



Criminal Justice, Mental  
Health, and Substance Abuse  
Technical Assistance Center

# NATIONAL TASC

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Florida's Criminal Justice, Mental Health and  
Substance Abuse (CJMHS) Grant Program

## **Criminal Justice, Mental Health, & Substance Abuse Technical Assistance Center:**

Director:	Mark Engelhardt, M.S., MSW, ACSW
Program Director:	Karen Mann, M.S.
Researcher:	Katelind Halldorsson, M.A.



# LESSONS LEARNED - OBSERVATIONS

- 2007–2018 Planning & Implementation Grants
- Original Legislation – HB1477/SB542
- Increase in appropriations from \$3 million non-recurring to \$9 million recurring plus 100% match = \$18 million
- Local Leadership - Public Safety Coordinating Councils and CJMHSA Planning Councils
- Administration - DCF Contract Management with counties, non-profit providers and managing entities
- Baker Act (FS. 394) and Marchman Act (FS 397)

## DCF CONTRACTS 2007 - 2019

- 74 Contracts – Including 5 New ones (FY 18/19)
- Serving 34 out of 68 Florida Counties
- 21 Planning / 54 Implementation/Expansion
- Grantees – 54 County Government Contracts
- 13 Non-profit Providers (8 Same Providers)
- 7 Managing Entity Contracts ( 3 ME's)
- Plus the USF CJMHSA TA Center

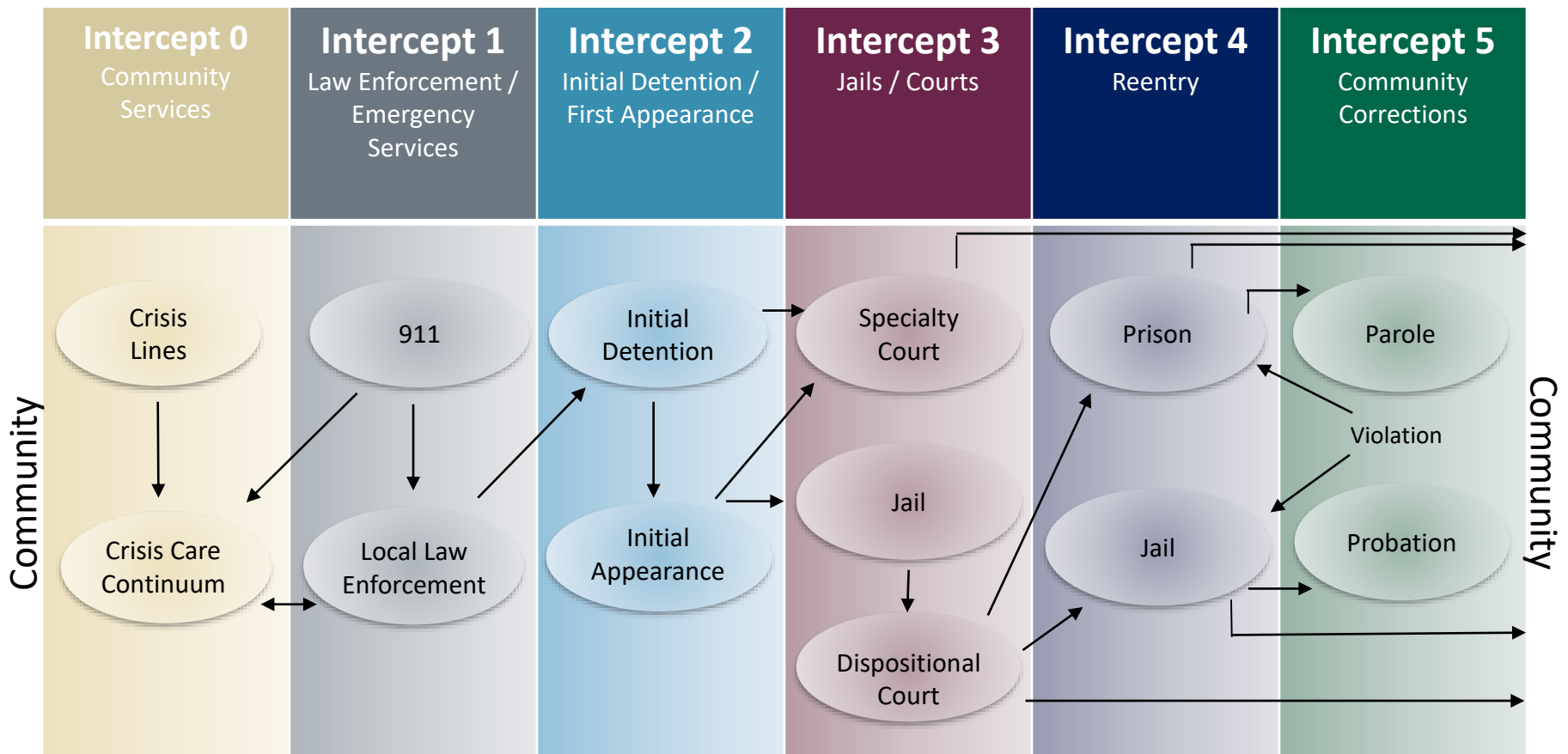
## KEY LEGISLATIVE LANGUAGE

- FS 394.656 – “The purpose of the program is to provide funding to counties which they may use to plan, implement, or expand initiatives that increase public safety, avert increased spending on criminal justice, and improve the accessibility and effectiveness of treatment services for adults and juveniles who have a mental illness, substance use disorder, or co-occurring mental health and substance use disorders and who are in, or at risk of entering, the criminal or juvenile justice systems.

