

SF 424

Table of Contents

Table of Contents.....	1
SF 424 Application for Federal Assistance.....	2
SF-424a Budget Information - Non-Construction Programs.....	5
Performance Sites.....	7
Project Narrative Attachments.....	8
FINAL_NCC_Yr_4_Narrative.....	8
Budget Narrative Attachments.....	25
Budget_Narrative_File_-_Pinellas_County_AOT_-_Y4_2021-2022_-_NCC_FINAL.....	25

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application	* 2. Type of Application: * If Revision, select appropriate letter(s): <input type="radio"/> New <input checked="" type="radio"/> Continuation <input type="radio"/> Revision	<input type="text"/> * Other (Specify) <input type="text"/>
---	--	---

* 3. Date Received: <input type="text" value="01/19/2021"/>	4. Applicant Identifier: <input type="text" value="KYATCHUM"/>
--	---

5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text" value="H79SM063549-03M001"/>
--	--

State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
---	---

8. APPLICANT INFORMATION:

* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="1596000800A5"/>	* c. Organizational DUNS: <input type="text" value="0552002160000"/>
--	---

d. Address:

* Street1:
Street2:
* City:
County/Parish:
* State:
Province:
* Country:
* Zip / Postal Code:

e. Organizational Unit:

Department Name: <input type="text"/>	Division Name: <input type="text"/>
--	--

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

Title:

Organizational Affiliation:

* Telephone Number: Fax Number:

* Email:

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Substance Abuse and Mental Health Services Adminis

11. Catalog of Federal Domestic Assistance Number:

997

CFDA Title:

*** 12. Funding Opportunity Number:**

SU-17-002

* Title:

SAMHSA Continuations

13. Competition Identification Number:

SU-17-002-NCC

Title:

SAMHSA Continuations

14. Areas Affected by Project (Cities, Counties, States, etc.):

File Name:

*** 15. Descriptive Title of Applicant's Project:**

Pinellas County - Assisted Outpatient Treatment for Individuals with SMI

Attach supporting documents as specified in agency instructions.

File Name:

Application for Federal Assistance SF-424**16. Congressional Districts Of:*** a. Applicant * b. Program/Project:

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:* a. Start Date: * b. End Date: **18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="997,160.00"/>
* b. Applicant	<input type="text" value="11,080.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="51,803.00"/>
* g. TOTAL	<input type="text" value="1,060,043.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation in attachment.)**

Yes No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title: * Telephone Number: Fax Number: * Email: * Signature of Authorized Representative: * Date Signed:

**BUDGET INFORMATION -
Non-Construction Programs**

OMB Approval No. 4040-0006
Expiration Date 06/30/2014

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Pinellas County Board of County Commissioners (Assisted Outpatient Treatment)	93.997			\$997,160.00	\$11,080.00	\$1,008,240.00
2.						\$0.00
3.						\$0.00
4.						\$0.00
5. Totals		\$0.00	\$0.00	\$997,160.00	\$11,080.00	\$1,008,240.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) Pinellas County Board of County Commissioners (Assisted Outpatient Treatment)	(2)	(3)	(4)	
a. Personnel	\$155,900.00				\$155,900.00
b. Fringe Benefits	\$70,161.00				\$70,161.00
c. Travel	\$0.00				\$0.00
d. Equipment	\$0.00				\$0.00
e. Supplies	\$0.00				\$0.00
f. Contractual	\$782,179.00				\$782,179.00
g. Construction					\$0.00
h. Other					\$0.00
i. Total Direct Charges (sum of 6a-6h)	\$1,008,240.00				\$1,008,240.00
j. Indirect Charges					\$0.00
k. TOTALS (sum of 6i and 6j)	\$1,008,240.00				\$1,008,240.00
7. Program Income	\$51,803.00				\$51,803.00

