

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

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Grantee Summary			
Grantee's Name		Report Period	
LSF Health Systems (LSFHS)		From:	08/13/2018
Grant Number:	LHZ76	To:	07/31/2021
Report Prepared By		Report Approved By DCF	
Preparer's Name:	Meghan Riley-Reynolds	Approver's Name:	
Preparer's Title	Project Coordinator	Approver's Title	
Preparer's Phone:	904-510-4802	Approver's Phone:	
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Date Prepared:	09/30/2021	Date Approved:	

Grant Information			
Amount awarded	\$1,198,362.00		
Amount of match provided	\$1,319,577.00		
Award Period	08/13/18	through	07/31/21
Target Population <i>(must select one: shade/bold one)</i>	Juveniles	Adult	Both

Section 1. Detailed Progress Summary

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

This is a three-year grant funded program under the guidance of the Community Council Against Substance Abuse that will expand the Marion County Mental Health Court (MCMHC) to engage misdemeanor defendants with mental illness or co-occurring substance abuse disorder in jail diversion by providing screening, community case management and coordinated support for individuals with mental health or co-occurring substance abuse disorders who have committed misdemeanor offenses.

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

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

B-2.1 Increase referrals to the Mental Health Court Program through increased education and awareness of law enforcement personnel.

Over the course of the grant period, Court Administration was able to conduct a total of 30 individual training sessions for the Marion County Sheriff’s Office (MCSO) which ultimately increased the awareness of 1,056 law enforcement personnel. This awareness supported and improved the partnership between MCSO and the MCMHC program leading to increase referrals for consideration of program admission. The Marion County Jail which is operated by MCSO routinely reviewed inmates who might meet program qualifications and ensured those names were shared with the MCMHC to determine referral appropriateness and follow-up.

B-2.2 Increase access to behavioral health services for Mental Health Court participants.

Staff from the MCMHC, The Centers and LSFHS met weekly or bi-weekly (via telephone or Zoom due to continued remote work status) to discuss participant needs and address any barriers, which increased access to medication management, care coordination, application for disability benefits, housing, detox and crisis center services, peer support, and referrals. The additional resources from LSFHS for a dedicated Care Coordinator and ARNP services through The Centers positively impacted the participant’s access to services. The Care Coordinator worked with the participants in most need as determined at the staffings to assist in providing wrap-around services as well as providing outreach services as needed to those less acute. Care Coordination services continued during remote work and/or a hybrid approach with limited in-person contact due to precautions implemented from Covid-19. Medication management offered through the ARNP continued via telehealth affording participants the opportunity to be seen from their home. The Peer Specialists assisted with appointment coordination and followed up with participants by phone to provide support as needed.

B-2.3 Establish a Pre-Booking diversion program.

During the first part of the grant, all efforts were focused on implementing grant activities and process development. The topic of Jail Diversion remained one of the top three priorities identified in the yearly Needs Assessment in requesting technical assistance. Additionally, the updated Sequential Intercept Mapping workshop held 09/19/19 where the Pre-Booking diversion program (term used was Low-Demand Access/Triage Center) was identified as a priority as well. In collaboration between court administration personnel and LSFHS, a preliminary list of planning committee members was created, and collaborative agreements signed and previously submitted.

In collaboration between LSFHS and community partners, funding was explored for a Law Enforcement Co-Responder Program through a legislative request focused on Marion County to serve as a pre-booking diversion program. The Co-Responder model of criminal justice diversion pairs law enforcement and behavioral health specialists who respond to behavioral health-related calls for law

enforcement service as a part of the community's crisis care system working in partnership to provide cost-effective treatment alternatives to jail, emergency departments and inpatient disposition. LSFHS was awarded the funding request and work began near the end of the grant term by way of initial discussions for implementation with the local law enforcement entities.

- b) For each reporting period, provide a detailed description of each task and associated activities delineated in Section C-1 of the grant agreement. For each task identified, include the completion date, or anticipated date of completion, and discuss any adjustments to timelines outlined in the original grant application.

C-1.1.1: Within ninety days of execution of this Grant Agreement hire a Project Coordinator and implement Project Coordination Services.

The Project Coordinator was hired on 08/01/18 and remained in this position throughout the duration of the grant's three-year period.

C-1.1.2: Within ninety days of execution of this Grant Agreement hire a Housing Coordinator and implement Housing Coordination Services.

A Housing Resource Specialist was hired on 08/23/18 and their last day of work was on 04/18/19. The position was advertised, and interviews were conducted on 04/10/19. The selected candidate was hired on 05/20/19 and remained in the position until the conclusion of the grant.

C1.1.3: Within ninety days of execution of this Grant Agreement hire a Peer Specialist and implement Peer-Based Recovery Support Services.

The Centers, the local community mental health provider who employed the Peer Specialist position decided to fill the full-time position with two part-time employees. One part-time Peer Specialist was already employed with The Centers at the beginning of the grant on 08/13/18 and continued throughout the entirety of the grant's term. The second part-time Peer Specialist employee was hired on 10/01/18 and ended employment on 02/01/19. The Centers was able to fill the vacancy position on 08/19/19 and the employee continued in the position until the end of the grant.

C1.1.4: Conduct at a minimum three annual trainings for Law Enforcement personnel to increase referrals to the Mental Health Court Program to include:

C-1.1.4.1: Recognizing signs and symptoms of mental-illness and co-occurring disorders.

C-1.1.4.2: Baker Act criteria, admission, and processes.

C-1.1.4.3: Jail diversion options, and court alternative programs.

