



**RESPONSE TO:**  
**Department of Children and Families**  
**Office of Substance Abuse and Mental Health**  
**Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant**  
**GRANT # RFA06H16GS1**


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**TAB 1: COVER PAGE**

This tab includes a complete **Appendix C** form.

**APPENDIX C – COVER PAGE FOR GRANT APPLICATION**  
**Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant**

PROPOSAL INFORMATION					
Project Title:	The Pinellas County Recovery Project				
County(ies):	Pinellas				
GRANT POINT OF CONTACT					
Contact Name:	Deborah Berry, Operations Manager				
Department:	Pinellas County Justice Coordination				
Address Line 1:	440 Court Street				
Address Line 2:	2nd Floor				
City:	Clearwater	State:	FL	Zip:	33756
Email:	dberry@pinellascounty.org				
Phone:	727-464-6485	Fax:	727-453-7433		
ADDITIONAL CONTACTS					
Contact Name:	Sara Gordils, J.D., Justice Programs Analyst				
Department:	Pinellas County Justice Coordination				
Address Line 1:	440 Court Street				
Address Line 2:	2nd Floor				
City:	Clearwater	State:	FL	Zip:	33756
Email:	sgordils@pinellascounty.org				
Phone:	727-453-7437	Fax:	727-453-7433		
FUNDING REQUEST AND MATCHING FUNDS					
Grant Select: select one	Planning Grant	<input type="checkbox"/>	Implementation and Expansion Grant	<input checked="" type="checkbox"/>	
	Total Amount of Grant Funds Requested		Total Matching Funds (Provided by Applicant and partners):		
Project Year 1	\$400,000		\$400,000		
Project Year 2	\$400,000		\$400,000		
Project Year 3	\$400,000		\$400,000		
<b>Total Project Cost</b>	\$1,200,000 + \$1,200,000 (match)		\$2,400,000 (Total for 3 Years)		
CERTIFYING OFFICIAL					
Certifying Official's Signature:					
Certifying Official's Name (printed):	Lourdes Benedict				
Title:	Director, Pinellas County Human Services				
Date:	9/15/14				

**TAB 2: STATEMENT OF MANDATORY ASSURANCES**

This table includes a complete **Appendix D** form.

## APPENDIX D – STATEMENT OF MANDATORY ASSURANCES

		Initial
A.	<b>Infrastructure:</b> The Applicant shall possess equipment and Internet access necessary to participate fully in this solicitation.	AB
B.	<b>Site Visits:</b> The Applicant will cooperate fully with the Department in coordinating site visits, if desired by the Department.	AB
C.	<b>Non-discrimination:</b> 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 (EEO) must meets the requirements of 28 CFR 42.301.	AB
D.	<b>Lobbying:</b> 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).	AB
E.	<b>Drug-Free Workplace Requirements:</b> The Applicant agrees that it will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76.	AB
F.	<b>Smoke-Free Workplace Requirements:</b> 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.	AB
G.	<b>Compliance and Performance:</b> The Applicant understands that grant funds in Years 2 and 3 are contingent upon compliance with the requirements of this grant program and demonstration of performance towards completing the grant key activities and meeting the grant objectives, as well as availability of funds.	AB
H.	<b>Certification of Non-supplanting:</b> 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.	AB
I.	<b>Submission of Data:</b> 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.	AB
J.	<b>Submission of Reports:</b> The Applicant agrees to submit quarterly progress reports and quarterly fiscal reports, signed by the County Administrator, to the Department.	AB

**TAB 3: MATCH COMMITMENT AND SUMMARY FORMS**

This table includes complete **Appendix H** and **Appendix I** forms.

APPENDIX H – COMMITMENT OF MATCH DONATION FORMS  
(FOR THE ENTIRE GRANT PERIOD)

TO: (name of county) Pinellas County  
FROM: (donor name) Office of the Public Defender, 6<sup>th</sup> Circuit  
ADDRESS: 14250 49<sup>th</sup> St. N  
Clearwater FL 33762

The following (n/a) space, (n/a) equipment, (n/a) goods or supplies, and (n/a) services, are donated to the County x permanently (title passes to the County) (n/a) temporarily (title is retained by the donor), for the period FY 2016/17 to FY 2018/19.

Description and Basis for Valuation (See next page)

Description	Value
(1) <u>Cash Match</u>	<u>\$ 120,000</u>
(2) <u>n/a</u>	<u>\$ n/a</u>
(3) <u>n/a</u>	<u>\$ n/a</u>
(4) <u>n/a</u>	<u>\$ n/a</u>
TOTAL VALUE <u>\$ 120,000</u>	

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

<u>Bob Diller</u>	<u>08/30/2016</u>	<u>John Burt</u>	<u>9/15/16</u>
(Donor Signature)	(Date)	(County Designee Signature)	(Date)

**APPENDIX H – COMMITMENT OF MATCH DONATION FORMS  
(FOR THE ENTIRE GRANT PERIOD)**

TO: (name of county) Pinellas County  
 FROM: (donor name) PO Box 12019  
 ADDRESS: WestCare GulfCoast-Florida, Inc.  
St. Petersburg, FL 33733-2019

The following  space,  equipment,  goods or supplies, and  services, are donated to the County \_\_\_\_\_ permanently (title passes to the County)  temporarily (title is retained by the donor), for the period FY 2016/2017 to FY 2018/2019.

**Description and Basis for Valuation (See next page)**

<u>Description</u>	<u>Value</u>
(1) <u>Personnel Salaries &amp; Fringe Benefits</u>	<u>\$ 100,937</u>
(2) <u>Drug &amp; HIV Testing</u>	<u>\$ 4,050</u>
(3) <u>EHR, Staff Training, Use of ADA Van</u>	<u>\$ 168,647</u>
(4) <u>Volunteers 12 hours per week</u>	<u>\$ 44,104</u>
(5) <u>Turning Point Facility Costs</u>	<u>\$ 53,070</u>
(6) <u>Veterans Living Center Facility Costs</u>	<u>\$ 162,810</u>
(7) <u>Davis Bradley MSI Facility Costs</u>	<u>\$ 448,200</u>
(8) <u>Management &amp; Administrative Indirect Costs</u>	<u>\$ 98,182</u>
	<u>Total Value \$ 1,080,000</u>

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

Ronda Ruberman 09/02/2016  
 (Donor Signature) (Date)

John Bart 9/15/16  
 (County Designee Signature) (Date)



**Appendix I -MATCH COLLECTION SUMMARY REPORT**  
**(for the entire grant period)**

DATE - August 31, 2016

County - Pinellas

Type of Grant - Expansion Grant

Match Requirement Percentage -- 100%

Total Match Required for the Grant \$ 1,200,000

**Match Reported this Period:**

Cash	\$ <u>120,000</u>
In-Kind	\$ <u>1,080,000</u>
Total	\$ <u>1,200,000</u>

Comments: Cash match of 5% in year 1, 10% in year 2, 15% in year 3 totaling \$120,000 to be provided by the Office of the Public Defender, 6<sup>th</sup> Circuit. \$1,080,000 in-kind match to be provided by WestCare GulfCoast-Florida, Inc.

Prepared By *Robert Berry*

Approved By *Arundis Beneat*

## TAB 4: PROJECT NARRATIVE

**3.8.4.1: Statement of the Problem:** The applicant, Pinellas County Government, requests a CJMHPA Reinvestment Implementation and Expansion Grant of \$1.2M over 36 months. Pinellas County will work in conjunction with the Office of the Public Defender, Sixth Judicial Circuit, WestCare GulfCoast-Florida, Inc., and Vincent House, under the guidance of Pinellas County's Public Safety Coordinating Council (PSCC), to implement **The Pinellas County Recovery Project**. The proposed project represents an expansion of an existing jail diversion program operated by the Office of the Public Defender, Sixth Judicial Circuit, since 2004. From its inception in 2004 through 2015, this jail diversion program served 5,489 clients. The average number of arrests per client prior to joining the program was nearly eight (8).

The **population of focus** for The Pinellas County Recovery Project is adults who have a substance use disorder (many will be chronic inebriates), as well as, a co-occurring mental health condition, and have been charged with a crime. The primary goal of the proposed project is to divert high-risk individuals (high systems users) from arrest, prosecution, or incarceration to treatment and recovery support services. **This unique diversion project will offer services to 100 unduplicated individuals annually (300 over 36 months).**

Anticipated **outcomes** include a decrease in recidivism, relapse, and risk factors and behaviors. Additionally, Pinellas County expects the project to yield an increase and improvement in rates of employment, housing stability, self-sufficiency, overall health, and social connectedness among participants.

Pinellas County is in a unique position to implement a CJMHPA Reinvestment Implementation and Expansion Grant because Pinellas County is one of only three (3) Florida Counties that was included in Florida Executive Order (EO) 15-175. The expansion for which the applicant proposes aligns with both Pinellas County's and its Public Safety Coordinating Council's strategic plans. Moreover, the Office of the Public Defender reports that the number of eligible individuals outnumbers the capacity of its current jail diversion program.

In September of 2015, the Florida Governor Rick Scott, issued Executive Order (EO) 15-175. The EO charged the Florida Department of Children and Families to conduct a comprehensive review of local, state, and federally funded behavioral health services. In addition, it called on DCF to conduct an analysis of service delivery and service integration with other similar and/or interdependent services within a community. Alachua, Broward, and Pinellas were included in the EO.

The aim of the EO and subsequent review is the development of a statewide model for a coordinated system of behavioral health care services and a streamlined budgeting process that integrates and tracks behavioral health care spending across multiple funding streams. In July of 2016, the University of South Florida's Florida Mental Health Institute (USF-FMHI) published a study related to the EO. The study found that in Pinellas County, individuals with multiple visits to crisis stabilization unit (CSU) and a subset who had a significant number of days of incarceration in jail were the focus of the review. Most of the individuals reviewed had recent histories of significant co-occurring substance use,

and a history of exposure to one or more forms of trauma (sexual, physical, emotional and natural disasters).

Care coordination was a significant issue for those in the study population. Their records in the acute care setting denoted that they were 'high utilizers', and their charts revealed that they had multiple Baker Act-associated admissions. Communication among providers working for different agencies remains a tremendous challenge.

Across the records reviewed, individuals spent a significant number of days in the CSU. There was little information in the records to indicate whether outpatient referrals resulted in continuity of care for service recipients. While in both acute and residential care, these individuals appeared to have improved symptom experience. The subset that received case management services, coordinated and overseen by the acute care service provider, appeared to maintain some of these gains when released to the community.

Consumers in acute care had limited capacity, upon admission, to articulate specific treatment goals. Once they improved symptomatically in acute care and in the residential setting, they were better able to voice their preferences. Most discussed that they would like to be able to have permanent housing and some income from employment or disability. Others described that they had benefitted from treatment groups. Typically, while in acute care, they did not complete the 'client goals' portion of their treatment plan. Many described difficulties in transitioning to outpatient care, and the result was that they were cycling between the CSU, jail, and community.<sup>1</sup>

**Geographic Location:** Pinellas County, Florida, is the most densely populated county in Florida with 3,347.5 people per square mile and a current population of 949,827 (2015). The following is a profile of Pinellas County compared to the population of Florida and the U.S. (Source: U.S. Census Quick Facts)

CHARACTERISTIC	PINELLAS	ALL FLORIDA	U.S.
Population (2014)	938,098	19,893,297	318,857,056
Caucasian/White (2013)	83.4%	78.1%	77.7%
Black/African American (2013)	10.8%	16.7%	13.2%
Hispanic/Latino (Non-White) (2013)	8.6%	23.6%	17.1%
Mixed Races (Two or More) (2013)	2.0%	1.9%	2.4%
Veterans (2009-2013)	94,997	1,569,406	21,263,779
Language Other Than English Spoken	13.2%	27.4%	20.7%
High School Diploma or Equivalent (09-13)	88.9%	86.1%	86%
Median Household Income (2009-2013)	\$45,535	\$49,956	\$53,046
Persons Below Poverty Level (2009-2013)	14.1%	16.3%	15.4%
Unemployment Rate (February 2015)	5.2%	5.6%	5.4%

**Current Jail Population:** The average daily inmate population in the Pinellas County Jail was 2,796 in 2015. This figure is similar to the average daily inmate population of the jail in 2001, which was 2,809. An analysis of the average daily inmate population over the last 15 years shows a steady increase from 2001 to a high of 3,622 in 2006.<sup>2</sup>

<sup>1</sup> Final Administrative Data Analysis Report & Final Case File Report (July 2016) Louis de la Parte Florida Mental Health Institute, College of Behavioral & Community Sciences, University of South Florida

<sup>2</sup> Data from Pinellas County Sheriff's Office

The incidence of inmates suffering from mental illness, substance abuse issues, or co-occurring disorders in the jail population is significant. This is due to many factors including; the elimination of "institutions" to house the mentally ill; lack of accessible community-based treatment facilities; lack of funding to support community-based treatment; and lack of adequate employment due to behavioral health disorders and/or involvement in the criminal justice system.

The Pinellas County Sheriff's Office (which oversees the Pinellas County Jail) classifies inmate visits with mental health specialists, as well as mental-health related incidents such as suicide attempts and Baker Acts as *mental health visits*. During the first seven months of 2016, mental health visits among inmates totaled 16,200, which represents an average of 2,314 mental health visits per month in 2016 (thus far). From January through June 2016, there were 4,649 psychiatric prescriptions ordered by practitioners in the jail.<sup>3</sup>

**Screening for Recruitment:** In the existing jail diversion, screening of potential participants occurs within the criminal justice system at Sequential Intercept Point 2, when the judiciary refers potential participants to the Public Defender for jail diversion. Representatives of the Public Defender's Office also identify potential participants when they attend case advisory meetings held by the judiciary. A dedicated court psychologist employed by the Public Defender's Office or one of the MSWs supervised by the psychologist conducts evaluations of potential participants. In the existing program, screening determines if individuals meet the criteria for Axis I diagnosis. The primary purpose of the initial evaluation is to determine acute symptoms that need treatment. In the expanded and enhanced [proposed] program, potential participants will have the opportunity for brief screening by law enforcement and referred directly to WestCare's *A Turning Point* emergency inebriate receiving facility at Sequential Intercept Point 1. Individuals that are recommended for participation (and consent/volunteer to participate), including individuals brought to *A Turning Point* by law enforcement, are referred to a community-based behavioral health treatment provider (e.g., WestCare). The treatment provider will then administer a comprehensive, strengths-based, and integrated assessment for co-occurring disorders, as well as, a health assessment conducted by a licensed practical nurse (LPN) employed by WestCare.

**Persons Admitted to Jail:** In 2015, there were 43,240 arrests in Pinellas County. The FDLE classified 6,786 as drug arrests, and 2,563 as DUI arrests. Under the Marchman Act, 1,472 arrests were made in 2015, by law enforcement. There were also 922 arrests for disorderly intoxication. According to recent reports, Baker Act examinations in the State of Florida have increased by 82% from 2002 to 2014. More than 50% of the Baker Act initiations were made by law enforcement. A Point-In-Time Survey from August of 2016, indicated that 61 Baker Act detentions occurred in Pinellas County.<sup>4</sup>

**Contributing Factors Affecting Jail & Target Population:** FDLE data shows that drug arrests in Pinellas County have decreased in the 10-year span from 8,298 in 2005 to 6,786 in 2015. DUI arrests have also decreased during that time span, from 3,613 in 2005 to 2,563 in 2015. This pattern coincides with the decrease in average daily inmate population in the jail during this same period. Many studies have established a correlation

<sup>3</sup> Data from Pinellas County Sheriff's Office

<sup>4</sup> Data from Pinellas County Sheriff's Office

between crime rates and unemployment. The decreases in average daily inmate population, DUI and drug arrests coincide with a drop in the unemployment rate in Pinellas County, which dropped from 11.4% in 2010 to 4.3% in 2015.