Standard Form 424A (Rev. 7-97)
Prescribed by OMB Circular A-102

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8 . Pinellas County Board of County Commissioners (Assisted Outpatient Treatment)	\$11,080.00			\$11,080.00	
9 .				\$0.00	
10 .				\$0.00	
11 .				\$0.00	
12. TOTAL (sum of lines 8-11)	\$11,080.00	\$0.00	\$0.00	\$11,080.00	
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$997,160.00	\$249,290.00	\$249,290.00	\$249,290.00	\$249,290.00
14. Non-Federal	\$11,080.00	\$2,770.00	\$2,770.00	\$2,770.00	\$2,770.00
15. TOTAL (sum of lines 13 and 14)	\$1,008,240.00	\$252,060.00	\$252,060.00	\$252,060.00	\$252,060.00
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (Years)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16 . Pinellas County Board of County Commissioners (Assisted Outpatient Treatment)					
17 .					
18 .					
19 .					
20. TOTAL (sum of lines 16-19)	\$0.00	\$0.00	\$0.00	\$0.00	
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:			22. Indirect Charges:		
23. Remarks:					

Standard Form 424A (rev. 7-97) Page2

Authorized for Local Reproduction

Project/Performance Site Location(s)

Project/Performance Site Primary Location

I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: Pinellas County
Duns Number: 055200216
Street1*: 440 Court Street, 2nd floor
Street2:
City*: Clearwater
County:
State*: FL: Florida
Province:
Country*: USA: UNITED STATES
Zip / Postal Code*: 337565139
Project/Performance Site Congressional District*: FL-013

Additional Location(s)

File Name:

**Project Narrative | Pinellas County Board of County Commissioners
Continuation Application | Federal Award Identifier H79SM063549**

1) DESCRIPTION AND EXPLANATION OF CHANGES, IF ANY, MADE DURING THIS BUDGET PERIOD

A) AFFECTING GOAL AND OBJECTIVES:

The purpose of the Pinellas County Assisted Outpatient Treatment (AOT) grant program is to implement AOT services within Pinellas County for individuals that may benefit from a less restrictive level of care than Involuntary Residential Treatment. The below goals and objectives differ from the initial application, but were submitted, and accepted by SAMHSA, in the County’s responses submitted via eRA Commons to the NOA dated 09/27/2018. In a subsequent NOA dated, 12/20/2018, SAMHSA indicated the condition associated with the Marginal Rating was removed. On 5/26/2020 Pinellas County virtually met with our Project Officer, David Grace, and requested via ERA a formal reduction in Target on the project. SAMHSA approved this request on 1/19/2021, lowering our targeted number of clients over the life of the program from 375 to 181.

Goal 1: Reduce psychiatric hospitalization utilization of PC AOT program clients.
Objective A: Successfully petition court for involuntary outpatient treatment for 181 clients meeting AOT criteria.
Objective B: Provide mental health treatment services according to court approved individualized treatment plan to 181 enrolled clients over the life of the program.
Objective C: Connect enrolled clients to supportive services (housing, benefits, prescription assistance, transportation, employment/education) as defined by the individualized treatment plan.
Goal 2: Reduce justice system interaction for PC AOT program clients.
Objective A: Provide mental health treatment services according to court approved individualized treatment plan to 181 enrolled clients over life of the program.
Objective B: Connect enrolled clients to supportive services (housing, benefits, prescription assistance, transportation, employment/education) as defined by the individualized treatment plan.
Goal 3: Identify & address behavioral health disparities among racial and ethnic minorities.
Objective A: Measure demographic data and service utilization of enrolled clients for disparities in access to and service use compared to all PC Baker Act initiations and general population.
Goal 4: Improve consumer/social outcomes of enrolled clients.

**Project Narrative | Pinellas County Board of County Commissioners
Continuation Application | Federal Award Identifier H79SM063549**

Objective A: Connect enrolled clients to supportive services (housing, benefits, prescription assistance, transportation, employment/education) as defined by the individualized treatment plan.
Goal 5: Customer and family/caregiver satisfaction with program services.
Objective A: Engage families in IDT facilitated sessions.
Objective B: Conduct client centered surveys/focus groups to obtain feedback on program services.

Project Narrative | Pinellas County Board of County Commissioners Continuation Application | Federal Award Identifier H79SM063549

B) AFFECTING THE PROJECTED TIME LINE FOR PROJECT IMPLEMENTATION

During the reporting period, Pinellas County Human Services convened the application partners and key stakeholders to develop updated responses to the conditional award 09/27/2018. Included below is the updated timeline of key activities with the current status listed, as of the end of the reporting period.

