieved			
Performance Measure: Percent of Program participants not employed at Program admission who are employed full or part-time within 180 days of Program admission.										
Performance Measure Target: Percent of participants who were not employed (full- or part-time) and expressed a desire at the time of admission but were employed within 180 days of admission (enter percentage) (for current Program Year)					TOTAL	80%	100.00%	LTD Actual	94.64%	80%
Data elements needed to calculate the above performance measure: (row 37 numbers will be a subset of row 36 numbers)										
Actual number of participants who were not employed (full- or part-time) at the time of admission (enter number) (and expressed a desire at the time of admission)	7	16			23			92		
Actual number of participants who were not employed (full- or part-time) (and expressed a desire at the time of admission) AND who have been in the program for at least 180 days (enter number) or discharged during the quarter if prior to 180 days A.W.	2	2			4			56		
Actual number of participants who were not employed (full- or part-time) at the time of admission but were employed within 180 days of admission (enter number)	2	2			4			53		
Performance Measure: Percent of Program participants employed full or part-time 1 year following Program discharge.										
Performance Measure Target: Percent of participants employed (full- or part-time) 1-year post discharge (enter percentage) (for current Program Year)					TOTAL	70%	83.33%	LTD Actual	85.71%	70%
Data elements needed to calculate the above performance measure: (row 43 numbers will be a subset of row 42 numbers; row 42 a subset of row 41 numbers)										
Actual number of participants who were not employed (full- or part-time) at the time of admission (enter number) (and expressed a desire at the time of admission) This Q	7	16			23			92		
Actual number of participants who were not employed at the time of admission and have been discharged from the program for at least 1 year (enter number)	11	7			18			21		
Actual number of participants who were not employed at admission , who have been discharged at least 1 year, and who are employed (enter number)	11	4			15			18		
Please explain the methodology used to collect employment data, including the source of the data, who collects/reports the data, and any peculiarities and/or barriers to reporting data during this quarter : The Care Coordinators, Program Coordinator and Research Assistant meet weekly with clients and gather data through client self-report. Staff often speak with employers which may be a resource for data. Once clients are discharged, the Resaerch Assistant gathers data through follow-up interviews and client self-report. Barriers may include client arrest or inability to locate clients after discharge.										

	Program Year 3				Program Year 3		Lifetime-to-Date			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Performance Results					
								LTD % Achieved	LTD Target	
**Enter numbers in the gray-shaded cells only **										
Performance Measures	01/01-03/31/	04/01-06/30/	07/01-09/30/	10/1-12/30/		Target	% Achieved			
Performance Measure: Percent of Program participants the Grantee assists in obtaining social security or other benefits for which they may be eligible but were not receiving at Program admission										
Performance Measure Target: Percent of Program participants the Grantee assists in obtaining social security or other benefits for which they may be eligible but were not receiving at Program admission (enter percentage) (target is for program year).					TOTAL	70%	95.45%	LTD Actual	98.10%	70%
Data elements needed to calculate the above performance measure: (row 51 numbers will be a subset of row 50, row 50 will be a subset of row 49, row 49 a subset of row 48)										
Actual number of participants who were not receiving benefits at the time of admission (enter number)	13	12			25			125		
Actual number of participants who were not receiving benefits at the time of admission <u>and</u> who were assessed to determine eligibility to receive benefits (enter number)	13	12			25			120		
Actual number of participants who were not receiving benefits at the time of admission <u>and</u> who were assessed as eligible to receive benefits (enter number)	13	9			22			105		
Actual number of participants who were not receiving benefits at the time of admission <u>and</u> who were found to be eligible to receive benefits <u>and</u> were receiving benefits subsequent to enrollment (enter number)	13	8			21			103		
<i>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 :</i> Care Coordinators collect this data through their weekly meetings with active clients. They collect and report benefits data based on Initial Benefits Screening Form.										
Performance Measure: Percent of Program participants diverted from a State Mental Health Treatment Facility										
Performance Measure Target: Percentage of participants who will be diverted from a state mental health treatment facility (adults and/or youth) (target is for program year) (enter percentage)					TOTAL	90%	100.00%	LTD Actual	100.00%	90%
Data elements needed to calculate the above performance measure: (row 57 numbers will be a subset of row 56 numbers)										
Actual number of participants who, prior to admission, would have been eligible for a state mental health treatment facility (adults and/or youth) (enter number)	8	1			9			47		
Actual number of participants who were committed to a state mental health treatment facility or children's state hospitals/treatment center (if population served is juveniles) (enter number)	0	0			0			0		
<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 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.										

