

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

AGENDA ITEM SUMMARY

Meeting Date: November 16, 2010

☒ Consent [] Regular
[] Ordinance [] Public Hearing

Department

Submitted By: CRIMINAL JUSTICE COMMISSION

Submitted For: CRIMINAL JUSTICE COMMISSION

I. EXECUTIVE BRIEF

MOTION AND TITLE: Staff recommends motion to approve: A Grant Application to the Department of Children and Families (DCF) for \$750,000 for a project period of 3 years beginning January 1, 2011 to be used for supported housing for sentenced homeless leaving the county jail with mental health and substance abuse disorders with a focus for custodial parents.

SUMMARY: In order to implement one of the Strategic Plan's goals for supported housing, the Criminal Justice Commission is seeking approval to apply for a 3-year State of Florida DCF grant for \$750,000. This project area was recommended and approved by the CJMHPA Planning Council on September 8, 2010. Local match requirement of 100% is stipulated by DCF. The Criminal Justice Commission will provide \$3,145 in-kind match for fiscal year 2011. All other match is being provided through community resources from the Sheriff's Office (\$181,129; in-kind), Public Defender's Office (\$3,000; cash), Oakwood Center of the Palm Beaches Inc. (\$122,254; in-kind), Comprehensive Alcoholism Rehabilitation Programs Inc. (\$302,570; in-kind), Drug Abuse Foundation (\$47,450; in-kind), Families First (\$45,945; in-kind) and the Lord's Place homeless center (\$50,000; in-kind). The amount of overmatch is \$5,493. Countywide (DW)

Background and Justification: Beginning in June 2008 the Palm Beach County Criminal Justice, Mental Health and Substance Abuse Planning Council worked on a one-year planning grant that was used to develop partnerships and strategies to identify and divert adults and juveniles with mental health and substance abuse issues out of the criminal justice system. Work to complete the Strategic Plan was funded by the Florida Reinvestment Act grant awarded by the Florida DCF. Under this grant program, the County's Criminal Justice, Mental Health and Substance Abuse (CJMHS) Planning Council completed a comprehensive strategic plan that included fifty-two strategies ranging in areas of: juvenile justice; law enforcement and emergency services; booking and initial appearance; jails and courts; community reentry and community corrections and community support. This project will address implementation of Palm Beach County's Criminal Justice, Mental Health and Substance Abuse Strategic Plan (2009), Intercept 4 and 5 (Re-entry and Community Supports), Strategy 14. Strategy 14 proposes to expand transitional and permanent housing so that homelessness is decreased and increased stability in the community occurs. This project seeks to provide for nine supportive housing placements for homeless dual-diagnosed persons transitioning from the County Jail.

Background and Policy Issues (continued on page 3)

Attachment:

- ## 1.) Grant application

Recommended by:

Department Director

Date _____

Approved By:

Assistant County Administrator

Date _____

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2011	2012	2013	2014	2015
Capital Expenditures					
Operating Costs	<u>\$505,528</u>	<u>\$499,983</u>	<u>\$499,982</u>		
External Revenues	<u><\$251,600></u>	<u><\$249,200></u>	<u><\$249,200></u>		
Local Match (Cash)	<u><\$3,000></u>				
Local Match (In-kind)	<u><\$250,928></u>	<u><\$250,783></u>	<u><\$250,782></u>		
 NET FISCAL IMPACT	 <u>\$ 0</u>	 <u>\$ 0</u>	 <u>\$ 0</u>		
 # ADDITIONAL FTE POSITIONS (Cumulative)	 <u>0</u>				

Is Item Included In Current Budget? Yes _____ No X

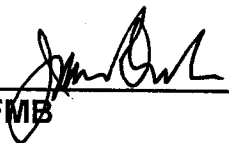
Budget Account No.: Fund _____ Dept. _____ Unit _____ Object _____
 Program Code _____ Program Period _____

B. Recommended Sources of Funds/Summary of Fiscal Impact:

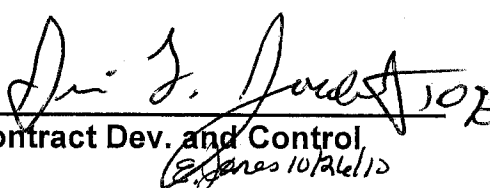
C. Departmental Fiscal Review: *mg 10/19/10*

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Dev. and Control Comments:



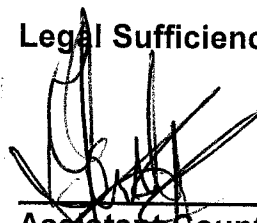
 OFMB



 Contract Dev. and Control

JB 10/25/10
10/26/10
11/2/10

B. Legal Sufficiency:



 Assistant County Attorney

11/5/10

C. Other Department Review:

 Department Director

(THIS SUMMARY IS NOT TO BE USED AS A BASIS FOR PAYMENT.)

Background and Policy Issues (continued):

The County Pretrial Services Division reports that 4.5% of the inmates interviewed for pretrial services were homeless in the past year. Palm Beach County's Continuum of Care, 2009 Point in Time Count, revealed 49 unsheltered households with children. Of the County's 1407 unsheltered persons, 122 were severely mentally ill, and 237 had chronic substance abuse problems. This project will focus on providing housing and supportive services for homeless persons with co-occurring disorders being released from the County jail with an emphasis on custodial parents. Due to the size of this grant, the CJC sought to select a more limited population on which to focus resources. Almost three quarters of mothers who are homeless meet criteria for at least one lifetime mental disorder (including post-traumatic stress disorder), substance use disorder, or both, with lifetime substance use disorder rates almost twice as high as in the general female population. Parents must have stable housing to regain full custody of their children and supportive housing will mitigate many of the barriers to treatment that parents experience, and may serve as an incentive to move forward in treatment. Additionally, children will benefit from reunification with a parent, and the flexibility of housing placement will allow for children to continue in existing schools and support networks.

Palm Beach County shares local and state concerns regarding criminalization of persons with mental health disorders and dual substance abuse disorders, and recognizes the critical need to implement viable options to incarceration for this vulnerable population. Each day, the County houses over 400 people with some form of mental health problem in its jails, the vast majority of whom will be quickly discharged back into the community without adequate services to prevent re-incarceration. Furthermore, over 2,300 individuals are incarcerated on any given day due to substance abuse problems.

For many individuals unable to access care in the community, the only options to receive treatment is by accessing care through some of the most costly and inefficient points of entry into the healthcare delivery system including emergency rooms, acute crisis services, and ultimately the juvenile and criminal justice systems. Furthermore, according to the County's Ten Year Plan to End Homelessness, while there are many presumed causes of homelessness, a lack of affordable health care, domestic violence, mental illness and addiction disorders among them, two leading factors are most often cited: a lack of affordable housing and an increase in poverty, both of which are prevalent in the Palm Beach County community. Once released from incarceration, those with mental health and substance abuse disorders that are homeless have an increased risk of recycling through the justice system due to a lack of housing and support. This situation becomes more complicated when the individual is a custodial parent.

Project Approach

This project proposes to provide a safe, stable living environment for individuals with mental illness and/or substance abuse disorders who have been recently released from jail with an emphasis on those who are custodial parents. The project will also provide linkages to mental health and/or substance abuse treatment and ancillary social services, such as benefits qualification, transportation, medical care, job training and placement and specialized support for pregnant women.

Purpose, Goals, and Objectives

Purpose: Further Palm Beach County's Strategic Plan by providing supportive housing placements.

Goal: Reduce re-entry into the criminal justice system by those with mental illness and/or substance abuse disorders.

Objective 1: Fund 9 supportive housing placements for homeless persons recently released from jail.

Objective 2: Provide substance abuse and/or mental health treatment to program participants

Objective 3: Provide benefits qualification and ancillary social services for program participants

Objective 4: Develop a cost-savings analysis of program at end of 3 year period, utilizing historic data of program participants previous tenure in jail/hospital/mental health facilities

Benchmark: Recidivism of 20% or less.

Benchmark: 75% of those individuals who are employable will be employed, seeking employment, or enrolled in an educational/vocational program.

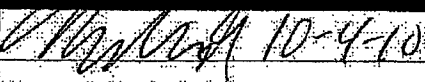
Benchmark: 55% of those who are housed at least 60 days will have an increase in income linked to entitlements and or government benefits or through employment.

Benchmark: 75% of individuals who are housed at least 60 days will exhibit a reduction in utilization of deep-end/acute mental health/substance abuse/criminal justice facilities for 1 year.

The Grant requires non-federal and non-state match of 100% during the three year project period. Specifically, the match requirement for the 3 year project period is \$750,000. This match has been identified through the County Sheriff's Office, CJC and community partners for a total amount of \$755,493.

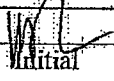

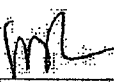

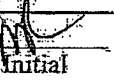
Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant





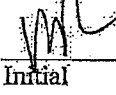
Cover Page For Implementation Grant

PROPOSAL INFORMATION					
Project Title:		Mental health and substance abuse reentry program			
County or Counties:		Palm Beach County			
GRANT POINT OF CONTACT					
Contact Name:		Michael L. Rodriguez, Executive Director			
Department:		Palm Beach County Criminal Justice Commission			
Address Line 1:		301 N. Olive Avenue			
Address Line 2:		Suite 1001			
City:	West Palm Beach	State:	FL	Zip:	33401
Email:	Mlrodrig@pbcgov.com				
Phone:	(561) 355-2314	Fax:	(561) 355-4941		
ADDITIONAL CONTACTS					
Contact Name (if any):		Jenise Link, Senior Criminal Justice Analyst			
Organization:		Palm Beach County Criminal Justice Commission			
Address Line 1:		301 N. Olive Avenue			
Address Line 2:		Suite 1001			
City:	West Palm Beach	State:	FL	Zip:	33401
Email:	jlink@pbcgov.org				
Phone:	(561) 355-1503	Fax:	(561) 355-4941		
FUNDING REQUEST AND MATCHING FUNDS					
1. Total Amount of Grant Funds Requested:					\$750,000
2. Total Matching Funds (Provided by applicant and project partners):					\$755,492.97
3. Total Project Cost (Add amounts in 1 and 2):					\$1,505,492.97
CERTIFYING OFFICIAL					
Certifying Official's Signature					
Certifying Official's Name (printed):		Michael L. Rodriguez			
Title:		Executive Director, Criminal Justice Commission			
Date:		10-4-10			

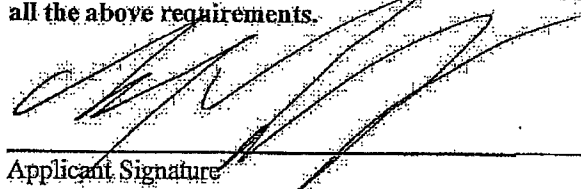
Appendix F

STATEMENT OF MANDATORY ASSURANCES

<u>Infrastructure:</u> The applicant shall possess equipment and Internet access necessary to participate fully in this solicitation.	 Initial
<u>Site Visits:</u> The applicant will cooperate fully with the Department in coordinating site visits, if desired by the Department.	 Initial
<u>Non-discrimination:</u> The applicant agrees that no person will, on the basis of race, color, national origin, creed or religion be excluded from participation in, be refused the benefits of, or be otherwise subjected to discrimination pursuant to the Act governing these funds or any project, program, activity or sub-grant supported by the requirements of: (a) Title VI of the Civil Rights Act of 1964 which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended which prohibits discrimination the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended which prohibits discrimination in employment or any program or activity that receives or benefits from federal financial assistance on the basis of handicaps; (d) Age Discrimination Act 1975, as amended which prohibits discrimination on the basis of age, (e) Equal Employment Opportunity Program (EEOP) must meets the requirements of 28 CFR 42.301.	 Initial
<u>Lobbying:</u> The applicant is prohibited by Title 31, USC, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," from using Federal funds for lobbying the Executive or Legislative Branches of the federal government in connection with a specific grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal funds if grants and/or cooperative agreements exceed \$100,000 in total costs (45 CFR Part 93).	 Initial
<u>Drug-Free Workplace Requirements:</u> The applicant agrees that it will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76.	 Initial

<p>Smoke-Free Workplace Requirements: Public Law 103-227, Part C- Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library projects to children under the age of 18, if the projects are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's projects provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 per day and/or the imposition of an administrative compliance order on the responsible entity.</p>	 Initial
<p>Compliance and Performance: The applicant understands that grant funds in Years 2 and 3 for Implementation Grants are contingent upon compliance with the requirements of this grant program and demonstration of performance towards meeting the grant goals and objectives, as well as availability of funds.</p>	 Initial
<p>Certification of Non-supplanting: The applicant certifies that funds awarded under this solicitation will not be used for programs currently being paid for by other funds or programs where the funding has been committed.</p>	 Initial
<p>Submission of Data: The applicant agrees to provide data and other information requested by the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center at the Florida Mental Health Institute to enable the Center to perform the statutory duties established in the authorizing legislation.</p>	 Initial
<p>Submission of Reports: The applicant agrees to submit semi-annual progress reports and an annual fiscal report, signed by the County Administrator, to the Department.</p>	 Initial

By signing and submitting this agreement, the Applicant certifies that it will comply with all the above requirements.


Applicant Signature

10-4-10
Date

Palm Beach County Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant Implementation Grant

Project Narrative

• Statement of Problem

This project will address implementation of Palm Beach County's Criminal Justice, Mental Health and Substance Abuse Strategic Plan (2009), Intercept 4 and 5 (Re-entry and Community Supports), Strategy 14. Strategy 14 proposes to expand transitional and permanent housing so that homelessness is decreased and increased stability in the community occurs. This project seeks to provide for nine supportive housing placements for homeless dual-diagnosed persons transitioning from the County Jail.

The Florida Substance Abuse and Mental Health Corporation reports that "the most conservative estimates, provided by the Federal Bureau of Justice and jail based studies, is that 8 percent of the nearly 16 million annual arrests in the United States involve a person with a symptomatic mental illness. Prevalence estimates for all mental disorders among incarcerated populations run as high as 70-80 percent. In Florida, there were 638,275 individuals arrested in fiscal year 2006-2007 according to the Florida Department of Law Enforcement. An analysis completed by the CJMHS Technical Assistance Center showed that 83,721 individuals (or 13.11%) had used services in the fiscal year prior to their arrest as reflected in the Medicaid and IDS files."¹

Homelessness in Palm Beach County

Statistics from Palm Beach County's Pretrial Services Division reveal in Fiscal Year 09-10 about 4.5% of persons released on the Own Recognizance (OR) or Supervised Own Recognizance (SOR) were homeless. The County Pretrial Services Division reports that 4.5% of the inmates interviewed for pretrial services were homeless in the past year. Palm Beach County's Continuum of Care, 2009 Point in Time Count, revealed 49 unsheltered households with children. Of the County's 1407 unsheltered persons, 122 were severely mentally ill, 237 had chronic substance abuse problems, and 138 were victims of domestic violence.

This project will focus on providing housing and supportive services for homeless persons with co-occurring disorders being released from the County jail with an emphasis on custodial parents. Due to the size of this grant, the CJC sought to select a more limited population on which to focus resources. Almost three quarters of mothers who are homeless meet criteria for at least one lifetime mental disorder (including posttraumatic stress disorder), substance use disorder, or both (Zima, Wells, Benjamin, & Duan, 1996), with lifetime substance use disorder rates almost twice as high as in the general female population (Bassuk, Buckner, Perloff, & Bassuk, 1998). Parents must have stable housing to regain full custody of their children and supportive housing will mitigate many of the barriers to treatment that parents experience, and may serve as an incentive to move forward in treatment. Additionally, children will benefit from reunification with

¹ 2008 Annual Report

a parent, and the flexibility of housing placement will allow for children to continue in existing schools and support networks.

Supportive housing is a combination of housing and services intended as a cost-effective way to help people live more stable, productive lives. Supportive housing works well for those who face the most complex challenges—individuals and families confronted with homelessness and who also have very low incomes and/or serious, persistent issues that may include substance abuse, addiction or alcoholism, mental illness, HIV/AIDS, or other serious challenges to a successful life. Supportive Housing can be coupled with such social services as job training, life skills training, alcohol and drug abuse programs and case management to populations in need of assistance. Supportive housing is intended to be a successful solution that helps people recover and succeed while reducing the overall cost of care. As a solution for homelessness, supportive housing addresses two key problems:

- Without housing, there is no basis from which to mitigate the factors which lead to homelessness
- Without supportive services, the tenant is likely to regress for the reasons that lead to their loss of housing in the first place.

Studies show supportive housing is a cost-effective solution for the problems of several populations; it is substantially less costly than most alternatives used to address the problems of homeless and disabled people, including shelters, institutions and hospitals. Supportive Housing often reduces the cost of emergency services for health care provided by governmental and non-profit agencies. For example, the average daily cost to house a person in various institutional settings in New York City (2004)

- Supportive Housing \$41.85
- Shelter \$54.42
- Prison \$74.00
- Jail \$164.57
- Mental Hospital \$467
- Hospital \$1185

Benefits to children of program participants

While not this project's focus, there are likely to be significant benefits to the children of program participants. Stable housing and parents being treated will address many of the risk factors experienced by children of parents with mental health or substance abuse disorders. Alcoholism and other drug addiction have genetic and environmental causes. Both have serious consequences for children who live in homes where parents are involved. According to the National Association for Children of Alcoholics, more than 28 million Americans are children of alcoholics; nearly 11 million are under the age of 18. This figure is magnified by the countless number of others who are affected by parents who are impaired by other psychoactive drugs.

Alcoholism and other drug addiction tend to run in families. Children of addicted parents are more at risk for alcoholism and other drug abuse than are other children. Children of addicted parents are the highest risk group of children to become alcohol and drug

abusers due to both genetic and family environment factors. Use of substances by parents and their adolescent children is strongly correlated; generally, if parents take drugs, sooner or later their children will also. Family interaction is defined by substance abuse or addiction in a family. Families affected by alcoholism report higher levels of conflict than do families with no alcoholism. Drinking is the primary factor in family disruption. The environment of children of alcoholics has been characterized by lack of parenting, poor home management, and lack of family communication skills, thereby effectively robbing children of alcoholic parents of modeling or training on parenting skills or family effectiveness. Addicted parents often lack the ability to provide structure or discipline in family life, but simultaneously expect their children to be competent at a wide variety of tasks earlier than do non-substance-abusing parents. The statistics are startling; children of addicted parents are at high risk for elevated rates of psychiatric and psychosocial dysfunction, as well as for alcoholism. Children of addicted parents experience greater physical and mental health problems and higher health and welfare costs than do children from non-addicted families. Inpatient admission rates and average length of stay for children of alcoholics were 24% and 29% greater than for children of non-alcoholic parents. Substance abuse and other mental disorders were the most notable conditions among children of addicted parents. It is estimated that parental substance abuse and addiction are the chief cause in at least 70-90% of all child welfare spending.

Community Concern

Palm Beach County shares local and state concerns regarding criminalization of persons with mental health disorders and dual substance abuse disorders, and recognizes the critical need to implement viable options to incarceration for this vulnerable population. Each day, the County houses over 400 people with some form of mental health problem in its jails, the vast majority of whom will be quickly discharged back into the community without adequate services to prevent re-incarceration. Furthermore, over 2,300 individuals are incarcerated on any given day due to substance abuse problems.

For many individuals unable to access care in the community, the only options to receive treatment is by accessing care through some of the most costly and inefficient points of entry into the healthcare delivery system including emergency rooms, acute crisis services, and ultimately the juvenile and criminal justice systems.

Furthermore, "while there are many presumed causes of homelessness, a lack of affordable health care, domestic violence, mental illness and addiction disorders among them, two leading factors are most often cited: a lack of affordable housing and an increase in poverty, both of which are prevalent in the Palm Beach County community".²

Once released from incarceration, those with mental health and substance abuse disorders that are homeless have an increased risk of recycling through the justice system due to a lack of housing and support. This situation becomes more complicated when the individual is a custodial parent. It is estimated that there were 465 homeless adults and children in Palm Beach County in 2009. From the 2009 Point in Time Count, there were

² Ten-Year Plan to End Homelessness in Palm Beach County, Florida.