Proposed Date <i>Source: Initial Application</i>	Key Activities	Responsible Agency	Status <i>as of 12/31/2018</i>	Status <i>as of 12/31/2019</i>	Status <i>as of 12/31/2020</i>
Yr 1, Qtr 1	Award Acceptance	Pinellas County Human Services	Accepted by the BOCC 10/23/2018	N/A	N/A
New Item (not in application)	Removal of Conditions	Pinellas County Human Services	NOA removing conditions dated 12/20/2018	N/A	N/A
Yr 1, Qtr 1	Provider Contracts	Pinellas County Human Services and Contracted Partners	Contract with Directions for Living (DFL) is on the 01/08/2019 BOCC Agenda; Contracts with Personal Enrichment for Mental Health, Inc. (PEMHS); University of South Florida (USF); Sixth Judicial Circuit; and the Public Defender’s Office (PD) are drafted and processing via the County Administrator’s delegated process	N/A	N/A
Yr 1, Qtrs 1-2	Implementation/Progress Meetings	Pinellas County Human Services	10/02/2018 convened partners and stakeholders to develop responses to SAMHSA’s conditional approval and weekly implementation meetings	N/A	N/A
Yr 1, Qtrs 1-2	Hiring and Training	Contracted Partners	Position Descriptions have been developed and posted for hiring	N/A	N/A

Project Narrative | Pinellas County Board of County Commissioners Continuation Application | Federal Award Identifier H79SM063549

Proposed Date <i>Source: Initial Application</i>	Key Activities	Responsible Agency	Status <i>as of 12/31/2018</i>	Status <i>as of 12/31/2019</i>	Status <i>as of 12/31/2020</i>
Yr 1, Qtr 2-4 and Yrs 2-4	Initial Client Assessments & Petitions	PEMHS and DFL	A client flow has been developed and key stakeholders are meeting to discuss process and flow of the program. The team anticipates the first petition in February of 2019	During the first fiscal year of this project (10/1/2018 through 9/30/2019) there were 26 people enrolled in the Pinellas AOT program. As of 1/31/2020, 50 people were enrolled in the program.	During the first fiscal year of this project (10/1/2018 through 9/30/2019) there were 26 people enrolled in the Pinellas AOT program. In Year 2 of the program, (10/1/2019 – 9/30/2020) there were 50 people enrolled in the program. As of 1/31/2021, 12 people have been enrolled in the program for Year 3. This means that 88 people have been enrolled.
Yr 1, Qtrs 2-4 and Yrs 2-4	Case Management Services	DFL	Based upon the developed client flow, the Case Manager from the PD will review client history at initiation of case preparations and will initiate the SOAR process. The Case Manager from DFL will work with a counselor to engage with clients upon court order into AOT.	Case management includes benefits assistance, transportation assistance, linkages to health care and medication management appointments. Case Managers support housing linkages and support for clients in need. The Case Manager helps the client identify and increase their insight to their symptoms and identify coping skills.	No changes to position or role during the project period.
Yr 1, Qtrs 2-4 and Yrs 2-4	Referrals for Medical & Social Services	DFL and PD	Based upon the developed client flow, initial referrals for SOAR services may be made by the PD staff during case preparations. The DFL treatment team will review the treatment plan and initiate services upon a client’s court order	Referrals to the County’s health program, work programs, SOAR benefits assistance, education programs, housing, substance use programs, church programs, mental	No changes to referral model during the project period.

Project Narrative | Pinellas County Board of County Commissioners Continuation Application | Federal Award Identifier H79SM063549

Proposed Date <i>Source: Initial Application</i>	Key Activities	Responsible Agency	Status <i>as of 12/31/2018</i>	Status <i>as of 12/31/2019</i>	Status <i>as of 12/31/2020</i>
			into AOT. Every 15 days the team and the client will conduct an Integrated Decision Team (IDT) staffing to assess progress and address any barriers the individual is experiencing. While referrals will be on-going and not limited to the IDT staffing, this facilitated staffing will provide a team of practitioners to assist in the development and determination of appropriate referrals for each individual client.	health programs outside of Pinellas County are some of the type of referrals provided.	
Yr 1, Qtrs 3-4 and Yrs 2-4	Performance Assessment/Quality Assurance Monitoring	USF	The Evaluator has been participating in the AOT program development since the partners were convened on 10/02/2018.	The Evaluator prepared the Y1 Evaluation Report for the program submitted with the Annual Progress Report. The Evaluator continues to participate in Steering Committee, Program Meetings and hearings, when permissible.	The Evaluator prepared the Y2 Evaluation Report for the program submitted with the Annual Progress Report. The Evaluator continues to participate in Steering Committee, Program Meetings and hearings, when permissible.