Response to C-1.1.4.1 through C-1.1.4.3:

Over the course of the grant period, Court Administration was able to conduct a total of 30 individual training sessions for the Marion County Sheriff's Office (MCSO) which ultimately increased the awareness and education of 1,056 law enforcement personnel – both sworn deputies and jail staff. Trainings ranged from 1.25 hours in length to 4 hours and included such topics as Baker Act, Marchman Act, and Mental Illness & Substance Use Disorder; Suicide Detection & Prevention in Jails; and Suicide Prevention, Assessment & Intervention for Inmate Population & How it Relates with Behavioral Health Issues. Including the jail personnel in the training provided the opportunity to increase the knowledge of those who typically are the first to encounter those in crisis and increase the awareness of community resources to include the Mental Health Court program.

A unique aspect to the training is Court Administration invites representatives from the local Baker Act facilities and the Public Defender’s Office to join in the panel discussion for the training which allows law enforcement to directly connect with key points of contact with each agency. This approach has led to improved communication and relationship building thus enhancing service delivery.

Both Court Administration and MCSO recognize the importance of increased education and awareness as it specifically relates to mental illness, substance use and baker act thereby are committed for this training platform to continue ongoing. Moreover, the Ocala Police Department (OPD) has requested a similar training for these topics which Court Administration is working with them to coordinate future training dates for their police officers.

Dates of Law Enforcement Personnel training	Training Topic	Trained with Pre & Post Tests	Trained with Post Test Only	Total Trained
09/30/18, 10/01/18, and 10/02/18	Baker Act & Marchman Act / Mental Illness & Substance Use Disorder	23	50	73
01/31/19	Suicide Prevention, Assessment & Intervention for Inmate Population & How it Relates with Behavioral Health Issues	N/A	30	30
11/12/19, 11/14/19 and 01/14/20	Suicide Detection & Prevention in Jails	63	290	353
02/09/21, 02/16/21, 06/23/21, 03/02/21, 03/09/21, 04/23/21, 03/30/21, 04/06/21, 04/13/21, 04/20/21, 04/27/21, 05/04/21, 05/11/21, 05/18/21, 05/25/21, 06/01/21, 06/08/21, 06/15/21, and 06/22/21	Abbreviated Sworn (1.25 hours) – Baker Act & Marchman Act / Mental Illness & Substance Use Disorders	91	172	263
04/22/21, 04/29/21, 05/20/21 and 05/27/21	Comprehensive Jail (4 hours) – Suicide Detection & Prevention in Jails	20	317	337
Totals		197	859	1,056

- c) List your program's MOUs or other legally binding agreements that were executed for this program (indicate the parties, when it was executed, purpose) and add to this list each reporting period as appropriate.

<i>Executed</i>	<i>Effective Date</i>	<i>Parties</i>	<i>Purpose</i>
10/01/2018	08/13/2018	Dr. Kathleen Moore & Dr. Scott Young	Independent evaluators of the grant.
12/17/2018	10/01/2018	The Centers	Employ Peer Specialist to implement Peer-Based Recovery Support Services; in-kind match of Community Mental Health Designee and Forensic Specialist; and in-kind match of bed/treatment for inpatient.
12/17/2018	10/01/2018	The Centers	Additional contract utilizing funds outside the grant to support a Care Coordinator position and ARNP services.
01/28/2019	08/13/2018	NAMI	Conduct Peer-to-Peer, Family-to-Family and Train the Trainer classes, and in-kind match of classroom and meeting space.
04/22/2019	03/01/2019	Ocala Consulting & Prevention	Provide courses to participants: BIP, Retail Theft, Anger Management, Life Skills, Parenting, and Substance Use.
04/22/2019	03/01/2019	The Salvation Army	Provide courses to participants: Retail Theft, Anger Management, Life Skills, Parenting, and Substance Use.
05/30/2019	05/30/2019	Redwood Toxicology	Participant drug screening.
04/30/2020	04/08/2020	Nona Scientific Lab	Provide enhanced drug screening capabilities to address those trying to alter test results and provide staff onsite for testing protocol.
05/07/2020	04/01/2020	The Salvation Army	Provide the service of alcohol monitoring via the Secure Continuous Remote Alcohol Monitor (SCRAM) device.
05/13/2020	01/01/2020	The Centers	Provide in-patient residential treatment and transportation services.

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

Partner/Collaborator:	Purpose:
<i>Freedom Clinic</i>	<i>Provide primary care, counseling, dental and vision to uninsured and underinsured individuals.</i>
<i>Hope Clinic</i>	<i>Provides "free and compassionate healthcare services for uninsured and low-income families".</i>
<i>The Salvation Army</i>	<i>Local emergency shelter facility.</i>
<i>Interfaith Emergency Services</i>	<i>Emergency clothing, vouchers for medication and food, shelter for women and children.</i>
<i>Ocala First United Methodist Church</i>	<i>Provides weekly outreach to individuals who are homeless or in need with the following: lunch, clothing, toiletries, bread, bicycles, birth certificates and ID's, legal assistance, and prayer and encouragement.</i>
<i>Wear Gloves Inc. (Dignity Center and Dignity Roasters)</i>	<i>Meeting place for monthly roundtable meeting; agency where participants can work to "earn what they need, develop new and valuable skills, and receive support as they transition into housing and the workforce".</i>
<i>The Centers (Child Welfare program)</i>	<i>For participants who are dually served in Mental Health Court and the Child Welfare Dependency program, The Centers' Family Care Managers participate in court pre-staffings.</i>
<i>Dr. Mike Jordan</i>	<i>Former Executive Director of the Marion County Children's Alliance who has been volunteering with all of the problem-solving courts in providing linkage to community resources and program feedback.</i>
<i>Marion County Sheriff's Office / Marion County Jail</i>	<i>Provides collaboration in a coordinated release from jail of program participants as well as linking incarcerated participants with inmate services.</i>
<i>Ocala Community Care at Marion County Jail</i>	<i>Provides medical, dental, and mental health services to the inmate population at the Marion County Jail. Collaborates with the Mental Health Court team in addressing the needs of participants while incarcerated with mental health evaluations and medication management. Additionally, provides one week of prescribed medications to MCMHC participants when released to allow time for follow-up with regular mental health provider.</i>
<i>Dr. Stephen H. Dunn</i>	<i>Provides pro-bono specialty dental work to participants.</i>
<i>Zero Hour Life Center</i>	<i>Aids with applying for Social Security benefits to participants via the SOAR Works program.</i>
<i>First Baptist Church of Ocala</i>	<i>Provides donated personal and/or household items to the Mental Health Court program participants to assist with moving them into their stable housing situation.</i>
<i>His House for Her</i>	<i>Supportive housing for at-risk women in recovery.</i>
<i>Coordinated Entry</i>	<i>The process developed to ensure all people experiencing homelessness, or at risk of homelessness, have fair and equal access to housing resources. Households should be quickly assessed, prioritized, and connected to available housing and assistance based on their unique situation.</i>