	Program Year 3				Program Year 3		Lifetime-to-Date			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Performance Results					
						Target	% Achieved	LTD % Achieved	LTD Target	
**Enter numbers in the gray-shaded cells only **										
Performance Measures	01/01-03/31/	04/01-06/30/	07/01-09/30/	10/11-12/30/		Target	% Achieved		LTD % Achieved	LTD Target
Additional Performance Measure: Percent of participants who have reduced mental health symptoms at discharge.										
Performance Measure Target: Percent of participants who will have reduced mental health symptoms at discharge.					TOTAL	80%	87.50%	LTD Actual	70.00%	80%
Actual number of participants who had mental health symptoms at admission.	19	17			36			144		
Actual number of participants who had mental health symptoms at admission <u>and</u> who have been discharged.	20	20			40			120		
Actual number of participants who had mental health symptoms at admission <u>and</u> showed a reduction at discharge.	16	19			35			84		
<u>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 :</u>										
The Modified Mini Screening tool, Wellness Plans and Psychiatric evaluations are used to collect this data as well as the Licensed Therapist Evaluation and clinical observation.										
Additional Performance Measure: Percent of participants who will maintain reduced mental health symptoms at 3-, 6-, and 12-months discharge.										
Performance Measure Target: Percent of participants who will maintain reduced mental health symptoms at 3-, 6-, and 12-months discharge.					n/a	70%	73.91%	LTD Actual	52.78%	70%
Actual number of participants who reduced mental health symptoms at discharge. Who have been discharged at at least 3 months.	9	14			23			72		
Actual number of participants who maintained reduced mental health symptoms at 3-, 6-, and 12-months post discharge.	6	11			17			38		
<u>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 :</u>										
The Modified Mini Screening Tool, Wellness Plans are used to collect data.										
Additional Performance Measure: Percent of participants who are substance free at discharge.										
Performance Measure Target: Percent of participants who are substance free at discharge.					TOTAL	75%	71.05%	LTD Actual	78.99%	75%
Actual number of participants with a co-occurring substance use disorder at enrollment. Who have been discharged	19	19			38			119		
Actual number of enrolled participants with a co-occurring substance use disorder who who are substance free at discharge.	11	16			27			94		
<u>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 :</u>										
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.										
Additional Performance Measure: Percent of participants who will remain substance free at 3-, 6-, and 12-months post discharge.										
Performance Measure Target: Percent of participants who will remain substance free at 3-, 6-, and 12-months post discharge.					TOTAL	70%	77.78%	LTD Actual	38.81%	70%

	Program Year 3				Program Year 3		Lifetime-to-Date		
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Performance Results				
						Target	% Achieved	LTD % Achieved	LTD Target
**Enter numbers in the gray-shaded cells only **									
Performance Measures	01/01-03/31/	04/01-06/30/	07/01-09/30/	10/1-12/30/		Target	% Achieved		
Actual number of participants who were substance free at discharge who have been discharged for at least 3 months	7	11			18			67	
Actual number of participants who remained substance free at 3-, 6-, and 12-months post discharge.	5	9			14			26	
<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 Year 3				Program Year 3		Lifetime-to-Date			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Performance Results					
						Target	% Achieved	LTD % Achieved	LTD Target	
**Enter numbers in the gray-shaded cells only **										
Performance Measures	01/01-03/31/	04/01-06/30/	07/01-09/30/	10/1-12/30/		Target	% Achieved		LTD % Achieved	LTD Target
Additional Performance Measure: Percent of participants who will have improved physical health at discharge.										
Performance Measure Target: Percent of participants who will have improved physical health at discharge.					TOTAL	80%	87.50%	LTD Actual	47.62%	80%
Actual number of participants who had physical health problems at admission.	5	6			11			29		
Actual number of participants who had physical health problems at admission who were discharged	2	6			8			21		
Actual number of participants who had improved physical health at discharge.	2	5			7			10		
<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> SMQR8 Form is used to collect physical health data. If score specifies low risk then no physical health problem will be indicated.										
Additional Performance Measure: Percent of participants who will maintain improved health at 3-, 6-, and 12-months post discharge.										
Performance Measure Target: Percent of participants who will maintain improved physical health at 3-, 6-, and 12-months post discharge.					TOTAL	80%	0.00%	LTD Actual	0.00%	80%
Actual number of participants who had improved physical health at discharge who have been discharged for at least 3 months		2			2			24		
Actual number of participants who had improved physical health at 3-, 6-, and 12-months post discharge.		0			0			0		
<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>										