257 severely mentally ill persons in the county and 417 chronically homeless persons. "Homelessness has always existed in this country, evident in the historical "skid rows" inhabited by the poor and transient in large cities to the similar homeless cultures of smaller towns. It was the deinstitutionalization of patients from state psychiatric hospitals with the passing of the Community Mental Health Act of 1963, however, that pushed the issue of homelessness into the mainstream."³

"Substance abuse is a leading factor in an individual's probability of becoming chronically homeless, meaning they have either been continuously homeless for a year or have had at least four episodes of homelessness in the past three years. Breaking an addiction is not an easy feat for even the most stable and secure of individuals. The stresses added by the condition of homelessness generally exacerbate the problem, causing the road toward recovery to become nearly impossible to adhere. To further complicate the issue, most shelters will not allow intoxicated individuals into their general populations for both safety reasons and in an effort to avoid jeopardizing the comfort levels of the other residents. Overcoming alcoholism or a drug abuse problem is not an act that many individuals have the will power to perform without a strong support system. As many chronically homeless have no "family" to speak of, the support networks and treatment services provided by service providers are critical to their recovery."⁴

"Mentally ill homeless often fall into the category of the chronically homeless, as their conditions tend to cause them to remain homeless for longer periods of time. Homeless individuals with mental disorders have more difficulty finding and maintaining employment, tend to be in poor physical health, and have more contact with the legal system than those without. With ongoing treatment and rehabilitation services, most individuals with mental disorders have no need for hospitalization or long-term institutional care. When access to the appropriate combination of services such as medication management, daily activity, regular therapy and supportive housing is available, individuals who suffer from any degree of mental illness can often avoid homelessness or a return to homelessness."⁵

Geography, socioeconomic factors

According to the United States Census, the population of Palm Beach County in 2009 was 1,279,950. The county is geographically large – the largest county east of the Mississippi River. The size of the county is an important factor in assessing access issues, as it affects people's ability to get to services. The towns in the Western part of the county are especially isolated, although issues of transportation affect people throughout the county. Wide disparities exist in income and education, and consequently in many health indicators associated with these factors. Palm Beach County's population was 1,295,033 in 2006. Based on an 2007 analysis of Florida databases by the CJMHSA Technical Assistance Center at the University of South Florida, a total of 14,606

³ Ibid.

⁴ Ibid.

⁵ Ibid.

individuals in Palm Beach County utilized mental health services, and 5,380 utilized substance abuse services.

Among all persons arrested in 2006 in Palm Beach County, 3,330 Baker Act initiations were conducted for 3,053 individuals. 66% were males; 34% were females. Arrestees with Severe Mental Illness accounted for 36% of arrestees for whom a Baker Act was initiated. Again, females were disproportionately represented, totaling only 22% of arrestees, but 34% of arrestees for whom a Baker Act was required. During the period 2001 – 2006, 697 females with severe mental illness (SMI) were arrested, representing 38% of all persons with SMI who were arrested. 70% of arrested persons with SMI utilized dual diagnosis services prior to their arrest, indicating that most SMI persons had some prior contact with treatment programs.

Analysis of jail population

The Palm Beach Sheriff's Office (PBSO) operates one of the largest correctional systems in the nation, with an average daily population (ADP) of nearly 2,900 inmates in its three adult detention facilities and forecasted growth to 3,530 inmates by the year 2015.

Key statistics are: (1) approximately 17% of the ADP receive some form of mental health services, (2) 4% (of the 17%) are taking medication for some type of mental health disorder, and (3) approximately 80% of inmates housed in the County jail also have a substance abuse disorder.

Screening and Assessment Process

Screening and assessments take place at the county jail from the intake/booking process throughout incarceration. During the intake/booking process, a form (questionnaire with observations) is completed by the receiving corrections deputy sheriff. Further screening is completed by the receiving healthcare professional (e.g., Intake Nurse). During the orientation process (approximately 8 to 72 hours from Booking) healthcare personnel further conduct medical and mental health assessments. During incarceration three units are specifically dedicated to housing and stabilizing patients with acute mental illnesses. Units are staffed 24/7 with nursing personnel and corrections deputies. Units are actively managed by and serviced by a fulltime psychiatrist, psychologist, and social worker available. Ongoing mental health assessments and treatment are provided as needed. The Continuity-of-Care Discharge Program is designed to connect the soon-to-be released patient/inmate, who has a chronic or on-going acute medical condition, with community resources. A Mental Health Social Worker works in tandem with local mental health professionals to coordinate the mental health care of known patients while they are incarcerated and upon discharge from the facility.

Self-help programs, such as Alcoholic Anonymous and Narcotics Anonymous, are available on a regular basis to incarcerated inmates. The Public Defender's Office currently utilizes office space in the Intake/Booking area to conduct the Mental Health Diversion Program. This program is directed at diverting individuals, who meet established criteria, from incarceration.

Jail Admissions with mental illness and/or substance abuse disorders

Two percent of the average daily population of the county jail is housed on one of three mental health units of the jail (approximately 60 patients/inmates). Although these patients/inmates may have a secondary diagnosis involving substance abuse, mental illness is their primary diagnosis. An average of 17% (approximately 510 patients/inmates) of the average daily population (ADP) in-custody patients/inmates receive mental health services/treatment. It is estimated that over 80% of inmates housed in our county jail are incarcerated due to the usage of, in the pursuit of, or related to drugs and/or alcohol.

Contributing factors that affect population trends in the county jail

The significantly fragmented and under-resourced mental health and substance abuse system has been unable to meet the mental health and substance abuse needs of diverted individuals in Palm Beach County and this leads to a revolving door back into the criminal justice system. The following points are some contributing factors that affect Palm Beach County's population trends in the county jail and juvenile detention center:

1. Expected general population growth in the county
2. Implementation of county, state, and federal laws that affect court filings, sentencing, and length of incarcerations (e.g., mandatory sentencing, bond schedules, etc.)
3. Funding and implementation of viable alternatives and diversions to incarceration (pretrial screening, additional court sessions, pretrial alternatives, sentenced alternatives, expansion of jail-based work programs, etc.)
4. Inmate population forecasts, bed space needs, and profile characteristics. [Source: *Palm Beach County Jail Expansion Program 2, Track A Report, Final Report*]; includes:
 - a. Forecast of future inmate population (to 4,362 inmates by 2025)
 - b. Increase in overall number of arrests and court filings
 - c. Increase in pre-sentenced felony detainees
 - d. Increase in the medical and mental health needs of the inmate population
 - e. Increase in the percentage of incarcerated women
5. Need for increased community resources (outpatient and inpatient) as alternative and diversion options for the mentally ill population
6. Need for increased community resources (outpatient and inpatient) as alternative and diversion options for substance abuse population
7. Inadequate availability of funding for substance abuse education, prevention, and treatment (outpatient and inpatient)
8. Lack of available of affordable housing and employment opportunities

Locally, the State Department of Children and Families, Substance Abuse and Mental Health Services (DCF/SAMH) is the designated mental health authority, and provides the majority of funding for community mental health services. Treatment funds have been

reduced by \$200,000 in Palm Beach County this year and these funds are expected to decrease even more in the upcoming year.

Risk Factors for Re-entry

Nationally, it is estimated that over 16% of inmates in jails are mentally ill (Department of Justice, 2001). This is twice the estimated 3 and 7 percent found in the general population (Robins & Regeir, 1991). Problems continuing government benefits, finding housing, gaining employment and securing medical care contribute to the cycle of some persons being re-arrested time and again. While incarcerated, many inmates lose their social security disability and/or Medicaid benefits. Upon release, they are left with no money for housing, food, and fundamental provisions that leaves them in a desperate state. Many individuals with mental illness who were involved in the criminal justice system do not possess adequate employment skills upon release from jail. Those that are prescribed psychotropic medications are released from jail with seven days of medication. Furthermore, there is limited access to additional medications and medication management for those resources. This can quickly cause de-compensation and may result in behaviors that further increase their risk of re-arrest.

As well, there is a stigma associated with incarcerated individuals. According to the Sequential Intercept Model, these people move through the criminal justice system in predictable ways. When released from incarceration the newly released revolve around between jail, treatment, housing and being arrested again because they seem to not do well anywhere. Adaptations developed during incarceration are usually anti to treatment. The same individuals likely have a history of Failure to Appear and then when they are re-arrested they are not likely given a Release of their own Recognizance causing longer incarceration periods.

• Project Design and Implementation

Approach

This project proposes to provide a safe, stable living environment for individuals with mental illness and/or substance abuse disorders who have been recently released from jail with an emphasis on those who are custodial parents. The project will also provide linkages to mental health and/or substance abuse treatment and ancillary social services, such as benefits qualification, transportation, medical care, job training and placement and specialized support for pregnant women.

Purpose, Goals, and Objectives

Purpose: Further Palm Beach County's Strategic Plan by providing supportive housing placements.

Goal: Reduce re-entry into the criminal justice system by those with mental illness and/or substance abuse disorders.

Objective 1: Fund 9 supportive housing placements for homeless persons recently released from jail.

Objective 2: Provide substance abuse and/or mental health treatment to program participants

Objective 3: Provide benefits qualification and ancillary social services for program participants

Objective 4: Develop a cost-savings analysis of program at end of 3 year period, utilizing historic data of program participants previous tenure in jail/hospital/mental health facilities

Benchmark: Recidivism of 20% or less.

Benchmark: 75% of those individuals who are employable will be employed, seeking employment, or enrolled in an educational/vocational program.

Benchmark: 55% of those who are housed at least 60 days will have an increase in income linked to entitlements and or government benefits or through employment.

Benchmark: 75% of individuals who are housed at least 60 days will exhibit a reduction in utilization of deep-end/acute mental health/substance abuse/criminal justice facilities for 1 year.

Evidence-based Practices and Justification for project design

The literature reveals that supporting parenting assists with treatment in general. Families residing in supportive housing have children at significant risk for child adjustment difficulties. Together with evidence of other challenges faced by many caregivers in supportive housing (e.g., mental health problems, substance abuse difficulties, domestic violence) these findings confirm the need for social services in addition to housing subsidies for families who have experienced homelessness. Case management is critical in providing access to appropriate benefits, opportunities, and care for families. Findings also suggest that supportive housing also has the potential to provide an important portal for family based mental health prevention and treatment services. Specifically, findings suggest that intervening both to improve parenting and to address adult mental health needs might be desirable and even necessary to support child adjustment in families living in supportive housing. While mental health treatment requires licensed professionals, an onsite resource that may be beyond the budget of many housing agencies, prevention programs to support child and family functioning require far fewer financial and human resources. Evidence-based prevention programs such as after-school programming, school monitoring and mentoring, and parent training may be implemented by well-trained and supervised paraprofessionals. In particular, the increased stability that supportive housing provides over shelters suggests that these agencies might offer an important portal for the provision of evidence-based parenting and child prevention programs, as well as for adult mental health services.

The cross-sectional nature of these data precludes an understanding of the dynamic, interactive effects of parenting, parental mental health, and child adjustment. It might well be the case, for example, that baseline parenting affects not only concurrent child adjustment, but its developmental trajectory, consistent with a developmental psychopathology perspective. Prior studies have demonstrated the reciprocal influence of child adjustment on parental mental health, via changes in parenting. Thus, improvements in child adjustment were mediated by improvements in parenting, which in turn mediated reductions in maternal psychopathology symptoms.⁶

⁶ Parenting, Parental Mental Health, and Child Functioning in Families Residing in Supportive Housing

Participants Screening

Sentenced inmates will be screened for mental health and substance abuse issues by the in-house health provider at the jail. The internal reentry case manager will make referrals for those with co-occurring disorders to the reentry case manager. (The reentry unit will begin screening for custodial parents by the end of year 2010 and this information will be available by the time this grant period became operational, however this information is not available at this time.) The reentry case manager will obtain information on the client through the reentry screening tool designed by the Sheriff's office. The external reentry case manager will interview the client to determine needs and will make referrals to the program as well as begin to assist the client in linkage to resources such as immediate housing needs, transportation, and benefits reinstatement.

Mental health and co-occurring substance abuse treatment services

The following treatment options will be available to program participants:

- Psychiatric services (4 hours a week)
- LPN (.5 FTE)
- Substance Abuse treatment (200 hours of group therapy, 110 hours of individual therapy, 60 days of detox, all per year)
- Outpatient therapeutic dual diagnosis therapy (In-kind from non-profit partner)
- Substance Abuse/Mental Health treatment (In-kind from non-profit partner)

Ancillary social services

The following social services will be available to program participants:

- Social Worker/Case Manager to connect participants to all services including housing, transportation, job training and placement, parenting classes etc.
- The grant will fund 9 apartments (5- 2 bedroom units and 4 - 1 bedroom units), and utilities. Clients will pay 30% of their income towards these expenses. Assistance will also be provided in acquiring furniture and household goods and initial food needs.
- A non-profit partner will provide specialized services to pregnant women and women mothering infants being released from jail.

- **Capability and Experience**

The Criminal Justice, Mental Health and Substance Abuse Planning Council (the Council): Palm Beach County has demonstrated commitment to providing for the needs of those with mental illness and substance abuse issues within the community. The Council is chaired by a County Commissioner and the Circuit's Chief Judge serves as the Vice-Chairman. The Council meets the mandatory membership requirements as required by Florida Statute. This Council worked hard to create the Strategic plan from the planning Reinvestment grant and continues to use the plan as a work plan. The Council is administratively placed under the County's Criminal Justice Commission. The Criminal Justice Commission has over 18 years of experience working on emerging justice issues and uses a collaborative approach to address such issues. The Commission staff has extensive grant management experience at the federal, state and local levels. This year alone, the Commission is administering grants from the Edward Memorial Byrne fund, Second Chance Act, ARRA, Department of Justice, and the Florida Department of Law

Enforcement. The Commission has shown dedication to improving the criminal justice system by identifying areas of crime prevention and reentry and has made those areas priorities this year.

Key Staff/Roles

- The CJC Executive Director will be project's overall administrator. The Director has been employed at the CJC for over 10 years, and has nearly 25 years in the criminal justice field.
- A CJC Senior Criminal Justice Analyst will be responsible for coordinating meetings for the start up phase of the project; assisting with program design and briefing the Council and subcommittee members. The CJC Senior Analyst has been employed with the CJC for seven years and has extensive experience in research, planning and coordinating activities for the CJC's Corrections Task Force and developing the CJC's annual report.
- Oakwood Center of the Palm Beach's will administer the project, providing day to day oversight for the housing units and direct services offered. Oakwood is private, not-for-profit 501c(3) and is a Joint Commission accredited Behavioral Healthcare Organization, Medicare Certified Psychiatric Hospital, State Licensed, and certified by Nonprofits First.

Please see attached project Timeline

▪ **Evaluation and Sustainability**

This project will be evaluated using both formative, summative and process evaluations.

Formative:

- Is the project being operated as proposed/authorized?
- Were the appropriate persons selected and included in the planned activities?
- Which elements/factors of the project are aiding the clients to move toward these goals?
- Are the resources being appropriately directed to fulfill the goals of the project?

Summative:

- Did the project meeting its goals?
- Have the needs of the clients and the community been met?
- Can the project be sustained under existing conditions?
- Were there unintended or unanticipated outcomes as a result of the project? What are their value and merit?

Process:

- The clients met diagnostic criteria for admission.
- Clients requiring detox or psychiatric evaluation received the appropriate services prior to placement in housing.
- Clients demonstrated understanding and acknowledgement of the goal of the program.
- There is adequate staff to meet the needs of the program.

- The clients will identify what they consider to be the strengths and weaknesses of the program.
- Clients and staff can freely express complaints or grievances concerning the program or staff.
- Staff has the clinical skills to determine appropriate services for clients.
- Staff has the clinical skills to determine that services are no longer needed.

Data Collection

To ensure the collection of consistent information the following schedule of data collection has been developed.

Instrument	Timeframe and Targeted Informants	Description of Data Collection
Clinical Documentation	Baseline data will be collected on residents through and assessment tool. Ongoing data will be collected from targeted documents	This information will be collected through the use of MIS forms and clinical documentation.
Surveys	Surveys will be used to ascertain identified strengths and weaknesses in the program. Sampling will come from client as well as staff.	Procedures will be developed to guide the staff on survey administration and collection. The results of the surveys will be aggregated by the external evaluation staff. This information will be reviewed on a regular basis and be included in all relevant reports.
Grievance Process	Grievance forms will be made available to clients as well as staff in a unobtrusive manner where the forms will be completed and submitted to the appropriate party in private.	Grievances will be collected and addressed on a regular basis. Any grievance is to be addressed immediately by the appropriate parties per program procedure. The results of the grievances will be logged and reported for the purposes of tracking trends.
Follow-up Studies	A questionnaire will be used to solicit information from discharged residents concerning their status post supportive housing experience.	In order to evaluate the long term effects of the program, residents will have the option of signing a consent form providing permission to staff to contact them either face to face, by telephone or other means to ascertain post service status. The results will be forwarded to evaluation staff for aggregation and for inclusion in all relevant reports.

Observation, Interviews and Focus Groups	Information will be solicited from the staff and clients in formal as well as informal means.	General observation of the program will provide basic information concerning the program operations as they are occurring. Interviews help to clarify impressions and experiences beyond surveys or questionnaires. Focus groups are an efficient and reliable way to gather common impressions as well as obtaining a broader range and depth of information.
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Sustainability

Current likely target population costs to the criminal justice system are not quantified. This project gives the Council the opportunity to gather data and publicize the strengths of this approach to the community. Additionally, partnership with the Homeless Continuum of Care and the Palm Beach County Community Development Division may allow the program to access housing funds through the Homeless Prevention and Rapid-Re-housing Program and/or the Neighborhood Stabilization Program. Objective 4 of this project is to develop a cost-savings analysis of the program at the end of the 3 year period, utilizing historic data of program participants previous tenure in jail/hospital/mental health facilities.

• **Budget/Budget Narrative/Match Commitment Forms and Summary**

Funding Category	Grant Funds Requested	Matching Funds and Other in-Kind Contributions	
		Funding	Source of Funds
Salaries	\$128,314	\$231,725	Oakwood, PBSO, CJC
Pange Benefits	0	0	
Administration	68,182	0	
Equipment	0	0	
Travel	10,170	0	
Contractual	184,564	505,768	CARP, Lord's Place, Drug Abuse Found, Families First, Oakwood
Supplies	3780	0	
Rent/Utilities	326,500	15,000	Oakwood
Other Expenses	28,490	3,000	Public Defender
Totals	\$750,000	\$755,493	
Total Project Cost	1,505,493	Equals Grant Funds Requested Matching Share	
Match Percentage	50.1%	Equals Match/Total Project Cost	

Budget Narrative

Salaries

Case Manager \$64,157 (Grant funded)

Responsible to avert offenders who suffer a Mental Illness, Substance Abuse or co-occurring disorder from being persecuted, facilitate their ability to bounce back, contribute toward their recovery and promote their reintegration to the community to prevent or minimize future offences. Assesses individuals for mental health and or substance abuse services. Links to services and assists in transitioning with providers. Carries a caseload of Center clients accepted into the program. Assess person served needs, recommend services, link to community providers and present this information to the Courts. Plan for needed services for clients, refers and monitors to insure receipt of services. Advocates for needed services for clients. Assists with and monitors receipt of mental health and substance abuse services for clients residing in Palm Beach County. 0.5 FTE and 3% increase after 1st year of employment

Program Oversight- Department Head and Supervisor \$47,451 (In-kind from Oakwood)

Administers, coordinated, develops, supervises and evaluates services associated with the department of Continuing Care Services. Formulates, implements, reviews, and documents departmental objectives in conjunction with the assigned mission and goals of the Center as may be required. Responsible for program planning and budget development; plan, organizes, and directs the activities of continuing cares services through meeting with program supervisors concerning projects, problems, attainment of goals and objectives. Interviews, hires, disciplines, recommend firing and supervise staff, evaluates employees' performance and recommends compensation adjustment. Responsible for staff development and training of staff. Conducts in service training sessions and staff meetings with documented agenda. Develops, writes and reviews employee job descriptions as required. 0.1 FTE Department Head

Assist in providing leadership and direction associated with the operation of Case Managers for individuals experiencing severe and persistent mental illness as well as co-occurring disorders of alcohol and/or substance abuse/dependence. Supports mental health and substance abuse/dependence goals that provide an alternative to incarceration homelessness and or hospitalization of the mentally ill. Communicates effectively with supervisor, co-workers, and clients both orally and in writing to inform, instruct, or otherwise provide, direction to staff, and therapeutic information and instruction to clients and their significant others. Establish, support, and promote harmonious relations within immediate sphere of influence and with other programs. Plan, coordinate, assign, and direct activities as appropriate in a teamwork environment. 0.1 FTE Supervisor

Reentry Case Managers \$181,129 (In-kind services provided by the Palm Beach County Sheriff's Office)

External and Internal Re-Entry Case Managers- Performs responsible, professional, administrative work in implementing and evaluating comprehensive care and program services to offenders returning to the community. Assesses individuals for psychosocial deficits and strengths, including: mental health, substance abuse, medical, parental, housing, employment, occupational, educational, spiritual, and legal. Develops a comprehensive "re-entry" plan with identified and measurable goals and objectives. Makes

CJ, MH & SA Investment Grant

referrals and service linkage to community providers. Acts as liaison and advocate for ex-offender and community service providers, assisting in the transitioning process. External Reentry Case Manager 0.5 FTE and Internal Reentry Case manager 0.2 FTE

LPN \$64,157 (Grant funded)

Will perform psychiatric and medical care functions. Responsible for prioritizing, planning, organizing, directing, and completing all nursing care functions. Perform and document nursing assignments. Observe and assess needs of clients, make psychiatric and medical evaluations, and report to physician and/or Case Manager as indicated. Responsible for initiating and updating physical health treatment plans and contributing to treatment planning process. Administer medications when needed, accurately recognize side effects and adverse reactions of medications. Perform crisis intervention and emergency medical care. Establish therapeutic rapport with clients for effective one-to-one interactions. Provide client and family education in the area of medication, medical condition, proper diet, exercise, and other essential information for informed self-care. Use teaching methods appropriate for the clients' level of understanding. Document the client and family response to the education. Participate in activities, meetings, and in-service training programs. Communicate effectively in writing and verbally with patients, family members and other staff. Work cooperatively as a member of the multidisciplinary team.