## LEGISLATIVE LANGUAGE 394.656-659

- Establishment of a CJMHSA Grant Review Committee who also serves as an advisory body to review policy and funding issues.
- Establishes a County CJMHSA Planning Council or Committee— Public Safety Coordinating Council or designated CJMHSA Committee
- Created the CJMHSA Technical Assistance Center at the Louis de la Parte Florida Mental Health Institute at the University of South Florida (USF)

# SEQUENTIAL INTERCEPT MAPPING: “The Model”



# SEQUENTIAL INTERCEPT MAPPING

- Impact of SIMs on county planning and integration with other county plans (homeless)
- 30 SIMs conducted by USF since 2007
- SIMs bring cross-systems leaders together to focus on the target population(s)
- Formal product and Action Plans
- “Re-mapping in several counties” - Updates

## REINVESTMENT GRANT - EVOLUTION

- Crisis Intervention Teams and CIT Training
- “Divert to Where” conversations and use of Baker Act facilities and detox programs
- Information sharing and HIPAA – MOUs
- Identification of strengths & gaps in the system
- Pre-arrest, pre-booking screening & assessment
- Use of screening tools, GAINS Center Screening Monograph, other instruments



# REINVESTMENT GRANT EVOLUTION

- Permanent Supportive Housing
- Emergence of Evidenced-based and Best Practices – Motivational Interviewing, Forensic Intensive Case Management, Children’s Wraparound System of Care Models, Access to reentry Medication and Outpatient Care
- Problem Solving Courts – Expansion of Mental Health Courts, Co-occurring Emphasis
- Forensic ACT or Modified ACT Teams

# REINVESTMENT GRANT EVOLUTION

- Focus on jail in-reach and identification
- Transition and Discharge Planning – Assess, Identify, Plan and Coordinate (APIC Model)
- Central Receiving Systems – CJMHSA Diversion
- Data Collection and Analysis (jail to providers) – Identification of high utilizers
- Value of Hiring Peer Specialists on “Teams”
- Care Coordination and Healthcare Integration
- Community Education (MHFA example)

## RECENT AND EVOLVING TRENDS

- Beyond CIT – Co-responder Models; Mobile Crisis Team, Modified Youth CIT Models, Tailored Police- Provider Local Collaborations; Homeless Outreach Teams
- Response to the Opioid Crisis
- Response to School & Community Shootings
- Early Intervention Psychosis – Specialty care Coordination Programs
- More Active PSCC and CJMHSA Planning
- Rural Communities “Stepping Up”

# CHALLENGES IN SIM ACTION PLANNING

- Well Defined Leadership and Follow up
- Setting Clear Goals and Objectives
- Using Evidenced-based Self Assessment Tools
- Data Output vs. True “Evaluation” by Grantees
- Cost Offset, Avoidance, Effectiveness
- Sustainability, Medicaid Policy, Managed Care
- Q & A – Feedback

# ANNUAL LEGISLATIVE REPORT

- USF's reporting responsibility is dependent upon grantees and DCF for data and information
- Statutory requirements:
  - Report on prior fiscal year
  - Detailed description of progress on each grant
  - How the grant meets the needs of SAMH individuals
  - Impact of the grant on reducing forensic commitments
  - Effect of the grant on growth & expenditures of the jail, juvenile detention center, and prison
  - Effect of the grant on availability and accessibility of community-based SAMH services
  - Impact of the grant on community diversion and reduced incarceration and commitments to state mental health treatment facilities
  - Impact of local matching funds to leverage additional funds in order to further the goals of the grant

# CHALLENGES

- Specifics—Numbers served/data
- True implementation of Evidenced-based practices
- Most challenging areas:
  - Impact of local matching funds to leverage *additional funds* in order to further the goals of the grant
  - Impact of the grant on reducing forensic commitments
  - Effect of the grant on growth and expenditures of the jail, juvenile detention center, and prison
  - Effect of the grant on availability and accessibility of community-based SAMH services
  - Demonstrating that prevention works – Intercept “0”

# QUESTIONS AND ANSWERS

- Major Trends - Challenges
- Spotlight on Alachua (Meridian)
- Open Discussion
- Thank You for Participating
- [www.floridatac.org](http://www.floridatac.org)

# Contact Information

## Contact Information:

- Mark Engelhardt: [mengelhardt@usf.edu](mailto:mengelhardt@usf.edu)
- Karen Mann: [kem2@usf.edu](mailto:kem2@usf.edu)
- Katelind Halldorsson: [katelind@usf.edu](mailto:katelind@usf.edu)

## Resources:

USF's CJMHSA Technical Assistance Center website:  
[www.floridatac.org](http://www.floridatac.org)





THANK YOU  
FOR  
PARTICIPATING !

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