APPENDIX A								
Reinvestment Grant Additional Data Elements								
Program Year 3					Pink-shaded cells contain formulas to sum each quarter's numbers.			
**Enter numbers in the gray-shaded cells **	Program Year 3				Program Year 3			Lifetime-to-Date
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Performance Results			<Insert LTD Dates>
					2019			
Other Data Elements	01/01-03/31/	04/01-06/30/	07/01-09/30/	10/11-12/30/	TOTAL	Target	Min 5/month	LTD
Enrollment, Receiving Services, Screening/Assessment, Discharge								
Number of individuals screened/assessed during this quarter (enter number)	78	94			172	n/a	n/a	830
Number of individuals who were enrolled in the program during this quarter (enter number)	19	17			36	65	12	151
Number of active program participants being served this quarter (enter number)	53	51			104	n/a	n/a	358
Number of program participants successfully discharged from the program this quarter (enter number)	13	20			33	n/a	n/a	102
Crisis Intervention Team (CIT) Training (applicable if your grant program is offering CIT)								
Number of individuals who received/completed CIT training during this quarter (enter number)					0	n/a	n/a	0
Mental Health First Aid (MHFA) Training (applicable if your grant program is offering MHFA)								
Number of individuals who received MHFA training during this quarter (enter number)					0	n/a	n/a	#VALUE!
Recidivism: Individuals Arrested (if data is attainable) (not related to and different from the performance measure regarding the number of "arrests" by participants)								
Number of participants enrolled in the program who had at least one arrest during this quarter (enter number)	1	1			2	n/a	n/a	25
Number of participants who were discharged within the last 12 months (12 months or less) (enter number)	1	2			3	n/a	n/a	85
Number of participants who have been discharged and who were arrested within 12 months post-discharge (12 months or less) (enter number)	1	0			1	n/a	n/a	24
Notes regarding the data elements completed above:								

Guidance/Care Center Inc.

Grant Agreement # LHZ53

Quarterly Finance Report Narrative 4/1/19-6/30/19

Guidance/Care Center's financial statements are prepared on an accrual basis and financial statements are finalized by the 30th of the following month. While this report is for the quarter ended 6/30/19, data is not complete for June 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 \$71,764.22, remaining grant award is \$193,478.38.

Fringe Benefits: expenses for the quarter are \$16,146.95, remaining grant award is \$43,532.93.

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

Travel: expenses for the quarter are \$117.04, remaining grant award is \$(1,470.76).

Supplies: expenses for the quarter are \$670.10, remaining grant award is \$3,104.93.

Other Expenses: expenses for the quarter are \$1,389.06, remaining grant award is \$7,181.06.

Administrative: expenses for the quarter are \$9,136.56, remaining grant award is \$24,605.96.

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 \$1,278.25; remaining amount is \$108.41.

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

August 6, 2019 | CJMHSA Planning Council Meeting
Agenda Item G.1.

Drilling into the DEA's pain pill database & Discussion



THE OPIOID FILES

Drilling into the DEA's pain pill database

By **The Washington Post** Updated July 21, 2019

For the first time, a database maintained by the Drug Enforcement Administration that tracks the path of every single pain pill sold in the United States — by manufacturers and distributors to pharmacies in every town and city — has been made public.

The Washington Post sifted through nearly 380 million transactions from 2006 through 2012 that are detailed in the DEA's database and analyzed shipments of oxycodone and hydrocodone pills, which account for three-quarters of the total opioid pill shipments to pharmacies. The Post is making this data available at the county and state levels in order to help the public understand the impact of years of prescription pill shipments on their communities.