Program development for start up phase: \$3,145 (In-kind services of staff from the Criminal Justice Commission (CJC) for 80 hours) CJC Analyst job description: This is advanced professional work in the preparation and development of comprehensive plans for the improvement of criminal justice system operations. An employee in a position allocated to this class is responsible for organizing and conducting research projects designed to evaluate criminal justice program operations in an effort to improve law enforcement, courts and correctional components of the system. Organizes and conducts research projects designed to evaluate criminal justice programs in an effort to improve law enforcement, courts and the correctional system in Palm Beach County. Analyzes, develops and evaluates grant applications requested to fund the prevention, reduction and control of crime and the improvement of the criminal justice system. Consults with State and local officials in designing and implementing criminal justice programs; interprets policies and guidelines utilized in the formation of project proposals. Develops and implements standards for determining the effectiveness and efficiency of existing programs.

Administration

Administrative Cost 10%: Administrative cost will be used for grant management activities and record keeping.

Travel

Staff Mileage \$10,170: Mileage reimbursement for the case manager will be paid at \$0.50 X 25 miles per day X 266 days X 3 years

Contractual

Substance abuse treatment \$302,570 (In-kind match services provided by Comprehensive Alcoholism Rehabilitation Programs Inc.) will be available for 4 beds in the 3 year project period at a rate of \$69.08 per day per bed for 2 males and 2 females.

Psychiatric Services \$52,920 (Grant funded) AND \$37,995 (In-kind inpatient hospital services)

Psychiatric services will be provided by the Oakwood Center of Palm Beaches, Inc. for 4 hours per week for the project period.

Substance abuse treatment \$53,044 (Grant funded)

Substance Abuse treatment will be provided by the Oakwood Center of Palm Beaches, Inc. for 200 hours of group therapy per year, 110 hours of Individual Therapy per year and 60 days of detox per year.

Outpatient therapeutic dual diagnosis treatment \$50,000 (In-kind match services provided by the Lord's Place)

homeless center will be available to clients for outpatient therapeutic dual diagnosis treatment.

Substance abuse/mental health treatment \$47,450 (In-kind match services provided by the Drug Abuse Foundation Inc.) will be available for 2 beds serving 12 clients per year (up to 36 clients in the 3 year project period).

Case management for pregnant women inside the jail and leaving the jail and infant mental health attachment treatment \$45,945 (In-kind match services provided by Families First) will be made for case management and mental health treatment for pregnant women or women with infant children inside or leaving the county jail.

Employment Services \$21,807 (In-kind match services will be provided by Oakwood Center of the Palm Beaches Inc.) at a rate of \$37.86 per hour x 4 hours x 4 clients x 12 months for the project period of 3 years.

Pest Control \$3,600 (Grant funded)

Pest Control for the apartments will be paid at a yearly rate of \$1,200. This is necessary due to the increased occurrence of bed bugs in secondhand furniture and household goods.

Program Evaluation \$75,000 (Grant funded)

Contractual services will be paid to a partnering University for program evaluation.

Supplies

Office Supplies: Office supplies for the Case Manager will be paid at a rate of \$100 per month X 12 months.

Rent/Utilities

Office space \$15,000 (In-kind from Oakwood)

Office space will be provided for the Case Manager at Oakwood Center of the Palm Beaches, Inc. \$5,000 per year x 3 years.

Rent \$261,000 (Grant funded)

5 2-bedroom, 1 bathroom apartments and 4 1-bedroom, 1 bathroom apartments will be rented for clients in the program.

Moving cost \$24,100 (Grant funded)

First and last month's rental payments will be made on the apartments.

Client's utilities \$41,400 (Grant funded)

Utilities will be paid at a rate of \$150 per month for the 5 2-bedroom apartments and \$100 per month for the 4 1-bedroom apartments.

Other Expenses

Clothing / Birth Certificates/Bus passes/ driver's licenses (\$9,690 Grant funded AND \$3,000 in kind from Public Defender's Office) Clients will receive assistance in obtaining clothing, birth certificates and driver's licenses and bus passes. Up to \$3,000 cash match is provided for obtaining driver's licenses and birth certificates.

Furniture: \$18,800 (Grant funded)

Apartments will be furnished at a rate of 5 Apartments X \$2000 and 4 Apartments X \$1200.

COMMITMENT OF MATCH/DONATION FORMS

The following _____ space, _____ equipment, _____ goods/supplies, and/or X services, is/are donated to the County _____ permanently (title passes to the County).
X temporarily, for the period project period/ not to exceed 3 years (title is retained by the donor).

Value Corporation USE

\$51,751

\$129,378

4

\$

\$181,129

(County Designer Signature) (Date)

28

BASIS OF VALUATION**Building/Space**

1. Donor retains title:
 - a. Fair rental value - Substantiated in provider's records by written confirmation(s) of fair rental value by qualified individuals, e.g., Realtors, property managers, etc.
 - b. (1) Established monthly rental of space \$ _____
 - (2) Number of months donated during the contract _____
 - Value to the project [b.(1) X b.(2)] \$ _____
2. Title passes to the County:

Depreciation

 - a. Cost of Fair Market Value (FMV) at acquisition (excluding land) \$ _____
 - b. Estimated useful life at date of acquisition _____ yrs.
 - c. Annual depreciation (a/b.) \$ _____
 - d. Total square footage _____ sq. ft.
 - e. Number of square feet to be used on the grant program _____ sq. ft.
 - f. Percentage of time during contract period the project will occupy the building/space: _____ %
 - g. Value to project (c/d X f X c.) \$ _____

Use Allowance

- a. To be used in the absence of depreciation schedule (i.e., when the item is not normally depreciated in the County's accounting records)
- b. May include an allowance for space as well as the normal cost of upkeep, such as repairs and maintenance, insurance, etc.

Equipment

1. Donor retains title: Fair Rental Value
2. Title passes to County:
 - a. FMV at time of donation \$ _____, or
 - b. Annual value to project (not to exceed 6 2/3% X a.) = \$ _____

Goods/Supplies

FMV at time of donation

Personnel Services

1. Staff of another agency/organization:

External Reentry Case manager year 1 (\$41,529) + year 2 (\$43,080) + year 3 (\$44,760) = \$ 129,378

Internal Reentry Case manager year 1 (\$16,612) + year 2 (\$17,232) + year 3 (17,907) = \$51,751
2. **Volunteer**

Comparable annual salary \$ _____

Annual salary Number of hours 2080 X to be provided = \$ _____

Appendix E

COMMITMENT OF MATCH/DONATION FORMS

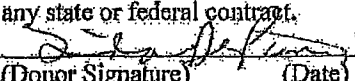

TO:(name of County)	Palm Beach County
FROM: Donor Name	Oakwood Center Of the Palm Beaches, Inc.
ADDRESS:	1041 45th Street, West Palm Beach FL 33407

The following space, equipment, goods/supplies, and/or X services, is/are donated to the County

 permanently (title passes to the County)
X temporarily, for the period to (title is retained by the donor)

Description and Basis for Valuation (See next page)

	Value	Corporation USE
(1) Inpatient Hospital \$351.82 per day X 1 client X 3 days per month	\$ 37,996.62	
(2) Employment Services \$37.86 per hour X 4 hours X 4 clients X 12 months	\$ 21,807.36	
(3) Program oversight 0.1 FTE Supervisor and 0.1 FTE Department Head	\$ 47,601.00	
(4) Office space and utilities	\$ 15,000	
		TOTAL VALUE
	\$ 122,404.98	

The above donation(s) is not currently included as a cost (either direct or matching) of any state or federal contract or grant; nor has it/they been previously purchased from or used as match for any state or federal contract.			
	<u>12/10/10</u>		<u>10-24-10</u>
(Donor Signature)	(Date)	(County Designee Signature)	(Date)

The grant Review Committee will review the valuation of the donated item(s) and has, in the space provided, indicated the valuation amount acceptable to the department for use in meeting a match requirement for the Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant program. Donated items are subject to disallowance should they be found to be a current or previous cost or matching item of a state or federal grant or contract.

BASIS OF VALUATION

Building/Space:

1. Donor retains title:

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

b. (1) Established monthly rental of space \$ _____

(2) Number of months donated during the contract _____

Value to the project [b.(1) X b.(2)] \$ _____

2. Title passes to the County:

Depreciation

a. Cost of Fair Market Value (FMV) at acquisition (excluding land) \$ _____

b. Estimated useful life at date of acquisition _____ yrs.

c. Annual depreciation (a./b.) \$ _____

d. Total square footage _____ sq. ft.

e. Number of square feet to be used on the grant program, _____ sq. ft.

f. Percentage of time during contract period the project will occupy the building/space _____ %

g. Value to project (c./d. X f. X c.) \$ _____

Use Allowance

a. To be used in the absence of depreciation schedule (i.e., when the item is not normally depreciated in the County's accounting records)

b. May include an allowance for space as well as the normal cost of upkeep, such as repairs and maintenance, insurance, etc.

Equipment

1. Donor retains title: Fair Rental Value

2. Title passes to County:

a. FMV at time of donation \$ _____, or

b. Annual value to project (not to exceed 6 2/3% X a.) = \$ _____

Goods/Supplies

FMV at time of donation

Personnel Services

1. Staff of another agency/organization:

_____ 80 hours of Sr. Analyst staff time (salary and fringe) = \$3,144.85

2. Volunteer

Comparable annual salary \$ _____

Annual salary Number of hours 2080 X to be provided = \$ _____

Appendix E

COMMITMENT OF MATCH/DONATION FORMS

TO: (name of County)	Palm Beach County
FROM: Donor Name	Public Defender's Office 15th Circuit
ADDRESS:	421 Third Street, West Palm Beach, FL 33401

The following _____ space, _____ equipment, X goods/supplies, and/or _____ services, is/are donated to the County

X permanently (title passes to the County)

_____ temporarily, for the period _____ to _____ (title is retained by the donor)

Description and Basis for Valuation (See next page)

	Value	Corporation USE
(1) \$3,000 from Jail ID Project		
	\$3,000	
(2)		
	\$	
(3)		
	\$	
(4)		
	\$	
TOTAL VALUE	\$3,000	

The above donation(s) is not currently included as a cost (either direct or matching) of any state or federal contract or grant, nor has it/they been previously purchased from or used as match for any state or federal contract.

C. Haugham
(Donor Signature) (Date)

[Signature] 10-4-10
(County Designated Signature) (Date)

The grant Review Committee will review the valuation of the donated item(s) and has, in the space provided, indicated the valuation amount acceptable to the department for use in meeting a match requirement for the Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant program. Donated items are subject to disallowance should they be found to be a current or previous cost or matching item of a state or federal grant or contract.

BASIS OF VALUATION**Building/Space**

1. Donor retains title:
 - a. Fair rental value - Substantiated in provider's records by written confirmation(s) of fair rental value by qualified individuals, e.g., Realtors, property managers, etc.
 - b. (1) Established monthly rental of space \$ _____
 - (2) Number of months donated during the contract _____
 - Value to the project [b.(1) X b.(2)] \$ _____
2. Title passes to the County:

Depreciation

 - a. Cost of Fair Market Value (FMV) at acquisition (excluding land) \$ _____
 - b. Estimated useful life at date of acquisition _____ yrs.
 - c. Annual depreciation (a./b.) \$ _____
 - d. Total square footage _____ sq. ft.
 - e. Number of square feet to be used on the grant program. _____ sq. ft.
 - f. Percentage of time during contract period the project will occupy the building/space _____ %
 - g. Value to project (e./d. X f. X c.) \$ _____

Use Allowance:

- a. To be used in the absence of depreciation schedule (i.e., when the item is not normally depreciated in the County's accounting records)
- b. May include an allowance for space as well as the normal cost of upkeep, such as repairs and maintenance, insurance, etc.

Equipment

1. Donor retains title: Fair Rental Value
2. Title passes to County:
 - a. FMV at time of donation \$ _____, or
 - b. Annual value to project (not to exceed 6 2/3% X a.) = \$ _____

Goods/Supplies

FMV at time of donation

Personnel Services

1. Staff of another agency/organization:

Annual Salary Number of hours 2080 X. to be provided = \$ _____
2. Volunteer

Comparable annual salary \$ _____

Annual salary Number of hours 2080 X to be provided = \$ _____

Attachment 1

Appendix E

COMMITMENT OF MATCH/DONATION FORMS

TO: (name of County)	Palm Beach County
FROM: Donor Name:	Drug Abuse Foundation Inc.
ADDRESS:	400 South Swinton Ave., Delray Beach, FL 33444

The following _____ space, _____ equipment, _____ goods/supplies, and/or X services, is/are donated to the County

_____ permanently (title passes to the County)

_____ temporarily, for the period _____ to _____ (title is retained by the donor)

Description and Basis for Valuation (See next page)

	Value	Corporation USE
(1) 2 treatment beds for 3 years		
	\$47,450	
(2)		
	\$	
(3)		
	\$	
(4)		
	\$	
TOTAL VALUE	\$47,450	

The above donation(s) is not currently included as a cost (either direct or matching) of any state or federal contract or grant, nor has it/they been previously purchased from or used as match for any state or federal contract.

(Donor Signature)

(Date)

10/1/10

(County Designee Signature) (Date)

10/4/10

The grant Review Committee will review the valuation of the donated item(s) and has, in the space provided, indicated the valuation amount acceptable to the department for use in meeting a match requirement for the Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant program. Donated items are subject to disallowance should they be found to be a current or previous cost or matching item of a state or federal grant or contract.

Attachment 1

BASIS OF VALUATION

Building/Space	
1.	Donor retains title: a. Fair rental value --Substantiated in provider's records by written confirmation(s) of fair rental value by qualified individuals, e.g., Realtors, property managers, etc. b. (1) Established monthly rental of space \$ _____ (2) Number of months donated during the contract _____ Value to the project [b.(1) X b.(2)] \$ _____
2.	Title passes to the County: Depreciation a. Cost of Fair Market Value (FMV) at acquisition (excluding land) \$ _____ b. Estimated useful life at date of acquisition _____ yrs. c. Annual depreciation (a/b.) \$ _____ d. Total square footage _____ sq. ft. e. Number of square feet to be used on the grant program. _____ sq. ft. f. Percentage of time during contract period the project will occupy the building/space _____ % g. Value to project (e./d. X f. X c.) \$ _____ Use Allowance a. To be used in the absence of depreciation schedule (i.e., when the item is not normally depreciated in the County's accounting records) b. May include an allowance for space as well as the normal cost of upkeep, such as repairs and maintenance, insurance, etc.

Equipment	
1.	Donor retains title: Fair Rental Value
2.	Title passes to County: a. FMV at time of donation \$ _____, or b. Annual value to project (not to exceed 6 2/3% X a.) = \$ _____

Goods/Supplies	
FMV at time of donation	

Personnel Services	
1.	Staff of another agency/organization: <u>Annual Salary</u> Number of hours 2080 X to be provided = \$ _____
2.	Volunteer Comparable annual salary \$ _____ <u>Annual salary</u> Number of hours 2080 X to be provided = \$ _____

Appendix E

COMMITMENT OF MATCH/DONATION FORMS

TO: (name of County)	Palm Beach County
FROM: Donor Name	The Lord's Place
ADDRESS:	P.O. Box 3265, West Palm Beach, FL 33402

The following space, equipment, goods/supplies, and/or X services, is/are donated to the County

 permanently (title passes to the County)

X temporarily, for the period to (title is retained by the donor)

Description and Basis for Valuation (See next page)

	Value	Corporation USE
(1) <u> </u> outpatient therapeutic services <u> </u> <u> </u> for three years	\$50,000	<u> </u>
(2) <u> </u>	\$ <u> </u>	<u> </u>
(3) <u> </u>	\$ <u> </u>	<u> </u>
(4) <u> </u>	\$ <u> </u>	<u> </u>
TOTAL VALUE	\$50,000	

The above donation(s) is not currently included as a cost (either direct or matching) of any state or federal contract or grant, nor has it/they been previously purchased from or used as match for any state or federal contract.

 (Donor Signature) 10-24-10 (Date)

 (County Designee Signature) 10-24-10 (Date)

The grant Review Committee will review the valuation of the donated item(s) and has, in the space provided, indicated the valuation amount acceptable to the department for use in meeting a match requirement for the Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant program. Donated items are subject to disallowance should they be found to be a current or previous cost or matching item of a state or federal grant or contract.

Appendix E

COMMITMENT OF MATCH/DONATION FORMS

TO: (name of County)	Palm Beach County
FROM: Donor Name	Families First of Palm Beach County
ADDRESS:	3333 Forest Hill Blvd., West Palm Beach, FL 33406

The following: space, equipment, goods/supplies, and/or X services, is/are donated to the County

 permanently (title passes to the County)

X temporarily, for the period to (title is retained by the donor)

Description and Basis for Valuation (See next page)

	Value	Corporation USE
(1) Case management and mental health treatment for pregnant women or women with infants inside the jail and/or leaving the jail	\$45,945	
(2)	\$	
(3)	\$	
(4)	\$	
TOTAL VALUE	\$45,945	

The above donation(s) is not currently included as a cost (either direct or matching) of any state or federal contract or grant, nor has it/they been previously purchased from or used as match for any state or federal contract.

Julie Smith 10/4/10
(Donor Signature) (Date)

[Signature] 10-5-10
(County Designee Signature) (Date)

The grant Review Committee will review the valuation of the donated item(s) and has, in the space provided, indicated the valuation amount acceptable to the department for use in meeting a match requirement for the Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant program. Donated items are subject to disallowance should they be found to be a current or previous cost or matching item of a state or federal grant or contract.

Appendix E

COMMITMENT OF MATCH/DONATION FORMS

TO: (name of County)	<u>Palm Beach County</u>
FROM: Donor Name	<u>Criminal Justice Commission</u>
ADDRESS:	<u>301 N. Olive Ave., Suite 1001, West Palm Beach, FL 33401</u>

The following space, equipment, goods/supplies, and/or X services, is/are donated to the County

 permanently (title passes to the County)

X temporarily, for the period project period/not to exceed 3 years (title is retained by the donor)

Description and Basis for Valuation (See next page)

	<u>Value</u>	<u>Corporation USE</u>
(1) in-kind staff services of the senior criminal <u> </u> <u> </u> justice analyst to assist in start up phase <u> </u>	\$3,144.85	<u> </u>
(2) <u> </u>		<u> </u>
(3) <u> </u>	\$ <u> </u>	<u> </u>
(4) <u> </u>	\$ <u> </u>	<u> </u>
TOTAL VALUE	\$ 3,144.85	

The above donation(s) is not currently included as a cost (either direct or matching) of any state or federal contract or grant, nor has it/they been previously purchased from or used as match for any state or federal contract.

(Donor Signature)

(Date)

(County Designee Signature) (Date)

The grant Review Committee will review the valuation of the donated item(s) and has, in the space provided, indicated the valuation amount acceptable to the department for use in meeting a match requirement for the Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant program. Donated items are subject to disallowance should they be found to be a current or previous cost or matching item of a state or federal grant or contract.

BASIS OF VALUATION

Building/Space

1. Donor retains title:

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

b. (1) Established monthly rental of space \$ _____

(2) Number of months donated during the contract _____

Value to the project [b.(1) X b.(2)] \$ _____

2. Title passes to the County:

Depreciation

a. Cost of Fair Market Value (FMV) at acquisition (excluding land) \$ _____

b. Estimated useful life at date of acquisition _____ yrs.

c. Annual depreciation (a./b.) \$ _____

d. Total square footage _____ sq. ft.

e. Number of square feet to be used on the grant program. _____ sq. ft.

f. Percentage of time during contract period the project will occupy the building/space _____ %

g. Value to project (c./d. X f. X c.) \$ _____

Use Allowance

a. To be used in the absence of depreciation schedule (i.e., when the item is not normally depreciated in the County's accounting records).

b. May include an allowance for space as well as the normal cost of upkeep, such as repairs and maintenance, insurance, etc.