<i>Beacon Point (Marion County Hospital District)</i>	<i>Provides a centralized location, on the bus route, for integrated behavioral health and substance abuse services with multiple agencies participating in treatment and stabilization plans.</i>
<i>Perspectives of Florida</i>	<i>Provides Integrated Treatment & Sober Living.</i>
<i>National Test Systems</i>	<i>Provides drug screen testing by use of sweat patches.</i>

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

C-2.1 Staffing and C2.2 Professional Qualifications: LSFHS staff funded through the grant include Project Coordinator, Meghan Riley-Reynolds who provides oversight and execution of the grant, serves as liaison between LSFHS and the MCMHC staff, and ensure communication and sharing of information among partners. She has 20 years of experience in the child welfare field to include 12 years of experience in contract management and program coordination. And Housing Coordinator, April McDonald who has developed relationships with local housing providers and assists participants in gaining quality housing that meets their needs and preferences. She has over 20 years social services working in child welfare, human trafficking, and diversion. Ms. McDonald’s last day of employment in the Housing Coordinator position was 04/18/19. Both employee’s resume and training certificates were submitted in the Program Status Report dated 10/31/18.

Paul Tarnowski was hired as the Housing Coordinator on 05/20/19. He has over 16 years working in the social services field to include: HIV and AIDS services, competency restoration, supportive employment, and direct care with mentally ill and/or developmentally delayed consumers. Mr. Tarnowski’s resume and training certificates were previously submitted with Program Status Report dated 06/30/19.

C-2.3 Subcontracting: LSFHS contracted with two independent evaluators affiliated with the University of South Florida to provide project evaluation; The Centers, for the Peer Specialist position, transportation services and residential treatment; NAMI for peer and family-based courses; Ocala Consulting & Prevention and The Salvation Army for participant courses; and Redwood Toxicology Laboratory for drug screening services. To diversify drug screening options, a contract amendment was executed with The Salvation Army to add alcohol monitoring, and a contract was executed with Nona Scientific Laboratory to address those attempting to alter test results.

C-2.4 Technical Assistance Requirements: reported in Section 4 of this status report.

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

During the grant, the biggest challenge faced by the program overall was adapting to the restrictions and precautions in response to the Covid-19 pandemic. Though this led to great innovation and teamwork to ensure there was not a gap in service while adhering to the local and state restrictions; below are some examples of such.

- Court

The courthouse restricted access to the public and employees on 03/18/20, allowing only essential business to occur within the building due to the pandemic. Remote work began for all team members (Judge, court case managers and grant funded LSFHS employees; as well as with service providers) and continued throughout remaining time of the grant though there was some limited in-person work allowed in the final couple months.

Upon the start of remote work the team pivoted to ensure continuity of program delivery with very little disruption if at all. The court case manager immediately began information program participants of the changes and increased their contact with participants by phone and/or text due to not being able to meet with them in person. Some participants struggled with not being able to visit with their court case manager

in person or did not have the capacity for phone or text communication. In these instances, the court case manager either communicated with the participant daily or included others in supporting the participant during this of social distancing.

Additionally, the judiciary adjusted their approach by holding court hearings virtually by Zoom. The first court docket for MCMHC held via Zoom was on 05/06/20 with a limited number of cases and was quite successful since it was such a new environment for everyone involved. Every docket held subsequently increased in the number cases being heard to ultimately holding a full docket of cases reflective of in-person size. The way the judge held court virtually was so well received and became a model of how well it was facilitated that visitors from surrounding counties or programs within the circuit came to observe to bring best practices back to their area.

Overall, the ability of the judiciary team to remain focused while switching operational practices to ensure there was not a gap in program services while adhering to local and state guidelines is remarkable.

- **Drug Screening**

A barrier with remote working was the inability of the court case managers to drug screen participants and a concern of some participants trying to circumvent the drug screening protocol to cover up their use of illegal drugs increased. Within the contract with Redwood Toxicology, oral swabs are utilized, and participants would attempt to use mouthwashes, gum, or other means to try to produce a negative screen. Therefore, we partnered with a local agency, Nona Scientific Laboratory that had new technology for drug screening that could detect adulterated specimens. Additionally, as noted above regarding the challenges faced with the pandemic and drug screening, Nona agreed to mail the devices directly to the participant who would then drop off the completed screen for testing at the local laboratory via contactless drop-off.