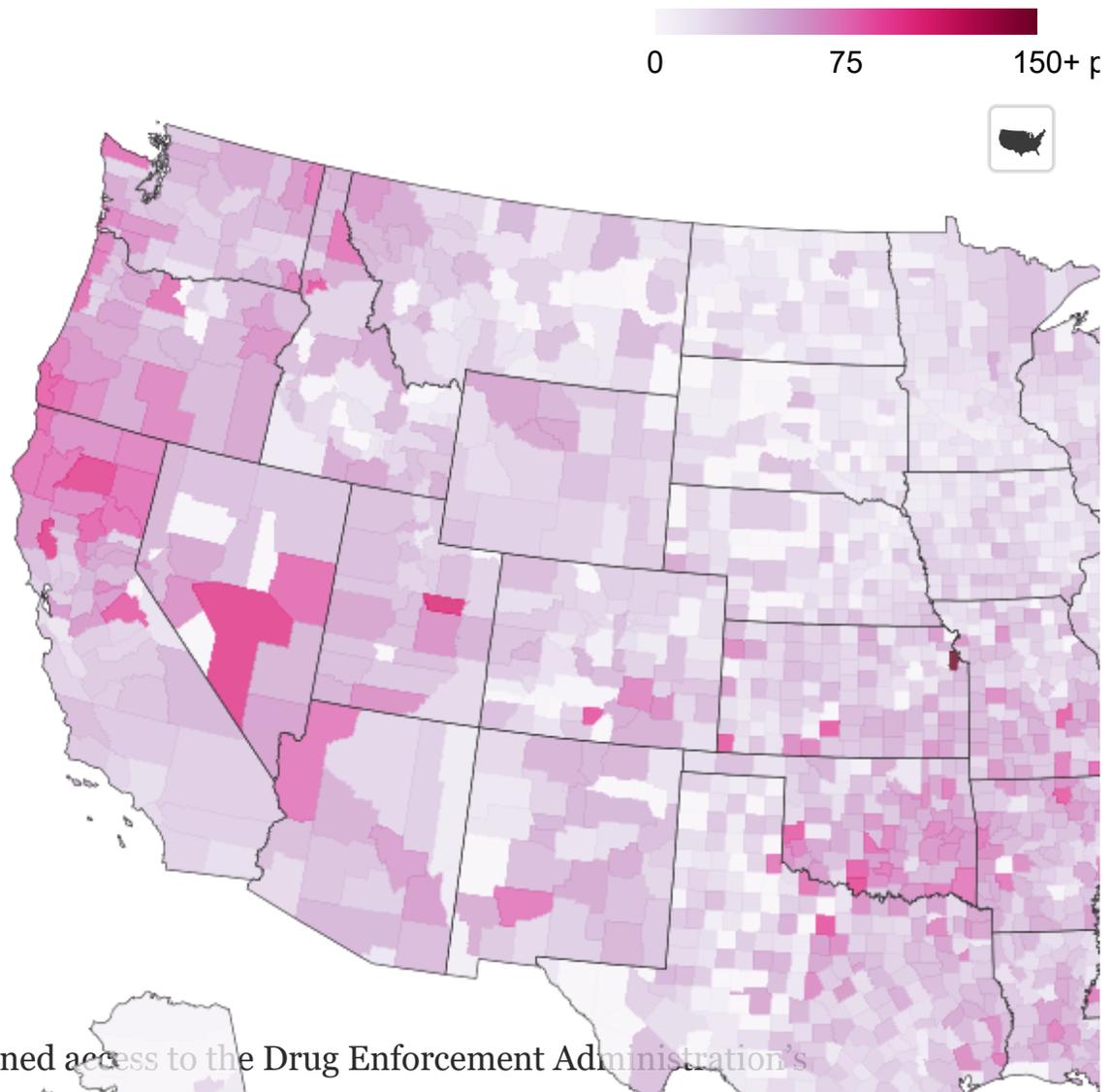
[!\[\]\(a14492e93ec06a030fa1190754ff1cf7_img.jpg\) Jump to the data for your community](#)

These records provide an unprecedented look at the surge of legal pain pills that fueled the prescription opioid epidemic, which resulted in nearly 100,000 deaths during the seven-year time frame ending in 2012.

A county-level analysis of the cumulative data shows where the most oxycodone and hydrocodone pills were distributed across the country over that time: more than 76 billion in all.

Number of pills distributed per person, per year

Average yearly total, by county, 2006 through 2012



The Post gained access to the Drug Enforcement Administration's Automation of Reports and Consolidated Orders System, known as ARCOS, as the result of a court order. The Post and HD Media, which publishes the Charleston Gazette-Mail in West Virginia, waged a year-long legal battle for access to the database, which the government and the drug industry had sought to keep secret.

The version of the database published by The Post allows readers to learn how much hydrocodone and oxycodone went to individual states and counties, and which companies and distributors were responsible.

Find the data for where you live

Florida ▼

Monroe County ▼

- From 2006 to 2012 there were **30,791,325** prescription pain pills, enough for **60** pills per person per year, supplied to **Monroe County, Fla.**
- **9,035,860** of the pills were distributed by **Walgreen Co** and **10,888,750** were manufactured by **Actavis Pharma, Inc.**
- **WALGREEN CO., KEY WEST** pharmacy received the highest number of pills.

Distributors

Top five, from 2006 to 2012, in Monroe County, Florida.

Walgreen Co

9,035,860 pills

Cardinal Health

7,707,210

McKesson Corporation

5,949,670

CVS

4,817,100

Publix Super Markets, Inc.

1,694,490

[Download distributor data for Monroe County, Florida](#) [Get chart as image](#)

Manufacturers

Top five, from 2006 to 2012, in Monroe County, Florida.

Actavis Pharma, Inc.

 **10,888,750 pills**

SpecGx LLC

 10,559,200

Par Pharmaceutical

 4,753,880

Amneal Pharmaceuticals LLC

 1,410,500

Purdue Pharma LP

 1,036,620

[Download manufacturer data for Monroe County, Florida](#) [Get chart as image](#)

Pharmacies

Top five, from 2006 to 2012, in Monroe County, Florida.