Equipment

1. Donor retains title: Fair Rental Value

2. Title passes to County:

a. FMV at time of donation \$ _____, or

b. Annual value to project (not to exceed 6 2/3% X a.) = \$ _____

Goods/Supplies

FMV at time of donation

Personnel Services

1. Staff of another agency/organization:

Annual Salary Number of hours 2080 X to be provided = \$ _____

2. Volunteer

Comparable annual salary \$ _____

Annual salary Number of hours 2080 X to be provided = \$ _____

Appendix E

COMMITMENT OF MATCH/DONATION FORMS

TO: (name of County)	Palm Beach County
FROM: Donor Name	Comprehensive Alcoholism Rehabilitation Programs Inc.
ADDRESS:	5410 East Ave., P.O. Box 2507, West Palm Beach, FL 33402

The following space, equipment, goods/supplies, and/or X services, is/are donated to the County

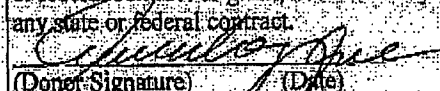

permanently (title passes to the County)

X temporarily, for the period project period/not to exceed 3 years (title is retained by the donor)

Description and Basis for Valuation (See next page)

	Value	Corporation USE
(1) <u>4 treatment beds for 3 years</u> <u>at a rate of \$69.08 per day per bed</u>	<u>\$302,570.40</u>	
(2) _____	\$ _____	
(3) _____	\$ _____	
(4) _____	\$ _____	
TOTAL VALUE	<u>\$302,570.40</u>	

The above donation(s) is not currently included as a cost (either direct or matching) of any state or federal contract or grant, nor has it/they been previously purchased from or used as match for any state or federal contract.

(Donor Signature) (Date) (County Designee Signature) (Date)

The grant Review Committee will review the valuation of the donated item(s) and has, in the space provided, indicated the valuation amount acceptable to the department for use in meeting a match requirement for the Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant program. Donated items are subject to disallowance should they be found to be a current or previous cost or matching item of a state or federal grant or contract.

BASIS OF VALUATION**Building/Space**

1. Donor retains title:
 - a. Fair rental value - Substantiated in provider's records by written confirmation(s) of fair rental value by qualified individuals, e.g., Realtors, property managers, etc.
 - b. (1) Established monthly rental of space \$
 - (2) Number of months donated during the contract
 - Value to the project [b.(1) X b.(2)] \$
2. Title passes to the County:

Depreciation

 - a. Cost of Fair Market Value (FMV) at acquisition (excluding land) \$
 - b. Estimated useful life at date of acquisition yrs.
 - c. Annual depreciation (a./b.) \$
 - d. Total square footage sq. ft.
 - e. Number of square feet to be used on the grant program. sq. ft.
 - f. Percentage of time during contract period the project will occupy the building/space %
 - g. Value to project (e./d. X f. X c.) \$

Use Allowance

- a. To be used in the absence of depreciation schedule (i.e., when the item is not normally depreciated in the County's accounting records)
- b. May include an allowance for space as well as the normal cost of upkeep, such as repairs and maintenance, insurance, etc.

Equipment

1. Donor retains title: Fair Rental Value
2. Title passes to County:
 - a. FMV at time of donation \$, or
 - b. Annual value to project (not to exceed 6 2/3% X a.) = \$

Goods/Supplies

FMV at time of donation

Personnel Services

1. Staff of another agency/organization:

Annual Salary Number of hours 2080 X to be provided = \$
2. Volunteer

Comparable annual salary \$

Annual salary Number of hours 2080 X to be provided = \$

Project Timeline

Month	Project Goal	Related Objective	Key Activities	Expected Completion Date	Responsible Partner
1-3	Reduce Re-entry into the criminal justice system by those with mental illness and/or substance abuse disorders	Objective 1: Fund 9 supportive housing placements for homeless persons recently released from jail	Finalize program design, design program case flow	End of Month 3	CJC, PB Sheriff's Office, Oakwood, Families First, DAF, CARP
1-3	Reduce Re-entry into the criminal justice system by those with mental illness and/or substance abuse disorders	Objective 2: Provide substance abuse and/or mental health treatment to program participants	Finalize program design, design program case flow	End of Month 3	CJC, PB Sheriff's Office, Oakwood, Lord's Place, Drug Abuse Foundation, CARP
3-6	Reduce Re-entry into the criminal justice system by those with mental illness and/or substance abuse disorders	Objective 3: Provide benefit qualification and ancillary social services for program participants	Project ramp up	Months 4-6	PB Sheriff's Office, Oakwood
6-36	Reduce Re-entry into the criminal justice system by those with mental illness and/or substance abuse disorders	Objective 4: Provide supported housing for program participants	Provide comprehensive continuum of services to target population	Months 6-36	PB Sheriff's Office, Oakwood
3-36	Reduce Re-entry into the criminal justice system by those with mental illness and/or substance abuse disorders	Objective 5: Develop a cost-savings analysis of the program, utilizing historic data of program participants previous tenure in jail/hospital/mental health facilities	Data collection and analysis, Provide comprehensive continuum of services to target population	Month 36	CJC, PB Sheriff's Office, Oakwood

MATCH COLLECTION SUMMARY REPORT

DATE - October 4, 2010

County - Palm Beach County

Type of Grant - Implementation

Match Requirement Percentage - 100%

Total Match Required for the Grant: \$ 750,000

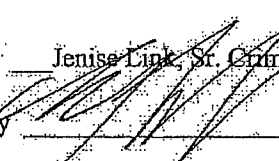
Match Reported this Period:

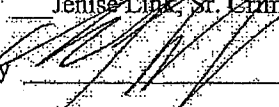
Cash \$ 3,000

In-Kind \$ 752,492.97

Total \$ 755,492.97

Comments:

Prepared By: Jenise Link, Sr. Criminal Justice Analyst 

Approved By:  10-4-10

PALM BEACH COUNTY
SHERIFF'S OFFICE
RIC L. BRADSHAW, SHERIFF



October 4, 2010

Mr. Michael L. Rodriguez, Executive Director
Criminal Palm Beach County Criminal Justice Commission
301 N. Olive Avenue, Suite 1001
West Palm Beach, FL 33401

**Re: Letter of Commitment for Criminal Justice, Mental Health and Substance Abuse
Reinvestment Grant**

Dear Mr. Rodriguez:

The Palm Beach County Sheriff's Office (PBSO) is very pleased to offer this letter of commitment for the implementation grant proposal to the Florida Department of Children and Families. PBSO acknowledges the Palm Beach County Criminal Justice Commission as the lead fiscal agency on this project as well as it being a collaborative partnership among the community.

The Palm Beach County Sheriff's Office has been a strong proponent of jail diversion alternatives for mentally ill and substance abuse offenders. As a partner in the planning process, PBSO worked with many partners to identify the gaps and needs that exist within the criminal justice system and determined appropriate options for diversion, supporting evidence-based models. To assist in the implementation of the grant project, PBSO will provide in-kind services to include the services of our reentry case manager staff.

As an integral partner in the criminal justice system, we recognize the importance of this critical initiative and look forward to working as a team to provide the best remedies for an optimal system that will adequately serve this vulnerable population, without compromising public safety.

Sincerely,


Ric L. Bradshaw
Sheriff



OAKWOOD CENTER

of the Palm Beaches, Inc.

1041 45th Street • West Palm Beach, FL 33407-2415 • (561) 383-8000 • Fax: (561) 514-1995
406 S.E. Martin Luther King, Jr. Blvd. • Belle Glade, FL 33430 • (561) 993-8080 • Fax: (561) 992-7783

October 1, 2010

Mr. Michael L. Rodriguez, Executive Director
Palm Beach County Criminal Justice Commission
301 N. Olive Avenue, Suite 101
West Palm Beach, Florida 33401

Re: Letter of Commitment for Criminal Justice, Mental Health and
Substance Abuse Reinvestment Grant

Dear Mr. Rodriguez:

Our community has made great strides over the past couple of years in our efforts to meet the treatment needs of homeless persons with mental health, substance abuse, and co-occurring disorders. However, there still remain gaps in service needs as a result of insufficient resources. The Oakwood Center of the Palm Beaches, Inc. is happy to partner with Palm Beach County in applying for a Criminal Justice, Mental Health and Substance Abuse Reinvestment grant to fund implementing a supported housing project for homeless offenders leaving the jail that have a mental health and substance abuse disorder with a focus for custodial parents. As a member of the County's Criminal Justice, Mental Health and Substance Abuse Planning Council, I know that this area was one of the strategies stated in our strategic plan.

As one of the county's two comprehensive community behavioral health centers, we are willing to commit to collaborating with Palm Beach County to provide housing and treatment services for homeless offenders leaving the jail that have a mental health and substance abuse disorder with a focus for custodial parents. The Center will administer the project providing day-to-day oversight of the housing units and the direct services offered. We will also provide 80 hours in-kind services of a supervisor for the start up phase and in-kind services of a part time project director to the program.

If I can be of any assistance to you in the pursuit of these funds, please do not hesitate to contact me. I look forward to a positive outcome to your efforts in the very near future.

Sincerely,

Linda De Piano, Ph.D.
Chief Executive Officer

A not-for-profit, Joint Commission Accredited, Community Behavioral Healthcare Organization



www.oakwoodcenter.org



State of Florida
Office of the Public Defender
Fifteenth Judicial Circuit of Florida

Attachment 1

Carey Haughwout
Public Defender

421 3rd Street
West Palm Beach, Florida
33401-4297

(561) 355-7500
Direct (561) 355-7654
Fax (561) 355-7737

October 1, 2010

Mr. Michael L. Rodriguez, Executive Director
Criminal Palm Beach County Criminal Justice Commission
301 N. Olive Avenue, Suite 1001
West Palm Beach, FL 33401

Re: Letter of Commitment for Criminal Justice, Mental Health and Substance Abuse
Reinvestment Grant

Dear Mr. Rodriguez:

The purpose of this letter is to officially notify you of the 15th Judicial Circuit Office of the Public Defender's commitment to the implementation project for the Criminal Justice, Mental Health and Substance Abuse Reinvestment grant. My office pledges to provide cash match in the amount of \$3,000 through grant funding awarded to our reentry work for the three year project period for providing Florida Identification cards, driver licenses and birth certificates to the target population.

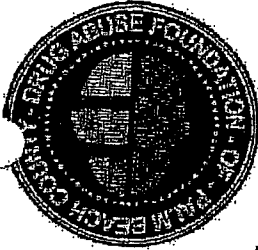
The Palm Beach County Public Defender's Office is excited to be a part of the much needed effort to provide supported housing to this vulnerable population. So often our clients suffer from mental illness, substance abuse issues or both. We have worked to minimize their contact with the criminal justice system as a result of these issues but continue to fall short as our system is not equipped to solve these problems. We already see this grant opportunity bringing together the necessary individuals to fill this gap in our system.

We look forward to being a part of this effort and anticipate positive change for our clients and other poor people in our community.

Respectfully,

Carey Haughwout
Public Defender

Attachment 1



DRUG ABUSE FOUNDATION

Of Palm Beach County, Inc.

Alton Taylor, M.Ed.
Executive Director & CEO

October 1, 2010

OFFICERS

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Board President

June Delcher
Board Vice President

Tony Allerton
Secretary/Treasurer

Joseph Moore
Past President

Mr. Michael L. Rodriguez, Executive Director
Criminal Palm Beach County Criminal Justice Commission
301 N. Olive Avenue, Suite 1001
West Palm Beach, FL 33401

Re: Letter of Commitment for Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant

DIRECTORS

Dear Mr. Rodriguez:

Lorenzo Brooks
William J. Wood
Ernest Simon
Clayton Wideman
Leo Phillips

The purpose of this letter is to officially notify you of the Drug Abuse Foundation of Palm Beach County Inc. commitment to the implementation project for the Criminal Justice, Mental Health and Substance Abuse Reinvestment grant. The Foundation pledges to provide in-kind treatment services consisting of 2 beds serving 12 clients per year for the 3 year grant period.

LIFE DIRECTORS

Richard Siemens

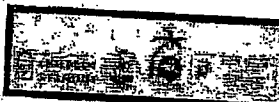
Lenn M. Waackes

The Foundation has served Palm Beach County for over 40 years and currently provides a wide array of prevention and treatment services to a broad sector of the community. Additionally, the Foundation provides an array of specialized services to the individuals and families in the communities of Adult Criminal Justice, Juvenile Justice, Civil Commitment, and Child Welfare.

Respectfully,

Drug Abuse Foundation of Palm Beach County, Inc.

Alton Taylor, M.Ed.
Executive Director and CEO



400 South Swinton Ave. Delray Beach, FL 33444
(561)278-0000—(561)732-0800 Fax: (561)276-8852
dafpb@msn.com - dafpb.org



Breaking the Cycle of Homelessness

October 4, 2010

Mr. Michael L. Rodriguez, Executive Director
Criminal Palm Beach County Criminal Justice Commission
301 N. Olive Avenue, Suite 1001
West Palm Beach, FL 33401

Re: Letter of Commitment for Criminal Justice, Mental Health and Substance Abuse
Reinvestment Grant

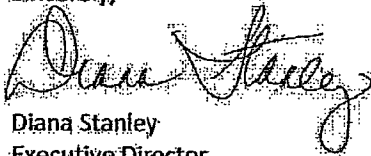
Dear Mr. Rodriguez:

The Lord's Place is thrilled to be included in the Palm Beach County Criminal Justice Commission's effort to seek funding through the Criminal Justice Mental Health and Substance Abuse Reinvestment Act.

As an advocate for the homeless in our community, I can personally attest to the fact that Palm Beach County is in an excellent position to implement diversion programs for those leaving the jail that are homeless and have co-occurring disorders. With this in mind, I am happy to offer in-kind match for outpatient therapeutic services in the amount of \$50,000 from our Transition from Jail to Community program which is funded by Robert Wood Johnson Foundation as well as other private funders. I believe this treatment is ideal for the dual diagnosed population in your project design and parallels our efforts to assist these persons at the same time.

If I can be of any assistance to you in the pursuit of these funds, please do not hesitate to contact me. I look forward to a positive outcome to your efforts in the very near future.

Sincerely,


Diana Stanley
Executive Director

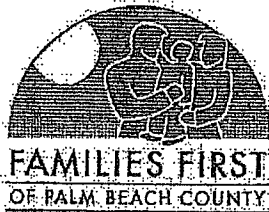


2808 N. Australian Avenue, West Palm Beach, FL 33407

Phone (561) 494-0125 • Fax (561) 494-2922 • info@thelordsplace.org • www.thelordsplace.org

Mission: The Lord's Place is dedicated to breaking the cycle of homelessness by providing innovative, compassionate and effective services to men, women, and children in our community.

The Lord's Place is a 501(c)(3) organization. All donations are tax deductible according to IRS Rules and Regulations. Tax ID #58-2240502



Stronger Families - Stronger Communities

3333 Forest Hill Boulevard, Second Floor, West Palm Beach, FL 33406

Administration Tel: (561) 721-2887 Fax: (561) 721-2893 Services: (561) 721-2802 Fax: (561) 721-2803 Website: www.familiesfirstpbcc.org

Julie A. Swindler, LCSW
Chief Executive Officer

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Social Worker

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James H. Nsu, CPU, ARM, WCF
General Manager
National Council on Compensation Insurance

Marion Winston

Legal Counsel

Phillip M. Sprinkle, II
Beldi Blighem, LLP

Families First is a 501(c)(3) organization and registered with the state of Florida #214282. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL FREE (800) 485-7352. WITHIN THE STATE, REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.

October 4, 2010

Mr. Michael L. Rodriguez, Executive Director
Palm Beach County Criminal Justice Commission
301 N. Olive Avenue, Suite 1001
West Palm Beach, FL 33401

Re: Letter of Commitment for Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant

Dear Mr. Rodriguez:

Families First understands that women with mental health and substance addictions need access to treatment in order to reduce the rate of entry and reentry into the criminal justice system. We are thrilled to be included in the Palm Beach County Criminal Justice Commission's effort to seek funding through the Criminal Justice Mental Health and Substance Abuse Reinvestment Act.

Families First of Palm Beach County is a private nonprofit county-wide family service agency whose vision is to build stronger families and stronger communities. As such, we are pleased to support the effort to seek the Implementation Grant, as provided by the Criminal Justice, Mental Health and Substance Abuse Reinvestment Act, and are able to commit to the following:

- Case management for pregnant women inside the jail and leaving the jail
- Infant Mental Health services to assist with attachment and bonding for pregnant women or women with infants

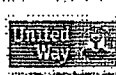
We are very excited to participate in this process and we know that Palm Beach County is poised to implement a successful program to ensure that people with mental health and substance abuse have access in a timely manner to effective treatment.

Sincerely,

Julie Swindler
Julie Swindler, LCSW
Chief Executive Officer

The mission of Families First is to create opportunities with families to embrace their hope, strength and potential for change.

Page 42





Criminal Justice Commission
501 North Olive Avenue, Suite 1001
West Palm Beach, FL 33401-4705
(561) 355-4943
FAX (561) 355-4941
www.pbcgov.com/cjc

**Palm Beach County
Board of County
Commissioners**

Burt Aaronson, Chair
Karen T. Marcus, Vice Chair

Shelley Vana
Steven L. Abrams
Jess R. Santamaria
Priscilla A. Taylor

County Administrator
Robert Weismann

*"An Equal Opportunity
Affirmative Action Employer"*

Official Electronic Letterhead

October 5, 2010

**Re: Letter of Commitment for Criminal Justice, Mental Health and
Substance Abuse Reinvestment Grant**

To Whom It May Concern:

On September 24, 2007 members of the Criminal Justice Commission fully supported the establishment of the Mental Health and Substance Abuse Planning Council. Since that time, the Commission has supported the Council with dedicated staffing for meeting purposes and grant administration. In 2009 the Council completed a comprehensive strategic plan through the Reinvestment grant and has been working on developing the 52 strategies that were identified.

The Commission was also recently in agreement that the Criminal Justice Commission submit an implementation grant for the Criminal Justice, Mental Health and Substance Abuse Reinvestment Act program in the area of supported housing for sentenced offenders leaving the county jail that are homeless and co-occurring with a focus for custodial parents. For this project the Commission is committed to providing grant administration services with the use of the administrative cost and is committed to providing \$3,144.85 in salary in-kind dollars for an existing staff position to provide 80 hours of support and coordination during the start up phase of the program.

The Criminal Justice Commission's founding ordinance and track record shows that we are very well suited to help the State and county redirect individuals with mental health and substance abuse disorders away from the formal criminal justice system.

The Criminal Justice Commission is firmly committed to ensuring that individuals with mental health and/or substance abuse disorders are helped by implementing policies and programs that promote prevention and treatment. Diverting this at-risk population away from the formal criminal justice system is an indicator of civil society and paramount to maintaining public health and safety.

Sincerely,


Michael L. Rodriguez
Executive Director



Comprehensive Alcoholism Rehabilitation Programs, Inc.

5410 East Avenue • P.O. Box 2507 • West Palm Beach, Florida 33402 • (561) 844-6400 • Fax (561) 844-7575

Treatment Works!

October 5, 2010

Mr. Michael L. Rodriguez, Executive Director
Criminal Palm Beach County Criminal Justice Commission
301 N. Olive Avenue, Suite 1001
West Palm Beach, FL 33401

Re: Letter of Commitment for Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant

Dear Mr. Rodriguez:

The purpose of this letter is to officially notify you of Comprehensive Alcoholism Rehabilitation Programs Inc. (CARP) commitment to the implementation project for the Criminal Justice, Mental Health and Substance Abuse Reinvestment grant. CARP pledges to provide in-kind treatment services consisting of 4 beds serving 2 males and 2 females per year for the 3 year grant period.

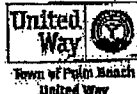
In fiscal year, 2009-2010, CARP, Inc.'s operations included a total of 172 available beds in the medical detoxification and residential programs, 15 homeless assessment program beds and 284 available outpatient treatment slots. CARP, Inc. delivered services to 3,351 unduplicated clients in Palm Beach County and the Treasure Coast. Residential and Outpatient Services are provided to male and female adults of all ages and adolescent services are available to males and females from age 13 through 17. CARP, Inc.'s Continuum of Care recorded an 88% program completion rate, compared to a goal of 74%. These services were provided for adolescent, adult, and elderly persons throughout Palm Beach, Martin, St. Lucie, Okeechobee and Indian River Counties in Florida. The Continuum of Care is a 501(c) 3 nonprofit organization that offers adults, adolescents and families a Continuum of Care of programs and services by a multidisciplinary team of addiction professionals.

Services offered include: Assessment, Social and Medical Detoxification, Homeless Assessment and Residential Support Services, Intensive and Intermediate Residential Treatment, Outpatient Treatment and Case Management Services, Aftercare Services, Prevention and Educational Services, and Parent and Family Support Group Services.

All services are linked together under a single administration, at the comprehensive service campus in West Palm Beach. Additional services are also provided in other treatment facilities throughout Palm Beach and Martin Counties.