**Homelessness:** The 2016 Pinellas County Point-In-Time Homeless Report reveals that the total number of homeless individuals reported to HUD this year was 2777. A majority of these were adults over the age of 24 (85.7%), male (73%), non-Hispanic (93.4%), and either White (63.2%) or Black (31.7%). There were 127 unaccompanied youth and 14 parenting youth households. There were 379 veteran households. There were 603 chronically homeless individuals, 98 of which were veteran individuals. There were 2 chronically homeless families. 23.2% of adults reported a serious mental illness, while 22.4% reported a substance use disorder and 1% reporting HIV/AIDS.<sup>5</sup>

**Comprehensive Crime and Substance Abuse Data:**

CRIME IN PINELLAS COUNTY (2014) SOURCE: PINELLAS COUNTY DATA	
Percentage of Population Arrested	47%
Percentage of Non-Violent Crime	87%
Drug Related Arrests	16.7% (2012)
Florida Recidivism Rate (Drug Offenders)	25%

SUBSTANCE USE PINELLAS COUNTY (2014) SOURCE: PINELLAS COUNTY DATA			
CHARACTERISTIC	VALUE	CHARACTERISTIC	VALUE
Binge Drinkers (18+)	17.6%	Rx Drug Deaths (2013)	172

According to the National Association of Drug Court Professionals (NADCP), facts on drugs and crime in America have taught that:

- **Our nation’s prison and jail populations have exploded beyond capacity:** According to the Pew Charitable Trusts: One in 31 adults in America is in prison or jail, or on probation or parole.
- **Most inmates are in prison, at least in large part, because of substance abuse:** The National Center on Addiction and Substance Abuse (CASA) at Columbia University reports that 65% of all U.S. inmates meet the medical criteria for substance abuse disorder, but only 11% receive any treatment during incarceration.
- **Imprisonment has little effect on drug abuse:** The Bureau of Justice Statistics reports that 60% to 80% percent of inmates with a substance abuse disorder commit a new crime (typically a drug-driven crime) after release from prison when they do not receive treatment.

Data from the second edition of SAMHSA’s *Behavioral Health Barometer: Florida* underscores the behavioral health problems in Florida facing the population of focus. SAMHSA’s Barometer series, present a set of substance use and mental health indicators as measured through the *National Survey on Drug Use and Health* and the *National Survey of Substance Abuse Treatment Services*. The table below features data from the 2015 Behavioral Health Barometer.

<sup>5</sup> Pinellas County Point-In-Time Survey (2016)

2015 SAMHSA BH BAROMETER: PERCENTAGE OF POPULATION			
Adult Illicit Drug Abuse (2013-2014)	2.4%	Public MH System Use (18-64)	37%
Illicit Drug Treatment (2010-2014)	12.6%	Past Year Suicide Thoughts (18+) (2014)	3.4%
Alcohol Treatment (2010-2014)	7.9%	Serious Mental Illness (18+) (2013-2014)	3.7%

The target population of low-income individuals who suffer from substance abuse disorders, mental illness, or co-occurring substance abuse and mental health disorders whose criminality can be attributed to these disorders are at a huge risk of become perpetual repeat offenders and system users unless more treatment options become available to them.

Studies have shown that a significant amount of resources are used to incarcerate nonviolent offenders suffering from co-occurring disorders, and that many jurisdictions are adjusting their prosecution and law enforcement approaches to provide more rehabilitative services as opposed to incarceration. Such methods have proven to improve public safety while lowering the rates of incarceration and costs associated with court processing.

Studies have shown that although treatment for this population is more effective than incarceration, there is a lack of such services available in many communities. This is especially true in Florida, where as many as 125,000 people with a mental illness requiring treatment are booked into jails annually. Mental health funding per resident is just 30% of the national average.<sup>6</sup>

Florida’s provision of mental health services as measured by spending ranks 49th of the 50 states. Florida also has the third highest percentage of mentally ill and uninsured people in the country. Mental health is fundamental for children and families to reach their full potential and become productive members of society. Unmet mental health needs expose the state to tremendous economic and social costs.<sup>7</sup>

Many traditional mental health and substance abuse programs offer limited services for individuals with co-occurring substance abuse and mental health disorders. The shortage of specialized services for this target population leads to high rates of dropout from treatment, rearrest, and reincarceration. This cycle includes rapid cycling between crisis centers, emergency rooms, jails, and prisons.

Substance abuse and mental health issues are serious issues that need addressing. According to the Florida Council for Community Mental Health, a viable system of mental health services avoids: Higher crime rates and strain on law enforcement; The use of jails as defacto hospitals; Increased use of hospital emergency room services; Increasing the homeless population; and Decreased community quality of life. The requested CJMHSA Reinvestment Grant will allow Pinellas County to avoid each of these community issues, and work to ameliorate the findings of the Governor’s Executive Order.

<sup>6</sup> Don’t Neglect Mental Health in Florida Budget: Where We Stand, Orlando Sentinel 2016

<sup>7</sup> Florida Policy Institute (2016)

## TAB 5: PROJECT DESIGN AND IMPLEMENTATION

**Council Description:** The Pinellas County Public Safety Coordinating Council (PSCC) operates in full compliance with Florida Statute 951.26, and established in 1995, for purposes of assessing the population status of all detention or correctional facilities owned or contracted by the county and formulating recommendations to ensure that the capacities of such facilities is not exceeded. The PSCC also is responsible for developing and maintaining a comprehensive local reentry plan to assist offenders released from incarceration to reenter the community successfully. On October 16, 2007, the Pinellas County Board of County Commissioners approved the designation of the Public Safety Coordinating Council as the Planning Council for Pinellas County in alignment with all statutory requirements of Florida Statutes 394.657.

The **mission** of the PSCC is to pursue fair and effective public safety strategies to encourage sound and efficient justice system operations, ensure access to needed programs and services, and promote opportunities for reform.

The **vision** of the PSCC is to guide public safety through leadership, collaboration, engagement, innovation and fairness.

The **values** of the PSCC are to:

- Be responsive to the needs of our community;
- Maintain ethical stewardship through our actions; Be fair with respect to the dignity of every person, regardless of race, class, gender, or other characteristic;
- Be respectful of the needs of individuals while recognizing our responsibility to the community as a whole;
- Be innovative in our approach to individuals that pose minimal risk to public safety;
- Be collaborative to ensure access to programs and services for individuals that aid in stabilizing, diverting, and reintegrating those suffering from behavioral health needs; and
- Seek data-driven decisions and results when available.

**Membership:** In alignment with FS 394.657, the membership of the PSCC includes:

- Bernie McCabe, State Attorney
- Robert Dillinger, Public Defender
- Anthony Rondolino, Chief Judge of the Sixth Judicial Circuit
- Robert Dittmer, County Court Judge of the Sixth Judicial Circuit
- Bob Gualtieri, Chief Correctional Officer, Sheriff, and County Probation Director
- Jeffrey Undestad, Police Chief
- Patrick Barrentine, State Probation Circuit Administrator
- Gay InsKeep, Trial Courts Administrator
- Dave Eggers, Commissioner, Pinellas County Board of County Commissioners
- Nancy Hamilton, CEO, Operation PAR, Inc. (Substance Abuse Treatment Program)
- Jerry Wennlund, CEO, PEMHS (Community Mental Health Agency)

- April May, SAMH Regional Director, Florida Department of Children and Families
- Jerry Baskis, Primary Consumer of Mental Health Services
- Stephen Szopimski, Primary Consumer of Substance Abuse Services
- Don Turnbaugh, Family Member of a Primary Consumer
- Judy Turnbaugh, Family Member of a Primary Consumer
- Robert Neri, SVP, WestCare (Area Homeless Program Representative)
- Joseph Seeber, Director, Pinellas Regional Juvenile Detention Center
- Melissa Fuller, Chief Probation Officer, Florida Department of Juvenile Justice

**Meetings and Activities:** Formal meetings of the PSCC occur quarterly in January, May, August, and November, however, members of the PSCC are frequently in contact during participation in meetings of several other vital community groups (e.g., Consolidated Case Management System (CJIS) Users Policy Board, Homeless Leadership Board, Juvenile Welfare Board, the Pinellas Police Standards Council, etc.). During PSCC meetings, members review the Pinellas County Jail Indicator Report, listen to status reports on local specialty court programs, discuss reentry initiatives, and collaboratively addresses issues facing the local justice system. In addition, a special presentation at each meeting provides information about relevant topics to stakeholders. Past meetings have included presentations on the following topics: Legalization of Marijuana and Potential Impacts; Workforce Job Training Programs; Pinellas County's Strategic Plan; Best Practices in Behavioral Healthcare Initiatives; Future Construction Plans for Pinellas County Jail Campus; Review of Smart Probation Reentry Program; Local Juvenile Crimes and Statistics; Adult/Juvenile Heroin Use in Pinellas County, etc. Some examples of past activities of the PSCC include:

- In 2008, the PSCC completed a Justice Process Study where stakeholders met with consultants to examine phase one of the Pinellas County Jail Master Plan. The plan projected an increase in jail beds, which by 2030, estimated to cost \$569 Million. During the event, stakeholders were able to reduce the jail population by twenty percent (20%) through refining case processing procedures.
- The Pinellas County PSCC is a member of the National Network of Criminal Justice Coordinating Councils (NCCJCC). Established in 2010, with the support of the Bureau of Justice Assistance and in partnership with the Pretrial Justice Institute and the National Association of Counties, the NCCJCC provides a forum for local county governments and coordinating councils to learn from each other and to build local capacity for system improvement. In July of 2016, the Coordinator of the PSCC attended a NCCJCC meeting held in conjunction with the National Association of Counties (NACO) conference in Long Beach, California.
- On November 3, 2010, Pinellas County received Notice of Award for a CJMHSA Reinvestment Grant totaling \$750,000 over a period of three (3) state fiscal years. This funding added a chronic inebriate track to the Office of the Public Defender's Jail Diversion program. The grant allowed the chronic inebriate program to serve 161 clients from 2011 through 2013. The total number of arrests before joining the program was 2,539. After joining the program, only 98 arrests occurred from this group, which is a 96% decrease. The success of this program helped the Public



Defender's Office to secure annual funding from Pinellas and Pasco Counties. This allowed the program to continue once the grant funding ended.

- In September of 2015, Governor Scott issued an Executive Order 15-175, directing the Department of Children and Families (DCF) to conduct an analysis of the behavioral health system in Alachua, Broward, and Pinellas Counties. April May, DCF SunCoast Regional Substance Abuse and Mental Health Director, and the local steering committee of the Pinellas County Executive Order requested that the CJMHSA Technical Assistance Center at the USF Florida Mental Health Institute (Tampa) facilitate the Cross-Systems Sequential Intercept Model Mapping in Pinellas County as part of the Governor's Executive Order. On February 18<sup>th</sup> and 19<sup>th</sup> of 2016, a Cross-Systems Sequential Intercept Mapping (SIM) workshop was held in Pinellas County. Mark Engelhardt, M.S., MSW, ACSW; Kathy Moore, Ph.D.; and Jessica Mitchell, Ph.D. from the CJMHSA Technical Assistance Center at USF-FMHI facilitated the workshop session. The membership of the PSCC was in attendance. Subsequently, the SIM workshop helped to inform the PSCC's 2016-2017 Strategic Plan to promote progress in addressing the criminal justice diversion and treatment needs of the target population, namely adults with mental illnesses and/or substance use disorders involved in the criminal justice system. USF-FMHI has agreed to facilitate a follow-up to the SIM workshop at the end of the third grant year (2019). A copy of USF's SIM report is included in this tab.

A copy of the **Pinellas County Public Safety Coordinating Council (PSCC) 2016-2017 Strategic Plan (including all elements in Appendix A)** is included as an attachment to this proposal. A **recent update** of the plan occurred following a Cross-Systems Sequential Intercept Mapping (SIM) workshop facilitated by the CJMHSA Technical Assistance Center at USF in Pinellas County in February of 2016. The plan currently comprises five (5) key strategies and accompanying objectives, tasks, and status of progress. The key strategies of the plan include: Establish System Map on Pinellas County Adult Justice System; Enhance Behavioral Health Solutions for High Need Jail Population; Service Mapping to Identify Existing Programs Serving High Need Population; Participate in Governor's Executive Order Efforts and White House Data-Driven Justice Initiative; and Expand Public Defender Jail Diversion Program. Currently, PSCC is working in conjunction with the Pinellas Board of County Commissioners on a pilot program focusing on the stabilization of thirty-three (33) of the highest utilizers of the Pinellas County Jail and Baker Act. The most substantial challenge noted by individuals involved is the growing demand on local systems and resources and the continuing search for funding to support innovations, improvements, and pilot projects.

**Description of Project Design and Implementation:** The following **table details the goals, strategies, milestones, and key activities toward meeting the objectives outlined in Section 2.2**, of the RFA, including one objective in addition to those outlined in Section 2.2. **The additional objective is specific to the implementation of the proposed project and service of the target population.** The table also indicates the **key stakeholders responsible** for each activity outlined. The goals and objectives correspond to the performance measures from Section 2.4 of the RFA, and are integrated into the table below and discussed throughout the proposal.

**Overall Goal:** Pinellas County and its key stakeholders will collaborate to develop, implement, and sustain programs and diversion initiatives that increase public safety, avert increased spending on criminal justice, and improve the accessibility and effectiveness of treatment services for the population of Pinellas County.

PRIMARY OBJECTIVES	MAJOR TASKS	KEY ACTIVITIES & MILESTONES	RESPONSIBLE PARTNER(S)
<p><b>Objective 1:</b> Establish Programs and Diversion Initiatives</p>	<p>Establish legally binding agreements with all participating entities to establish programs and diversion initiatives for the Target Population.</p>	<p>Within 30 days from the receipt of the notice of award, written MOU agreements with subcontracting agencies will be in place.</p>	<p>Pinellas County, Public Defender, WestCare, Vincent House</p>
	<p>Provide, directly or by agreement, an information system to track individuals during their involvement with the Program and for at least one year after discharge, including but not limited to, arrests, receipt of benefits, employment, and stable housing.</p>	<p>Within 30 days from the notice of award, WestCare will engage its IT Department to provide a demo to project partners of its Clinical Databased System (an electronic health record).</p>	<p>WestCare, Pinellas County, and project partners</p>
	<p>Implement strategies that support the Grantee's project.</p>	<p>Within 30 days of the notice of award, Pinellas County will call a program start-up meeting with stakeholders. In addition to completing a project start-up tool with assigned tasks and due dates, Pinellas County will work with stakeholders to develop plans to continue to implement strategies outlined in the grant for the next 36 months. PSCC will act as an Advisory Board.</p>	<p>Pinellas County, PSCC membership, Public Defender, WestCare, Vincent House</p>
<p><b>Objective 2:</b> Collaboration</p>	<p>Participate in planning council or committee meets regularly.</p>	<p>PSCC meetings occur quarterly during the months of January, May, August, and November</p>	<p>PSCC Membership</p>
	<p>Assesses progress of the project based on established timelines and review attainment of goals.</p>	<p>Over the 36 months, status presentations will occur during quarterly PSCC meetings, and PSCC will act as an Advisory Board and review reports and participate in QI/QA activities.</p>	<p>Pinellas County, PSCC membership, Public Defender,</p>

			WestCare, Vincent House
	Makes necessary adjustments to implementation activities, as needed.	Project partners will meet monthly over the 36 months for progress meetings and will make adjustments as part of QI/QA activities. Decisions will be data-driven.	Pinellas County, PSCC membership, Public Defender, WestCare, Vincent House
<b>Objective 3: Sustainability</b>			
	Participate in sustainability planning.	Within the first 180 days of the grant, WestCare will facilitate evidence-based sustainability planning for project partners.	Pinellas County, PSCC membership, Public Defender, WestCare, Vincent House
	Develop a written sustainability plan.	Within 180 days of the grant, WestCare will spearhead the development of a written sustainability plan with input from partners.	Pinellas County, PSCC membership, Public Defender, WestCare, Vincent House
	Update and adjust the plan as needed.	Updates to the written sustainability plan will be occur once annually with input from partners during a sustainability planning session facilitated by WestCare.	Pinellas County, PSCC membership, Public Defender, WestCare, Vincent House

**Council's Ongoing Participation and Communication:** The Pinellas County Public Safety Coordinating Council (PSCC) views this application and implementation of a resulting award/project as part of the achievement of its strategic plan. Therefore, the PSCC plans to play an active role in sustaining the Pinellas County Recovery Project. Since Bob Dillinger, Public Defender, and Robert Neri, SVP at WestCare are key members of the PSCC, the PSCC will be directly involved in the implementation, monitoring, and evaluation of the project. The PSCC will act as an advisory board for the project. As key stakeholders, the membership of the PSCC will receive monthly updates on the status of the Pinellas County Recovery Project, and project leadership at quarterly meetings of the PSCC will make status presentations.