WALGREEN CO., KEY WEST

 **3,751,030 pills**

WALGREEN CO., MARATHON

 3,168,500

HOLIDAY CVS, L.L.C., BIG PINE KEY

 2,222,100

HOLIDAY CVS, L.L.C., KEY WEST

 2,162,000

DNCA, KEY WEST

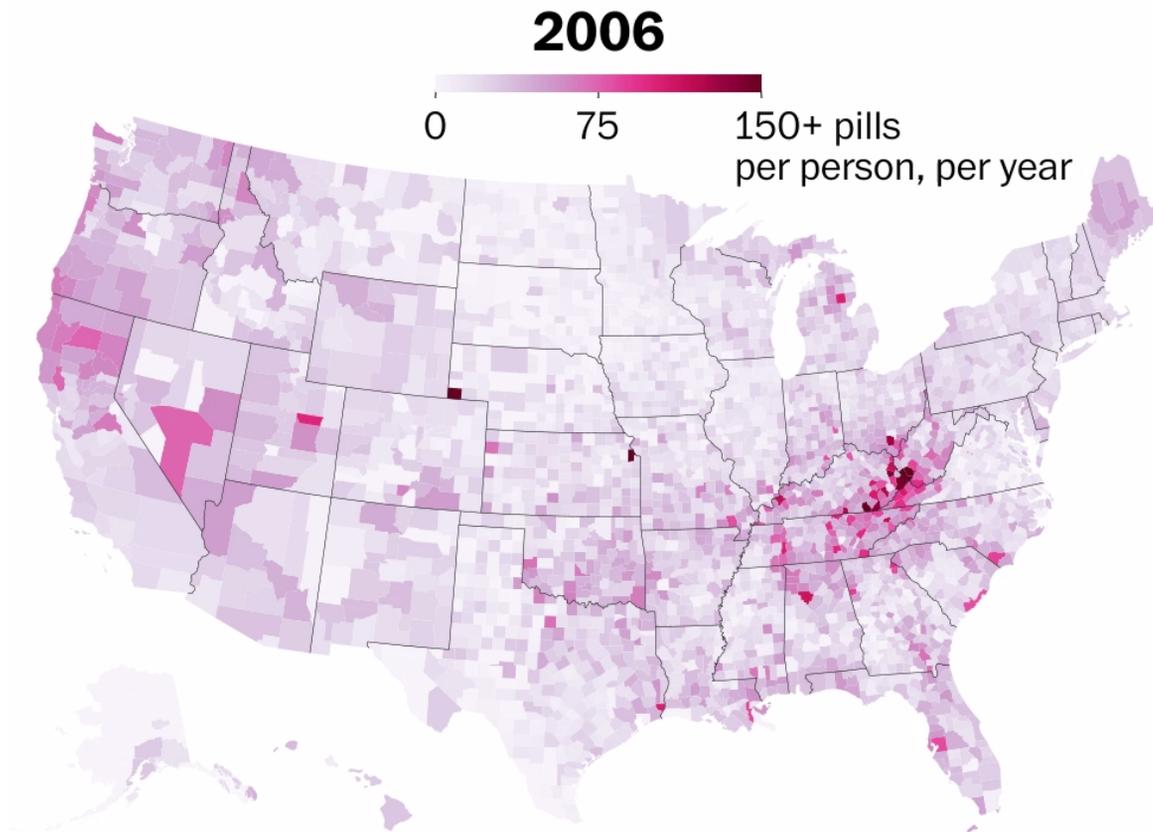
 2,027,010

[Download pharmacy data for Monroe County, Florida](#) [Get chart as image](#)

The Post believes this is a critically important set of data, which is why we are making it public and accessible to readers and other journalists. We think there are hundreds of stories within this data set and need your help to understand what it means to you and your community. **Want to use this data or our findings in your own work? [Click here to find out how.](#)**

Download raw data for Monroe County, Florida

The Post analysis shows that the volumes of the pills handled by the companies climbed as the epidemic surged, increasing 51 percent from 8.4 billion in 2006 to 12.6 billion in 2012. Yearly county-level maps show how the influx of pills spread.



Just six companies distributed 75 percent of the pills — oxycodone and hydrocodone — during this period: McKesson Corp., Walgreens, Cardinal Health, AmerisourceBergen, CVS and Walmart, according to an analysis of the database by The Washington Post.

Top pill distributors, 2006 through 2012

👉 Click on a column to sort the table.

DISTRIBUTOR		PERCENT OF MARKET ▼
McKesson Corp.	14 billion pills	18.4%
Walgreens	13 billion pills	16.5%
Cardinal Health	11 billion pills	14.0%
AmerisourceBergen	9.0 billion pills	11.7%
CVS	5.9 billion pills	7.7%
Walmart	5.3 billion pills	6.9%

DISTRIBUTOR		PERCENT OF MARKET ▼
Smith Drug Co.	1.3 billion pills	1.8%
Rite Aid	1.3 billion pills	1.7%
Kroger	1.2 billion pills	1.6%
H. D. Smith	1.1 billion pills	1.5%

Expand to see top 100

[Distributors, pharmacies and manufacturers respond to previously unreleased DEA data about opioid sales]

The Washington Post

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Three companies manufactured about 88 percent of the opioids: SpecGx, a subsidiary of Mallinckrodt; Actavis Pharma; and Par Pharmaceutical, a subsidiary of Endo Pharmaceuticals.

Top pill manufacturers, 2006 through 2012

👉 Click on a column to sort the table.