Sincerely,


Robert Bozzone, MS, MS, LMHC, CAP, MAC
Executive Director and CEO





**Palm Beach County
Criminal Justice Commission**

**Criminal Justice, Mental Health and
Substance Abuse Reinvestment Grant for
Strategic Planning**

Final Strategic Plan Report

Submitted by:

Analytica

July 20, 2009

Entire Report is available at:

http://www.pbcgov.com/criminaljustice/committees/substance_abuse_council/

**Sponsored by Palm Beach County and the State of Florida Department of Children
and Families and the Substance Abuse and Mental Health Corporation**

Table of Contents

Contents	Page
Executive Summary	4
I. Mental Health and Substance Abuse issues in Criminal Justice: The need for new approaches	11
II. The Strategic Plan	12
A. Introduction	
B. Intercept X: Cross intercept strategies	
C. Strategies for Intercept 1: Pre-booking diversion, community law enforcement and emergency services	
D. Strategies for intercepts 2 and 3: Booking, first appearance, courts, jail	
E. Strategies for intercepts 4 and 5: Re-entry and community supports	
F. The Juvenile system strategies	
III. Process Mapping	15
A. The purpose and value of process mapping	
B. Summary of processes mapped	
C. List of maps included in report appendices	
IV. Strength, Weaknesses, Opportunities and Threats (SWOT) Analysis for the Criminal Justice, Mental Health and Substance Abuse interfaces within Palm Beach County	18
A. The Adult System	
B. The Juvenile System	
V. Strategic Choices: Recommendations from the Stakeholder Work Groups	27
A. Introduction	
B. Recommendations for the Adult System	
1. Sequential Intercept 1: Pre-booking diversion, community law enforcement and emergency services	
2. Sequential Intercept 2 & 3: Post-booking diversion, first appearance, Court, and Jail	
3. Sequential Intercept 4 & 5: Re-entry and community supports	
C. Recommendations for the Juvenile System	
VI. Appendices	48
A. Strategic Intercept Model	49
B. List of Acronyms	50

Contents	Page
C. Stakeholder Perspectives	C-1-51
1. Objectives/Methods	
2. The sequential intercept as the organizing framework for stakeholder feedback	
3. Executive summary of stakeholder feedback	
4. Overarching themes	
5. Summary of strategic issues at each stage of the intercept model	
6. Detailed summary of feedback on adult system	
7. Detailed summary of feedback on the juvenile system	
8. Attachments	
D. Detailed Process Maps	D-1-12
E. Strategic Plan Polling Results	E-1-10
F. Literature Review of Evidence-Based Practices, Best Practices, Accepted Clinical Practices and Promising Practices for Mental Health and Substance Abuse Interventions and Services to Persons Involved in the Criminal Justice System	F-1-48
1. Introduction	
2. Sequential Intercept 0 Primary Prevention and Early Intervention	
3. Sequential Intercept 1 Pre-arrest diversion, community law enforcement and emergency services	
4. Sequential Intercept 2 Post-arrest diversion, first appearance, juvenile assessment	
5. Sequential Intercept 3 Court, Jail and Juvenile Residential Program Diversion	
6. Sequential Intercept 4 Re-entry	
7. Sequential Intercept 5 Community supports	
8. Sequential Intercept X Cross system and infrastructure	
G. Analytics and Databases	G-1-33
1. Demographic Data	
2. Correctional Data	
3. Community Resource Data	
4. Outcome Data	

Executive Summary

The impact of mental illness and substance abuse on the criminal justice system is a high priority for Palm Beach County. The Board of County Commissioners recently created a Criminal Justice, Mental Health and Substance Abuse Planning Council. The County has also been proactively seeking solutions to this problem through existing task forces and system assessments. These have highlighted the need to focus on diversion and improved discharge planning for persons who have been incarcerated as a result of behaviors resulting from mental illness, substance abuse, and/or co-occurring disorders.

The Need To Address The Interface Of Criminal Justice, Mental Health And Substance Abuse

In a 2007 study commissioned by the Palm Beach County Community Alliance¹, major findings revealed:

- 100,723 individuals reported serious mental illness in 2006
- 144,000 individuals aged 18-64 reported chronic depression for 2 or more years; prevalence of reporting is higher among low-income and uninsured individuals; prolonged depression is more often reported in women than men
- Approximately 6% of Palm Beach adults report having trouble accessing mental health services in the past year due to cost; among low-income individuals, more than 22% reported trouble accessing mental health services due to cost
- 19,836 individuals out of 96,634 respondents called the local 211 Information/Referral Hotline for mental health counseling
- 992 Baker Act cases were initiated in Palm Beach County in 2006
- Over 2,000 individuals in Palm Beach County received substance abuse services through the Department of Children & Families in 2006-07

Palm Beach County's population was 1,295,033 in 2006. Based on an analysis of Florida databases by the CIMHSA Technical Assistance Center at the University of South Florida, a total of 14,606 individuals in Palm Beach County utilized mental health services, and 5,380 utilized substance abuse services. The Palm Beach Sheriff's Office (PBSO) operates one of the largest correctional systems in the nation, with an average daily population (ADP) of nearly 3,000 inmates in its three adult detention facilities and forecasted growth to 3,530 inmates by the year 2015. Key statistics are: (1) approximately 17% of the ADP receive some form of mental health services, (2) 4% (of the 17%) are taking medication for some type of mental health disorder, (3) Two percent (80 inmates) with SPMI, schizophrenia, or developmental disabilities are housed in one of four mental health units and (4) approximately 80% of inmates housed in the County jail also have a substance abuse disorder. In an effort to effectuate meaningful changes, Palm Beach County successfully applied for grant funds to develop the strategic plan described in this document. The goal is to work towards long-term systemic change so that the

¹ Investing in the Health of Palm Beach County's Citizens, Strategies For Strengthening the Safety Net For Individuals With Mental and Substance Use Conditions (February 2007)

number of persons with mental health disorders and/or dual substance abuse disorders in the criminal justice system is significantly reduced. Through this now completed strategic planning process, the County has assessed and identified systemic gaps and established priority strategies to move toward services delivered efficiently and seamlessly through our collaborative network of treatment and social service providers.

The plan is a product of the Florida Re-Investment Act grant awarded by the Florida Department of Children and Families. Accompanying the plan itself are various documents developed during the strategic planning process to inform the discussion and decisions regarding the strategic plan.

These Issues Have Generated System Reform Activities Across Florida

Why is it important to address this issue? The Florida Substance Abuse and Mental Health Corporation reports that "the most conservative estimates, provided by the federal Bureau of Justice and jail based studies, is that 8 percent of the nearly 16 million annual arrests in the United States involve a person with a symptomatic mental illness. Prevalence estimates for all mental disorders among incarcerated populations run as high as 70-80 percent. In Florida, there were 638,275 individuals arrested in fiscal year 2006-2007 according to the Florida Department of Law Enforcement. An analysis completed by the CJMHSA Technical Assistance Center showed that 83,721 individuals (or 13.11%) had used services in the fiscal year prior to their arrest as reflected in the Medicaid and IDS files."²

Palm Beach County shares national and state concerns regarding criminalization of persons with mental health disorders and dual substance abuse disorders, and recognizes the critical need to implement viable options to incarceration for this vulnerable population. Each day, the County houses over 500 people with some form of mental health problem in its jails, the vast majority of whom will be quickly discharged back into the community without adequate services to prevent re-incarceration. Furthermore, over 2,400 individuals are incarcerated on any given day due to substance abuse problems. While the average length of stay for inmates in the general population is 33 days, those with mental health problems average 60 days in a setting not designed to meet their chronic needs.

For many individuals unable to access care in the community, the only options to receive treatment is by accessing care through some of the most costly and inefficient points of entry into the healthcare delivery system including emergency rooms, acute crisis services, and ultimately the juvenile and criminal justice systems.

On any given day in Florida, there are approximately 16,000 prison inmates, 15,000 local jail detainees, and 40,000 individuals under correctional supervision in the community who experience serious mental illness. Annually, as many as 125,000 people with mental illnesses requiring immediate treatment are arrested and booked into Florida jails. The vast majority of these individuals are charged with minor misdemeanor and low level felony offenses that are a direct result of their psychiatric illnesses. People with Serious Mental Illness who come in contact with the criminal justice system are typically poor, uninsured, homeless, members of minority groups, and experience co-occurring substance use

² 2008 Annual Report

disorders. Approximately 25 percent of the homeless population in Florida has a Serious Mental Illness and over 50 percent of these individuals have spent time in a jail or prison"³.

The Strategic Planning Process

The purpose of this project was to develop a strategic plan for addressing criminal justice, mental health and substance abuse issues in Palm Beach County. A comprehensive effort involving all stakeholders produced a series of strategic choices for improving services and addressing the issue.

The planning activities are described in detail in the full report. They included:

1. Phase I was the development of an environmental scan to identify the key issues (strengths, weaknesses, opportunities, and major challenges) that must be addressed in the plan. Analytica worked with staff of the CJC to identify Community Stakeholders who represent organizations and institutions that interact directly with mentally ill, substance abusing and/or homeless populations who are involved with Palm Beach County's Criminal Justice system. Between July 10, 2008 and August 20, 2008, Analytica and its partner on the CJC project, Strategic Partners Consulting, conducted individual and group interviews with 34 Community Stakeholders. The Stakeholders Perspectives Report summarizes the many diverse perspectives of individuals and organizations that interface with adults or juveniles with severe, persistent mental illness (SPMI), substance abuse or co-occurring disorders who have involvement with Palm Beach County's criminal justice, juvenile justice, behavioral healthcare, public health or homeless service systems. The report identified areas of agreement and disagreement. This report was utilized by the four workgroups to inform their recommendations for change strategies. (See *Appendix C for the full report*).
2. Phase II was a process mapping activity that began with several meetings with key informants who are knowledgeable about the various resources and understand how people move from place to place between the criminal justice and treatment realms. Those draft maps were then utilized by four workgroups to develop a SWOT analysis for their assigned component of the Sequential Intercept model. The maps were revised by each workgroup to represent the current system as it operates based on the experience of the workgroup participants. (See *Appendix D for the full set of process maps*).
3. Phase III was the establishment of four workgroups, each of which addressed a specific section of the Sequential Intercept Model. An important understanding that emerged from the workgroup activity is that stakeholders have differing understandings and expectations of what happens at any given intersection between one activity and another. When the workgroups identified disagreements about process or program, disconnects between activities, lack of capacity, or the need for better outcomes, strategic choices were recommended to the Council to be included in the Strategic Plan. The workgroups developed two documents; a). an analysis of the Palm Beach community's Strengths, Weaknesses, Opportunities and Threats (SWOT) found in *Section IV* of the full report; and b). Recommendations from each workgroup of

³ Florida Supreme Court Reporter.

strategic choices to be implemented through the Strategic Plan found in *Section V* of the full report. The four workgroups addressed:

- a. Intercept 1: Pre-booking, community law enforcement and emergency services
 - b. Intercepts 2 and 3: Booking, first appearance, courts, jail
 - c. Intercepts 4 and 5: Re-entry and community supports
 - d. Juvenile system strategies
4. Phase IV: A review of evidence based practices, best practices, accepted clinical practices and promising practices for mental health and substance abuse interventions and services to persons involved in the criminal justice system was prepared by Analytica. This provides a substantial resource for the Palm Beach County leadership as they move forward to implement their strategic priorities. (See *Appendix F* for the full report.)
5. Phase V: This *Executive Summary* presents a synopsis of the strategies prioritized for future implementation by the Criminal Justice, Mental Health and Substance Abuse Planning Council. This action, later endorsed by the Palm Beach County Criminal Justice Commission and accepted by the Palm Beach County Board of County Commissioners, created this plan. In developing the plan a modified version of the sequential intercept model was used as the organizing framework.

The Strategic Plan

The strategic plan is organized into two major sections: adults and juveniles. Given the differences in how these two systems are structured and purposed, it was logical to approach them separately. Within the adult section, strategies are grouped into cross intercept strategies, pre-booking and community law enforcement strategies, booking, jail, and courts strategies, and re-entry and community support strategies. The juvenile section addresses all intercepts. Each priority strategy is briefly described in the table below.

Sequential Intercept	Population	Priority Strategies
Cross-system	Adults	1. Establishment of a Criminal Justice/Mental Health/Substance Abuse Information System
Intercept 1: Pre-booking, community law enforcement and emergency services	Adults	2. Behavioral health agencies to designate specific individuals to serve as liaisons with the criminal justice community
		3. Expand Mobile Crisis services
		4. Expand the number of law enforcement officers trained in behavioral health crisis response (CIT training)
		5. Expand emergency housing alternatives
		6. Focus on dual diagnosed persons

Sequential Intercept	Population	Priority Strategies
Intercepts 2 and 3: Booking, first appearance, courts, jail	Adults	7. Expansion of forensic case management services
		8. Develop protocols that would facilitate the sharing of information about specific persons between the Jail and the Treatment agencies
		9. Judicial coordination of release time with the availability of behavioral health agency staff to be at the jail at the time of release
		10. Seek the continuity of Medicaid benefits so that released persons can more readily obtain treatment.
		11. Expand and better optimize existing treatment beds
Intercepts 4 and 5: Re-entry and community supports	Adults	12. Establishment of a coordinated case management system for persons with SPMI
		13. Strengthen discharge planning at the Jail for SPMI persons
		14. Expand transitional and permanent housing so that homelessness is decreased and increased stability in the community occurs.
		15. Expand community-based treatment
		16. Pilot a forensic FACT team based on the successful FACT approach which provides intensive supports to maintain SPMI persons in the community
All Intercepts	Juveniles	17. Develop an entity for Palm Beach County with the authority to facilitate, manage and hold accountable coordinated resources for the juvenile/adolescent population.

A. The Adult Section

Strategies in this section were prioritized by the four working categories of sequential intercept. The priority strategies for each intercept are reported below.

1. Cross system intercept. One strategy was endorsed as priority in this intercept category. It was the establishment of a Criminal Justice/Mental Health/Substance Abuse Information System that would provide just in time information so that system professionals have access to current information about criminal legal status, treatment status and key contacts. Participants in the process identified information gaps as a major impediment to decision

making and the major contributing factor to system inefficiencies. Two additional strategies were endorsed.

2. Pre-booking, community law enforcement and emergency services. Five strategies were endorsed as equal priorities in this intercept. One strategy was for behavioral health agencies to designate specific individuals to serve as liaisons with the criminal justice community to facilitate communication and serve as problem solvers if and when law enforcement officers are facing challenges accessing the behavioral health system. A second was to expand Mobile Crisis services so that additional resources are available in the field to the law enforcement officer. A third was to expand the number of law enforcement officers trained in behavioral health crisis response (CIT training). A fourth strategy was to expand emergency housing alternatives. This expansion would provide law enforcement officers with additional options and an alternative to jail when appropriate. The fifth was to create a specific focus on dual diagnosed persons and the appropriate pathway that the law enforcement officer should take when faced with someone who may be dual diagnosed. Four other strategies were endorsed.
3. Booking, Jail, Courts. Five strategies were endorsed as equal priorities in this intercept. One was the expansion of forensic case management services targeted specifically to this population to increase the likelihood of their receiving services. A second was to develop protocols that would facilitate the sharing of information about specific persons between the Jail and the Treatment agencies while conforming to HIPPA and other legal requirements. A third strategy sought to increase the likelihood of persons being released from jail receiving treatment by judicial coordination of release time with the availability of behavioral health agency staff to be at the jail at the time of release. A fourth strategy was to seek the continuity of Medicaid benefits so that released persons can more readily obtain treatment. A fifth strategy was to both expand and better optimize existing treatment beds. Eleven additional strategies were adopted.
4. Re-entry and community supports. Five strategies were endorsed as equal priorities in this intercept. One strategy is the establishment of a coordinated case management system for persons with SPMI. This strategy is consistent with the forensic case management priority of the Booking, Jail and Courts intercept and will be implemented in a coordinated manner. The second strategy is to strengthen discharge planning at the Jail for SPMI persons. This strategy is consistent with the Jail and Courts strategy of coordinated release. The third strategy is to expand transitional and permanent housing so that homelessness is decreased and increased stability in the community occurs. A fourth strategy is to expand community-based treatment, which would include additional beds as identified by the Jail/Courts intercept. A fifth strategy is to pilot a forensic FACT team based on the successful FACT approach which provides intensive supports to maintain SPMI persons in the community. Nine additional strategies were endorsed.

B. The Juvenile Section.

The Planning Council established one priority strategy. This strategy was for the Palm Beach County Criminal Justice Council to implement, under its current authority, the role of facilitating, managing and holding accountable coordinated mental health and substance abuse resources for the juvenile/adolescent population. The Juvenile work group believed that the core issue facing Juvenile Services was to enhance the coordination and communication between the entities serving juveniles and that development of such an entity is the key first step in improving juvenile services.

The Planning Council endorsed a number of strategies for Criminal Justice Council to consider as it begins its work.

Enacting and managing the plan

For the strategic plan to be more than simply a document, it must be actively managed and modified over time as events unfold. To achieve this end, the Criminal Justice, Mental Health and Substance Abuse Planning Council will take responsibility for the plan itself. The Council will establish a sub-committee responsible for routine oversight of the plan with annual or bi-annual (as needed) meetings of the full Council to review and modify as needed. It is the further intent of the Council to actively review and seek funding opportunities through governmental grants, foundation proposals and re-design of current programs as appropriate to further the intent of the plan.

Introduction

This report presents the strategic plan adopted by the Criminal Justice, Mental Health and Substance Abuse Planning Council as endorsed and approved by the Palm Beach County Criminal Justice Commission and the Palm Beach County Board of County Commissioners. The plan is a product of the Florida Reinvestment Act grant awarded by the Florida Department of Children and Families. Accompanying the plan itself are various documents developed during the strategic planning process to inform the discussion and decisions regarding the strategic plan. (Expand on Executive Summary- should be a summary of the entire strategic plan)

Mental health and Substance Abuse Issues in Criminal Justice: The need for new approaches

What is the scope of this issue? The Florida Substance Abuse and Mental Health Corporation reports that "the most conservative estimates, provided by the Federal Bureau of Justice and jail based studies, is that 8 percent of the nearly 16 million annual arrests in the United States involve a person with a symptomatic mental illness." Prevalence estimates for all mental disorders among incarcerated populations run as high as 70-80 percent. In Florida, there were 638,275 individuals arrested in fiscal year 2006-2007 according to the Florida Department of Law Enforcement. An analysis completed by the CJMHA Technical Assistance Center showed that 83,721 individuals (or 13.11%) had used services in the fiscal year prior to their arrest as reflected in the Medicaid and IDS files."⁴

For many individuals unable to access care in the community, the only options to receive treatment is by accessing care through some of the most costly and inefficient points of entry into the healthcare delivery system including emergency rooms, acute crisis services, and ultimately the juvenile and adult criminal justice systems.

On any given day in Florida, there are approximately 16,000 prison inmates, 15,000 local jail detainees, and 40,000 individuals under correctional supervision in the community who experience serious mental illness. Annually, as many as 125,000 people with mental illnesses requiring immediate treatment are arrested and booked into Florida jails. The vast majority of these individuals are charged with minor misdemeanor and low level felony offenses that are a direct result of their psychiatric illnesses. People with Serious Mental Illness who come in contact with the criminal justice system are typically poor, uninsured, homeless, members of minority groups, and experience co-occurring substance use disorders. Approximately 25 percent of the homeless population in Florida has a Serious Mental Illness and over 50 percent of these individuals have spent time in a jail or prison"⁵.

The Purpose of this Project

The purpose of this project was to develop a strategic plan for addressing criminal justice, mental health and substance abuse issues in Palm Beach County. A comprehensive effort involving all stakeholders

⁴ 2008 Annual Report, (missing report title)

⁵ Florida Supreme Court Reporter.

produced a series of strategic choices for improving services and addressing the issue. The Criminal Justice, Mental Health and Substance Abuse Planning Council then approved and prioritized these strategies. This action, later endorsed by the Palm Beach County Criminal Justice Commission and accepted by the Palm Beach County Board of County Commissioners, created this plan. In developing the plan a modified version of the sequential intercept model was used as the organizing framework.

The Strategic Plan

The strategic plan is organized into two major sections: adults and juveniles. Given the differences in how these two systems are structured and purposed, it was logical to approach them separately. Within the adult section, strategies are grouped into cross intercept strategies, pre-booking and community law enforcement strategies, booking, jail, and courts strategies, and re-entry and community support strategies. The juvenile section addresses all intercepts. Each section is briefly reviewed below.

The Adult Section

Strategies in this section were prioritized by the four working categories of sequential intercept. The priority strategies for each intercept are reported below.