Throughout the life of the project, the PSCC will be included in project sustainability planning and cross-training opportunities. PSCC will also receive copies of all required reports. Membership of the PSCC are currently working to develop a seamless and standardized information sharing protocol for the Council's stakeholders.

Formal and documented meetings of the PSCC occur quarterly during the months of January, May, August, and November; however, members of the PSCC frequently communicate during participation in meetings of several other vital community groups (e.g., Consolidated Case Management System (CJIS) Users Policy Board, Homeless Leadership Board, Juvenile Welfare Board, the Pinellas Police Standards Council, etc.).

**Integrated Screening and Assessment for Co-Occurring Disorders (COD):** In the existing jail diversion, screening of potential participants occurs within the criminal justice system at Sequential Intercept Point 2, when potential participants are referred to the Public Defender's Jail Diversion Program by the judiciary. Representatives of the Public Defender's Office also identify potential participants when they attend case advisory meetings held by the judiciary. A dedicated court psychologist employed by the Public Defender's Office or one of the MSWs supervised by the psychologist conducts evaluations of potential participants. In the existing program, screening determines if individuals meet the criteria for Axis I diagnosis. The primary purpose of the initial evaluation is to determine acute symptoms that need treatment. In the expanded and enhanced [proposed] program, potential participants will have the opportunity to be screened by law enforcement and referred directly to WestCare's A Turning Point emergency inebriate receiving facility at Sequential Intercept Point 1. Individuals that are recommended for participation (and consent/volunteer to participate), including individuals brought to A Turning Point by law enforcement, are referred to a community-based behavioral health treatment provider (e.g., WestCare). The treatment provider will then administer a comprehensive, strengths-based, and integrated assessment for co-occurring disorders, as well as, a health assessment conducted by a licensed practical nurse (LPN) employed by WestCare.

The proposed treatment provider, WestCare, utilizes a standardized and integrated screening and assessment protocol in alignment with best practices endorsed by the Substance Abuse and Mental Health Services Administration (SAMHSA). The client evaluation protocol helps to determine each client's severity of need(s) and to gather information for person-centered service planning. WestCare integrated screening and assessment process is evidence-based, strengths-based, and employs the Risk-Need-

Responsivity Model as framework. The integrated client evaluation considers both mental health and substance use disorders using validated clinical instruments and evidence-based motivational techniques. The comprehensive assessment assists WC-GCFL staff (e.g., Counselors, Behavioral Health Technicians and Case Managers) to understand the client's readiness for change, problem areas, any diagnosis, disabilities, and strengths. For the client, the process helps them develop a therapeutic alliance with the trained professionals that will be delivering services. During the intake process, staff review other relevant information about each client (e.g., correctional records, past treatment records, medical reports, etc.). In addition, WestCare uses an overdose tool to detect the risk for overdose from illegal and prescription drugs and offers clients group education sessions regarding prescription misuse, opioid abuse, overdose, etc.

**The Pinellas Recovery Project:** The applicant, Pinellas County Government, requests a CJMHPA Reinvestment Implementation and Expansion Grant of \$1.2M over 36 months. Pinellas County will work in conjunction with the Office of the Public Defender, Sixth Judicial Circuit, WestCare GulfCoast-Florida, Inc., and Vincent House, under the guidance of Pinellas County's Public Safety Coordinating Council (PSCC), to implement The Pinellas County Recovery Project. The proposed project represents an expansion of an existing jail diversion program operated by the Office of the Public Defender, Sixth Judicial Circuit, since 2004.

The population of focus for The Pinellas County Recovery Project is adults who have a substance use disorder (many will be chronic inebriates), as well as, a co-occurring mental health condition, and have been charged with a crime. The primary goal of the proposed project is to divert high-risk individuals (high systems users) from arrest, prosecution, or incarceration to treatment and recovery support services. This unique diversion project will offer services to 100 unduplicated individuals annually (300 over 36 months) with up to 90 days of stabilization, treatment, and recovery support services.

Following the screening process described in this application, a Forensic Diversion and Recovery Specialist assigned by the Office of the Public Defender, will refer individuals (voluntarily) to WestCare GulfCoast-Florida's *A Turning Point* emergency inebriate receiving facility where they will reside (voluntarily) for up to 30 days (depending on individual need and progress). During the participant's stay he/she will experience withdrawal from substances in a social model environment (Pinellas County has no programs or facilities that employ the medical model of detoxification). Once the participant is able (typically 5-7 days), he/she will participate in the following individualized and trauma-informed services facilitated by a multi-disciplinary team of behavioral health professional (e.g., counselors, behavioral health technicians, nurse, case managers, etc.):

- Integrated screening and assessment
- Health assessment conducted by a licensed practical nurse (LPN)
- Individualized health and wellness planning (includes discharge/re-entry planning)
- Mental health evaluation and medication management (coordinated by the Office of the Public Defender)
- Individual and group counseling to explore substance abuse and criminal thinking

- Education, Psychoeducation, and support groups (e.g., mental health, substance abuse, co-occurring, criminal thinking, etc.)
- Comprehensive case management services (including housing counseling, benefits, linkages to community-based services, etc.)
- Access to primary medical care
- Individualized vocational/employment counseling and services provided by Vincent House's Vocational Counselor
- Relapse prevention programming/services

The services identified above comprise Phase I of the program.

Phase II of the Pinellas County Recovery Project includes a guided transition into transitional housing at WestCare's *Mustard Seed Inn (MSI) Transitional Housing Program* or (if a verified veteran) WestCare's *Veterans Community Living Program*, or transition into another form of temporary housing (e.g., family home, halfway house, etc.). All participants will receive housing counseling to ensure they transition into permanent and/or stable housing prior to exiting transitional housing.

Grant funds will pay for the first two (2) months in transitional housing at WestCare for each client. Once discharged from *A Turning Point*, and residing in stable housing, WestCare will offer all participants outpatient relapse prevention and recovery support services. Case management staff employed by WestCare and the Office of the Public Defender will work with clients to connect them to stable/permanent housing options within Pinellas County, as well as, assist some clients with rental assistance.

Vincent House also will continue to assist clients to secure and sustain part-time or full-time employment. The total length of the program is up to 90 days based on individual need and progress and guided by individualized health and wellness planning (includes discharge/re-entry planning).

WestCare will assign a Coordinator/Navigator and two (2) paid Peer Recovery Advocates to work in conjunction with the Public Defender's Forensic Diversion and Recovery Specialist to maintain contact with participants for at least one year following discharge.

The proposed project will utilize evidence-based programs and practices featured in the National Registry of Evidence-based Programs and Practices (NREPP) including, but not limited to, Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI), Motivational Enhancement Therapy (MET), and Seeking Safety (SS) to address trauma.

The project will also utilize promising practices such as peer-based recovery support to improve the accessibility and effectiveness of treatment services for adults who have a mental illness, substance abuse disorders, or co-occurring mental health and substance abuse disorders, and who are in, or at risk of entering, the criminal justice systems.

**Local Law Enforcement Response:** The Pinellas County Sheriff Gualtieri is a key member of the PSCC and participated in the Cross-Systems Sequential Intercept Model Mapping in Pinellas County in February of 2016. Sheriff Gualtieri sees a revolving door for mental patients held under the Baker Act and for suspects booked into the jail. Recently, Sheriff Gualtieri instituted a new process of cross-referencing lists of repeat offenders with names of individuals with multiple forced evaluations under the Baker Act.

Now, the Pinellas County Sheriff's Office is using this data to encourage state lawmakers to pay for follow up mental health visits, community-based diversion and treatment programs, as well as, pay attention over the long-term to those citizens at risk in both the local mental health and criminal systems.

In addition, Pinellas County Sheriff Officers work in conjunction with community-based street outreach teams to identify and divert individuals to community-based stabilization facilities at Sequential Intercept Point 2. The Pinellas County Sheriff's Office also provides CIT training for its staff and stakeholders. Sheriff Gualtieri is committed to continuing to work with Pinellas County, the PSCC, and community stakeholders to continue to assess its current process at intercept points, capacity, and diversion initiatives that best serve the target population.

**Strategies to Serve Adults with Behavioral Health Disorders:** Pinellas is one of only three (3) counties in Florida that Governor Scott included in his Executive Order 15-175, directing the Department of Children and Families (DCF) to conduct an analysis of local behavioral health systems. While the findings of EO 15-175 indicate a strong need for more accessible and coordinated programs and services, Pinellas County does employ some strategies that are used to serve the target population including (but not limited to):

**Targeted Community Services and Programs:**

- Located in North Pinellas County and managed by the Pinellas County Sheriff's Office, **Pinellas Safe Harbor**, is an emergency homeless shelter and a jail diversion program designed to be a safe haven for those currently homeless and who require services to get back on their feet. Pinellas Safe Harbor came into being as a result of a series of partnerships involving the Pinellas County Sheriff's Office, the City of St. Petersburg, Pinellas County Government and numerous homeless service providers in Pinellas County. This group saw the need to better serve the chronically homeless, keep them out of the county jail and the criminal justice system, and give them the necessary tools to redirect their lives.
- Located in South Pinellas County and operated by WestCare GulfCoast-Florida, Inc., **A Turning Point**, is an emergency stabilization and inebriate receiving facility that accepts individuals [intoxicated and/or high] directly from the street. A Turning Point helps to unburden local law enforcement and local emergency rooms nightly. The facility serves approximately 1,200 individuals annually, and has been a mainstay in the Pinellas County continuum for two decades.
- **Personal Enrichment through Mental Health Services (PEMHS)** is committed to providing care in crisis. A private, non-profit behavioral health care organization located in Pinellas County, PEMHS provides a full-time suicide hotline, emergency screening and crisis intervention services, inpatient services for adults and children, residential services for children and community based programs.
- The **Pinellas County Chapter of the National Alliance on Mental Illness (NAMI)** provides a variety of targeted programs and support groups for individuals and families affected by mental illness in Pinellas County.

**Specialized Responses by Law Enforcement Agencies:** The Pinellas County Sheriff is a key member of the PSCC and local law enforcement are involved in PSCC meetings

and activities. Both the Pinellas County Sheriff's Office and local city police departments are actively involved in working towards developing local systems that provide a more coordinated and beneficial response to citizens with behavioral health disorders. For example, the Pinellas County Sheriff's Office recently (February 2016) hosted a Communications Crisis Intervention Training for its officers, emergency call takers, dispatchers, and community stakeholders. The 2-day, 16-hour training facilitated by Crisis Solutions International, Inc., was attended by employees of eight (8) local police departments.

The goal of the training course is to educate and prepare communications personnel to identify mental health crises. Communications personnel developed the skills needed to provide the responding law enforcement officer with critical information prior to their arrival on scene. The access and communication of this information is crucial to safely and effectively handle situations involving persons with mental illness. The CIT Program is a specialized training and practice for first-responder law enforcement officers and communications personnel.

The training includes essential information about mental illnesses, and how to recognize it; information about the local mental health system and state laws; de-escalation skills; and the opportunity to learn first-hand from consumers and family members about their experiences. In 1999, Pinellas County Mental Health/ Substance Abuse Coalition conducted the first CIT course in Florida and has been instrumental in promoting the program throughout the state. Pinellas County is currently in its 17<sup>th</sup> year as Florida's first CIT program.

**Centralized Receiving Facility:** In February of 2016, the CJMHSA Technical Assistance Center at the USF Florida Mental Health Institute (Tampa) facilitated a Cross-Systems Sequential Intercept Model Mapping workshop in Pinellas County. During this session, stakeholders identified the establishment of a Centralized Receiving Facility (CRF) as an immediate need and goal. Subsequently, the development of a CRF has been integrated into the County's and PSCC's Strategic Plans. Currently, Pinellas County is working with members of the PSCC to respond to RFA07H1GS2, published by the Florida Department of Children and Families to request funds to establish a CRF in Pinellas County.

**Post-Booking Alternatives, Diversion Programs, & Court Programs:** The Sixth Judicial Circuit implements several post-booking alternatives to incarceration including specialized diversion programs such as the jail diversion program operated by the Public Defender's Office, as well as, specialty treatment court programs and specialized dockets for specific populations including: adults with co-occurring disorders, veterans, women, youthful offenders, individuals with prescription misuse problems, families, etc. Most projects are supported by federal grants (e.g., SAMHSA, BJA, OJJDP, etc.). The diversion and court programs maintain partnerships with community-based, nonprofit behavioral health treatment providers (e.g., WestCare, Operation PAR, PEMHS, etc.) who have the capacity to offer outpatient and inpatient treatment and recovery support services to participants and their families.

**Performance Measures:** Pinellas County and project stakeholders will use best practices for performance management and measurement endorsed by the Health Resources and Services Administration's (HRSA) Quality Improvement Methodology.



Pinellas County understands that the primary goal of the CJMHS A Reinvestment Grant is to divert high-risk individuals from arrest, prosecution, or incarceration to treatment and support services. The table below lists the annual performance outcomes identified by project stakeholders during the planning of the proposed project.

MEASURE	TARGET
Participants not arrested while enrolled in the program	75%
Participants not arrested within 1 year following program discharge	65%
Participants in stable housing within 90 days of program admission	75%
Participants in stable housing 1 year following program discharge	70%
Participants employed within 180 days of program admission*	75%
Participants employed within 1 year of program admission*	70%
Participants assisted in obtaining benefits (e.g. SS, VA, etc.)	75%
Participants diverted from a State Mental Health Treatment Facility	10%
Participants that decrease 1 or more risk domains at discharge**	90%
<i>*Among participants that desire to work</i>	
<i>**As evidenced by a pre-and post-risk assessment tool administered by the treatment provider. Risk domains include lack of stable housing, employment, medical care, social supports, etc.</i>	

Process and outcome data related to the performance measures will be collected and reported on over the 36-month program period to ensure the annual outcomes are achieved. Case Managers employed by the Public Defender's Office and WestCare will work together to track participants during their involvement with the program and for at least one year after discharge, including but not limited to, arrests, receipt of benefits, employment, and stable housing.

**Data Collection:** WestCare, the proposed treatment provider, has allocated funding in the proposed budget to assign a Data Coordinator to work in conjunction with the Program Director and clinical staff to collect data in an automated manner using WestCare's Clinical Databases Systems (CDS). WestCare enhances the efficiency of data collections and analyzation by using an electronic health record (EHR).

WestCare achieved Office of National Coordinator Electronic Health Record certification February 25, 2016. This certification confirms that WestCare's CDS meets national EHR standards for Health Information Technology. WestCare's EHR will provide the project with the following benefits:

- Recording and sharing a client's episodes
- Tracking a client's history of care
- Documenting all organizations working with a client
- Providing information electronically to all organizations working with a client
- Reducing staff time by streamlining processes and reducing duplicate entries
- Electronic invoicing for services provided for local, state and federal contracts
- The ability to analyze resource capacity in a facility
- Outcome reporting that enables stakeholders to understand program performance
- Interfacing with external systems
- Ability to share information with local, state and federal entities

WestCare's Data Coordinator is also the organization's HMIS Administrator. Both WestCare and other participating agencies enter data into the Homeless Management Information System (HMIS), a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness.