LABELER		PERCENT OF MARKET ▼
SpecGx	29 billion pills	37.7%
Actavis Pharma	26 billion pills	34.5%

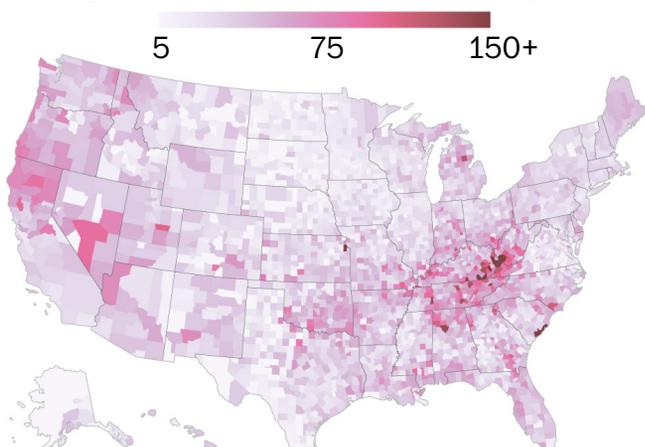
LABELER		PERCENT OF MARKET ▼
Par Pharmaceutical	12 billion pills	15.7%
Purdue Pharma	2.5 billion pills	3.3%
Amneal Pharmaceuticals	2.3 billion pills	2.9%
Teva Pharmaceuticals USA	690 million pills	0.9%
KVK Tech	580 million pills	0.8%
West-Ward Pharmaceuticals	380 million pills	0.5%
Kaiser Foundation Hospitals	370 million pills	0.5%
Endo Pharmaceuticals	300 million pills	0.4%

[Expand to see top 25](#)

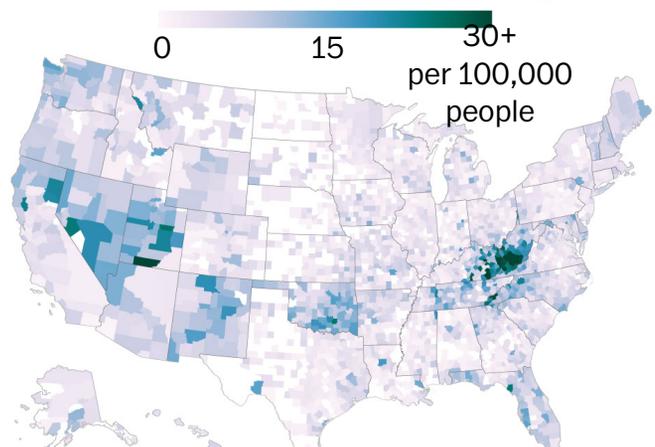
Comparing county-level maps of opioid overdose deaths and pill shipments reveal a virtual opioid belt of more than 90 counties stretching southwest from Webster County, W.Va., through southern Virginia and ending in Monroe County, Ky. This swath includes 18 of the top 20 counties ranked by per-capita prescription opioid deaths nationwide and 12 of the top 20 counties for opioid pills distributed per capita.

[\[Have opioids affected your community? Share your story.\]](#)

Number of pills per person per year
Average county yearly total 2006 through 2012



Opioid Deaths
Cumulative opioid death rate 2006 through 2012



Source: Data compiled by the DEA and CDC and analyzed by The Post

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[Newly unsealed exhibits in opioid case reveal inner workings of the drug industry](#)

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[76 billion opioid pills: Newly released federal data unmask the epidemic](#)

[The biggest takeaways from the DEA's pain pill database](#)

[Opioid death rates soared in communities where pain pills flowed](#)

[How to download and use the DEA pain pills database](#)

About this story

The Washington Post analyzed data from the Drug Enforcement Administration's Automation of Reports and Consolidated Orders System, known as ARCOS, from 2006 to 2012.

Data analyzed includes only shipments from sales of oxycodone and hydrocodone pills to retail pharmacies, chain pharmacies and practitioners. The entire database tracks a dozen different opioids, including oxycodone and hydrocodone, which make up three-quarters of the total pill shipments to pharmacies.

Originally published July 16, 2019.

Data analysis by Steven Rich, Aaron Williams and Andrew Ba Tran. Graphics, design and development by Armand Emamdjomeh, Kevin Schaul, Jake Crump and Chris Alcantara. Editing by Danielle Rindler, Tim Meko and Matt Callahan. Additional development by Jason Holt.

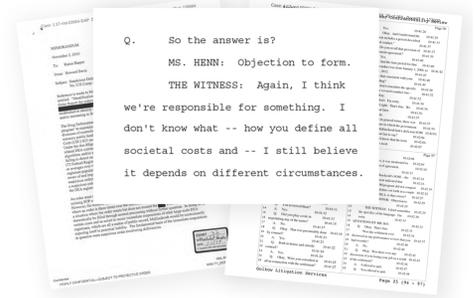


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More stories

What internal drug company documents on opioids reveal

A cache of previously undisclosed documents and other records reveal officials from some of the nation's largest drug manufacturers and distributors failed to heed warnings as pain pills flooded the country.