5. Cross system intercept. One strategy was endorsed as priority in this intercept category. It was the establishment of a Criminal Justice, Mental Health, Substance Abuse Information System that would provide "just in time" information so that system professionals have access to current information about criminal legal status, treatment status and key contacts. Participants in the process identified information gaps as a major impediment to decision making and the major contributing factor to system inefficiencies. Two additional strategies were endorsed.
6. Pre-booking, community law enforcement. Five strategies were endorsed as equal priorities in this intercept. One strategy was for behavioral health agencies to designate specific individuals to serve as liaisons with the criminal justice community to facilitate communication and serve as problem solvers if and when law enforcement officers are facing challenges accessing the behavioral health system. A second was to expand Mobile Crisis services so that additional resources are available in the field to the law enforcement officer. A third was to expand the number of law enforcement officers trained in behavioral health crisis response (CIT training). A fourth strategy was to expand emergency housing alternatives. This expansion would provide law enforcement officers with additional options and an alternative to jail when appropriate. The fifth was to create a specific focus on dual diagnosed persons and the appropriate pathway that the law enforcement officer should take when faced with someone who may be dual diagnosed. Four other strategies were endorsed.
7. Booking, Jail, Courts. Five strategies were endorsed as equal priorities in this intercept. One was the expansion of forensic case management services targeted specifically to this population to increase the likelihood of their receiving services. A second was to develop protocols that would facilitate the sharing of information about specific persons between the Jail and the Treatment agencies while conforming to HIPPA and other legal

requirements. A third strategy sought to increase the likelihood of persons being released from jail receiving treatment by judicial coordination of release time with the availability of behavioral health agency staff to be at the jail at the time of release. A fourth strategy was to seek the continuity of Medicaid benefits so that released persons can more readily obtain treatment. A fifth strategy was to both expand and better optimize existing treatment beds. Eleven additional strategies were adopted.

8. Re-entry and community supports. Five strategies were endorsed as equal priorities in this intercept. One strategy is the establishment of a coordinated case management system for persons with Severe and Persistent Mental Illness (SPMI). This strategy is consistent with the forensic case management priority of the Booking, Jail and Courts intercept and should be implemented in a coordinated manner. The second strategy is to strengthen discharge planning at the jail for SPMI persons. This strategy is consistent with the Jail and Courts strategy of coordinated release. The third strategy is to expand transitional and permanent housing so that homelessness is decreased and increased stability in the community occurs. A fourth strategy is to expand community-based treatment, which would include additional beds as identified by the Jail/Courts intercept. A fifth strategy is to pilot a forensic Florida Assertive Community Treatment (FACT) team based on the successful FACT approach which provides intensive supports to maintain SPMI persons in the community. Nine additional strategies were endorsed.

The Juvenile Section.

The Planning Council established one priority strategy. This strategy was for the Palm Beach County Criminal Justice Council to implement, under its current authority, the role of facilitating, managing and holding accountable coordinated mental health and substance abuse resources for the juvenile/adolescent population. The Juvenile work group believed that the core issue facing Juvenile Services was to enhance the coordination and communication between the entities serving juveniles and that development of such an entity is the key first step in improving juvenile services.

The Planning Council endorsed a number of strategies for the Criminal Justice Council to consider as it begins its work.

Background

Palm Beach County is developing a collaborative and systemic network approach to addressing the interface of criminal justice, mental health and substance abuse to ensure better services for consumers and more effective and efficient use of public resources. The network involves key actors in the criminal justice and behavioral health systems along with many ancillary social services and consumer and family perspectives. The Palm Beach County Sheriff has responsibility for both law enforcement and the jail. Each day, the County houses over 500 people with some form of mental health problem in its jails, the vast majority of whom will be quickly discharged back into the community without adequate services to prevent re-incarceration. Furthermore, over 2,400 individuals are incarcerated on any given day with substance abuse problems. While the average length of stay for inmates in the general

population is 33 days, those with mental health problems average 60 days in a setting not designed to meet their chronic needs.

The Palm Beach Sheriff's Office (PBSO) operates one of the largest correctional systems in the nation, with an average daily population (ADP) of nearly 3,000 inmates in its three adult detention facilities and forecasted growth to 3,530 inmates by the year 2015. Key statistics are: (1) approximately 17% of the ADP receive some form of mental health services; (2) 4% (of the 17%) are taking medication for some type of mental health disorder; (3) Two percent (80 inmates) with SPMI, schizophrenia, or developmental disabilities are housed in one of four mental health units and (4) approximately 80% of inmates housed in the County jail also have a substance abuse disorder. Palm Beach County's population was 1,295,033 in 2006. Based on an analysis of Florida databases by the Technical Assistance Center at the University of South Florida, a total of 14,606 individuals utilized mental health services, and 5,380 utilized substance abuse services in Palm Beach County (7)

Locally, the State Department of Children and Families, Substance Abuse and Mental Health Services (DCF/SAMH) is the designated mental health authority, and provides the majority of funding for community mental health services. There is currently one Florida Assertive Community Treatment team which serves 100 clients with a waiting list that exceeds 25. Two PACT-type intensive case management units exist, one for clients with co-occurring disorders and one for mental health only. DCF/SAMH is implementing the Minkoff model⁶ for treating co-occurring disorders, and has provided training so that all DCF contractors will become co-occurring capable in contracts beginning July 1, 2009.

The impact of mental illness and substance abuse on the criminal justice system is a high priority for Palm Beach County. The Board of County Commissioners recently created a Criminal Justice, Mental Health and Substance Abuse Planning Council. The County has also been proactively seeking solutions to this problem through existing task forces and system assessments. These have highlighted the need to focus on diversion and improved discharge planning for persons who have been incarcerated as a result of behaviors resulting from mental illness, substance abuse, and/or co-occurring disorders.

Some examples of programs or sub-systems currently in place in the county are Civil Drug Court, Mental Health Jail Diversion program, Crisis Intervention Teams, Forensic Mental Health Specialist, and Community Justice Service Centers. Palm Beach County has voluntarily developed and self-funded a Crisis Intervention Team (CIT) training effort for law enforcement personnel. Since 2003, 25 classes have trained over 700 officers/deputies from 23 different agencies. There is a substantial infrastructure to work with but there has been a failure to link and integrate systems. A goal of this strategic plan is to bridge a significant service delivery gap via a mechanism that links the offender from the criminal justice system immediately to the mental health system, without compromising public safety.

⁶ Kenneth Minkoff, MD, "Service Planning Guidelines—Co-Occurring Psychiatric And Substance Disorders", Behavioral Health Recovery Management project, funded by the Illinois Department of Human Services' Office of Alcoholism and Substance Abuse, 2001.

Process Mapping

The purpose and value of process mapping

The purpose of process mapping is to delineate how the current system works from the perspective of individuals who interact with various components of Palm Beach County's mental health, substance abuse and law enforcement system. This information has been analyzed in conjunction with the strengths, weaknesses, opportunities and threats (SWOT) assessment to identify improvement points that would result in a more effective and efficient system.

People move through the criminal justice system in predictable ways⁷. You can examine this flow and look for ways to intercept persons to ensure prompt access to treatment, opportunities for diversion and timely movement through the criminal justice system. The desired results for the Palm Beach County strategic plan are to:

- Promote and support recovery
- Provide safety and quality of life for all community residents
- Keep people out of jail and in treatment
- Provide constitutionally adequate treatment in jail
- Link to comprehensive, appropriate, and integrated community-based services

Cross-systems mapping is a recognized tool⁸ utilized in national research and planning to help transform fragmented systems, identify local resources and gaps and help identify where to begin interventions. It depicts contact/flow with the criminal justice system, identifies available community services/supports for targeted mentally ill and substance abuse populations. It then assesses the scope and capacity of current therapeutic services for the target population with mental illness and/or substance abuse issues who are at high risk of entering the juvenile or adult criminal justice system.

Summary of processes mapped

The process mapping activity began with a series of meetings with key informants who are knowledgeable about the various resources and understand how people move from place to place between the criminal justice and treatment realms. Those draft maps were then utilized by four workgroups to develop a SWOT analysis for their assigned component of the Sequential Intercept

⁷ Sequential Intercept Model courtesy Patricia Griffin, Ph.D.

⁸ Criminal Justice/Mental Health Consensus Project, "A Person with Mental Illness in the Criminal Justice System: A Flowchart of Select Events", (chart); and Council of State Governments Justice Center, (2007), Increasing Collaboration between Corrections and Mental Health Organizations: Orange County Case Study. New York, NY: Council of State Governments Justice Center.

model. The maps were revised by each workgroup to represent the current system as it operates based on the experience of the workgroup participants.

The four workgroups are:

- Intercept 1: Pre-booking, community law enforcement and emergency services
- Intercepts 2 and 3: Booking, first appearance, courts, jail
- Intercepts 4 and 5: Re-entry and community supports
- Juvenile system strategies

An important understanding that emerged from the workgroup mapping activity is that *stakeholders have differing understandings and expectations of what happens at any given intersection* between one activity and another. When the workgroups identified disagreements about process or program, disconnects between activities, lack of capacity, or the need for better outcomes, strategic choices were identified for recommendations to the Council for actions to be included in the Strategic Plan.

The target population for Palm Beach County's mapping is men and women with serious mental illness, (and often co-occurring substance use disorders) who are involved in the criminal justice system, and juveniles with similar needs

The process mapping activities have been utilized in development of the Palm Beach County strategic plan to:

- Identify possible barriers and challenges, as well as potential solutions identified by participants
- Identify best practices for developing a more integrated system in PBC that would (a) provide services in appropriate venues—and (b) reduce inappropriate use of the jail as a treatment facility
- Identify opportunities to improve and develop the collaboration and coordination among criminal justice, mental health and drug treatment, physical health and related social service systems for the targeted population.
- Illustrates key points to "intercept," to ensure:
 - Prompt access to treatment
 - Opportunities for diversion
 - Timely movement through criminal justice system
 - Linkage to community resources
- Identify the typical client pathway
- Identify current therapeutic services to the target population, how these services interface with the criminal justice system currently and the relative capacity of these services compared to demand;
- Identify barriers and challenges in the existing systems with particular emphasis on sequential intercept issues;

- Using the sequential intercept model identify opportunities and solutions which would improve and develop the collaboration and coordination among criminal justice, mental health and drug treatment, physical health care and related social service systems for the targeted population.

List of maps included in report appendices

Adults

1. Sequential Intercept #1—Law enforcement activities
2. Sequential Intercept #1—Emergencies that involve a Baker Act or detoxification admission.
3. Sequential Intercept #2: Post-Arrest—Initial Detention
4. Sequential Intercept #2—Post-Arrest—Initial Hearing
5. Sequential Intercept #3—Post-Initial Hearings—Forensic Evaluations and Forensic Commitments
6. Sequential Intercept #3—Post-Initial Hearings—Marchman Act Civil Commitment
7. Sequential Intercept #3—Drug Court
8. Sequential Intercept #3—Jail Services
9. Sequential Intercept #4—Community Re-entry for County Sentenced Persons

Juveniles

10. Sequential Intercept #1—Children and Youth—Law Enforcement and Emergency Services
11. Sequential Intercept #2 and 3—Children and Youth—Booking, Detention and Court Hearings
12. Sequential Intercept #3—Children and Youth—Court Hearing and DJ Commitment Placements

SWOT Analysis

The report summarizes the various strengths, limitations and weaknesses, opportunities and threats (SWOT) that have been identified through interviews, focus groups, and work group sessions. There is obviously a perceptual element to these perspectives in that one's role and function shapes one's perspective as to each of these features. The intent of this report is not to determine the relative validity of these perspectives but rather to offer them as discussion points to inform the development of the strategic plan. As long as the statement is self-explanatory no further elaboration is provided. In cases where the perspective needs some clarification, additional commentary is provided.

The report is organized by the sequential intercept, points 1 – 4.

Intercept 1: Pre-booking, community law enforcement and emergency services

Strengths

1. High level of readiness to move forward with sustainable solutions for Palm Beach County
2. Significant number of officers CIT trained
3. Mobile Crisis teams
4. Good working relationships
5. Broad range of community resources
6. CMHC's have an entire continuum of services, and they can screen the client and offer them services they would qualify for, including programs that do not have conditions or requirements that would exclude them
7. MH expertise in detox unit at jail
8. Special facilities for dual diagnosed at jail

Limitations and Weaknesses

1. No central agency to run CIT
2. Limited capacity to serve dually diagnosed persons
3. Limited emergency housing or other emergency services
4. There are significant differences in capacity, response time for screening and admissions, availability of a continuum of care and discharge planning between Community Mental Health Centers (CMHCs) with Baker Act facilities and private psychiatric hospitals that have Baker Act receiving facilities
5. There are limited options available to the law enforcement officer in the case of offenders that do not meet Baker Act criteria under Florida's legal requirements cannot be admitted to the Baker Act facility and offenders who no longer meet Baker Act criteria must be discharged upon request. There is a perception of some members of Law Enforcement that Law Enforcement are frustrated when Community Mental Health Centers (CMHC) and/or Hospitals release mentally ill/substance abusing populations back into the community after Police Officers bring them to the Baker Act facility.
6. Because Law Enforcement officers are under tremendous pressure to stabilize the situation quickly and move onto their next call, there is a tendency to look for a solution that will handle the situation rapidly. If the officer does not have confidence that the facility will accept the offender, the tendency is to bring him or her into the County Jail –instead of to the CMHC--so

- they will not have to "wait around" only to have the offender released back into to the Community, where they will be called again
7. Mobile Crisis Teams are viewed as having limited capabilities (notably their inability to transport clients), which means that Law Enforcement may be called back to deal with the same person for a second time.
 8. Hospitals providing a medical release (or offenders simply walking out) after Police Officers have brought them into the hospital for treatment
 9. Shifts in treatment responsibility in which clients with co-occurring disorders are refused treatment by a substance abuse provider because of their mental health issues, and by a mental health treatment provider because of their substance abuse treatment issues
 10. Clients being released back into the community without adequate supports—including an inadequate supply of medication—after they are stabilized by a Baker Act facility.
 11. Palm Beach County's Homeless system is on the receiving end for populations who fall through the cracks after discharge from the County Jail, Baker Act facilities, State Prisons, and Hospitals.

Opportunities

1. Use of Multiple pharmacies to make medications more accessible
2. Increase consistency between Oakwood and S. County post baker act regime
3. Request HCD review psychiatric treatment policy
4. Expand CIT to all municipalities
 - Encourage all municipalities to participate
5. Palm Tran funding to assist with transportation for clients
6. Dual diagnosed – examine some combination
7. Clarify role of MCT and sequence of service interaction with CMHCs
8. Use email system to communicate to PBSO
9. Ensure and expand consistent practice of information sharing between law enforcement and MCT – explore broader use of PALMS law enforcement – DAF-SAAP
10. Develop funding for CIT training
11. Develop immediate communication system between hospitals and police CIT representative to contact about the officer being delayed
12. Expand communication links between private hospitals, mental health providers and law enforcement
13. Email list of jail entry's to CMHCs and Jail mental health staff
14. Strengthen Palm Beach County's capacity to serve dually diagnosed clients in the community thereby providing law enforcement officers with more options
15. Re-think the current CIT model in Palm Beach County that calls for Police Officers to connect with the mobile crisis team, NOT to the CMHC as the first option
16. Provide information and education to Law Enforcement officers that SPMI are to be treated for both substance abuse and mental health issues at the mental health centers, not at a substance abuse treatment center
17. Establish linkages with Broward County Judges and providers who have may have ideas of value to Palm Beach County
18. Increase the number of CIT trained officers.
19. Negotiate an agreement with hospitals that provide Baker Act assessments to guarantee they will see patient within 30 minutes of arrival with police officer
20. Identify people repeating in Jail

Threats

1. Reductions in current programs
2. Lots of people come to Palm Beach County for substance abuse treatment and then remain once their private insurance has been exhausted
3. Inappropriate prescriptions by private physicians
4. Lack of education about services
5. Dual diagnosed – the philosophy of no medications may limit treatment options
6. Private psychiatric providers have a limited service continuum
7. Fiscal cutbacks and potential future funding restrictions
8. Increasing number of persons coming into community from state prisons
9. General economic conditions put more people into marginal situations
10. General economic conditions make it more difficult for hospitals or providers to assume costs of care

Unknowns

1. What specific information are case managers providing to the Court?
2. Is Banner real time?
3. What is the number or proportion of repeated offenders who make high use of correctional services?

Intercepts 2 and 3: Booking, first appearance, courts, jail

Strengths

1. Jail does proper placement
2. Jail diversion program funded by MH system
3. Conditional release program
4. Good substance abuse management inside the jail
5. Just done process redesign for re-entry for substance abuse population
6. Jail transports to treatment
7. Pre-trial diversion – drug court
8. Continuum of pre-trial services follow up
9. Prescription for 7 days of medication provided at release
10. Jail willing to communicate
11. Cooperation between State Attorney (?substance abuse?) and Public Defender – therapeutic mode
12. Willing to communicate all parties
13. Willing to hear from legal guardians

Limitations & Weaknesses

1. Validity of self-report re mental health or substance abuse questionable
2. For persons charged with 2nd degree misdemeanor the easy solution is time served. It is harder to find treatment solutions.
 - Down-filing in some cases may be inappropriate

3. Process whereby treatment facility is aware of SOR status has gaps. Clinical timing of explanation of conditions
4. Guardian is out of the loop due to adult status, HIPPA
5. Treatment agencies may not be systematically notified of court hearings
 - A potential solution: BANNER system.
6. Lack of consistent, reliable communication system as much of problem as resources and service capacity
 - One group doesn't know what other group knows
 - HIPPA clarification is needed
 - Lack of electronic records at jail
 - No way to check for independently established MH/SA status -- dependent upon self-report or acute behavior
 - Need a way to flag records at jail
7. Need a better way to target high users
8. Medications are dispensed at only one pharmacy
9. Solution -- multiple pharmacies, MH center pharmacy
10. Need to establish better ways for CMHC's to communicate to the jail about what medications the person has been prescribed
11. Medical checkout not required
 - Solution: Judge order -- further explore options
12. Criteria that the CMHCs use to determine whether person should be returned to the Center should be documented and shared
13. Need a better history to 1st appearance judge
14. CCIS, pre-trial does review, JIS
15. Need better screening tools, particularly for folks who don't want to be interviewed
16. Lack of forensic beds
17. Gaps in Medicaid benefits
 - Solutions:
 - i. Start process for re-instatement at jail 10 days prior to release
 - ii. SOAR

Opportunities

1. Resolve HOT team legal liability issues
2. Enhance Case Management
3. SPMI - Create defined cohort and data base based on
 - Frequency of arrest
 - Amount of time in jail
4. Enhance data bases and exchange of information between all agencies
 - Link MH treatment and jail services data.
 - Maintain and enhance DOH -jail electronic linkage (Medicator).
5. Resolve Medicaid gap issue
6. Increased linkages to heighten probability that the person will avail themselves of CMHC services, such as pharmacy referrals
 - Improving discharge planning to connect releasees to mental health services
 - Explore whether the jail could arrange to have meds picked up at mental health centers on discharge, rather than just at one county pharmacy (CVS)

7. Train attorneys about MH/SA.
8. Accelerated competency reviews
9. Develop systems to maintain proper medications

Threats

1. General economic conditions and potential impacts on crime rates
2. Potential capacity reductions in court system
3. Potential reductions in community services

Intercepts 4 and 5: Re-entry and community supports

Strengths

1. Discharge/Re-Entry Coordination

- PBSO has one full time discharge planner for the jail
- County-sentenced inmates in the mental health unit have discharge planning by GEO Care in concert with the Community Mental Health Centers
- PBSO provides prescriptions for 7 days of medication upon discharge
- PBSO's discharge protocol specifies inmates stop at medical unit to get prescriptions (although inmates may choose not to go there.)
- CMHCs and Homeless programs in place with waiting periods of 4-6 weeks for a first appointment).
- Prescriptions may be filled 24-hours a day at one CVS in Lake Worth.

2. Additional Resources Available upon Discharge/Re-Entry

- PBSO Drug Farm: Every inmate participating in drug treatment at the County Jail has a discharge plan to continue treatment when they return to the community. (Drug Abuse Foundation is involved in both programs, and utilizes a database which includes all substance abuse treatment providers in Palm Beach County to coordinate linkages to treatment on release.)
- Palm Beach County Health Department is on site at the County Jail, and works with inmates to link them up to the Health Care District for primary health care, HIV/AIDS and medications, upon discharge
- Westgate Community Justice Service Center Re-Entry Program
- Riviera Beach Justice Service Center
- West Palm Beach Community Justice Center

3. Interface with Palm Beach County's Homeless Population

- 211 is a resource that Ex-Offenders can utilize to access HOT Services offered by Palm Beach County Human Services

- If an Ex-Offender with SPMI or co-occurring disorders meets HUD criteria for "homelessness," he or she can tap into Palm Beach County's Homeless Continuum of Care, which has 135 participating agencies (including halfway houses/sober houses). HOT case managers provide short-term case management and 30 days of housing (which can be extended if the ex-offender is effectively "working their plan.")
- Homeless Service providers in Palm Beach County (e.g. The Lords Place, Housing Partnership) are documenting the degree to which they are serving ex-offender populations

4. Quality Programs for Ex-Offenders

- Oakwood Center's Safe Haven (14 beds) is a facility where individuals with SPMI and/or co-occurring disorders can stay for 60 days—and as the clients build up trust. They are more likely to participate in and comply with treatment.
- SOAR project: A partnership between Palm Beach County and United Way of Palm Beach County teach case managers how to expedite the eligibility process for Social Security and Medicaid benefits. PBSO's Discharge planner and 12 staff from Oakwood Center have participated in SOAR training to date.