**Logic Model:** The table depicts the relationships among the inputs, outputs, and outcomes of the proposed project.

<b>Overall Goal:</b> Pinellas County and its key stakeholders will collaborate to develop, implement, and sustain programs and diversion initiatives that increase public safety, avert increased spending on criminal justice, and improve the accessibility and effectiveness of treatment services for the population of Pinellas County.			
INPUTS	OUTPUTS		OUTCOMES
INVESTMENTS	ACTIVITIES	AUDIENCE	RESULTS
Time Funds Supplies Staff Resources Facilities Equipment Institutional Knowledge	Establish Programs and Diversion Initiatives Implementing Strategies Collaboration Sustainability Planning Treatment and Recovery Services Information Sharing Communication PSCC Meetings Monitoring and Evaluation Activities QA/QI Activities	Program Participants (Target Population) PSCC Membership and Community Stakeholders	<b>Client-Based:</b> <b>Changes in:</b> Thinking Behaviors Motivation Attitudes Awareness  <b>Reductions in:</b> Reoffending Risk Factors  <b>Increases in:</b> Protective Factors Employment Housing Access to Care Benefits Prosocial Skills  <b>Systems-Based Improvements In:</b> Public Safety Coordination Communication Information Sharing Cost Reductions Maximizing Resources Quality Data

**3.8.5.5: Capability and Experience:** The applicant, **Pinellas County Government**, is a complex mix of 25 governmental bodies: one for each of the 24 cities/municipalities and one for the unincorporated area. Almost half of the county is unincorporated and the residents living in these areas are governed by, pay taxes to and receive services directly from the Pinellas County government. The Pinellas County Department of Human Services, led by Director Lourdes Benedict, is responsible for the Justice Coordination section of Pinellas County Government and coordinates the PSCC. The mission of

Pinellas County Government is *to commit itself to progressive public policy, superior public service, courteous public contact, judicious exercise of authority, and responsible management of public resources to meet the needs and concerns of citizens today and tomorrow.* Priorities of the Pinellas County Strategic Plan include:

- Deliver First Class Services to the Public and Our Customers
- Ensure Public Health, Safety, and Welfare
- Practice Superior Environmental Stewardship
- Foster Continual Economic Growth and Vitality
- Create a Quality Workforce in a Positive, Supportive Organization

The Board of County Commissioners (BOCC) is the legislative and governing body of Pinellas County, and has approved the submittal of this application. The seven-member Commission is responsible for establishing policies to protect the health, safety and general welfare of Pinellas County residents. The State constitution gives the BOCC the power to adopt ordinances (local laws), approve the County budget and set millage, and establish the requirements for the departments under its control. The Board governs all unincorporated areas of the county directly; municipalities may call upon the County for specialized services.

The **Sixth Judicial Circuit** (with 69 Judges) is part of Pinellas County, and is Florida's third largest trial court and recognized as one of the most efficient trial courts in the nation. Pinellas County government is committed to progressive public policy, superior public service, and judicious exercise of authority and responsible management of public resources. The Pinellas Adult Drug Court (PADC) was established in 2001. The Pinellas Veterans Treatment Court (VTC) was established in 2011. Together, the specialty treatment court models have served nearly 2,000 individuals representing diverse and vulnerable populations (e.g., veterans, women, youthful offenders, etc.) Both court models represent a partnership forged between Pinellas County government, the Sixth Judicial Circuit, State Attorney's Office, Public Defender's Office, Sheriff's Office, Florida Department of Corrections (community supervision) and community-based treatment providers (e.g., WestCare and Solutions). Pinellas County and the Sixth Judicial Circuit are current and past recipients of numerous SAMHSA and BJA treatment court grants. Pinellas County and the Sixth Judicial Circuit has also successfully managed grants from the Department of Justice (DOJ), Office on Violence Against Women, Office of Justice Programs (OJP) and the Office of Juvenile Justice and Delinquency Prevention (OJJDP).

The **Public Defender's Office, Sixth Judicial Circuit** created the Pinellas County Jail Diversion Program in 2004 with initial BJA grant funding of \$993,500. In 2005, the Public Defender's Office was awarded an additional BJA grant for \$739,982 to continue the program, and another BJA grant of \$493,614 in 2006. In FY 2006-2007 the Public Defender's state budget included funding for 3.0 positions for its Mentally Ill Jail Diversion Program; a Program Manager, Disposition Specialist and Fiscal Assistant to staff the program. In FY 2007-2008, the Public Defender's Office was approved for 2.0 county-funded positions for Master's Level Case Managers to create an Incompetent to Proceed Program. In FY 2010-2011, The Public Defender's Office was awarded a CJMHSAA Expansion Grant totaling \$750,000 for three fiscal years to fund the Recovery Project, whose purpose was providing an appropriate detoxification and structured treatment

program for a specific target group of clients suffering from severe alcoholism. As mentioned previously, the Jail Diversion Program has served 5,489 clients who have achieved a 93% reduction in total arrests after joining the program, while the Recovery Project has served 276 clients who have achieved a 73% reduction in arrests after joining the program. Currently, The Public Defender's Office employs three Master's level LMHCs, three Master's level therapists/social workers, and one Bachelor's level disposition specialist. While each program targets a specific segment of the mentally ill jail population, the goals remain the same; to provide treatment versus incarceration for the mentally ill in the community. Through this support, the Office has made great strides in effectively diverting individuals with mental illness and co-occurring substance abuse issues from incarceration and into treatment and rehabilitative programs that includes transitional housing and intervention with many other post-release programs.

**WestCare GulfCoast-Florida, Inc.** (WC-GCFL) is a 501(c) 3 community-based, licensed and CARF-accredited nonprofit, which was established in Pinellas County in 2001, and serves approximately 3,500 individuals annually with approximately 125 employees. The operating budget of WC-GCFL is approximately \$8M. WC-GCFL is an affiliate of the national WestCare network of behavioral health organizations operating in 17 U.S. states and 3 U.S. territories with an overall operating budget of approximately \$90M. WC-GCFL has successfully implemented both SAMHSA and BJA (offender mentoring) grants and works under numerous contracts with Pinellas County, the Sixth Judicial Circuit and the Florida Department of Corrections to provide evidence-based residential and outpatient substance abuse treatment services to hundreds of Pinellas County residents. WC-GCFL's continuum of treatment services includes emergency shelter, transitional housing, outpatient and residential programs, prevention programs and permanent supportive housing for veterans. WC-GCFL manages more than 30 local, state and federal contracts (i.e. BJA, SAMHSA, VA, DOT, HUD, etc.).

Founded in 2003, the mission of **Vincent House** is to assist, promote, and celebrate individuals recovering from mental illness, and other disabilities, in their effort to improve social and vocational skills, and become employed in the community. In 2009, thanks to a grant from the University of South Florida, Vincent House opened its Career & Learning Center in St. Petersburg, to help persons with disabilities embark on successful careers. Vincent House believes that educational achievement and career placement are the means to a productive and fulfilling life. Through a highly personalized approach, Vincent House's Vocational Counselors assist clients with exploring, discovering and pursuing employment goals.

**Resources:** The project has the combined resources of Pinellas County and its Public Safety Coordinating Council, the Public Defender's Office, WestCare GulfCoast-Florida, Inc., and Vincent House. This partnership represents more than \$10M in resources, which enables the CJMNSA Reinvestment Grant to be match 100% (dollar-for-dollar). Project partners will continue to partner together to seek and secure local, state, federal, and private grants. Members of the PSCC routinely collaborate on grant applications to SAMHSA, BJA, OJJDP, etc. In addition, the partners are experienced in leveraging non-financial resources such as institutional knowledge, technical assistance, and cross-training opportunities.

In alignment with FS 394.657, the membership of the PSCC includes a **Primary Consumer of Mental Health Services**, a **Primary Consumer of Substance Abuse Services**, and a **Family Member of a Primary Consumer of Mental Health and/or Substance Abuse Services**. In addition, community-based treatment providers make every effort to include each client's family members or circle of support in treatment. When applicable, family members may also access services from community-based providers.

**Proposed Staff:** The table below lists key proposed staff for which Pinellas County allocates grant funds in its proposed budget.

POSITION TITLE	QUALIFICATIONS	UNIT	PARTNER
Project Director	Public Defender	1 FTE	Public Defender
Clinical Director	MA + Experience	.15 FTE	WestCare
Diversion/Recovery Specialist	MA + Experience	1 FTE	Public Defender
Data Coordinator	BA + Experience	.15 FTE	WestCare
Client Navigator	BA + Experience	1 FTE	WestCare
Behavioral Health Counselor	Licensed, BA + Experience	1 FTE	WestCare
Peer Recovery Advocate	HS Diploma + Experience	1 FTE	WestCare
Peer Recovery Advocate	HS Diploma + Experience	.5 FTE	WestCare
Behavioral Health Techs (6)	HS Diploma + Experience	.15 FTE	WestCare
Nurse	RPN or LPN	.15 FTE	WestCare
Food Specialist	HS Diploma + Experience	.15 FTE	WestCare
Case Manager	BA + Experience	.15 FTE	WestCare
Vocational Counselor	BA + Experience	1 FTE	Vincent House

**Selection of Subcontractors:** Prior to the preparation of this application, Pinellas County administered a formal Request for Information (RFI) process to select the key project partners. A panel comprised of representatives from Pinellas County government and select members of the PSCC reviewed, scored, and selected the proposed project and key project partners.

**Evaluation:** Program evaluation will be collaborative and include representatives from Pinellas County, the PSCC (acting as an advisory board), and representatives from project partners (i.e., Public Defender, WestCare, Vincent House, etc.). WestCare's Data Coordinator and Director of Compliance will assist with performing a process evaluation and outcomes evaluation. Pinellas County, PSCC, Public Defender, and WestCare each have a productive relationship with the **CJMHSAs Technical Assistance Center at the University of South Florida's Louis de la Parte Florida Mental Health Institute** led by Mark Engelhardt, M.S., MSW, ACSW. Pinellas County will share data and reports with Mr. Engelhardt and the CJMHSAs TA team and will seek assistance, input, and guidance from the team at USF-FMHI. Reports will be completed and submitted as required. The PSCC will have the evaluation of the Pinellas Recovery Project as a standing agenda item for all meetings.

In addition, WestCare operates the **WestCare Foundation, Inc. National Evaluation and Quality Department**, overseen by Frank Scafidi, Ph.D., WestCare's Chief Clinical Officer, which monitors and evaluates federal grant contracts (nationally) for quality assurance (QA) and quality improvement (QI). WestCare will offer technical assistance regarding QA and QI to the project. WestCare employs a framework for QA and QI that is in alignment with the Health Resources and Services Administration (HRSA) of the

Department of Health and Human Services (DHHS), which consists of systematic and continuous actions that lead to measurable improvement in clinical services and the health status of targeted client groups. This process ensures (among other things): fidelity to evidence-based programs and practices; a focus on participants; a focus on multidisciplinary teams; and a focus on data and outcomes. The evaluation process also is informed by the **Bureau of Justice Assistance's (BJA) Center for Research Partnerships and Program Evaluation (CRPPE)**.

The plan for evaluation consists of process and outcome evaluation. **Process Evaluation** will be data driven and consist of four components: 1) **Implementation Fidelity** will track and evaluate implementation of the project, determine adherence to specified timeframes, identify barriers, and describe deviations from the implementation plan; 2) **Fidelity Monitoring** will assure that EBP implementation is faithful to the models and will allow the early detection/correction of deviations. This will occur by: (a) provision of initial and ongoing training on the EBPs; (b) quarterly review of clinical records to ensure they capture the core elements of the EBPs; and (c) random direct observation of program activities; 3) **Client and Stakeholder Perception Surveys** (biannually) will determine views of and satisfaction with services among both clients and project stakeholders (including the PSCC). Surveys will also inquire about the effectiveness of cross-systems communication, information sharing, and service coordination; and 4) **Process Observation** will consist of a series of walk-throughs of different project processes annually to assure that the project is operating as intended.

**Outcome Evaluation** will address the effectiveness of the program in attaining goals and objectives and assessing the overall impact on the community, using a data analysis strategy including correlation analyses, outcome analysis, and regression analyses.

**Reducing Expenditures:** The budget for the Pinellas County Jail is approximately \$100 million. The Pinellas County Sheriff's Office reports that approximately 15% of the budget is allocated to the healthcare needs of approximately 3,000 inmates annually. The vast majority of the costs are for mental health issues. In 2014, there were 181,471 Baker Act evaluations in Florida. Approximately 6,500 citizens are incarcerated or supervised monthly by the Pinellas County Sheriff's Office. In 2014, more than 45,000 people were booked into the Pinellas County Jail. Moreover, the Pinellas County Sheriff's Office reports that it has only 1.61 officers for every 1,000 citizens in Pinellas County to respond to the public safety needs of the community.

By investing in targeted community-based, diversion programs, which will reduce the number of jail or hospital days for individuals, the proposed project will reduce the costs associated with incarceration and medical care and allow law enforcement to use its limited workforce more efficiently. Since 2005, the Public Defender's existing Jail Diversion Program has resulted in an incredible arrest reduction rate. From 2004-2015, 5,489 individuals have been served and the program has caused a 93% decrease in arrests in Pinellas County among individuals with co-occurring behavioral health disorders. The integration of more targeted programs and services for the target population will yield reductions in expenditures associated with the incarceration of the target population by at least 10 percent annually. Pinellas County will work with project partners and the Pinellas County Sheriff to compare program data (including outcomes)

for 2016-2019, with operational and fiscal data provided by Pinellas County Jail to measure the defined outcomes and the corresponding savings or averted costs using a benefit-cost analysis method. Pinellas County estimates that up to 10% of project participants annually will voluntarily enter the proposed project instead of entering one of Florida's six **state mental health treatment facilities**. The Forensic Diversion and Recovery Specialist assigned by the Office of the Public Defender will continue communication with state mental health representatives to facilitate diversion referrals. Pinellas County's plans are in alignment with Florida's new law requiring communities to link health professionals, law enforcement, courts, jails, and community-based treatment providers and other stakeholders to establish local plans that address personal issues before more severe problems arise. The proposed project will help reduce the burden on the state's six mental health hospitals, which are suffering from shortages in staffing and resources.

**Sustainability:** Pinellas County and project stakeholders understand that sustainability refers to the continuation and preservation of a project's goals, principles, and efforts to achieve desired outcomes. Pinellas County, the PSCC, and project partners will develop a sustainability plan within the first six months of the project. WestCare has more than ten (10) years of experience conducting sustainability planning sessions across the nation using a model curriculum and planning process for sustainability planning copyrighted by The Finance Project. The model emphasizes strategic financing planning and a myriad of financing strategies not limited only to grant seeking. WestCare will conduct sustainability planning with project stakeholders within the first 180 days of the project to develop a written sustainability plan that:

- Clarifies the vision of the project as it evolves and community needs change
- Identifies short-term and long-term sustainability strategies
- Maximizes the use of billable services to third parties (e.g., insurance, Medicaid)
- Uses performance data to determine specific activities
- Has a specific plan to obtain/maintain resources needed to sustain the project
- Preserves existing partnerships and leverages new partners

The sustainability planning process reviews program goals, procedures and practices, and sets five-year plans for maintaining, expanding, enhancing and sustaining program services with quality improvement in mind. The written plan is formally updated at least once annually during a collaborative sustainability planning session with project stakeholders. In regards to collaborations and leveraging resources that will help sustain the project, project partners will continue to partner together to seek and secure local, state, federal, and private grants. Members of the PSCC routinely collaborate on grant applications to SAMHSA, BJA, OJJDP, etc. In addition, several key project stakeholders receive grants from the Department of Housing and Urban Development (HUD) which requires each grantee to document how it leverages resources with other community-based partners. Pinellas County has extensive experience in collaborations and leveraging resources.

**Project Timeline:** The following timeline aligns with the previous table in this application that details the goals, objectives, strategies, milestones, key activities, and key stakeholders responsible.





**TAB 5: ATTACHMENTS**

- USF-FMHI SIM Report
- PSCC Strategic Plan
- List of PSCC Members – Appendix K



# **Public Safety Coordinating Council**

## **Strategic Plan 2016 – 2017**

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## **Overview**

The Pinellas County Public Safety Coordinating Council (PSCC) operates in accordance with Florida Statute 951.26 for purposes of assessing the population status of all detention and correctional facilities owned by Pinellas County. On October 16, 2007, the Pinellas County Board of County Commissioners approved the designation of the Public Safety Coordinating Council as the Planning Council in line with Florida Statutes 394.657, County Planning Council or Committees.