How Congress allied with drug company lobbyists to derail the DEA's war on opioids

The DEA's ability to go after drug distributors was weakened even as opioid-related deaths continue to rise.



This company's drugs helped fuel Florida's opioid crisis. But the government struggled to hold them accountable.

"They just weren't taking this seriously, and people were dying."



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María Sánchez Díez

María Sánchez Díez is an operations editor in Local. Before joining The Washington Post, she worked at ProPublica's Electionland project and at Univision, where she was a general assignment editor focused on digital storytelling and audience engagement projects aimed to serve the Spanish-speaking immigrant communities in the US. [Follow](#) 

Kanyakrit Vongkiatkajorn

Kanyakrit Vongkiatkajorn is the community editor at The Washington Post, with a focus on comments, live chats and reader submissions. She comes to The Post from Mother Jones, where she was the assistant editor for audience and breaking news. [Follow](#) 

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Begin forwarded message:

From: Rebecca Fusco <rfusco.consulting@gmail.com>
Date: July 22, 2019 at 3:24:43 AM EDT
To: Linda Radigan <lradigan@fadaa.org>, Lindsey Redding <lredding@wellflorida.org>, Lisa Hill <lisa.hill@discvillage.org>, Hkaufmann@tchsonline.org, sarah.cox@westcare.com, Alan Paulin <Alan_paulin@mbhci.org>, Patrick Allen <Patrick_Allen@mbhci.org>, Katrina VanAernam <kvanaernam@gmail.com>
Subject: DEA Opioid Data from Washington Post

All,

I am very excited that the Washington Post compiled the DEA's newly released opioid distribution data into a database that is searchable by county. **NOTE:** the data is assigned to county based on the location of the pharmacy, NOT the patients county of residence!

It can be found here: https://www.washingtonpost.com/graphics/2019/investigations/dea-pain-pill-database/?utm_term=.e42c6b7e4f8d#download-resources

You may have to sign-up for a free account to access it.

But just in case you cannot access it, I have included the data for each of our counties:

Taylor

Highlights

- From 2006 to 2012 there were 7,456,310 prescription pain pills, enough for 48 pills per person per year, supplied to Taylor County, Fla.
- 2,912,870 of the pills were distributed by Cardinal Health and 4,026,900 were manufactured by SpecGx LLC.
- WAL-MART PHARMACY 10-5172, PERRY pharmacy received the highest number of pills.

Distributors

Top five, from 2006 to 2012, in Taylor County, Florida.

1. Cardinal Health: 2,912,870 pills
2. Wal-Mart: 1,746,600
3. CVS: 1,106,400
4. Walgreen Co: 641,800
5. McKesson Corporation: 519,030

Manufacturers

Top five, from 2006 to 2012, in Taylor County, Florida.

1. SpecGx LLC: 4,026,900 pills
2. Actavis Pharma, Inc.: 1,285,460
3. Amneal Pharmaceuticals LLC: 847,500

4. Par Pharmaceutical: 841,340
5. Purdue Pharma LP: 173,500

Pharmacies

Top five, from 2006 to 2012, in Taylor County, Florida.

1. WAL-MART PHARMACY 10-5172, PERRY: 1,819,610 pills
2. HOLIDAY CVS, L.L.C., PERRY: 1,648,300
3. KMART PHARMACY #7643, PERRY: 1,400,010
4. WINN-DIXIE PHARMACY #104, PERRY: 895,340
5. ANDREWS DRUGS OF PERRY INC, PERRY: 724,41

Monroe

Highlights

- o From 2006 to 2012 there were 30,791,325 prescription pain pills, enough for 60 pills per person per year, supplied to Monroe County, Fla.
- o 9,035,860 of the pills were distributed by Walgreen Co and 10,888,750 were manufactured by Actavis Pharma, Inc.
- o WALGREEN CO., KEY WEST pharmacy received the highest number of pills.

Distributors

Top five, from 2006 to 2012, in Monroe County, Florida.

1. Walgreen Co: 9,035,860 pills
2. Cardinal Health: 7,707,210
3. McKesson Corporation: 5,949,670
4. CVS: 4,817,100
5. Publix Super Markets, Inc.: 1,694,490

Manufacturers

Top five, from 2006 to 2012, in Monroe County, Florida.

1. Actavis Pharma, Inc.: 10,888,750 pills
2. SpecGx LLC: 10,559,200
3. Par Pharmaceutical: 4,753,880
4. Amneal Pharmaceuticals LLC: 1,410,500
5. Purdue Pharma LP: 1,036,620

Pharmacies

Top five, from 2006 to 2012, in Monroe County, Florida.