5. Existing Resources for State & Federal Inmates Upon Discharge

- Federal Bureau of Prisons funds the Salvation Army in Palm Beach County to provide transitional housing and support program, which includes linkages to job training and employment, as well as treatment, for ex-offenders released from federal prisons back in to Palm Beach County. Typical stay is 90-180 days.
- FDOC's discharge planning process starts 180 days before the date of discharge—and begins with planning for housing upon re-entry. For state inmates returning to Palm Beach county who will need mental health treatment upon discharge, FDOC contacts Oakwood Center, at least 4-6 weeks in advance of the discharge date, so that Oakwood can schedule an appointment for treatment.

6. FDOC Coordination with Community Mental Health Centers

- The Florida Department of Corrections (FDOC) coordinates discharge planning for State inmates with Oakwood Center.
- Once an inmate is released from state custody, the decision about whether or not to follow up with treatment is their own. FDOC will make a follow up contact several months after release to see if they are in care.

Limitations and Weaknesses

1. Barriers/Challenges for Discharge/Re-Entry for SPMI and Co-Occurring Populations

- Limited staffing for Discharge Planning at the County Jail.
- Lack of a coordinated system of care. Need to address duplication and fragmentation between mental health, substance abuse and criminal justice systems.

- Lack of sufficient beds for SPMI and dually diagnosed populations that require supportive services and/or best practices (such as SAFE HAVEN provided by Oakwood)
- Suspension of public benefits (e.g. Social Security and Medicaid during incarceration) and the 3-6 month delays in re-instating eligibility for benefits upon discharge.

2. Delays in Accessing Care/Waiting Lists

- Waiting times for appointments at the Community Mental Health Centers (Capacity Issue)
- Waiting times for appointments for HOT Case Managers (unless the ex-offender goes directly to a HOT outreach site).
- Waiting list for FACT team services in Palm Beach County. FACT teams top out at 100 clients at right now—and the PBC FACT team does not have the forensic focus. There are many conditions and criteria for participation in FACT services that might be leaving OUT some people.
- Concerns of providers about who will pay for residential or outpatient treatment if Medicaid is backed up for 6 months before their eligibility can be restored.
- Lack of Access to Transportation (though bus passes may be provided) upon discharge
- GEO Care currently utilizes only one CVS pharmacy in all of Palm Beach County (In Lake Worth) to fill prescriptions.
- Lack of Jobs/Job Training Programs for Ex-Offenders
- Affordable Housing for Ex-Offenders (this is a particular challenge for the sex-offenders, some of whom may also be SPMI or co-occurring).
- Stresses on Family members who cannot cope with the ex-offender who is mentally ill or dually diagnosed.
- Family members may not be informed about the conditions for participating in treatment placed upon their (adult) children upon release.

Opportunities

1. Examine available housing available
2. Develop wraparound transitional services
3. Develop a visual map for judges and others of resources available/color-coded to show population served and type of service (e.g. male/female, co-occurring disorders, etc)
4. Expand upon current educational opportunities while in jail. The current program is voluntary and focuses on life skills, job preparation, and finance
5. Pursue efforts to get social security re-instated immediately on discharge. Support United Way leadership efforts in this arena by providing training for jail personnel and community providers.
6. Ensure understanding of the formula that affects social security/Medicaid eligibility on release, discharge, and the precise wording on the judge's order that affects eligibility.
7. Enhance communication and collaboration processes between community experts and providers.

Threats

1. Revenue shortfalls at state and county levels

Unknowns:

Impact of budget cuts on core programs

Juvenile System Strategies

Strengths

1. CSC's Positive Parenting Partnership – evidence-based program offering 5 levels of services
2. School district has school-based teams, CHAMPS, Safe Schools RFP for alternative schools.
3. School district educational liaison in Juvenile Court to coordinate with judge, etc.
4. Juvenile court does monthly social services staffing under grant from United Way
5. Medicaid will pay for evidence-based family therapy such as Functional Family Therapy (FFT) and Multi-Systemic Family Therapy (MSFT)
6. Drug Abuse Foundation conducts Juvenile Evaluation Team assessments for JAC; has significant data available for analysis.
7. School programs that provide early intervention services to at-risk youth include Intensive Delinquency Diversion Services (IDDS), family consultants, Olewans bullying prevention program

Limitations and Weaknesses

1. Inadequate capacity for evidence-based programs for individual therapy, family therapy and parent education.
2. DJJ's probation officers spread too thin to provide appropriate contact and supervision of youth on probation.
3. Concern that CMHC staff that are trained in evidence-based programs such as FFT, MSFT are not implementing with fidelity.
4. Youth are discharged from detention or commitment programs without notice to School District or mental health case manager that they are returning.
5. Very few youth programs for ages 6–18 utilize evidence-based practices
6. Multiple agencies conduct repeat assessments of youth without a system for sharing and utilizing information to direct intervention programming (JAC=PACT; DCF=CBHA; SAMH=Mini KID)
7. No local aftercare capacity for youth released from DJJ commitment programs
8. No community-based mental health team at the current time for youth released from DJJ programs
9. No utilization of outpatient Baker Act statute

Opportunities

1. Promote Language diversity capacity.
2. Provide training and increase capacity to address cultural issues.
3. Clarify distinctions between child and juvenile and develop better understanding of the distinctive issues between children and juveniles.
4. Response to Intervention Program (RIP) can target youth with "tipping point" risk factors— not reading by 3rd grade, repeated grade 2 times, suspensions, drug history)
5. Targeted case manager should see youth once prior to discharge and then immediately post-discharge
6. Utilize outpatient Baker Act to address behavior that is socially dysfunctional, although not meeting inpatient standard of threat to self or other.

Threats

1. Budget cuts anticipated from state and county government to all programs.
2. DJJ and foster care programs received cuts mid-year; more expected in budget for 09-10.
3. Develop plan to handle alternative JAC activities if the JAC closes. Coordinate with the CJC law enforcement committee that is working on this issue.
4. Explore County provision of resources to continue the JAC if necessary.

Unknowns

1. Impact of budget cuts on core programs in juvenile justice, foster care and mental health/substance abuse programs.

Strategic Choice Work Group Recommendations

Introduction

Recommendations for strategies are presented in priority order for each stage of the Strategic Intercept model for adults, but there is one set of priorities for Juvenile Services. Each workgroup has finalized their recommendations and forwarded them to the Council for final priority setting at a Summit on March 31, 2009. Estimated costs are presented if appropriate and where available.

Results

The results component of a strategic plan identifies the ultimate outcomes that the plan is seeking. These results or outcomes are not fully under the control of anyone and so are not accountable in the same sense that goals can be. Results are enduring in the sense they never go away, while a goal can be accomplished. Finally, results represent what the public cares about while goals and strategies are intentions and actions that the various systems need to take to be able to move toward the results. Four results are proposed for this plan. They are:

- Maintain public safety
- Optimize public resources
- Prevent a higher proportion of juveniles from becoming adult criminals
- Provide most appropriate services to those persons with mental illness or substance abuse issues

Goals:

Goals differ from results in that they are more time-limited; are more (but perhaps not fully) under the control of the partners to the strategic plan; and represent framing or re-statements of desired results into programmatic terms can be operationalized. While goals may change as circumstances dictate, for the most part goals are relatively enduring until they are achieved. Once achieved, they often become routine. The following goals were offered for the Council's consideration:

- Divert more persons into appropriate treatment settings prior to trial
- Enhance cross-system communication and coordination
- Promote consistent usage of proper medications
- Provide more community supports
- Reduce the number of persons of low public safety risk with mental health or substance abuse issues in jail

Strategies

Strategies are paths to one or more goals (a highly effective strategy might achieve several goals). In essence, strategies represent an "idea" about how a problem could be solved or a goal could be achieved. Strategies are approaches which may vary in effectiveness and may need to be changed if they are not achieving the goal. The ability to evaluate and modify strategies is critical if a strategic plan is to be effective. Strategies are a means to an end and should be simply viewed as tools to be used as appropriate and changed as needed. Strategies are organized by intercept followed by a set of cross intercept strategies.

The following recommended strategies are offered for Council consideration and priority setting. In the retreat, additional strategies may be added, strategies may be combined or re-stated, a strategy may be separated into more specific strategies if needed and strategies may be eliminated. Strategies are presented as prioritized by the work groups. Some strategies are not recommended by the work group but are simply forwarded for Council consideration. Each workgroup established its top four priorities, endorsed others, and forwarded the remaining without recommendation.

Cost estimates are provided using the following scale:

- \$ - Minimal additional cost, if any
- \$\$ - Some additional costs but relatively inexpensive. May be achievable by shifting existing budgets
- \$\$\$ - Substantive additional costs that will require some additional resources
- \$\$\$\$ - Significant additional costs
- \$\$\$\$\$ - Can be very expensive dependent upon scope

Cross Intercept Recommended Strategy

Priority Strategies

1. Criminal Justice, Mental Health, Substance Abuse Information System
 - a. Purpose: Provide a "just in time" information system so that system professionals have access to current information about criminal legal status, treatment status and key contacts.
 - b. Benefit: Better decision making, optimization of resources
 - c. Description: An HIPPA compliant information system that ensures all parties have up to date information. This would include electronic records at the Jail.
 - d. Cost: \$\$\$\$ \$1 million plus
2. Criminal Justice System training for MH/SA professionals

- a. Purpose: Provide training on the components of the criminal justice system, how they function and what information can assist them to better address the needs and issues of persons with MH/SA issues.
 - b. Benefit: MH/SA persons can better work with the criminal justice system
 - c. Description: The criminal justice system is complex with multiple elements. If MH/SA professionals better understand the various components and how they interface they can better address the needs of their clients. Of particular significance are how to work with pre-trial services, 1st appearance and the jail.
 - d. Cost estimate: \$ to \$\$.. Probably similar to CIT training
3. Collaborative Grant Writing Group
 - a. Purpose: Obtain increased grant funds
 - b. Benefit: Additional grant resources
 - c. Description: The various grant writers for the agencies would establish a team approach to grant applications
 - d. Cost estimate: \$

Intercept 1 -- Pre-booking diversion, community law enforcement and emergency services

Priority Strategies

1. Designated Mental Health Liaison with Local Law Enforcement Agencies
 - a. Purpose: Increase and facilitate communication between mental health agencies and the sheriff and police department
 - b. Benefit: Improved support for law enforcement officers
 - c. Description: Mental Health Centers would assign designated staff to specific law enforcement agencies so that the agencies would know who specifically to contact in the event they need counsel.
 - d. Cost estimate: \$
2. Mobile Crisis Team (MCT) expansion and role clarification
 - a. Purpose: MCT's provide a specialized mental health team that can respond to crises where law enforcement believes there is a mental health issue involved and one or more persons are at risk.
 - b. Benefit: Highly specialized services to assist officers in appropriate situations.
 - c. Description: Expand team of mental health and/or substance abuse linked to law enforcement that responds to crisis situations. Provide additional training for law enforcement officials as to best use of MCT's.

- d. Cost estimate: \$\$\$ (\$700 to 800K for basic team). More if medical specialists added such as Advanced Registered Nurse Practitioner (ARNP).
- 3. Designated Substance Abuse Liaison with Local Law Enforcement Agencies
 - a. Purpose: Increase and facilitate communication between substance abuse agencies and the sheriff and police department
 - b. Benefit: Improved support for law enforcement officers
 - c. Description: Substance Abuse Facilities would assign designated staff to specific law enforcement agencies so that the agencies would know who specifically to contact in the event they need counsel.
 - d. Cost estimate: \$.
- 4. CIT training expansion and stabilization:
 - a. Purpose: Increase the number of law enforcement officers or dispatchers who have CIT training and the number of participating police departments.
 - b. Benefit: Better capacity to respond appropriately to persons with mental health issues. Reduced liability for agencies. Reduction in injuries to both officers and citizens/residents.
 - c. Description: CIT provides law enforcement officials with knowledge and skills about the behaviors one may see in a person with mental illness and alternative methods for dealing with such persons when they are in some level of crisis or exhibiting behaviors of concern. Expand the number of police departments participating in the training as well as the number of trained officers. Establish a permanent agency to administer and fund the program. Examine what features or components could be delivered on-line or via other media. Other ideas include considering regional training and incorporation of elements in the Academy training.
 - d. Note (if applicable): Best practice is considered 15-20% of officials are trained. Local goal is to reach 100%.
 - e. Cost estimate: \$ to \$\$\$\$. Personnel costs for attendance are in the \$30,000 range for a week long course. Hard course cost of \$4,000 for a week long training if trainer costs are included. Ultimate cost would depend upon the number trained.

Endorsed Strategies

- 5. Enhanced training on Marchman Act, Community Courts, Mobile Crisis, and CIT for non-law enforcement agencies and other training to improve understanding of system and user needs.
 - a. Purpose: Increase understanding of system and its resources and how to better respond to persons with MH/SA issues.
 - b. Benefit: Better use of system
 - c. Description: This would provide training to all persons who are involved in the interface of criminal justice, mental health and substance abuse.
 - d. Note (if applicable):

e. Cost estimate: \$\$

6. Emergency Housing

- a. Purpose: Provide emergency housing for MH/SA persons so that they have somewhere to stay on an immediate basis.
- b. Benefit: Humane care of persons. Provides alternative to housing at jail if not a public safety issue.
- c. Description: May be dormitory style housing. Usually 30 days or less while arrangements are being made for some other placement.
- d. Note (if applicable): Often done in connection with homeless programs. Some potential for HUD funding.
- e. Cost estimate: \$\$\$\$ to \$\$\$\$\$. Highly variable but not insignificant.

7. Emergency Intake for homeless persons

- a. Purpose: Provide a place to take homeless persons who are seeking assistance
- b. Benefit: Humane care of persons. Provides alternative for law enforcement officer.
- c. Description: Often provided in conjunction with emergency housing. However could be a separate service which would seek to provide meals, showers, family or friend contact. Case workers key component
- d. Cost estimate: Highly variable. If of limited time duration such as a few hours a day or certain days a week could be operated for \$15,000 to \$25,000 with donated facilities.

8. Dedicated transportation to treatment entity

- a. Purpose: Provide a dedicated function that would transport persons need emergency mental health/substance abuse care to the appropriate agency
- b. Benefit: Create clarity about who is responsible for transport. Reduce need for law enforcement transport
- c. Description: Self-explanatory
- d. Note (if applicable): May require legislative action. Hillsborough County has such a system called unit 51. Fire/Rescue transports if there is a physical health issue.
- e. Cost: \$\$ to \$\$\$

9. Encourage law enforcement officers to obtain higher education degrees in the health and human services field (MSW, MPH, Mental Health Counseling, Psychology, etc)

- a. Purpose: Provide additional expertise
- b. Benefit: Enhanced expertise
- c. Description: Existing programs that encourage the pursuit of higher education degrees would be "tweaked" to encourage pursuit of these degrees.
- d. Cost estimate: \$

10. Dual Diagnoses Persons special focus

- a. Purpose: The intent of this strategy is to determine an accountability point and systematic approach to dual diagnosed persons.
- b. Benefit: Most appropriate interventions, reduction in "bouncing ball" phenomenon.
- c. Description: This strategy would clarify for law enforcement where to take persons with dual diagnosis and clarify among treatment providers the approach that will be used.
- d. Note (if applicable): Workshop participants noted that there is limited understanding of Marchman Act.
- e. Cost: \$

Intercept 2 Recommended Strategies

Priority Strategies

1. Forensic Case Management expansion and process improvements
 - a. Purpose: Provide improved case management services to those MH/SA persons who have law enforcement issues
 - b. Benefit: Improved supports, targeted services, reduced recidivism
 - c. Description: Expand the number of case managers focused on persons with MH/SA issues who are involved in the criminal justice system. Develop an automated case management system and alert system. Ensure appropriate access at jail for case managers.
 - d. Cost estimate: \$\$ to \$\$\$ (\$60-70K per case manager (all inclusive))
2. Information sharing protocols, Jail-Treatment agencies:
 - a. Purpose: The intent of this strategy is that service providers are aware of which of their clients, if any, are in jail. The further intent is that they are able to conduct outreach to those clients and to provide the Jail with useful information in an appropriate manner.
 - b. Benefit: All parties better informed as to particulars of each persons.
 - c. Description: This can be as simple as faxing the list of persons admitted to jail each day to the treatment providers or as sophisticated as a automated data base. Other ideas include email lists and use of various data bases, sharing of criteria the mental health agencies use to decide whether a person should be returned to the agency and any other information.
 - d. Cost estimate: \$ to \$\$, Minimal for simple faxing procedures.
3. Coordinated release of inmates with mental health or substance abuse issues
 - a. Purpose: Increase likelihood that persons with these issues will make contact with service providers

- b. Benefit: Provision of treatment services
 - c. Description: Judge's set a scheduled time frame for release of persons with MH or SA issues and treatment providers have staff at the jail during these time frames.
 - d. Note (if applicable): System developed in Volusia & Hillsborough Counties.
 - e. Cost: \$
4. Medicaid Benefits continuity
- a. Purpose: Either eliminate the need to re-instate or reduce the time for a prisoner to become re-instated for benefits.
 - b. Benefit: Continuity of benefits
 - c. Description: This is a policy issue in which someone in jail for more than 30 days may lose their eligibility for Medicaid benefits. It then may take from 30 to 90 days to get those benefits re-instated. Solutions range from waivers of policy to beginning the re-instatement process earlier than release to developing a single point of contact within the local SSA office to coordinate re-establishment. There is new SSA policy which has resulted in significant improvements.
 - d. Note (if applicable): Proof of release from jail expedites process.
 - e. Cost estimate: \$ to \$\$\$. Depending upon scope.

Endorsed Strategies:

5. Enhanced Judicial Information
- a. Purpose: Provide additional and more timely information to the Judiciary
 - b. Benefit: More timely placement of persons
 - c. Description: This covers a variety of information sources such as improved information to 1st appearance Judge, accelerated competency reviews, timely information on treatment status and compliance, expedited mental health assessments available 7 days a week, guardianship status, and up to date information about community resources.
 - d. Note (if applicable): May require broader use of assessment professionals
 - e. Cost estimate: \$\$ to \$\$\$\$. Additional costs to provide 7 day available assessments.
6. Medications access and medications as a linkage strategy
- a. Purpose: The purpose of this strategy to increase the likelihood that persons will obtain and use medications via several steps. One is to possibly reduce costs by obtaining 340b pricing for pharmacies. A second is by allowing the mental health centers to provide medications provided by the Jail currently through a single pharmacy. By allowing the MH centers to be pharmacies, the intent is that they will make a linkage with the person when they come for medications.
 - b. Benefit: Increased adherence to medication regimes should prevent behavioral deterioration and issues with law enforcement.

- c. Description: Jail provides prescriptions that can be filled at mental health centers. 340b pricing is obtained. Jail does not provide additional funding for medications, simply facilitates contact with mental health centers.
 - d. Note: (if applicable): Could require some issues of psychiatric coordination. Some liability potential.
- Cost estimate: \$. Should be minimal additional cost.