Meetings are scheduled quarterly during the following months: January, May, August and November. The PSCC reviews the jail indicator's report, drug court substance abuse/mental health programs, reentry initiatives and collaboratively addresses issues facing the justice system.

## Public Safety Coordinating Council Membership

### Florida Statutes: 951.26 Public Safety Coordinating Councils

Each board of county commissioners shall establish a county public safety coordinating council for the county or shall join with a consortium of one or more other counties to establish a public safety coordinating council for the geographic area represented by the member counties. The chairperson of the board of county commissioners, or another county commissioner as designee, shall serve as the chairperson of the council until the council elects a chairperson from the membership of the council.

Name	Statutorily Designated Membership
Bernie McCabe	The state attorney, or an assistant state attorney designated by the state attorney
Bob Dillinger	The public defender, or an assistant public defender designated by the public defender
Chief Judge Anthony Rondolino	The chief circuit judge, or another circuit judge designated by the chief circuit judge
Robert Dittmer	The chief county judge, or another county judge designated by the chief county judge
Sheriff Bob Gualtieri	The chief correctional officer
Sheriff Bob Gualtieri	The sheriff, or a member designated by the sheriff, if the sheriff is not the chief correctional officer
Patrick Barrentine Circuit 6 Administrator	The state probation circuit administrator, or a member designated by the state probation circuit administrator, to be appointed to a 4-year term
Commissioner Dave Eggers	The chairperson of the board of county commissioners, or another county commissioner as designee
Sheriff Bob Gualtieri	If the county has such program available, the director of any county probation or pretrial intervention program, to be appointed to a 4-year term
Nancy Hamilton Operation PAR	The director of a local substance abuse treatment program, or a member designated by the director, to be appointed to a 4-year term
Ed Peachy Worknet Pinellas	Representatives from county and state jobs programs and other community groups who work with offenders and victims, appointed by the chairperson of the board of county commissioners to 4-year terms

## Pinellas County PSCC Planning Council Membership

**Bernie McCabe**  
STATE ATTORNEY OR DESIGNEE

**Bob Dillinger**  
PUBLIC DEFENDER OR DESIGNEE

**Robert Dittmer**  
COUNTY COURT JUDGE

**Chief Judge Anthony Rondolino**  
CIRCUIT COURT JUDGE

**Gay InsKeep**  
LOCAL COURT ADMINISTRATOR OR DESIGNEE

**Patrick Barrentine**  
STATE PROBATION CIRCUIT ADMINISTRATOR OR DESIGNEE

**Commissioner Dave Eggers**  
COUNTY COMMISSION DESIGNEE

**Sheriff Bob Gualtieri**  
COUNTY DIRECTOR OF PROBATION

**Sheriff Bob Gualtieri**  
SHERIFF

**Chief Jeffrey Undestad**  
POLICE CHIEF OR DESIGNEE

**Bob Neri, WestCare Gulfcoast-Florida**  
AREA HOMELESS OR SUPPORTIVE HOUSING PROGRAM  
REPRESENTATIVE

**Sheriff Bob Gualtieri**  
CHIEF CORRECTIONAL OFFICER

**Joseph Seeber**  
DJJ - DIRECTOR OF DETENTION FACILITY OR DESIGNEE

**Melissa Fuller**  
DJJ – CHIEF OF PROBATION OFFICER OR DESIGNEE

**April May**  
DCF - SUBSTANCE ABUSE AND MENTAL HEALTH  
PROGRAM OFFICE REPRESENTATIVE

**Jeffrey Baskis,**  
PRIMARY CONSUMER OF MENTAL HEALTH SERVICES

**Jerry Wennlund, PEMHS**  
COMMUNITY MENTAL HEALTH AGENCY DIRECTOR OR  
DESIGNEE

**Nancy Hamilton, Operation PAR**  
LOCAL SUBSTANCE ABUSE TREATMENT DIRECTOR OR  
DESIGNEE

**Don and Judy Turnbaugh**  
PRIMARY CONSUMER OF COMMUNITY-BASED  
TREATMENT FAMILY MEMBER

**Stephen Szopimski**  
PRIMARY CONSUMER OF SUBSTANCE ABUSE SERVICES

## **Mission**

Pursue fair and effective public safety strategies to encourage sound and efficient justice system operations, ensure access to needed programs and services, and promote opportunities for reform.

## **Vision**

Guiding public safety through leadership, collaboration, engagement, innovation and fairness.

## **Values**

- We will be **responsive** to the needs of our community
- We will maintain **ethical stewardship** through our actions
- We will be **fair** with respect to the dignity of every person, regardless of race, class, gender, or other characteristic.
- We will be **respectful** of the needs of individuals while recognizing our responsibility to the community as a whole.
- We will be **innovative** in our approach to individuals that pose minimal risk to public safety.
- We will be **collaborative** to ensure access to programs and services for individuals; and specifically services that aid in stabilizing, diverting, and reintegrating those suffering from behavioral health needs.
- We will seek **data-driven** decisions and results when available.

## PSCC Strategic Plan 2016 -2017

### Key Strategy 1: Establish System Map on Pinellas County Adult Justice System

Define specific steps to address gaps. Six priority areas to stimulate long term system changes

Objectives	Tasks	Progress
1.1 Establish Data Committee	1.1.1 Convene Committee	<u>Progress to date:</u> System map completed in February 2016
1.2 Jail Transition Planning Team	1.2.1 Establish Plan and Develop team	
1.3 Establish a Centralized Receiving Facility (CRC) and Addictions Receiving Facility (ARF)	1.3.1 Explore feasibility of integrated model including funding opportunities and challenges	Initial committee meetings held in June
1.4 Establish an array of pre-diversion program options	1.4.1 Establish committee and identify national best practice models	
1.5 Expand supportive housing for Criminal Justice Mental Health Substance Abuse (CJMHS) target population	1.5.1 Coordinate with the Homeless Leadership Board. Explore models with USF-FMHI	
1.6 Reduce recidivism and prevent re-arrest	1.6.1 Examine VOP misdemeanor data. Connect to expanded recovery oriented services	



## PSCC Strategic Plan 2016 -2017

### Key Strategy 2: Enhance Behavioral Health Solutions for High Need Jail Population

Align and implement evidence-based solutions to behavioral crossover in the jail. Identify critical service barriers within the community to aid in future service planning and delivery

Objectives	Tasks	Progress
2.1 Implement Behavioral Health Pilot	2.1.1 Pilot program funded by the Pinellas Board of County Commissioners to pursue stabilization of 33 high utilizers of the jail and Baker Act.	<u>Progress to date:</u> Pilot project in progress
2.2 Address Barriers	2.2.1 Identify and Implement additional behavioral health services and service alignments.	

### Key Strategy 3: Service Mapping to Identify Existing Programs Serving High Need Population

Identify community based and justice system programs in place

Objectives	Tasks	Progress
3.1 Service mapping of existing programs	3.1.1 Identify linkages and opportunities across programs 3.2.1 Identify programs to explorer further	<u>Progress to date:</u> Chart initiated in May 2016

## PSCC Strategic Plan 2016 -2017

**Key Strategy 4:** Participate in Governor's Executive Order Efforts and White House Data-Driven Justice Initiative

Meetings held to further behavioral health efforts and service coordination within Pinellas County. Coordinate on best practices for high need users of the jail and Baker Act.

Objectives	Tasks	Progress
4.1 Governor's Executive Order	4.1.1 Continue review of service coordination	<b>Progress to date:</b> Meetings in progress
4.2 White House Data-Driven Justice Initiative	4.1.2 Continue review of data needs/barriers	
	4.2.1 Review of best practices from other jurisdictions	
	4.2.2 Participation in idea exchange	

**Key Strategy 5:** Public Defender Jail Diversion Program

Program strives to stabilize and divert justice system involved individuals with mental health concerns.

Objective	Tasks	Progress
5.1 Expand use of SOAR with Jail Diversion clients	5.1.1 Coordinate Jail Diversion efforts with the Behavioral Health Pilot	<b>Progress to date:</b> Program has worked with 5,489 clients from its inception in April 2004 through December 2015



# **Pinellas County, Florida: Improving Services for Adults with Mental Illnesses and/or Co-occurring Substance Use Disorders Involved with the Criminal Justice System**

## **Sequential Intercept Mapping**

### **Introduction**

This report summarizes the Cross-Systems Sequential Intercept Mapping (SIM) workshop held in Pinellas County, February 18-19, 2016. The workshop was facilitated by the Criminal Justice, Mental Health, and Substance Abuse (CJMHS) Technical Assistance Center at Florida Mental Health Institute (FMHI), University of South Florida (USF). This report includes:

- ❖ A brief review of the origins and background for the workshop
- ❖ Information gathered at the workshop based on the Sequential Intercept Model or Cross-Systems Mapping
- ❖ An action planning matrix as developed by the group
- ❖ Summary, consensus, and observations by the CJMHS Technical Assistance Center to assist Pinellas County achieve its goals
- ❖ A cross-systems intercept map based on the perceptions of the Pinellas County mapping participants.

### **Background**

In September of 2015, Governor Scott issued an Executive Order 15-175 directing the Department of Children and Families (DCF) to conduct an analysis of the behavioral health system in Alachua, Broward, and Pinellas Counties. April May, DCF SunCoast Regional Substance Abuse and Mental Health Director, and the local steering committee of the Pinellas County Executive Order requested that the CJMHS Technical Assistance Center at the USF Florida Mental Health Institute (Tampa) facilitate the Cross-Systems Sequential Intercept Model Mapping in Pinellas County as part of the "executive order" and to provide assistance with:

- ❖ Creating a map of the points of interception among all relevant systems
- ❖ Identification of resources, gaps, and barriers in the existing systems to support recovery
- ❖ Development of an initial strategic action plan to promote progress in addressing the criminal justice diversion and treatment needs of the target population, namely adults with mental illnesses and/or substance use disorders involved in the criminal justice system.

The participants in the workshop included 25 individuals representing multiple stakeholder systems, including leadership from DCF, mental health, substance abuse treatment, human services, corrections, law enforcement, advocates, consumers, county government, state attorney and public defender's offices, and the courts<sup>1</sup>. A complete list of participants is available at the end of this document. Mark Engelhardt, M.S., MSW, ACSW, Kathy Moore, Ph.D., and Jessica Mitchell, Ph.D. from USF-FMHI facilitated the workshop session.

## **Objectives of the Cross-Systems Mapping Exercise**

The Cross-Systems Mapping Exercise had three primary objectives:

1. The development of a comprehensive picture of how adults with mental illness, substance abuse and co-occurring mental health and/or substance use disorders flow through the Pinellas County criminal justice system along five distinct intercept points: Law Enforcement and Emergency Services (Intercept 1), Initial Detention/Initial Court Hearings (Intercept 2), Jails and Courts (Intercept 3), Community Re-entry (Intercept 4), and Community Corrections/Community Support (Intercept 5).
2. The identification of, strengths, gaps, resources, and opportunities at each intercept point for individuals in the target population.
3. The development of priority areas for activities designed to improve system and service level responses for individuals in the target population.

The Pinellas County Cross-Systems Map created during the workshop is attached.

## **Resources and Opportunities**

There are several features of the Pinellas County Systems Map that are particularly noteworthy. These include, but are not limited to the items listed below.

Existing Cross-Systems Partnerships include:

- ❖ Public Safety Coordinating Council (PSCC)
- ❖ Established Diversion Programs
  - Adult Drug Court
  - Veteran's Treatment Court
  - Jail Diversion
  - Specialized Dockets for those with mental health problems

Pinellas County Strengths Identified:

- ❖ Long history of working together in various planning committees and task forces
- ❖ Emphasis on diversion of those individuals with co-occurring disorders in need of SAMH treatment from the criminal justice system
- ❖ Implementation of mental health and substance use screening at the Pinellas County Jail
- ❖ Safe Harbor – a time unlimited shelter with 470 available beds

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<sup>1</sup> While the courts were represented, no judges were able to attend.

- ❖ A DCF and County Commission approved Pinellas County transportation exception plan for persons in need of acute behavioral healthcare under the Baker Act (voluntary or involuntary)
- ❖ A number of homeless outreach teams
- ❖ A history of Crisis Intervention Team (CIT) training throughout the county

### **Pinellas County Cross-Systems Map Narrative**

The following information reflects the information, often verbatim, gleaned during the *Cross-Systems Mapping Exercise*. These participant notes include a description of potential interventions at each intercept point in the Criminal Justice and Behavioral Health System as perceived by the participants during the mapping process. Gaps in service delivery and resource opportunities are identified at each intercept point. These notes may be used as a reference in reviewing the Pinellas County Cross-Systems Map and as a tool in developing a formal strategic action plan and/or updated Memorandum of Understanding among community stakeholders and local planning entities.

#### **Intercept I: Initial Contact w/ Law Enforcement, Prevention Programs, or Emergency Services**

##### ➤ Identified Strengths and Resources

- Pinellas County Sheriff's Office and multiple municipalities receive CIT training, including officers/deputies, dispatch, "train the trainer" and partnerships with service providers
  - About 30% Of the PCSO Officers are CIT Trained
  - 16+ years of CIT implementation
  - Some municipalities see CIT as training vs. specialized team
- Banyan Tree – Transitional Program, Non-Profit (501(c)(3))
- Wellness checks available (proactive)
- Homeless outreach teams (Directions for Living, Law enforcement, Operation PAR)
- Approved Pinellas County transportation exception plan
- Individuals under an involuntary Baker Act (BA) are sent to a mental health provider, unless there is a felony – then sent to jail first (Over 10,000 Baker Acts annually)
  - Personal Enrichment through Mental Health Services (PEMHS) – primary public receiving facility
    - 59 adult beds, 3 separate units
    - PEMHS triages and can send out to hospital or home
    - Overflow bed plan when Baker Act facilities are at capacity (used about 12 times) – 40 days of overflow last year
    - Several beds available for law enforcement and voluntary walk-ins
    - 1-2 people are waiting on state hospital admissions

- Other BA receiving hospitals: Mease Dunedin Hospital, St. Anthony's Windmoor, Largo Medical, Morton Plant
- Detoxification Options
  - 16 DCF and 2 County funded beds – non-secure social detoxification
    - Length of stay -Usually 5 days – 85-90% capacity
    - Safe Harbor (470 beds – diversion from jail; about 80% have SAMH, or Co-occurring disorder and all are homeless – Tool = Vulnerability Index- Service Prioritization Decision Assistance Tool (VISPDAT) and TBIN assessment tools to examine high utilizers/most vulnerable to connect with services – about 30% high utilizers in and out of system)
    - 20 social detoxification beds at Mustard Seed for person diverted that needs to sober
    - Windmoor (private Baker Act receiving facility)
    - Turning Point (65 beds)
- Pinellas Hope – Tent City – intake on specific days – doesn't take active users under influence (Up to 270 people in tents)
- Safe Harbor Shelter
  - 470 beds available
  - "Wet" shelter
  - No time limit
  - Used as a triage to other shelters
  - Safe Harbor takes clients to services off site
- Identified Gaps – Law Enforcement / Emergency Services (Intercept 1)
  - Some municipalities do not have the capability to send a CIT officer
  - Data is not being collected on CIT calls that resulted in a jail diversion – no tracking
  - Some police departments are on different reporting systems, limiting access to records of utilizers and tracking data
  - No locked facility for Marchman Act (MA) except jail – sent to jail for less than 24 hours to sober up (About 1,400 to 1,500 MAs annually)
  - No supportive housing programs straight from diversion
  - May have initial diversion to BA at hospital, but then released and rearrested – no referrals out of hospital – let out on street
  - Need information on CIT for families/consumers
  - Limited CIT training for some first responders – need for wider training