This process began in 05/2020 and worked well as an alternative to in-person screening and aided in identifying a handful of participants who experience some setbacks and ultimately admitted to using illegal drugs because of this innovation testing methodology. Though the participants reported to have ceased drug use, with Nona's technology to detect adulterated specimens we were able to identify they did not pass the validity testing (indicating fake urine was used) on several screens thus indicating illegal drugs were still being used. This information was helpful so that the right approach could be established with the participant in addressing their treatment need.

Another resolution for drug screening was the county entered into an agreement with The Salvation Army to conduct a limited amount of oral swab screens utilizing the test kits obtained under the Redwood Toxicology's contract. This too was a great resolve in ensuring drug screening of participants continued during remote work.

Matt Reynolds, VP of Sales with Nona Scientific shared the following feedback as to the partnership developed: "With regards to how we have worked together over the past year, Nona Scientific views the working relationship as very successful. With Covid affecting all of us, you were very flexible with our urine collection process and our billing process. I think the program is great and I hope to continue to work with you and your team in the future." It is the local partnerships such as these that will foster the relationships needed for sustainability of the MCMCH program.

- **SCRAM**

A challenge with participants who struggle with alcohol use and needed more frequent testing was resolved by expanding an existing contract with The Salvation Army to offer an alcohol ankle monitor Secure Continuous Remote Alcohol Monitor (SCRAM). This option provided testing daily and became a tool for both the court and participant to show progress in refraining from alcohol consumption (a requirement of the program). Several participants were fitted with the SCRAM device and allowed the team to engage the participants to increase treatment modalities and address the issue which led them to

consume alcohol. One participant is quoted to saying 'the ankle monitor saved her life and was a game changer' by holding her accountable and allowing the time for her to engage in treatment.

- *Housing*

A unique challenge encountered regarding housing was that many housing options - motels, individual landlords, and ALFs – refused to accept new tenants due to concerns of exposure to Covid-19 which hindered assisting participants into the optimal living situation. Some proprietors required a prospective tenant to have a negative virus test prior to moving in or were not accepting new tenants at all.

Additionally, concerns with income and sustainability as it relates to housing became a barrier because of the pandemic as many landlords were experiencing problems with tenants missing rental payments and unable to evict due to the moratorium. This has made landlords weary to take a chance on anyone who isn't able to guarantee rental payment for the duration of their lease and often are required documented stable income reflective of three-times of the monthly rent, which the program population often does not have.

In response to the housing front, the Housing Coordinator worked tirelessly in navigating the dynamics presented in order for program participants to be stably housed. This was done more so with relationship building and developing a network of supportive housing options to draw upon. Moreover, this included communicating with both the participant as well as the MCMHC team on where and how to access community housing resources in addition to potential funding opportunities for those impacted negatively by the pandemic. The MCMCH judge, Honorable Thomas P. Thompson shared "As far as lessons learned, again, the need for supportive housing and the evident benefits from being able to provide such housing is probably the major take away for me when looking back on the past three years" which exemplifies the unique benefit the grant provided with funding the Housing Coordinator position as well as being able to directly fund supportive housing options for program participants.

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

A best practice the court case managers utilized was a screening tool from their court-based information system, Drug Court Case Management (DCCM). This screening tool is completed on all new participants to gather needed information to enter in DCCM to aide in the calculation of performance metrics, and it is used to assist in identifying the needs of the participants.

The Exit Interview was another best practice that was developed and implemented which was provided to all program participants who successfully graduated from the program. The participant may anonymously complete the Exit Interview and is voluntary though highly encouraged. While the response rate was usually low to moderate, the feedback provided in the ones completed was valuable. The overarching response to all the questions were that the MHC Personal and Treatment During MHC was consistently very helpful or somewhat helpful; and the majority agreed that their Overall Health and Well-being had improved. The positive feedback addressed the program as a whole and provided insight of program impact on the participants:

Additionally, the program's Policy & Procedure Manual was updated during the course of the grant to better align with the proposed Florida Mental Health Court Best Practice Guidelines.

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

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

For the grant proposal, commitments were obtained to fill all the membership positions however only approximately half attended the first Planning Council meeting. While historically some of the attendees change from one meeting to the next, there has been about the same amount in attendance

at each meeting. Conference call capabilities have been provided in the past as some participants would not have been able to participate otherwise. The meeting platform changed from in-person to virtually via Zoom in response to the pandemic during the 4th Quarter of FY 19/20 which helped with improving overall attendance.

There were only a few changes in membership positions over the course of the grant; however, they were ultimately able to be filled. These positions included that of Circuit Court Judge, Primary Consumer of Substance Abuse Services, and Ocala Police Department.

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

The Planning Council met consistently every quarter throughout the life of the grant. The meetings initially were in-person at the courthouse however switched to a virtual platform via Zoom towards the end of the second year of the grant due to the pandemic. Surprisingly the first virtual meeting was the most attended meeting up until that time and proved to be a successful environment as participation continued to be strong with all subsequent meetings being held virtually.

The quarterly performance measures were discussed at each meeting which fostered transparency across all agencies and facilitated productive discussion of ways to improve performance or enhance service delivery. One such example was analyzing the types of arrests by participants while enrolled in the program as opposed to just the number of arrests to better understand what might be needed for improvement.

Another example of collaboration was shared by Planning Council member Susan Cizmadia with the Florida Department of Corrections/Community Corrections (Felony Probation & Parole): "Although the grant encompassed only misdemeanor offenses, I gained a wealth of knowledge and information regarding individuals with mental illness. I view this grant/program as a beginning to possibly including felony offenders into future mental health grants/programs such as this." Ultimately in the grant's third year the MHC Policy & Procedure Manual was updated to allow for the program expansion to include select felony cases to enter the MCMHC Program.