7. Enhanced Judicial-Treatment Agency Communication

- a. Purpose: Ensure the directives and conditions of the Court are communicated to treatment agencies and that there is reciprocal information flows
- b. Benefit: Agencies are better able to inform Court if conditions are not being met.
- c. Description: Workshop participants identified information gaps, particularly around SOR status and awareness of Court actions if conditional releases are violated. Mechanisms are being put in place to address this. The strategy would formalize and strengthen those mechanisms as well as provide training and review opportunities. Enhanced communication to State Attorney and Public Defender are included in this strategy.
- d. Note (if applicable): Agencies need to develop communication processes with State Attorney and Public Defenders.
- e. Cost: \$\$ to \$\$\$ Will need staffing

8. Mental Health & Substance Abuse expertise for criminal justice professionals

- a. Purpose: Increase the expertise of the judiciary, state attorney and public defenders re MH/SA issues
- b. Benefit: More data for decision making
- c. Description: Just as law enforcement officers benefit from specialized training so would members of these systems.
- d. Cost: \$ to \$\$

9. Pre-Trial Alternatives Program expansion

- a. Purpose: The American Bar Association and National Association of Pretrial Services Agencies publish Standards for Pretrial Release. These standards specify essential functions that every pretrial services programs should strive to achieve. These include:
 - 1). Universal screening
 - 2). Interview and investigation
 - 3). Objective Risk Criteria – Risk scales that assess both mental health and substance abuse
 - 4). Recommendations
 - 5). Monitoring and Supervision
 - 6). Other functions based on local needs and policies

- b. Benefit: The impact of an appropriately funded PTS program would be to reduce costs of incarceration, reduce costs associated with failure to identify and complete treatment of substance abuse and mental illness, complete other assigned responsibilities designed to help the defendant live a productive life, and generally to reduce recidivism rates.
 - c. Description: An expanded Palm Beach County Pretrial Services Program (PTS) would have responsibilities similar to those of jurisdictions with common demographic characteristics to Palm Beach County. By creating a front-end system of assessment, data gathering and management, and effective supervision of defendants who would otherwise wait in jail without appropriate treatment until case disposition, there would be a reduction in criminal recidivism as well as an increase in the utilization community-based treatment resources. A team of pretrial services officers would screen arrestees and begin the assessment and data management prior to the initial appearance before the court. PTS would staff First Appearance and offer disposition or alternatives to incarceration to court officers. For those released conditionally or assigned for consideration by mental health or drug court, PTS would supervise the defendant and work with treatment agency representatives or other appropriate organizations to make necessary linkages and oversee compliance with court-ordered conditions of release, including outpatient and residential treatment and drug testing, and other required responsibilities of the defendant. PTS would provide the courts with case progress reports and work to insure attendance by offenders for all court and treatment and other required appointments.
 - d. Note (if applicable): Pre-trial can provide greater continuity for entire system. MOU regarding non-discoverability of substance abuse questions would contribute to greater system effectiveness.
 - e. Cost estimate: \$\$\$\$. Need more specialized staff to address MH/SA issues.
10. Repeat Clientele - persons strategy
- a. Purpose: Focused and intensive effort on those persons who are high risk either from a public safety perspective or a repeated pattern perspective
 - b. Benefit: Focus resources on those making highest demands on system or creating most significant public safety risk
 - c. Description: This strategy could involve a number of practices. One is a practice developed in California in which law enforcement identifies frequent 911 callers and a mental health staff person reviews that list against their client addresses so that there is an identified group. When 911 calls come from this address mental health agencies are notified. Another practice is to develop individualized treatment plans for these persons, which may include some law enforcement/mental health collaboration or action.
 - d. Note (if applicable): Need a better method to track these persons. Jail staff quickly identified 26 people who as a group have been arrested over 600 times in the last year. The report this 26 is a serious under-estimate of the total number of repeat users.
 - e. Cost estimate: \$

11. Expansion of Specialty Court on Mental Health Issues
 - a. Purpose: The purpose is to expand the capacity of mental health court
 - b. Benefit: More intensive supervision of those cases where mental health is an issue.
 - c. Description: Specialty Court to address mental health issues
 - d. Cost estimate: \$\$ to \$\$\$ (\$50,000 to \$100,000 for additional staff)
12. Screening for mental health or substance abuse improvements
 - a. Purpose: Provide improved tools to screen for MH/SA that go beyond self-reports
 - b. Benefit: Professional decisions based on information beyond self-report or prior knowledge
 - c. Description: This strategy would work in conjunction with improved databases, linkages with existing databases, and information sharing protocols between agencies and the Jail to provide a broader set of information. It could also possibly use other licensed mental health or social work professionals to conduct screenings or assessments.
 - d. Cost estimate: \$\$
13. Medications regime improvements
 - a. Purpose: The purpose of this is to promote consistency of medication regimes and medication use.
 - b. Benefit: Failure to adhere to medication regimes is a primary cause of problematic behavior by persons with mental illness. Maintaining medication regimes leads to fewer problematic episodes.
 - c. Description: There are a variety of tools to achieve this strategy. These include case management, limited use of outpatient commitment, and family support.
 - d. Cost estimate: \$ to \$\$, Difficult to estimate, highly dependent upon procedures. Forensic case management provides staffing cost estimate.

Strategies forwarded to Council for consideration without recommendation

14. Delinquency/Family Drug Court expansion
 - a. Purpose: To address drug abuse issues from a family perspective
 - b. Benefit: Utilizes family dynamics as context for intervention
 - c. Description: Expansion of specialty court that recognizes that in some cases drug abuse issues are inter-generational or that youth substance abuse is related to family dynamics
 - d. Note: (if applicable): Most doable in Juvenile
 - e. Cost estimate: Some cost for Judiciary; DJJ will pay most of treatment interventions
15. Mental Health Treatment Bed optimization or expansion

- a. Purpose: Provide additional beds at the treatment facilities that are currently over capacity or provide some mechanism through which unused beds in other facilities can be utilized.
 - b. Benefit: Increased treatment
 - c. Description: Self-explanatory
16. Public Transportation expansion to increase access to Jail and Outpatient services stops
- a. Purpose: Provide transportation options that would increase access to services
 - b. Benefit: Better use of services; more efficient use of services (fewer missed appointments)
 - c. Description: Bus route at key locations; bus subsidy; bus passes available to the court

Intercept 3 / 4 Recommended Strategy

Priority Strategies

1. Coordinated Case Management System for persons with severe and persistent mental illness (SPMI)
 - a. Purpose: assist ex-offenders with SPMI and/or co-occurring disorders through the transition/re-entry process.
 - b. Benefit: Offenders released from jail will be supported in accessing services that address their SPMI immediately upon release from jail.
 - c. Description: Design and Implement a Coordinated Case Management System (in cooperation with the entities developing a similar model for the 10 Year Plan to End Homelessness) with a Navigator –based at a Community Focal Point/Resource Center. The project will utilize a uniform intake process, and a management information system that would allow all of the providers to coordinate (NOT DUPLICATE) service delivery. This will involve a network of service providers—primary and secondary—who are touching this service population, including homeless providers, mental health and substance abuse treatment providers, faith based organizations, shelter care providers.
 - d. Note: Funders should agree to coordinate/align (NOT FRAGMENT) their existing funding to support this initiative.
 - e. Cost estimate: \$\$\$
2. Strengthen discharge planning and coordination for SPMI inmates at jail.
 - a. Purpose: To increase the linkage of discharged inmates to community mental health resources immediately on discharge.
 - b. Benefit: Reduce repeat arrests that result when SPMI persons are not following treatment programs.
 - c. Description: (A) Establish a Priority for Coordinated Discharge Planning by PBSO for offenders who have mentally illness or co-occurring disorders; and (B) Strengthen

discharge planning/transition planning for the SPMI subset of the County inmate population from the point of intake (this could be coordinated with the community mental health centers).

- d. Note: Explore linkage to Project REAP Success, and utilize the SOAR training to complete applications to restore Medicaid and/or Social Security Benefits.
 - e. Cost estimate: \$\$\$\$. Anticipated savings from repeat arrests could generate savings to cover additional forensic services by the community providers.
3. Expand housing options
- a. Purpose: Provide housing with treatment services to support persons with SPMI
 - b. Benefit: Addresses issues of treatment-resistant and homeless persons with SPMI
 - c. Description: Expand the availability of treatment beds which are modeled on "Housing First" (such as Safe Havens, Shelter Plus and Partners in Recovery).
 - d. Cost estimate: \$\$\$\$
4. Expand community based treatment
- a. Purpose: Provide adequate treatment services to support persons with SPMI
 - b. Benefit: Addresses issues of treatment-resistant and homeless persons with SPMI
 - c. Description: Expand the availability of treatment to include felony cases
 - d. Cost estimate: \$\$\$\$

Endorsed Strategies

- 5. Pilot a Forensic FACT Team for Treatment Resistant Ex-Offenders;
 - a. Purpose: Reprogram county funds currently utilized for repeat incarceration in the jail mental health unit for forensic wraparound program for appropriate inmates.
 - b. Benefit: Determine if treatment resistant inmates can be diverted from jail with specialty program, and analyze comparative cost/benefit
 - c. Description: Identify 25-50 repeat offenders at the County Jail who have SPMI and/or co-occurring disorders, are treatment resistant and have a pattern of repeat arrests and incarcerations for participation in a FACT (intensive case management) program which will provide wrap around services with HOUSING.
 - d. Note: DCF currently funds one FACT team for Palm Beach County, which has a significant waiting list. It is not designed specifically for forensic clients, but this evidence-based model has success with a forensic population.
 - e. Cost estimate: \$\$
- 6. Reinstatement of benefits (Medicaid and Social Security Disability payments) for ex-offenders after release

- a. Purpose: To assure ex-offenders have their benefits reinstated with minimal delays on discharge from jail.
 - b. Benefit: Provides resources for housing and treatment programs
 - c. Description: Expedite the reinstatement of benefits (Medicaid and Social Security Disability payments) for ex-offenders after release by: (A) implementing protocols within the jail to implement the SOAR process 60 days prior to release for inmates with SPMI and/or co-occurring disorders who have a known release date; and (B) expanding training for community-based case managers in social service agencies that work with ex-offender populations (whether they are primary or secondary, in terms of their focus on re-entry).
 - d. Note: SOAR training has been provided to some agencies with funding from United Way. This is an expanded training initiative to implement this program both pre- and post-discharge
 - e. Cost estimate: \$
7. Electronic Health Record within PBSO
- a. Purpose: To track treatment and recidivism for County inmates with SPMI
 - b. Benefit: Expedites treatment of inmates upon readmission, and improves accuracy of medication and treatment records for a volatile population.
 - c. Description: Develop an Electronic Health Record within PBSO, which will allow PBSO to electronically track treatment data on County inmates who have been diagnosed with SPMI or co-occurring disorders, including (a) tracking the number of times they are booked into the jail, by type of charge, and the length of stay; (b) the level of care provided within PBSO, including medications prescribed, assignment to the mental health units, etc.
 - d. Cost estimate: \$\$\$\$
8. Community Management Information System for Mental Health
- a. Purpose: To improve coordination of mental health treatment for offenders who are mentally ill or have co-occurring disorders
 - b. Benefit: Improved services to persons with SPMI to avoid re-arrest
 - c. Description: Develop a Community Management Information System. Would need to address HIPAA requirements to allow for sharing of confidential treatment information by PBSO, Oakwood Center, South County Mental Health Center, and other Baker Act facilities in the community.
 - d. Note: Drug Abuse Foundation currently operates a similar system for coordination of treatment provided to persons in need of substance abuse treatment.
 - e. Cost estimate: \$\$\$\$

9. Access to medications on discharge from county jail.
 - a. Purpose: To reduce barriers to use of prescribed medications by inmates following release from jail and while awaiting mental health appointments with community providers.
 - b. Benefit: Improved adherence to medication therapy utilized while in the jail.
 - c. Description: (A) Expand the number of locations and improve the geographic distribution of 24-Hour CVS Pharmacy sites where inmates can fill their 7-Day Prescriptions upon discharge; and (B) Explore the possibility of allowing Community Mental Health Centers to fill the 7-Day prescriptions (to increase the likelihood of linking ex-offenders to treatment centers, upon discharge).
 - d. Cost estimate: \$.
10. Judicial support for improved care coordination
 - a. Purpose: To use judicial authority to support improved case coordination and treatment
 - b. Benefit: Prisoners with SPMI would be released specific times to their mental health case managers with appropriate medication and/or prescriptions.
 - c. Description: Palm Beach County Judges may: (A) Order Community Mental Health Centers to be at the County Jail to pick up the inmate at the point of discharge (this would not apply to many people, but for the population that is mandated to participate in treatment); (B) Order specific times for discharge of SPMI population to foster coordination between PBSO and community mental health centers at the point of discharge (Volusia model); and (C) Order offenders with SPMI who are required (according to PBSO protocol) to go to the Medical Unit prior to discharge to pick up their prescriptions.
 - d. Cost estimate: \$.
11. Job training/Employment services for ex-offenders
 - a. Purpose: Develop employment opportunities appropriate to abilities of SPMI ex-offenders
 - b. Benefit: Provide income
 - c. Description: Expand Job training/Employment services for ex-offenders with SPMI or co-occurring disorders.
 - d. Note: Part-time and supported employment programs have been implemented through Clubhouse programs
 - e. Cost estimate: \$\$.
12. Enhance communication between mental health contracted agencies at the Jail and families/natural support systems of persons with SPMI.
 - a. Purpose: Families of persons with SPMI are often the safety net of last resort when a treatment resistant person chooses not to participate in recommended treatment, or when treatment, transportation and funding are limited.

- b. Benefit: Their knowledge of the mental health/medication history can assist law enforcement, jail medical staff and treatment providers in responding to new episodes of care.
 - c. Description: Provide a fixed point of contact in the jail's medical and mental health teams for family members to provide information about treatment/medication history when a family member is re-arrested. Provide advance notice of discharge plan to such persons when appropriate so that the inmate is not discharged without immediate resources for housing, medications and treatment.
 - d. Cost estimate: \$
13. Pursue private funding to support recommendations

Strategies forwarded to Council for consideration without recommendation

14. Provide information in new media to clients at release from jail about community resources
- a. Purpose: Provide information before discharge about community resources.
 - b. Benefit: Connecting ex-offenders with helpful programs after discharge.
 - c. Description: Instead of giving inmates PRINTED MATERIAL as the only tool for explaining discharge procedures and available community resources, develop a 10 minute DVD which can be shown while inmates are waiting for discharge. This would be very helpful for inmates with low literacy levels, and could be done in three languages.

Juvenile Services Recommended Strategy

The priority population targeted for action by the Juvenile Services Workgroup is youth at the nexus of law enforcement, mental health/substance abuse and education. A guiding principle adopted by the workgroup is that the responsibility and role of a youth's parent/caregiver/significant adult must be emphasized in all initiatives. This is the age group at high risk of entering the juvenile justice system, and social-emotional issues often result in disruptions at home, in school, and in the community. The nexus where such youth can be identified and intervention developed is the school system, but the courts, Florida Department of Children and Families SAMH program, Palm Beach County's Youth Services Bureau and the Florida Department of Juvenile Justice are critical collaborators.

Fundamental first step

Recommend that the Palm Beach County Criminal Justice Council implement, under its current authority, the role of facilitating, managing and holding accountable coordinated mental health and substance abuse resources for the juvenile/adolescent population. The Juvenile work group believed that the core issue facing Juvenile Services was to enhance the coordination and communication between the entities serving juveniles and that development of such an entity is the key first step in improving juvenile services.

The Planning Council endorsed a number of strategies for Criminal Justice Council to consider as it begins its work.

The PBC CJC is recommended to take the lead with technical assistance provided by the Children's Services Council.

- A. To lead, the entity needs key authorities to participate actively, including stakeholders, funders, judges, those integral to the juvenile process.
- B. Principles to guide the new leadership entity are:
 - a. Data driven (digital backbone, accountability for quality)
 - b. Evidence based
 - c. Driven by healthy development of adolescents, not criminal justice
- C. Convene funders of juvenile/adolescent services to move rapidly toward priority funding for evidence-based services and rigorous evaluation of the quality of services provided.

Priority Strategies

1. Improve collaboration protocols and data exchange between the Juvenile Court, foster care, juvenile justice and the school teams as youth enter and leave juvenile justice commitment programs (including detention).

- a. Purpose: Ensure both the Juvenile Court system and School Board are aware of the issues involving a particular child or youth and have current information about quality services available to youth and their families.
 - b. Benefit: Judges order both educational and therapy services for youth and their parents, and if they are provided with information about evidence-based treatment, and School District placement options, youth will have improved access to effective programs while under community supervision.
 - c. Description: Educational liaisons are provided by the School District of Palm Beach County in each juvenile courtroom, but providing them with cross-training will improve the quality of their recommendations about educational placements and "Response to Intervention" (RTI) services under IDEA and alternatives to suspension (ATOS) programs. Judges have requested information about evidence-based mental health treatment programs for youth and their parents.
 - d. Note: System in practice in Palm Beach County. Enhancement of knowledge of liaisons about resources would improve their impact.
 - e. Cost estimate: depending upon amount of School Board liaison time allocated to court activities.
2. Divert low-risk adolescents from juvenile justice system through community service, restorative justice, employment or counseling (individual or family) interventions such as Positive Parenting Partnership (CSC), functional family therapy or multi-dimensional treatment foster care approaches
- a. Purpose: Divert low-risk adolescents from juvenile justice system
 - b. Benefit: Prevention of further involvement in juvenile justice system. Intervention intended to prevent further problematic behavior
 - c. Description: Community service, restorative justice, employment or counseling (individual or family) interventions such as Positive Parenting Partnership (CSC), functional family therapy or multi-dimensional treatment foster care approaches.
 - d. Cost: \$\$\$ Based on cost of implementing selected initiatives
3. Develop a funder initiative to support data-based service system including evidence-based practices.
- a. Purpose: To encourage the juvenile court judges and funders of treatment services to utilize only interventions that have an evidence-based impact on youth and their parents
 - b. Benefit: Increase the availability and utilization of evidence-based therapy and parent/child treatment services for youth receiving treatment through order of the juvenile court and with funding provided by state and county resources.
 - c. Description: Palm Beach County has an inadequate supply of mental health providers certified to provide evidence-based interventions with fidelity, such as Functional Family Therapy, Multi-Systemic Family Therapy and Brief Strategic Family Therapy. Judges currently do not have a resource to utilize when they order therapy for

- a youth and/or family to address the behaviors that led the family into Juvenile Court. The cost of certification of behavioral health providers is a consideration, but Medicaid and SAMH contracts will fund the services.
- d. Note: Palm Beach CSC and DCF SAMH staff will develop a list of evidence-based interventions for youth and for youth/family groups to be provided to Judge Alvarez at his request. They will also survey existing providers of services funded by DCF/SAMH and those utilized by the courts to determine what program models are used for youth ages 6-18, and what evidence-based services are currently provided. Need to develop a theory of change to support improved programs for adolescents
 - e. Cost estimate: \$\$
 - f. Community agency to lead this strategy: SAMH, others TBD
4. Develop a natural anchor for a system of care utilizing a "digital backbone"
- a. Purpose: To support integrated case management between programs that serve youth and their families and neighborhoods to improve the effectiveness of resources that are available in our community.
 - b. Benefit: Allows providers working with different family members to communicate and coordinate their services; and supports assessment of quality and effectiveness of services by funders and community leadership.
 - c. Description: Providers currently use multiple data systems specific to each funder, so data must be entered multiple times if a youth/family participates in more than one program. These data systems are primarily designed for contract management, and provide minimal support for case management and analysis of program effectiveness. An internet-based system that accepts uploads from existing funder systems and provides the ability to integrate and analyze information would reduce the workload and increase functional use of digital systems for individual case management and program direction.
 - d. Cost estimate: \$\$\$

Endorsed Strategies

5. Analyze current assessment protocols for youth involved with the juvenile services and make recommendations for enhanced collaboration.
- a. Purpose: A workgroup should be created to analyze current assessment protocols for youth involved with the juvenile services and make recommendations for enhanced collaboration.
 - b. Benefit: a streamlined process could free up resources for coordinated intervention services for youth
 - c. Description: Youth are assessed multiple times for substance abuse, mental health, educational achievement and family issues by multiple organizations. A workgroup

should be created to analyze this situation and make recommendations for streamlining the assessments and sharing information between providers working with a youth.

d. Cost estimate: \$\$

6. Improve collaboration between Juvenile Court, foster care, juvenile justice and the school teams as youth enter and leave juvenile justice commitment programs
 - a. Purpose: Improve the interaction and collaboration between school teams, alternative education resources, and youth involved with foster care, juvenile justice and mental health services.
 - b. Benefit: Judges may order both educational and therapy services for youth and their parents, and if they are provided with information about evidence-based treatment, and School District placement options, youth will have improved access to effective programs while under community supervision. Increased information available to all parties. In addition, as youth return to school settings, the educational system needs appropriate notice to ensure that the youth is placed in the most appropriate setting on their return.
 - c. Description: Youth discharged from the detention center or DJJ commitment programs must return to school in 72 hours, but schools do not know they are coming until they arrive at their last school. Schools and mental health providers need time to connect with the youth on re-entry so that programs are available and appropriate.
 - d. Note: This may require that judges specify the time of release and the educational liaisons in their courtroom will need additional training on available school options so they can effectively provide the judge with educational options.
 - e. Cost estimate: \$
7. Continue the Juvenile Drug Court
 - a. Purpose: Same purpose as adult drug court with special adaptations for juvenile context
 - b. Benefit: Provide appropriate intervention. Hopeful prevention of further involvement with criminal justice system.
 - c. Description: Specialty court
 - d. Cost: \$\$\$
8. Develop a Juvenile Mental Health Court, similar to the adult mental health court.
 - a. Purpose: Same purpose as adult mental health court with special adaptations for juvenile context
 - b. Benefit: Provide appropriate intervention. Hopeful prevention of further involvement with criminal justice system.
 - c. Description: Specialty court
 - d. Note (if applicable): Escambia County has such a program which they title "Mental health facilitation"
 - e. Cost: \$\$\$

Strategies forwarded to Council for consideration without recommendation

9. Juvenile Mental Health Treatment Facility
 - a. Purpose: Provide specialized juvenile treatment services
 - b. Benefit: Locally available services; broader service array
 - c. Description: This is a facility dedicated to providing mental health care to adolescents
 - d. Cost estimate \$\$\$\$