#### **Intercept II: Initial Detention / Initial Detention and Court Appearance**

- Identified Strengths and Resources
  - At jail intake – medical screening process to assess current state and await classification

- Sheriff's office has own staff for medical and psychiatric services
  - Specific healthcare pod for most severe inmates with SAMH
  - Medical detox available at jail
  - Pregnant women provided methadone by DACCO – all others go through detox
  - Pilot Project – Central Florida Behavioral Health Network receives daily arrest data from the jail and send it to Suncoast Center, Inc. to notify case-managers about clients arrested and released
  - Recovery Project – jail diversion program ran by the Public Defender's office that has a written agreement with one judge
    - 30-40 clients
  - Veteran's identified at jail intake
- Identified Gaps – Initial Detention and Court Appearance (Intercept 2)
- Brief jail screening, but no connections to services and held less than 24 hours
  - Limited in-reach within jails
  - Limited questions at intake about whether they are receiving services in the community

**Intercept III: Jails / Courts**



➤ Identified Strengths and Resources

- Jail Diversion – 3 therapists, Suncoast Center provides case management, yet peer specialist position ended, no case managers currently – misdemeanor and felony
  - Client sees therapists weekly
  - Average length in program is 6 months
  - 30 people waiting to go to court
  - Acts more like triage and send individuals to local facilities
  - Public Defenders program - Rent from housing authority (studio type apt) – 10 total apartments for sober housing – must qualify (30% of SSI or type of income – HUD Guidelines), but can self-pay once employed – considered permanent housing (guests, not tenants)
  - Representative of jail diversion picks up client and takes to a treatment facility
  - Referrals made to Operation PAR, DACCO, and Crossroads
- Veteran’s Treatment Court
- Adult Drug Court
- Specialized dockets for those with mental health problems, women (“ladies day”), special programs
- Starting communication with Health Department about medications and transitioning pharmaceutical needs

➤ Identified Gaps – Jails/Courts (Intercept 3)

- Long waiting times for residential beds in jail diversion program
- No separate Mental Health Court – only specialized dockets
- No transition or discharge planning
  
- Provided 3 days of medications when leaving jail (rare occasion a 10-day supply can be given), sometimes just a prescription that needs to be filled, which is an issue when released at end of week and run out over weekend

**Intercept IV: Re-Entry**

➤ Identified Strengths and Resources

- Discharge planning in prisons
- 30 day supply of meds when released from prison and appointment with Suncoast (often made a requirement to go to appointment)

➤ Identified Gaps – Re-entry (Intercept 4)

- Limited specialized services/programs for those being released from prison
- Linkages available for sex offenders
- If no community supervision, then inmates get an appointment to see Suncoast when released, but no-follow-up (About 50% show up to appointment)
- Limited transition planning

**Intercept V: Home and Community Supervision and Support**

➤ Identified Strengths and Resources

- Specialized probation officers for SA – drug offender probation
- Community supports
  - Forensic involvement – psych services, co-occurring services, case management, wrap around services – Forensic Focused Outreach (about 300 clients with 35 client caseload)
    - Once they have benefits or employment, they are transferred to outpatient
    - 80% success rate
    - 2 MA and 1 BA and 1 licensed
  - F.S. Chapter 916 Forensic Incompetent To Proceed Clients who reside in the community (either home or residential treatment) – 2 community case managers, 1 competency trainer
  - Boley Centers, Inc. has 16 Forensic 916 beds
  - Vincent House – not specific to this population but includes it

- Division Z – program to divert from prison
  - Smart Probation Program – refers individuals to SAMH services
  - Thinking for Change (T4C) – Program
  - Supported employment opportunities available through select agencies: Boley Centers, Vincent House, Career Choice Pinellas, and Department of Corrections specialist
- Identified Gaps - Community Corrections / Community Support (Intercept 5)
- No identification of how many of Violation of Probation (VOPs) are those with SAMH
  - No outreach or follow-up for those who do not make Suncoast Center appointment

### **The Pinellas County Action Plan**

Subsequent to the completion of the Systems Mapping exercise, the assembled stakeholders began to define specific steps that could be taken to address the gaps identified in the group discussion about the systems map. Six initial priority areas were identified, including opportunities for tactical interventions to promote “early, quick victories” and more strategic interventions to stimulate longer-term systems changes. These priority areas are outlined on the following pages. There seems to be some consensus that a re-activated CJMHSA planning committee can take the lead in initiating several objectives and report back to the Public Safety Coordinating Council (PSCC). The support of the (PSCC) council, along with a renewed CJMHSA planning council will be necessary on issues requiring cross-system agreements and expanded financial advocacy through the Florida Legislature or pursuing federal jail diversion or state CJMHSA Reinvestment Grants.

**Priority Area : Leadership/Coordination  
[All Intercepts]**

<b>Objective</b>	<b>Action Step</b>	<b>Who</b>	<b>When</b>
<p>Re-activate CJMHSa planning council</p> <p>Establish data committee</p>	<p>Present SIM recommendations to Safety Coordinating Council</p> <p>Establish initial meeting</p>	<p>Lourdes Benedict, Pinellas County Human Services, April May, DCF-SAMH Linda McKinnon, CFBHN</p> <p>Larry Allen, CFBHN Tim Burns, Pinellas County Govt.</p>	<p>Next Quarterly Meeting (May 9, 2016)</p> <p>In next 90 days</p>

**Priority Area : Jail In-Reach  
[Intercept 3]**

<b>Objective</b>	<b>Action Step</b>	<b>Who</b>	<b>When</b>
Jail Transition Planning Team	Establish plan Develop team	Lynda Wagner, Suncoast Tanya Sawaya, Operation Par Ramona Schaefer, PCSO Eddie Collins, Boley Maxine Boker, PEMHS Public Defender's Office	Within 60 days Ongoing

**Priority Area : Centralized Receiving Facility and ARF  
[Intercept 1]**

<b>Objective</b>	<b>Action Step</b>	<b>Who</b>	<b>When</b>
Establish a Centralized Receiving Facility (CRC) and Addictions Receiving Facility (ARF)	Explore feasibility of integrated model including funding opportunities and challenges	Dianne Clarke, Operation Par Maxine Booker, PEMHS. Linda McKinnon, CFBHN	Initial meeting in June

**Priority Area : Pre-Arrest Diversion  
[Intercept 1]**

<b>Objective</b>	<b>Action Step</b>	<b>Who</b>	<b>When</b>
Establish an array of pre-diversion program options	Establish committee and identify national best practice models	April Lott, Directions for Living Lori Thomas, Directions for Living Patricia Adams, Recovery Peer Specialist Public Defender's Office	Initial meeting in June (after Planning Council establishes this as priority)

<b>Priority Area : Supported Housing [Intercept 1 and 5]</b>			
<b>Objective</b>	<b>Action Step</b>	<b>Who</b>	<b>When</b>
Expand supportive housing for CJMHS target population	Coordinate with the Homeless Leadership Board Explore models w/ USF-FMHI	Boley Centers, Catholic Charities and others	June 2016

<b>Priority Area : VOP Expanded Services (Misdemeanor Focus) [Intercept 4 and 5]</b>			
<b>Objective</b>	<b>Action Step</b>	<b>Who</b>	<b>When</b>
Reduce recidivism and prevent re-arrest	Examine VOP misdemeanor data Connect to expanded recovery-oriented services (\$)	Probation Office Sheriff's Office Lynda Wagner, Suncoast	Initial meeting in June

## Conclusions: Summary

The Cross-Systems Mapping workshop resulted in the acknowledgment of a challenging list of service gaps and opportunities for systems and program improvements. Pinellas County has a long history of collaborative relationships, but is at a time when it can "take the system to a new level" of integrated service delivery.

- ❖ First, the individuals who participated in this workshop represented most of the major stakeholders necessary to accomplish change in this area. (see attached list)
- ❖ Second, participants were enthusiastic and candid in their comments and observations. This spirit of collegiality and willingness to discuss limitations as well as strengths is an important part of being able to work across systems, as is necessary in improving the lives of adults with mental illnesses/substance abuse disorders in or at risk for entering the criminal justice system.

As Pinellas County moves forward with its strategic planning process, there are several issues that may be of particular importance.

- ❖ It is critical that the planning process not lose the momentum created to date. Planning meetings involving all relevant stakeholders should be conducted on a regular basis and assigned priority by stakeholders. This effort needs to be focused on the target population and the action plan needs to be refined with concrete assignments and timetables. In addition, there are a number of resources available to Pinellas County to accomplish some of the tasks identified during the workshop as next steps.
- ❖ The County is in the process of developing a new program for "33 high utilizers" or people who have been identified as high service users of SAMH services, experiencing homelessness and involved with the criminal justice system.
- ❖ Leadership – It will be incumbent upon the Pinellas County Public Safety Coordinating Council to provide the leadership needed to keep "decision makers" at the table and to re-activate the CJMHSA planning council.

In closing, USF-FMHI would like to thank Pinellas County and its' partners for allowing the USF CJMHSA Technical Assistance Center to facilitate this workshop. In particular, we would like to thank April May from DCF SAMH and Central Florida Behavioral Healthcare for their organizing efforts and Operation PAR for the meeting location. Finally, we would like to express gratitude to all the local stakeholders who took the time to share their experiences throughout the workshop. We look forward to our continuing collaboration with Pinellas County.

Please contact [mengelhardt@usf.edu](mailto:mengelhardt@usf.edu) for any clarification or questions regarding this report.

Respectfully submitted. 3/15/16



## Resources

<b>Website Resources and Partners</b>	
Florida Criminal Justice Mental Health and Substance Abuse Technical Assistance Center	<a href="http://www.floridatac.org">www.floridatac.org</a>
Louis de la Parte Florida Mental Health Institute Department of Mental Health Law and Policy	<a href="http://mhlp.fmhi.usf.edu">http://mhlp.fmhi.usf.edu</a>
Florida Partners in Crisis	<a href="http://www.flpic.org">http://www.flpic.org</a>
Justice Center	<a href="http://www.justicecenter.csg.org">www.justicecenter.csg.org</a>
Policy Research Associates	<a href="http://www.prainc.com">www.prainc.com</a>
National GAINS Center/ TAPA Center for Jail Diversion	<a href="http://www.gainscenter.samhsa.gov">www.gainscenter.samhsa.gov</a>

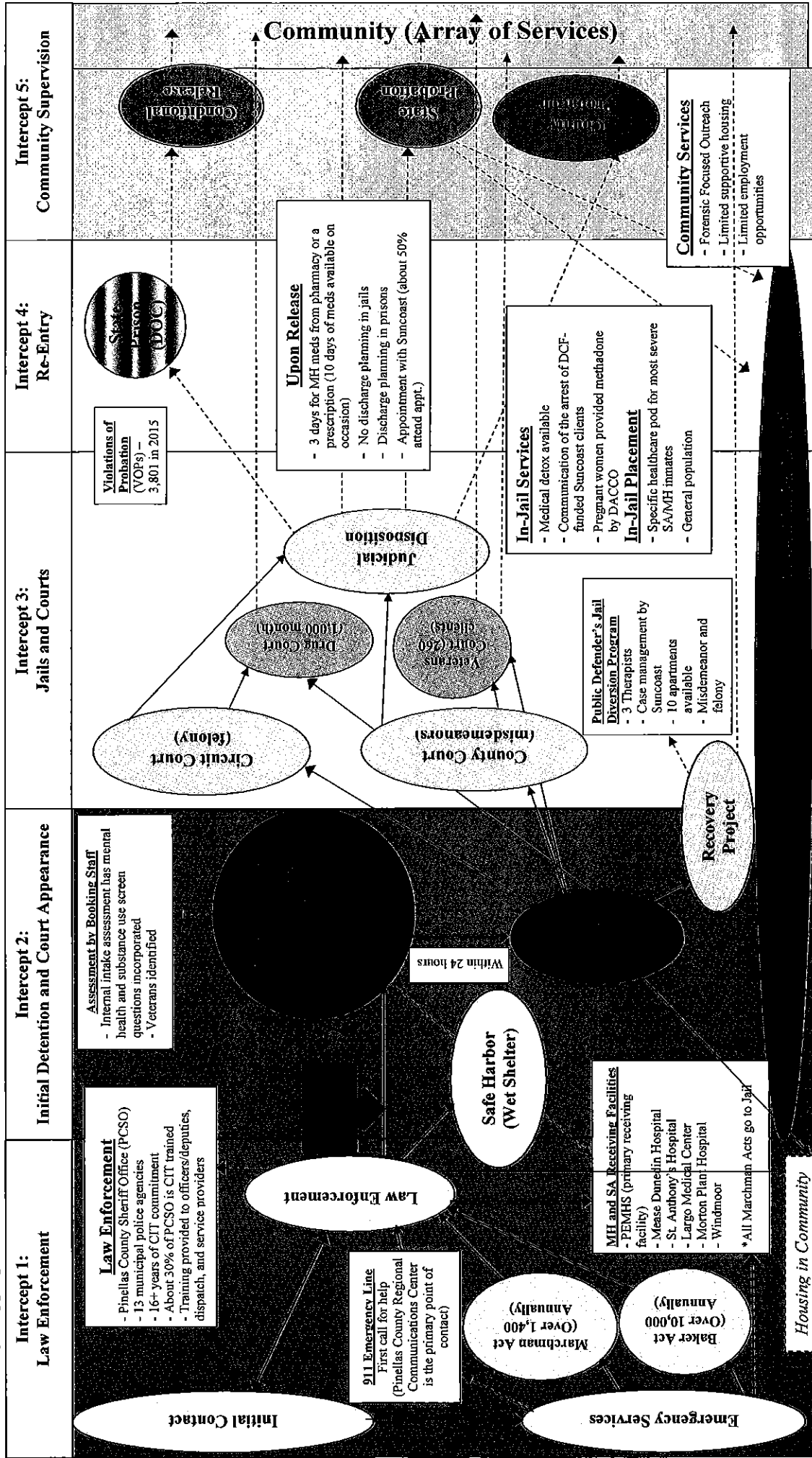
<b>Other Web Resources</b>	
Center for Mental Health Services	<a href="http://beta.samhsa.gov/about-us/who-we-are/offices-centers/cmhs">http://beta.samhsa.gov/about-us/who-we-are/offices-centers/cmhs</a>
Center for Substance Abuse Prevention	<a href="http://beta.samhsa.gov/about-us/who-we-are/offices-centers/csap">http://beta.samhsa.gov/about-us/who-we-are/offices-centers/csap</a>
Center for Substance Abuse Treatment	<a href="http://beta.samhsa.gov/about-us/who-we-are/offices-centers/csat">http://beta.samhsa.gov/about-us/who-we-are/offices-centers/csat</a>
Council of State Governments Consensus Project	<a href="http://www.consensusproject.org">www.consensusproject.org</a>
National Alliance for the Mentally Ill	<a href="http://www.nami.org">www.nami.org</a>
National Center on Cultural Competence	<a href="http://www11.georgetown.edu/research/gucchd/nccc/">www11.georgetown.edu/research/gucchd/nccc/</a>
National Clearinghouse for Alcohol and Drug Information	<a href="http://www.health.org">www.health.org</a>
National Criminal Justice Reference Service	<a href="http://www.ncjrs.org">www.ncjrs.org</a>
National Institute of Corrections	<a href="http://www.nicic.org">www.nicic.org</a>
National Institute on Drug Abuse	<a href="http://www.nida.nih.gov">www.nida.nih.gov</a>
Office of Justice Programs	<a href="http://www.ojp.usdoj.gov">www.ojp.usdoj.gov</a>
Partners for Recovery	<a href="http://www.partnersforrecovery.samhsa.gov">www.partnersforrecovery.samhsa.gov</a>
Substance Abuse and Mental Health Services Administration	<a href="http://www.samhsa.gov">www.samhsa.gov</a>