1. WALGREEN CO., KEY WEST: 3,751,030 pills
2. WALGREEN CO., MARATHON: 3,168,500
3. HOLIDAY CVS, L.L.C., BIG PINE KEY: 2,222,100
4. HOLIDAY CVS, L.L.C., KEY WEST: 2,162,000
5. DNCA, KEY WEST: 2,027,010

Madison

Highlights

- From 2006 to 2012 there were 3,180,740 prescription pain pills, enough for 23 pills per person per year, supplied to Madison County, Fla.
- 1,404,720 of the pills were distributed by Cardinal Health and 1,639,100 were manufactured by SpecGx LLC.
- WINN DIXIE STORES, INC., MADISON pharmacy received the highest number of pills.

Distributors

Top five, from 2006 to 2012, in Madison County, Florida.

1. Cardinal Health: 1,404,720 pills
2. CVS: 787,300
3. Winn Dixie Logistics: 400,330
4. McKesson Corporation: 315,400
5. AmerisourceBergen Drug: 155,700

Manufacturers

Top five, from 2006 to 2012, in Madison County, Florida.

1. SpecGx LLC: 1,639,100 pills
2. Par Pharmaceutical: 781,030
3. Actavis Pharma, Inc.: 328,300
4. Amneal Pharmaceuticals LLC: 236,500
5. Purdue Pharma LP: 56,300

Pharmacies

Top five, from 2006 to 2012, in Madison County, Florida.

1. WINN DIXIE STORES, INC., MADISON: 1,339,620 pills
2. HOLIDAY CVS, L.L.C., MADISON: 1,026,500
3. NORTH FLORIDA PHARMACY OF MADISON IN...: 529,120
4. JACKSONS DRUG STORE, OF, GREENVILLE: 284,300
5. STICK, MICHAEL O MD, MADISON: 1,000

Dixie

Highlights:

- From 2006 to 2012 there were 2,057,120 prescription pain pills, enough for 18 pills per person per year, supplied to Dixie County, Fla.
- 815,700 of the pills were distributed by Cardinal Health and 866,100 were manufactured by Actavis Pharma, Inc.
- CHEEK REXALL PHARMACY, INC, CROSS CITY pharmacy received the highest number of pills.

Distributors:

Top five, from 2006 to 2012, in Dixie County, Florida.

1. Cardinal Health: 815,700 pills
2. AmerisourceBergen Drug: 536,800 pills
3. Associated Pharmacies Inc: 383,520 pills
4. McKesson Corporation: 319,200 pills
5. Capital Wholesale Drug & Co: 1,500 pills

Manufacturers:

Top five, from 2006 to 2012, in Dixie County, Florida.

1. Actavis Pharma, Inc.: 866,100 pills
2. SpecGx LLC: 503,200 pills
3. Par Pharmaceutical: 341,720 pills
4. Amneal Pharmaceuticals LLC: 134,600 pills
5. West-Ward Pharmaceuticals Corp.: 76,400 pills

Pharmacies

Top two, from 2006 to 2012, in Dixie County, Florida.

1. CHEEK REXALL PHARMACY, INC, CROSS CITY: **2,056,720 pills**
2. STODDARD, LINDA, CROSS CITY: 400 pills

Hardee

Highlights

From 2006 to 2012 there were 3,882,860 prescription pain pills, enough for 20 pills per person per year, supplied to Hardee County, Fla.

1,175,390 of the pills were distributed by Cardinal Health and 2,002,000 were manufactured by SpecGx LLC.

WAL-MART PHARMACY 10-0759, WAUCHULA pharmacy received the highest number of pills.

Distributors

Top five, from 2006 to 2012, in Hardee County, Florida.

1. Cardinal Health: 1,175,390 pills
2. Wal-Mart: 864,300
3. Associated Pharmacies Inc: 617,690
4. CVS: 480,300
5. McKesson Corporation: 229,580

Manufacturers

Top five, from 2006 to 2012, in Hardee County, Florida.

1. SpecGx LLC: 2,002,000 pills
2. Par Pharmaceutical: 743,460
3. Actavis Pharma, Inc.: 517,500
4. Amneal Pharmaceuticals LLC: 377,700
5. Purdue Pharma LP: 80,500

Pharmacies

Top five, from 2006 to 2012, in Hardee County, Florida.

1. WAL-MART PHARMACY 10-0759, WAUCHULA: 936,100 pills
2. HOLIDAY CVS, L.L.C., WAUCHULA: 740,120
3. HANAI INC, WAUCHULA: 620,670
4. WINN-DIXIE STORES, WAUCHULA: 548,190
5. PETE'S PHARMACY, WAUCHULA: 409,610

Your Partner in Prevention,

Rebecca

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Data & Outreach Coordinator
Dixie County Anti-Drug Coalition
ph: [352-210-6110](tel:352-210-6110)
rfusco.consulting@gmail.com

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