Feedback shared by Peggy Dile who was the Primary Consumer of Substance Abuse Services representative was reflective of education and relationship building: "I just wanted to share with you that being on the committee (Planning Council) helped to see all the resources and people who are in Marion County willing to help in the mental and substance abuse field. It opened my eyes to the hard work and dedication put in by so many people and organizations. I am totally impressed to see the dedication of so many willing to help. Thank you for the time I got to serve on the committee. I am passionate about my recovery, and I am so thrilled to see others are willing to assist those who are looking for recovery. My eternal gratitude to each everyone who served on the committee. I thank you from me and all the individuals you, as the committee, assisted to get their lives back on track, and give them hope."

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

As stated above, the Planning Council met every quarter throughout the life of the grant on the dates noted in the below chart. At each meeting, the preceding quarter's performance measures were reviewed to allow for feedback and program guidance as well as opportunities for roundtable discussions were included. Additionally, the following topics were included agenda items:

- *Review and discussion of each of "The 10 Key Components of Mental Health Court"*
- *Sequential Intercept Mapping*

- TAC Needs Assessment Survey
- Review of the Evaluation team’s annual reports
- MHC Policy & Procedure Manual and
- Program Expansion and Sustainability.

Grant Year	Meeting Dates
#1	10/24/18, 12/05/18, 02/21/19 & 06/20/19
#2	09/19/19, 12/05/19, 02/18/20 & 06/23/20
#3	08/25/20, 12/14/20, 03/25/21 & 06/30/21

Section 2. Deliverables

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

The lifetime target of individuals enrolled in program services was achieved with 66% - 297 individuals served over the 3-year grant period. The first year of the grant was the most successful with serving 145 individuals which was in part to the existing program participants were counted as new enrollees at the start date of the grant. Then for the subsequent two years 76 individuals were enrolled for each of those years.

The courthouse restricted its activity to the public to that of only essential hearings beginning on 03/18/20 to comply with the Covid-19 precautions; however, the program continued to accept applications since that time as they remained capable to process them via remote work and continued to have a higher enrollment rate than compared to the other Problem-Solving Court programs within the county and circuit.

Even though the program continued to accept applications during the response to the pandemic, there was a noticeable decline in new enrollees from that time until the conclusion of the grant, and concern if there was also a decline in the applicant pool. Therefore, data was collected from the Marion County Jail for arrests and to determine if the number of eligible applicants was impacted by the pandemic; see chart below. Based on the number of arrests during April – December 2019 compared to April – December 2020, there was a net loss of 730 potential program applicants; notwithstanding if there was a mental health diagnosis needed for program eligibility as that is not shared by the jail in arrest data. Then for the timeframe January – July for 2020 and 2021 the difference was an increase of 96 potential program applicants. When looking at the start of the pandemic in April 2019 through the conclusion of the grant in July 2021, there was a total of 634 less misdemeanor arrests which means there were 634 less individuals who would be eligible to apply for the program and thereby impacting the enrollment numbers negatively.

Arrests for Misdemeanor charges

	2019	2020	Difference
April	534	326	-208
May	543	405	-138
June	506	352	-154
July	425	371	-54
August	488	451	-37
September	502	446	-56
October	499	453	-46
November	476	463	-13
December	459	435	-24
			-730

Arrests for Misdemeanor charges

	2020	2021	Difference
January	498	442	-56
February	508	416	-92
March	481	432	-49
April	326	429	103
May	405	436	31
June	352	443	91
July	371	439	68
			96

Over the course of the grant period, Court Administration was able to conduct a total of 30 individual training sessions for the Marion County Sheriff's Office (MCSO) which ultimately increased the awareness and education of 1,056 law enforcement personnel – both sworn deputies and jail staff – see below chart. Trainings ranged from 1.25 hours in length to 4 hours and included such topics as Baker Act, Marchman Act, and Mental Illness & Substance Use Disorder; Suicide Detection & Prevention in Jails; and Suicide Prevention, Assessment & Intervention for Inmate Population & How it Relates with Behavioral Health Issues. Including the jail personnel in the training provided the opportunity to increase the knowledge of those who typically are the first to encounter those in crisis and increase the awareness of community resources to include the Mental Health Court program.

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02/09/21, 02/16/21, 06/23/21, 03/02/21, 03/09/21, 04/23/21, 03/30/21, 04/06/21, 04/13/21, 04/20/21, 04/27/21, 05/04/21, 05/11/21, 05/18/21, 05/25/21, 06/01/21, 06/08/21, 06/15/21, and 06/22/21	Abbreviated Sworn (1.25 hours) – Baker Act & Marchman Act / Mental Illness & Substance Use Disorders	91	172	263
04/22/21, 04/29/21, 05/20/21 and 05/27/21	Comprehensive Jail (4 hours) – Suicide Detection & Prevention in Jails	20	317	337
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- Using the Performance Measures for Acceptance of Deliverables in **Section D-4.** of the grant agreement, complete the Service Summary Tables below.