## List of Workshop Participants (25 signed in, 3 facilitators)

Name	Title	Organization	Type of Organization
Larnetta Peterson	Program Manager	Suncoast Center	Service Provider
Don Edens	Corr. Prob. Officer	Florida Department of Corrections: Probation and Parole	State Agency
Patricia Boswell	Assistant Director	Florida Department of Health – Pinellas County	State/County
Lori Thomas	Peer Specialist	Directions for Living	Service Provider
Debbie Buschman	Placement Coordinator	Public Defender Jail Diversion	Public Defender
Larry Allen	COO	Central Florida Behavioral Health Network (CFBHN)	Managing Entity
Ramona Schaefer	Program Services Supervisor	Pinellas County Sheriff's Office/PCT	Law Enforcement
Lynda Wagner	Clinical Director	Suncoast Center	Service Provider
Tim Burns	Div. Director	Pinellas County Human Services	County Agency
Lourdes Benedict	Director	Pinellas County Human Services	County Agency
April Lott	President and CEO	Directions for Living	Service Provider
Katharine Sellers	Assistant State Attorney	State Attorney's Office	State Agency
Patricia Adams	Chair	Peer Specialist	Consumer
Eddie Collins	Recovery Peer Specialist	Boley Centers	Service Provider
Dianna Clarke	VP of Residential Services	Operation PAR	Service Provider
Tanya Sawaya	COO	Operation PAR	Service Provider
Linda McKinnon	Access Manager	Central Florida Behavioral Health Network (CFBHN)	Managing Entity
Maxine Booker	President and CEO	PEMHS	Service Provider
Timothy O'Connor	Executive Management	Public Defenders Program	Public Defender
Christopher Koester	Citizen	Recovery Project	Service Provider
	Forensic Mental Health Therapist		

CPL Tom Kelley	Corporal - CIT	Pinellas County Sheriff's Office	Law Enforcement
Michael Jalaz	CEO/ED	Pinellas Ex-Offender Re-Entry Coalition	Planning Coalition
Mark Duvfa	Executive Director	Catholic Charities	Service Provider
Barbara Daire	President and CEO	Suncoast Center	Service Provider
Dr. Jessica Mitchell	CJMHS TA Center Coordinator	University of South Florida/FMHI	Research University
Dr. Kathleen Moore	Research Associate Professor	University of South Florida/FMHI	Research University
Mark Engelhardt	CJMHS TA Center Director	University of South Florida/FMHI	Research University

**Pinellas County Mapping 2/18/16-2/19/16**



*Housing in Community*

## Pinellas County PSCC Planning Council Membership

**Bernie McCabe**  
STATE ATTORNEY OR DESIGNEE

**Bob Dillinger**  
PUBLIC DEFENDER OR DESIGNEE

**Robert Dittmer**  
COUNTY COURT JUDGE

**Chief Judge Anthony Rondolino**  
CIRCUIT COURT JUDGE

**Gay InsKeep**  
LOCAL COURT ADMINISTRATOR OR DESIGNEE

**Patrick Barrentine**  
STATE PROBATION CIRCUIT ADMINISTRATOR OR DESIGNEE

**Commissioner Dave Eggers**  
COUNTY COMMISSION DESIGNEE

**Sheriff Bob Gualtieri**  
COUNTY DIRECTOR OF PROBATION

**Sheriff Bob Gualtieri**  
SHERIFF

**Chief Jeffrey Undestad**  
POLICE CHIEF OR DESIGNEE

**Bob Neri, WestCare Gulfcoast-Florida**  
AREA HOMELESS OR SUPPORTIVE HOUSING PROGRAM  
REPRESENTATIVE

**Sheriff Bob Gualtieri**  
CHIEF CORRECTIONAL OFFICER

**Joseph Seeber**  
DJJ - DIRECTOR OF DETENTION FACILITY OR DESIGNEE

**Melissa Fuller**  
DJJ – CHIEF OF PROBATION OFFICER OR DESIGNEE

**April May**  
DCF - SUBSTANCE ABUSE AND MENTAL HEALTH  
PROGRAM OFFICE REPRESENTATIVE

**Jeffrey Baskis,**  
PRIMARY CONSUMER OF MENTAL HEALTH SERVICES

**Jerry Wennlund, PEMHS**  
COMMUNITY MENTAL HEALTH AGENCY DIRECTOR OR  
DESIGNEE

**Nancy Hamilton, Operation PAR**  
LOCAL SUBSTANCE ABUSE TREATMENT DIRECTOR OR  
DESIGNEE

**Don and Judy Turnbaugh**  
PRIMARY CONSUMER OF COMMUNITY-BASED  
TREATMENT FAMILY MEMBER

**Stephen Szopimski**  
PRIMARY CONSUMER OF SUBSTANCE ABUSE SERVICES

### **3.7.4 Tab 6: Letters of Commitment**

The following items are included in this tab:

- Summary list of all organizations that will be involved in the implementation of the proposed project:
  - **Pinellas County Government**
  - **Office of the Public Defender, Sixth Judicial Circuit**
  - **WestCare GulfCoast-Florida, Inc.**
  - **Vincent House**
  - **Pinellas County Public Safety Coordinating Council**
  
- Letter of commitment from each organization reflecting the specific role of the individual or organization, signed by the Chief Executive Officer or equivalent for each organization.

**BOARD OF COUNTY  
COMMISSIONERS**

Dave Eggers  
Pat Gerard  
Charlie Justice  
Janet C. Long  
John Morrone  
Karen Williams Seel  
Kenneth T. Welch



September 15, 2016

Ms. Michele Staffieri, Procurement Manager  
Florida Department of Children and Families  
Office of Substance Abuse and Mental Health  
1317 Winewood Blvd. Bldg. 6, Room 231  
Tallahassee, FL 32399

**RE: LETTER OF COMMITMENT – CJMHSA REINVESTMENT GRANT # RFA06H16GS1**

Dear Ms. Staffieri:

Pinellas County Human Services offers this letter as an expression of its commitment to the work of the Pinellas County Public Safety Coordinating Council (PSCC) to pursue fair and effective public safety strategies to encourage sound and efficient justice system operations, ensure access to needed programs and services, and promote opportunities for reform.

Pinellas County's application for a CJMHSA Reinvestment Grant to implement the *Pinellas County Recovery Project*, an expansion of the Office of the Public Defender's Pinellas County Jail Diversion Program, is a pivotal step in achieving the goals and objectives of the PSCC's 2016-2017 Strategic Plan. The PSCC operates in accordance with Florida Statute 951.26, and was established in 1995, for purposes of assessing the population status of all detention or correctional facilities owned or contracted by the county, and formulating recommendations to ensure that the capacities of such facilities are not exceeded. On October 16, 2007, the Pinellas County Board of County Commissioners approved the designation of the Public Safety Coordinating Council as the Planning Council for Pinellas County in alignment with all statutory requirements of Florida Statutes 394.657.

This spring, the PSCC updated its strategic plan following the Cross-Systems Sequential Intercept Mapping (SIM) workshop facilitated by the CJMHSA Technical Assistance Center at USF in Pinellas County in February of 2016. The PSCC 2016/2017 Strategic Plan is comprised of five (5) key strategies:

1. Establish System Map on Pinellas County Adult Justice System
2. Enhance Behavioral Health Solutions for High Need Jail Population
3. Service Mapping to Identify Existing Programs Serving High Need Population
4. Participate in Governor's Executive Order Efforts and White House Data-Driven Justice Initiative
5. Expand The Public Defender's Jail Diversion Program

PLEASE ADDRESS REPLY TO:  
Pinellas County Human Services  
440 Court Street, 2<sup>nd</sup> Floor  
Clearwater, FL 33756  
PHONE: (727) 464-8400  
FAX: (727)464-8454  
V/TDD: (727) 464-4062

WEBSITE: [www.pinellascounty.org](http://www.pinellascounty.org)

The PSCC views Pinellas County's CJMHSA Reinvestment Grant application as an important part of the achievement of its strategic plan to expand alternatives to incarceration for adults with co-occurring behavioral health disorders. Pinellas County Government is committed to progressive public policy, superior public service, courteous public contact, judicious exercise of authority, and responsible management of public resources to meet the needs and concerns of our citizens today and tomorrow.

As applicant, the Pinellas County Board of County Commissioners, at their September 14, 2016 meeting, approved the recommendations of the PSCC and is committed to administering the CJMHSA Reinvestment Grant award in coordination with the Public Defender Jail Diversion Program, WestCare GulfCoast-Florida, Inc., Vincent House, and other stakeholders.

We look forward to a favorable outcome for our proposal.

Sincerely,

A handwritten signature in black ink, appearing to read "Lourdes Benedict". The signature is written in a cursive, flowing style.

Lourdes Benedict, Director  
Pinellas County Human Services





**BOB DILLINGER**  
**PUBLIC DEFENDER**  
SIXTH JUDICIAL CIRCUIT OF FLORIDA

August 31, 2016

Ms. Lourdes Benedict, Director  
Pinellas County Human Services  
440 Court Street, 2nd Floor  
Clearwater, FL 33756

**RE: LETTER OF COMMITMENT – CJMHSA REINVESTMENT GRANT # RFA06H16GS1**

Dear Ms. Benedict:

Please accept this letter of commitment from the Office of the Public Defender, Sixth Judicial Circuit in regards to Pinellas County's application for a CJMHSA Reinvestment Grant to implement the Pinellas County Recovery Project, an expansion of the Pinellas County Jail Diversion Program which is a program operated by the Office of the Public Defender.

My Office is eager to work in partnership with Pinellas County Government, the Pinellas County Public Safety Coordinating Council (PSCC), WestCare GulfCoast-Florida, Inc., Vincent House, and community-based stakeholders on this unique diversion project.

The Pinellas County Recovery Project will offer a stabilization and treatment program to 100 unduplicated adults annually (300 over the life of the grant) who have a substance use disorder (many will be chronic inebriates), as well as, a co-occurring mental health condition, and have been charged with a crime. The purpose of the project is to divert high-risk individuals into treatment in lieu of incarceration. We believe the project will yield several outcomes including: a decrease in recidivism, relapse, and risk factors/behaviors; and increases/improvements in employment, housing stability, self-sufficiency, overall health, and social connectedness, among others.

The Office of the Public Defender, Sixth Judicial Circuit, has three offices and represents Pasco and Pinellas Counties. The primary function of the Public Defender's Office is to provide legal representation for indigent adults facing criminal charges and to juveniles involved in delinquency, dependency or crossover cases. Under my leadership (since 1997), the office provides many other services as well including Jail Diversion, Homeless Outreach, Mobile Medical Unit programs.

If our CJMHSA application is awarded, my Office agrees to work under a formal agreement with Pinellas County, and with project stakeholders, to oversee the expansion of our current jail diversion program. I will also assign a full-time Forensic Diversion and Recovery Specialist to offer screening, referral, and case management services to participants. The Forensic Diversion and Recovery Specialist will work with staff from WestCare GulfCoast-Florida, Inc. to maintain contact with clients for one year after discharge. Representatives from my office will also attend project meetings and work with the PSCC and project partners to facilitate program monitoring and evaluation efforts.

---

**PUBLIC DEFENDER OFFICES**

Office of the Public Defender  
14250 - 49<sup>th</sup> Street North  
Clearwater, FL 33762  
Telephone: (727) 464-6516  
Fax: (727) 464-6119

Office of the Public Defender  
38053 Live Oak Avenue  
Dade City, FL 33523  
Telephone: (352) 521-4388  
Fax: (352) 521-4394

Office of the Public Defender  
7530 Little Road  
New Port Richey, FL 34654  
Telephone: (727) 847-8155  
Fax: (727) 847-8025

My Office is eager to advance the strategic plan of the PSCC by implementing the Pinellas County Recovery Project with CJMHPA Reinvestment funding.

Sincerely,

A handwritten signature in black ink that reads "Bob Dillinger". The signature is written in a cursive, flowing style.

Bob Dillinger, Public Defender  
Sixth Judicial Circuit – Pasco and Pinellas Counties  
Member of the Pinellas County Public Safety Coordinating Council (PSCC)



September 1, 2016

Ms. Lourdes Benedict, Director  
Pinellas County Human Services  
440 Court Street, 2nd Floor  
Clearwater, FL 33756

**RE: LETTER OF COMMITMENT – CJMHPA REINVESTMENT GRANT # RFA06H16GS1**

Dear Ms. Benedict:

WestCare GulfCoast-Florida, Inc. offers this letter of commitment to Pinellas County government in regards to Pinellas County's application for a CJMHPA Reinvestment Grant to implement The Pinellas County Recovery Project, an expansion of the Pinellas County Jail Diversion Program which is a program operated by the Office of the Public Defender.

WestCare is excited to work in partnership with Pinellas County Government, the Pinellas County Public Safety Coordinating Council (PSCC), the Office of the Public Defender, Vincent House, and community-based stakeholders on this critical diversion project.

The Pinellas County Recovery Project will offer a stabilization and treatment program to 100 unduplicated adults annually (300 over the life of the grant) who have a substance use disorder (many will be chronic inebriates), as well as, a co-occurring mental health condition, and have been charged with a crime. The purpose of the project is to divert high-risk individuals into treatment in lieu of incarceration. We believe the project will yield several outcomes including: a decrease in recidivism, relapse, and risk factors/behaviors; and increases/improvements in employment, housing stability, self-sufficiency, overall health, and social connectedness, among others.

WestCare GulfCoast-Florida, Inc. (WestCare), a 501(c) 3 community-based, licensed and CARF-accredited nonprofit was established in 2001 and serves approximately 3,500 individuals annually. WestCare has a \$7.8M operating budget and is a current and past SAMHSA and BJA (offender mentoring) grantee, and works under numerous contracts with Pinellas County, SJC and the Florida Department of Corrections to provide evidence-based residential and outpatient substance abuse treatment services. WestCare's continuum of treatment services includes emergency shelter, transitional housing, outpatient and residential programs, prevention programs and permanent supportive housing for veterans. WC-GCFL manages more than 30 local, state and federal contracts (i.e. BJA, SAMHSA, VA, DOT, HUD, etc.).

If our CJMHPA application is awarded, WestCare agrees to work under a formal agreement with Pinellas County, and with project stakeholders, to provide clinical and non-clinical behavioral health treatment and recovery support services for the expanded jail diversion program. Our staff also will work in conjunction with a Forensic Diversion and Recovery Specialist assigned by the Office of the Public Defender to maintain contact with clients for one year after discharge. Representatives from WestCare will also attend project meetings and work with the PSCC and project partners to facilitate program monitoring and evaluation efforts.

WestCare is eager to collaborate to advance the strategic plan of the PSCC by implementing the Pinellas County Recovery Project with CJMHPA Reinvestment funding.

Sincerely,

James Dates, Area Director  
WestCare GulfCoast-Florida, Inc.



4801 78<sup>th</sup> Ave. North  
Pinellas Park, FL 33781  
(727) 541-0321

*A Recovery through Work Partnership*

August 31, 2016

Ms. Lourdes Benedict, Director  
Pinellas County Human Services  
440 Court Street, 2nd Floor  
Clearwater, FL 33756

**RE: LETTER OF COMMITMENT – CJMHSA REINVESTMENT GRANT # RFA06H16GS1**

Dear Director Benedict:

Please accept this letter as an expression of the commitment of **Vincent House** to Pinellas County's application for a CJMHSA Reinvestment Grant to implement the **Pinellas County Recovery Project**, an expansion of the Office of the Public Defender's Pinellas County Jail Diversion Program.

Vincent House enthusiastically agrees to work in conjunction with Pinellas County Government, the Pinellas County Public Safety Coordinating Council (PSCC), the Public Defender's Office, and community-based stakeholders on a unique diversion project.

The Pinellas County Recovery Project will offer a structured stabilization/treatment program to 100 unduplicated adults annually (300 over 36 months) who have a substance use disorder, as well as, a co-occurring mental health condition, and have been charged with a crime. The primary goal of the Pinellas County Recovery Project is to divert high-risk individuals (high systems users) from arrest, prosecution, or incarceration to treatment and support services. Anticipated outcomes include a decrease in recidivism, relapse, and risk factors/behaviors; and increases/improvements in employment, housing stability, self-sufficiency, overall health, and social connectedness, among others.

Founded in 2003, Vincent House is an accredited provider of vocational/employment services. We assist, promote, and celebrate individuals recovering from mental illness, and other disabilities, in their effort to improve social and vocational skills, and become employed in the community. Through a highly personalized approach, our Vocational Counselors assist clients with exploring, discovering and pursuing employment goals.

If your application is awarded, Vincent House agrees to work under a formal agreement with Pinellas County, and with project stakeholders, to assign a full-time Vocational Counselor to offer individualized vocational/employment counseling and services to program participants. We will also attend project meetings and cooperate with program monitoring and evaluation efforts.

Vincent House looks forward to the opportunity to advance the strategic plan of the PSCC by helping to implement the Pinellas County Recovery Project with CJMHSA Reinvestment funding. I look forward to learning of a favorable outcome for your grant application.

Sincerely,

William McKeever, Executive Director  
Vincent House of Pinellas County



### **3.7.5 Tab 7: Line Item Budget and Budget Narrative**

The following items are included in this tab (according to instructions provided in Appendix G):

- Detailed budget and budget narrative for each year of the grant
- Copies of Appendix H & I (see also Tab 3)

**The Pinellas Recovery Project**

<b>36-Month Line-Item Budget</b>			
	<b>Grant Funds Requested</b>	<b>Matching Funds and Other In-Kind Contributions</b>	
		<b>Funding</b>	<b>Source of Funds</b>
Salaries:	\$673,917	\$81,466	WestCare
Fringe Benefits:	\$161,067	\$19,470	WestCare
Administrative Costs:	\$76,364	\$98,182	WestCare
Staff Travel:	\$6,336	N/A	N/A
Consultants & Contract Services:	\$0	\$212,752	WestCare
Equipment:	\$4,400	N/A	N/A
Supplies:	\$16,336	\$4,050	WestCare
Rent/Utilities:	\$0	\$648,000	WestCare
Other Expenses:	\$261,580	\$136,080	Public Defender's Office and WestCare
<b>Totals:</b>	<b>\$1,200,000</b>	<b>\$1,200,000</b>	
<b>Total Project Cost:</b>	<b>\$2,400,000</b>	<b>= Grants Funds Requested + Matching Share</b>	
<b>Match Percentage:</b>	<b>100.00%</b>	<b>= Match / Total Project Cost</b>	

**The Pinellas County Recovery Project  
36-Month Budget Narrative (FY17- FY19)**

**A. WestCare Gulfcoast Florida, Inc. (Subcontractor)**

Personnel:

Coordinator/Navigator 1 FTE: Provide holistic and comprehensive case management services to clients including assessment, treatment planning, progress monitoring, advocacy, and referrals. This position will help to navigate clients between stabilization and short-term and permanent housing.

$\$28,080 \times 3 \text{ years} = \$84,240$

Counselor 1 FTE: This position is responsible for counseling the clients with co-occurring behavioral health disorders.

$\$34,008 \times 3 \text{ years} = \$102,024$

Peer Recovery Advocate 1 FTE (10 months in year 1): Provide peer-to-peer support and advocacy to participants.

Year 1:  $\$27,040 / 12 \text{ months} \times 10 \text{ months} = \$22,533$

Year 2 & 3:  $\$27,040 \times 2 \text{ years} = \$54,080$

Peer Recovery Advocate .5 FTE (9 months in year 1): Provide peer-to-peer support and advocacy to participants.

Year 1:  $\$13,520 / 12 \text{ months} \times 9 \text{ months} = \$10,140$

Year 2 & 3:  $\$13,520 \times 2 \text{ years} = \$27,040$

Case Manager .15 FTE: Provide holistic and comprehensive case management services to clients including assessment, treatment planning, progress monitoring, advocacy, and referrals. Will work in conjunction with Public Defender's Office to track clients for one year post-discharge.

Grant Allocation:  $\$28,080 \times 10\% \times 3 \text{ years} = \$8,424$

In-Kind:  $\$28,080 \times 5\% \times 3 \text{ years} = \$4,212$

Nurse (A Turning Point) .15 FTE: This position will complete a health assessment on each client. The nurse also takes care of non-emergency medical issues, give clients their prescribed medication, etc.

Grant Allocation:  $\$37,440 \times 10\% \times 3 \text{ years} = \$11,232$

In-Kind:  $\$37,440 \times 5\% \times 3 \text{ years} = \$5,616$

Food Service Specialist (A Turning Point) .15 FTE: This position is responsible for preparing nutritional meals and snacks for all clients. Clients are provided three meals and one snack every day.

Grant Allocation:  $\$26,000 \times 10\% \times 3 \text{ years} = \$7,800$

In-Kind:  $\$26,000 \times 5\% \times 3 \text{ years} = \$3,900$

Behavioral Health Technicians (A Turning Point) 6 - .15 FTEs: These positions interact with clients 24 hours per day. Services the Behavioral Health Technicians provide include but are not limited to watching over new clients as they detox, complete client intake, educated clients on program rules and processes, help clients navigate the program, transport clients to medical services, social security office, etc.

Grant Allocation:  $\$143,520 \times 10\% \times 3 \text{ years} = \$43,056$

In-Kind:  $\$143,520 \times 5\% \times 3 \text{ years} = \$21,528$

Data Coordinator .15 FTE: This position is responsible for overseeing the collection, inputting, analysis, and reporting of program data.

Grant Allocation:  $\$42,640 \times 10\% \times 3 \text{ years} = \$12,792$

In-Kind:  $\$42,640 \times 5\% \times 3 \text{ years} = \$6,396$

A Turning Point Program Manager .15 FTE (In-Kind): This position has oversight of the daily operations of A Turning Point and supervision of all staff at the facility.

$\$47,476 \times 15\% \times 3 \text{ years} = \$21,364$

Director of Quality Assurance and Compliance .05 FTE (In-kind): This position will be responsible for clinical file quality, licensing compliance, and work with project staff to oversee QA/QI activities.

$\$55,000 \times 5\% \times 3 \text{ years} = \$8,250$

Director of Accreditation .05 FTE (In-Kind): This position will be responsible for working with program staff ensure all WestCare program adhere to accreditation standards.

$\$68,000 \times 5\% \times 3 \text{ years} = \$10,200$

#### Fringe Benefits:

Federally approved fringe rate is 23.9%, this rate includes FICA, Retirement, Health, Dental, & Life Insurance, Workers Compensation, and Unemployment Insurance.

Grant Allocation:  $\$383,361 \times 23.9\% = \$91,623$

In-Kind:  $\$81,466 \times 23.9\% = \$19,470$

#### Administrative Costs:

Federally approved indirect rate is 24.51%, maximum allowed for this application is 10%. These expenses consist of administrative expenses that are necessary to the overall operation of the agency. The administrative office performs many service functions and plays a major role in planning, direction and control. Administrative offices consist of the following departments and expenses: Grants, Contracts and Public Relations, Finance, Quality Improvement, Risk Management, Business Development, Human Resources and Staff Development, Facilities Management and Procurement, Safety and Information Systems.

Grant Allocation:  $\$763,638 \times 10\% = \$76,364$

In-Kind:  $\$981,818 \times 10\% = \$98,182$



**Staff Travel:**

Local travel is estimated that 400 miles per month will be required for staff to travel to appropriate sites for clinical services and client follow up.

$$400 \text{ miles} \times 36 \text{ months} \times \$0.44 = \$6,336$$

**Consultants & Contracted Services:**

Electronic Health Record (In-Kind): WestCare's Clinical Databased Systems (CDS). WestCare enhances the efficiency of data collections and analyzation by using an electronic health record (EHR). WestCare achieved Office of National Coordinator Electronic Health Record certification February 25, 2016. This certification confirms that WestCare's CDS meets national EHR standards for Health Information Technology.

$$\$50,000/\text{year} \times 3 \text{ years} = \$150,000$$

e-Learning (In-Kind): Online education for new staff and online continuing education for all WestCare staff.

$$\$34/\text{staff}/\text{year} \times 15 \text{ staff} \times 3 \text{ years} = \$1,530$$

Volunteers (In-Kind): Volunteers provide a variety of services to our clients; they run support groups, help with life skills, haircuts, food donations, 12 step meetings, mentoring, etc.

$$\$23.56/\text{hour} \times 624 \text{ hours}/\text{year} \times 3 \text{ years} = \$44,104$$

Use of Van (In-Kind): ADA compliant van is used to transport clients to various appointments including medical checkup, social security office, health department, DMV, etc.

$$\$38,038 \times 15\% \times 3 \text{ years} = \$17,117$$

**Equipment:**

Computers: Laptop computers for the Coordinator/Navigator, Counselor, and Peer Recovery Advocates. Computers are for staff to complete forms with clients, enter client information into database, help clients with accessing resources, get email communications, complete online education, complete timesheets, etc.

$$\text{Year 1 expense only: } \$1,100 \times 4 \text{ computers} = \$4,400$$

**Supplies:**

Manualized and/or evidence-based curriculum and educational materials for use with treatment and recovery support services.

$$\$40/\text{client} \times 100 \text{ clients}/\text{year} \times 3 \text{ years} = \$12,000$$

Office and Program Supplies: Office & program supplies include copy paper, binders, staplers, pens, pencils, toiletries for new clients, linens, cleaning products, and other related supplies. Start up costs include file cabinets, desk chair, etc. Start up costs are in year 1 only.

$\$100/\text{month} \times 36 \text{ months} + \$736 \text{ start up costs} = \$4,336$

HIV Rapid Testing (In-Kind): Each client will be offered HIV education and Rapid Test.  
 $\$9.50/\text{test} \times 100 \text{ tests}/\text{year} = \$2,850$

Drug Testing Supplies & Lab Fees (In-Kind): Drug Testing & Lab Fees include UA testing cups to test clients as needed.  
 $\$4/\text{test} \times 1 \text{ test}/\text{client} \times 100 \text{ clients}/\text{year} \times 3 \text{ years} = \$1,200$

Rent/Utilities:

Turning Point Facility Rent (In-Kind): Clients will spend their first 30 days of the program in Turning Point. Clients will have a safe place to detox, they will receive an assessment, a treatment plan, get connected with services they are in need of, etc.  
 $\$2,500/\text{month} \times 15\% \times 36 \text{ months} = \$13,500$

Turning Point Electric (In-Kind): Electric for Turning Point.  
 $\$2,400/\text{month} \times 15\% \times 36 \text{ months} = \$12,960$

Turning Point Water (In-Kind): Water for Turning Point.  
 $\$1,500/\text{month} \times 15\% \times 36 \text{ months} = \$8,100$

Turning Point Propane (In-Kind): Propane gas for Turning Point.  
 $\$450/\text{month} \times 15\% \times 36 \text{ months} = \$2,430$

Veterans Living Center Facility Costs (In-Kind): The Veterans Living Centers offers transitional housing and permanent housing for veterans. All inclusive costs for rent, utilities, food, program supplies, etc. for 10 beds per year.  
 $\$54,270/\text{year} \times 3 \text{ years} = \$162,810$

Davis Bradley Facility Costs (In-Kind): Davis Bradley offers residential treatment services and MSI transitional housing. All inclusive costs for rent, utilities, food, program supplies, etc. for 20 beds per year.  
 $\$149,400/\text{year} \times 3 \text{ years} = \$448,200$

Other Expenses:

Communications - Telephone & Internet: Communications includes office phone and office fax line, for the Turning Point program staff, Coordinator/Navigator, Counselor, and Peer Recovery Advocates. Also includes internet service for communication as well as data entry.  
 $\$250/\text{month} \times 15\% \times 36 \text{ months} = 1,350$

Cell Phone Service: Cell phone service for Coordinator/Navigator, Counselor, and Peer Recovery Advocates is required for timely communication as well as safeguard for staff as they are in the community.

$$\$20/\text{month}/\text{staff} \times 4 \text{ staff} \times 36 \text{ months} = 2,880$$

Copier Lease and Maintenance: Copier Lease & Maintenance required for the operation of the program and maintaining client files and other required documentation and reporting. Maintenance agreement covers the cost of copier toner and general maintenance of the copier.

$$\$288/\text{month} \times 15\% \times 36 \text{ months} = \$1,555$$

Staff Recruitment and Background Screening: Staff Recruitment includes advertising vacant positions, recruiting skillful staff, and obtaining background checks to ensure the most qualified and efficient staff are hired.

$$\text{Year 1 expense only: } \$64/\text{new hire} \times 4 \text{ new hires} = \$256$$

Client Transitional Housing (MSI): The Mustard Seed Inn serves homeless adults with substance use and/or co-occurring mental health disorders who are on their journey in recovery and are ready for transition into the community. The following services are offered: Criminal Justice Outreach, Assessments & Referrals, Support Groups, Vocational Assistance, Life Skills Training, Transitional Living & Re-entry, Specialized Services for Veterans, etc. Staff positions in MSI include Program Director, Case Managers, Counselors, Behavioral Health Technicians, etc. Assist clients that are searching for employment with up to 2 month's rent into transitional housing. Assistance is estimated up to 2 months per client for 70 clients per year.

$$\$500/\text{month} \times 2 \text{ months} \times 70 \text{ clients}/\text{year} \times 3 \text{ years} = \$210,000$$

Client Transportation: Client Transportation amount represents assisting the clients with monthly bus passes while they are waiting to see if they are approved for a discounted pass.

$$\$70/\text{monthly bus pass} \times 50 \text{ passes}/\text{year} \times 3 \text{ years} = \$10,500$$

Client Food while in Turning Point: Clients receive 3 nutritional meals and 1 snack per day.

$$\$4/\text{day}/\text{bed} \times 8 \text{ beds} \times 1,095 \text{ days} = \$35,040$$

Turning Point Facility Maintenance and Repairs (In-Kind): General maintenance of building including things like A/C filter changes, minor plumbing issues, outside maintenance, minor repairs, etc.

$$\$400/\text{month} \times 15\% \times 36 \text{ months} = \$2,160$$

Property/Liability/Auto Insurance (In-Kind): Property & Liability Insurance represents property and general liability insurance. Also includes vehicle insurance for van use.

$$\$2,500/\text{month} \times 15\% \times 36 \text{ months} = \$13,500$$

Licensing Fees (In-Kind): Licensing Fee is the cost of the required Department of Children and Family license to operate the program.

$\$140/\text{annually} \times 3 \text{ years} = \$420$

**B. Pinellas County Public Defender (Subcontractor)**

Personnel:

Forensic Diversion and Recovery Specialist 1 FTE: This position is responsible for referral to community-based treatment providers and will assist WestCare with case management and tracking client progress for one year post-discharge.

$\$48,426/\text{year} \times 3 \text{ years} = \$145,278$

Fringe Benefits:

Calculated fringe rate is 23.9%, this rate includes FICA, Retirement, Health, Dental, & Life Insurance, Workers Compensation, and Unemployment Insurance.

$\$145,278 \times 23.9\% = \$34,722$

Other Expenses:

The cash match provided by the Office of the Public Defender, Sixth Judicial Circuit is comprised of a portion of the funding that Pinellas County allocates to the Public Defender to provide jail diversion services to citizens of Pinellas County. Costs are all inclusive.

Cash Match Year 1 = \$20,000

Cash Match Year 2 = \$40,000

Cash Match Year 3 = \$60,000

**C. Vincent House (Subcontractor)**

Personnel:

Vocational Counselor 1 FTE: This position provides comprehensive vocational rehabilitation services which result in employment and enhanced independent living for persons with co-occurring disorders while complying with federal, state, and agency policy and procedures. In partnership with clients, this position will develop employment focused, goal oriented plans and coordinate the related services necessary for a person to become successfully employed. Core vocational case management services may include guidance and counseling, training, physical/mental restoration, and job placement services.

$\$48,426/\text{year} \times 3 \text{ years} = \$145,278$

Fringe Benefits:

Calculated fringe rate is 23.9%, this rate includes FICA, Retirement, Health, Dental, & Life Insurance, Workers Compensation, and Unemployment Insurance.

$\$145,278 \times 23.9\% = \$34,722$

**3.7.7 Tab 8: Certified Designation Letter**

This section is not applicable.