Service Summary Tables

PROGRAM YEAR 3						
Service Target	YR3 Annual Program Target	Program Lifetime Target	Number of Participants Served			
			Program YR3 Total to Date	% of Program YR3 Target Achieved to Date	Program Lifetime Total to Date	% of Lifetime Target Achieved to Date
			07/31/21	07/31/21	07/31/21	07/31/21
D-2.1. <i>Individuals Enrolled in Program Services</i>	150	450	76	50.6%	297	66%
D-2.2. <i>Total Law Enforcement Trained</i>	20	60	111	555%	197	328%

Number of Program Individuals Served = Distinct/unduplicated admissions

Section 3. Performance Measures and Outcomes

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

The Marion County Mental Health Court continues to use a court-based information system (DCCM) to document data about participant involvement with the mental health court program. The DCCM system was developed for courts in general, not specifically for mental health courts or court-based projects funded by Florida's CJMHSA. As such, we worked with our independent Evaluators to develop a system to capture the information needed to report on the project's performance measures. This information is captured in Microsoft Excel spreadsheets that are populated by our program staff. The Evaluators are independent contractors who do not work for our agency, and they continued to oversee monitoring and reporting of the project's required performance measures during the funding period. The Excel spreadsheets were utilized to capture and report on the needed performance measures covering information gathered before participants enrollment in the program, during their program participation, and following their discharge from the program, including information related to arrests, housing, employment, benefits, and diversion from a state mental health treatment facility. Specifically, the performance measures from the court-based information system and additional spreadsheet include the following:

- *Number and % of arrests or re-arrests among program participants while enrolled in program, and one year prior to enrolling in the program*
 - *Number and % of arrests or re-arrests among program participants within one year following program discharge*
 - *Number and % of program participants not residing in a stable housing environment at program admission, and whether they reside in a stable housing environment within 90 days of program admission*
 - *Number and % of program participants who reside in a stable housing environment one year following program discharge*
 - *Number and % of program participants who reside in a stable housing environment by program end date*
 - *Number and % of program participants who are not employed at program admission, and who express a desire to work upon admission, along with their employment status within 180 days of program admission*
 - *Number and % of program participants who are not employed at program admission, and who express a desire to work upon admission, along with their employment status within one year of program admission*
 - *Number and % of program participants the Grantee assists in obtaining social security or other benefits for which they may have been eligible but were not receiving at program admission, along with information concerning whether participants were assessed for benefits eligibility and if they later received benefits*
 - *Number and % of program participants diverted from a State Mental Health Treatment Facility.*
2. Complete the Reinvestment Grant Performance Measure Data Table (Appendix B).

The Reinvestment Grant Performance Measure Data Table was completed and submitted quarterly with the Program Status Reports.

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

The Reinvestment Grant Performance Measure Data Table was completed and submitted quarterly with the Program Status Reports.

Section 4. Technical Assistance

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

- Primary contact information for the Grantee and each of its subcontracted or subgrant award partners was provided to the TAC within 10 business days after execution of the Grant Agreement.

Completed as reported in Program Status Report dated 10/31/18.

- Participation in one annual county level technical assistance needs assessments conducted by the TAC and list the three priority areas that you identified in the in the survey.

The annual technical assistance Needs Assessment Survey was completed and submitted each year to the TAC on the dates noted in the chart below along with each of the year’s three priority areas that were identified by the Planning Council members.

<i>Date Submitted to TAC</i>	<i>Date Reported in Program Status Report</i>	<i>Three Priority Areas Identified</i>
<i>10/29/18</i>	<i>10/31/18</i>	<i>1. Follow-up to SIM 2. Permanent Supportive Housing and Housing First (SAMHAS Toolkit) 3. Jail Diversion</i>
<i>12/10/19</i>	<i>12/31/19</i>	<i>1. Follow-up to SIM 2. Jail Diversion 3. Permanent Supportive Housing and Housing First (SAMHSA Toolkit)</i>
<i>08/28/20</i>	<i>09/30/20</i>	<i>1. Jail Diversion 2. Permanent Supportive Housing and Housing First Principles 3. Grant Development and Planning</i>

- Participation in one annual on-site technical assistance visit conducted by the TAC and submit a sign in-sheet for all participating individuals.

A technical assistance event was held on 02/16/21 in a virtual format to comply with social distancing guidelines. The event was convened to inform expansion initiatives related to the implementation of a peer alumni and aftercare program for the MCMHC. Documentation was submitted with Program Status Report dated 03/31/21.

- Participation in quarterly program-wide conference calls scheduled by the TAC for all Grantees under the Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant Program. Submit a list of individuals who participated in the quarterly conference call; and

The Project Coordinator participated in all quarterly scheduled conference calls/webinars offered throughout the grant period as well as various team member during differing dates as reported in previous Program Status Reports.

5. Provided program reports and summary service data as requested by the TAC.

Completed as requested by the TAC.

Section 5. Sustainability

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

The management team continued to review and share program data with community stakeholders during Planning Council meetings to showcase the impact the program had within the community and what was needed to sustain the level of services currently provided under the grant. There are key facets of the grant, such as the financial housing assistance which was unique, and the county will need to address how best to continue this aspect since it has been critical in reducing homelessness of participants. In early 2020, the county funded and filled a new position of a court case manager which aided in the distribution of caseloads as well as workload to allow expanded roles of the court team to support the sustainability upon grant's end. The collaborative partnerships created with local community agencies will continue to provide a collective voice to support what the data shows in positive outcomes. A concern locally and statewide is what will be the financial impact to funding sources for sustainability due to the pandemic crisis. As a result of efforts to combat the pandemic there has been a loss of revenue which local and state entities are having to re-evaluate funding priorities, but the team is hopeful the significant impact the program continues to have in the community will warrant its sustainability and/or expansion.

The following examples shared by various team members perfectly showcase the collaborative impact of the grant with participants receiving the appropriate treatment and supportive services in a timely manner (both for their mental health and substance use); securing quality supportive housing to meet individual needs; and supporting participant's residential treatment needs. Having qualitative feedback to supplement the data in the performance measures is helpful in painting the picture to leverage community support for sustainability of the program.

- *"My favorite success story over the past three years is Adam. He was truly a very ill man, usually unmedicated, often violent, and constantly in trouble with the law. (Another) Judge took a special interest in his participation in the program, and in all candor, I don't think she believed we would be able to really help him and set him on the path we did. She would often ask about him in passing ("I haven't seen Adam at first appearance hearings in a while, I guess he's staying out of trouble?" - stuff like that). She was genuinely surprised when I told her about his graduation from the program and how far he had come in his recovery. Hearing him say at his graduation "I've always been a loser in life, but for the first time, I'm a winner!" was really touching, and made me feel like we had really changed his life for the better. Although (the landlord) and others in his life played a big role in assisting him on his path, I think it's this program that really brought him along and helped to get him sober and stable."*
- *"The participant that stands out to me is Tracy. Tracy was admitted to Mental Health Court 5/23/2019. She was a severe alcoholic in liver failure. When she came into Mental Health Court she was on disability, living with her sister and not working. She was very sick receiving treatment her at Shands, having multiple hospitalizations for ascites due to her liver failure. As a result, she was struggling physically and mentally. After being admitted to Mental Health Court, she started receiving intensive outpatient treatment with The Centers for her mental health and substance use from 7/2/2019 to 5/7/2020. Because of the grant we were able pay for an ankle monitor which was a game changer for her. As she would say, "It (the ankle monitor) saved my life." The grant also helped her with housing on several occasions. Paul was able to find housing for her and her two sons and was able to get her on the waiting list (top of the list) for housing. Without help with those two important necessities I don't think Tracy would have been able to graduate successfully from Mental Health Court on 9/16/2020. Tracy is still doing well, working, and healthy. I agree with Tracy, the Mental Health Court program saved her life."*

- “The Mental Health Court participant success story that stands out the most to me is Samantha. Samantha is a 37-year-old female who was admitted to the Mental Health Court Program and assigned to my case load on 01/14/2021. Shortly after her assignment to our program I called and conducted an intake by phone to learn more about her and to explain our program requirements and expectations. I was very impressed with her honesty in her answers to each question. She disclosed she struggled with a severe substance abuse problem with methamphetamines and heroin and has for a long time. I can’t imagine disclosing this addiction to a complete stranger over the phone let alone a courthouse employee who is assisting in overseeing her court case. I could tell that Samantha was ready to start her recovery and wanted the help our program could provide. I immediately started submitting referrals on her behalf and connecting her to services. Through our program and the financial assistance of the CJMHSA grant, we were able to fund 2 substance abuse treatment programs for her to receive the help she needed. The first was a residential substance abuse treatment program called Addie Rawls Recovery Center through The Centers. She engaged in this treatment for 3 months. The cost per month was approximately \$5,000. For 3 months, it was a total of approximately \$15,000. After her completion of the Addie Rawls Program, she transitioned to a Sober Living Intensive Outpatient Program with a provider called Perspectives. This program lasted for 2 months. This was the second program we were able to financially assist her with. The cost of this program was \$1,500 per month, totaling approximately \$3,000 for the 2 months. The CJMHSA grant funded nearly \$18,000 between both substance abuse treatment programs. I am proud and happy to report that Samantha is and has been sober for over 180 days for the first time in over a decade. She is employed, working towards obtaining a valid driver’s license, she is connected with medication services, connected with recovery services, re-connected with her children, and she is sober. What a win from our program! I truly believe we saved this young woman’s life.”*

Section 6. Additional Information

- Describe the effect the grant-funded initiatives have had on meeting the needs of adults and/or juveniles who have a mental illness, substance abuse disorder, or co-occurring disorder and include a discussion of the following:
 - The impact of the grant-funded program on expenditures of the jail, juvenile detention center, and prison (e.g., decreased numbers, fiscal estimates);
 - The impact of the grant-funded program on the reduction of forensic commitments to state mental health treatment hospitals or children’s state hospitals/treatment centers (if population served includes juveniles); and
 - The impact the grant-funded program has had on the number and type of individuals detained (detention and/or jail) and incarcerated (prison) (e.g., change in numbers detained, change in types of charges of detainees).

Response to 6.1.a through 6.1.c: The overall long-term impacts of the Marion County Mental Health Court (MCMHC) program remain to be determined because many of the performance measure metrics are framed to examine outcomes for individuals one year following their participation in MCMHC. Despite that, during the past three years, we have consistently observed very favorable outcomes throughout the grant period, and we have met or exceeded every performance measure except for one; we expect to see the same positive effects in the long-term as well. Impacts that are already evident include reductions in overall arrests as well as increased rates of stable housing, employment, and benefits attainment. It is important to note that the one performance measure for which we did not meet the target was related to the number of arrests that participants experienced while in the program. Unfortunately, one participant significantly brought down our performance in this area because he was arrested six times, though the severity of these offenses was low and included minor crimes such as trespassing and resisting officer without violence.

Despite the low severity of these arrests, this one person significantly reduced and skewed our performance on one of the arrest-related performance measures.

COVID has presented many challenges to our program, although we think that we have adapted very well as we have continued to operate and consistently met or exceeded all of the performance measures except one; this is significant since for over a year we have been implementing virtual court, and participants have not had as much oversight since they are not actually appearing live in the court room. Our MHC team is deeply committed to having clients retain a high quality of life in the community, so our case managers continue to work hard to try and keep clients out of jail and engaged in employment or other meaningful activities.

We continued to experience challenges with regard to engaging clients in the MCMHC program due to COVID and the limited availability of face-to-face contact. Both of our case managers and our housing specialist continued to work with clients through the pandemic, mostly in a virtual platform, but have seen some reductions in both stable housing and employment opportunities since the onset of the pandemic. Despite this, our lifetime-to-date percentages have exceeded our performance measure targets with regard to housing and employment.

Throughout the three years of the project, we only had one participant who met state hospital admission criteria and was diverted to this program. However, approximately 30% of our local jail's population is identified as having one or more mental health problems or diagnoses. By investing in targeted community-based diversion programs like the Marion County Mental Health Court (MHMHC), cost savings can be achieved through reductions in the number of days that participants spend in jail, in addition to the program's effectiveness in increasing rates of employment, benefits attainment, and housing stability. The mission of the Marion County Mental Health Court (MCMHC) is to divert non-violent defendants with mental illness from the Marion County Jail and active criminal prosecution in the Marion County Court to appropriate community-based treatment and support services to best protect public safety, reduce recidivism, and help those defendants to build successful lives. The information provided in this report indicates that we are accomplishing our mission.

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

The mission of the Marion County Mental Health Court (MCMHC) is to divert non-violent defendants with mental illness from the Marion County Jail and active criminal prosecution in the Marion County Court to appropriate community-based treatment and support services to best protect public safety, reduce recidivism, and help those defendants to build successful lives. The MCMHC offers certain defendants the chance to be diverted from jail while they are connected to therapeutic and other community services. Community-based services, including psychiatric medication services, have been provided to all participants involved with the CJMHSA-funded MCMHC program. Whereas all MCMHC participants would have been incarcerated had they not been offered the opportunity to participate in the program, none of these community-based services would have been available or accessible to them during their incarceration. Thus, the program has increased both the availability and accessibility of community-based services for the individuals we serve, despite challenges we have faced due to continuing program operations amidst the pandemic. Throughout the project our Evaluation team conducted interviews with participants and key community stakeholders familiar with the program. These findings indicate that one of the biggest strengths of the MCMHC is that it allows participants to access community-based services, including psychiatric services, housing services, medical services, financial services, supports groups, and skill-building and coping services.

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

Please see the fiscal reporting information submitted quarterly regarding local matching funds.

Section 7. Source Documentation

Attach an appendix of the source documentation, described in **Section C-2.5.3.** of the Grant Agreement, documenting the tasks and associated activities performed during the report period. Label the source documentation to easily identify the related task and activity (For example, label the MOUs as “**C-2.5.3.1. for task C-1.1.1.**”).

- C-2.5.3.1 For the task specified in **Section C-1.1.1**, a copy of the resume for the position hired and documentation of all trainings completed.
Documentation previously submitted with Program Status Report dated 10/31/18.
- C-2.5.3.2 For the task specified in **Section C-1.1.2**, a copy of the resume for the position hired and documentation of all trainings completed.
Documentation previously submitted with Program Status Reports dated 10/31/18 and 06/30/19.
- C-2.5.3.3 For the task specified in **Section C-1.1.3**, a copy of the resume for the position hired and documentation of all trainings completed.
Documentation previously submitted with Program Status Reports dated 12/31/18 and 09/30/19.
- C-2.5.3.4 For the task specified in **Section C-1.1.4**, a copy of the agenda, sign-in sheets and pre- and post-test scores.
Documentation submitted with Program Status Reports throughout the life of the grant period as appropriate.
- C-2.5.3.5 For the task specified in **Section C-1.2.1**, a copy of executed MOUs, contracts or collaborative agreements with participating community-based network service providers.
Documentation submitted with Program Status Reports throughout the life of the grant period as appropriate.
- C-2.5.3.6 For the task specified in **Section C-1.2.2**, a copy of the quarterly meetings' progress notes, agenda, sign-in sheets and any updates on potential new partners.
Documentation submitted with each of the Program Status Reports throughout the life of the grant period.
- C-2.5.3.7 For the task specified in **Sections C-1.2.3 and C-1.2.4**, a copy of the curriculum, agenda, and sign in sheets for each training to be offered.
Documentation submitted with Program Status Reports throughout the life of the grant period as appropriate.
- C-2.5.3.8 For the task specified in **Section C-1.2.5.1**, a copy of the monthly drug screen results report.
Documentation submitted with Program Status Reports throughout the life of the grant period as appropriate.
- C-2.5.3.9 For the task specified in **Section C-1.2.5.2**, a copy of the monthly substance-free program participation report.
Documentation submitted with Program Status Reports throughout the life of the grant period as appropriate.

- C-2.5.3.10 For the task specified in **Section C-1.2.6**, a copy of the quarterly evaluation, agenda, sign-in sheets and feedback for program improvement.
Documentation submitted with Program Status Reports throughout the life of the grant period as appropriate.
- C-2.5.3.11 For the task specified in **Section C-1.3.1**, a quarterly update on the progress to assemble the committee to include names and agencies of committee members.
Documentation submitted with Program Status Reports throughout the life of the grant period as appropriate.
- C-2.5.3.12 For the task specified in **Section C-1.3.2**, a copy of executed MOUs, contracts, or collaborative agreements with participating community-based network service providers to be involved in the Pre-Booking Diversion Program.
Documentation submitted with Program Status Reports throughout the life of the grant period as appropriate.
- C-2.5.3.13 For the task specified in **Section C-1.3.3**, a copy of the Sequential Intercept Model re-mapping documentation.
Documentation previously submitted with Program Status Report dated 12/31/19.

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

PLEASE PRINT

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STATE ATTORNEY OR DESIGNEE

Michael Graves, Public Defender; Leann Mackey-
Barnes, Assistant Public Defender
PUBLIC DEFENDER OR DESIGNEE

Honorable Johnathan D. Ohlman
Honorable Edward L. Scott
CIRCUIT COURT JUDGE

Honorable Thomas P. Thompson
COUNTY COURT JUDGE

Greg Graham, Chief of Police, Ocala Police Dept.
Major Steve Cuppy, Ocala Police Dept.
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LT Jennifer Lucky, Marion County Sheriff's Office
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