Project Narrative | Pinellas County Board of County Commissioners Continuation Application | Federal Award Identifier H79SM063549

C) AFFECTING THE APPROACH AND STRATEGIES PROPOSED IN THE INITIALLY APPROVED AND FUNDED APPLICATION:

As of 1/31/2021, the only proposed change discussed and submitted to the Project Officer was the Patient Target Reduction. This was formally submitted via ERA Commons and was approved by SAMHSA on 1/19/2021.

1. REPORT ON PROGRESS RELATIVE TO APPROVED OBJECTIVES, INCLUDING PROGRESS ON EVALUATION ACTIVITIES

APPROVED OBJECTIVES:

Goal 1 | Objective A: Successfully petition court for involuntary outpatient treatment for 181 clients meeting AOT criteria.

Performance Measure: Enroll 50 project-eligible individuals in Y2 (revised).

Progress through 9/30/2020: The goal of enrolling 100 individuals per year was reduced to 45 in Year 1 given the startup-infrastructure needed in the County. In Year 3, the overall target was reduced to 181 total clients throughout the grant project period, broken down annually as follows: Y1: 26; Y2: 50; Y3: 60; Y4: 45. In Year 1, the County enrolled 26 eligible individuals. In Year 2, 50 were enrolled. **As of 1/31/2021:** A total of 12 individuals have been enrolled.

Goal 1 | Objective B: Provide mental health treatment services according to court approved individualized treatment plan to 181 enrolled clients over the life of the program.

Performance Measure: Decrease the percentage of clients at 3- and 6-months post intake who have Baker Act initiations.

Progress through 9/30/2020: We focused on people enrolled through May 2020 so that we could look at involuntary (Baker Act) exams up to 90 days post AOT enrollment. We were able to locate 43 people enrolled in AOT through May 2020 in the statewide involuntary (Baker Act) examination data maintained by the Baker Act Reporting Center at USF for involuntary (Baker Act) examinations for examinations through 9/30/2020. Theoretically one may think that everyone enrolled in AOT would have at least one involuntary examination in the 30 days before AOT enrollment. However, some people enrolled in AOT have had their involuntary examination time expire and are being held on an order for involuntary inpatient placement. For some people identified for AOT once they are on an involuntary inpatient placement status, their involuntary exam may have been more than 30 days prior to AOT screening and enrollment.

Project Narrative | Pinellas County Board of County Commissioners Continuation Application | Federal Award Identifier H79SM063549

Involuntary exams are fewer after AOT enrollment than before AOT enrollment. For example, 91% of people had an involuntary exam 30 day prior to AOT enrollment, with 14% having one up to 30 days after AOT enrollment. Part of this accounted for by how Florida law is structured, requiring someone to be in a Baker Act unit for an involuntary examination to be considered for AOT. A similar pattern holds for the other time periods.

Count of Involuntary Exams of People Enrolled in AOT

Time Span	Up to XX Days Prior to AOT Enrollment			Up to XX Days Post AOT Enrollment		
	Exams	People	% of People	Exams	People	% of People
Up to 30 days	46	39	91%	9	6	14%
31-60 Days	14	12	28%	3	3	7%
61-90 Days	13	11	26%	5	3	7%
Up to 90 Days	73	43	100%	17	10	23%

Counts of involuntary examinations by race are included under Goal 3 because that information is relevant to that goal.

Goal 1 | Objective C: Connect enrolled clients to supportive services (housing, benefits, prescription assistance, transportation, employment/ education) as defined by the individualized treatment plan.

Performance Measures: Number of supportive services identified in the treatment plan;
Number of linkages made

Progress through 9/30/2020: The evaluator attends AOT related meetings, including court and the regular Friday morning meeting. Each week the first part of the Friday meeting focuses on court issues and logistics (hearing master and Clerk of Court). The hearing master and Clerk of Court staff then leave the video-conference meeting and specifics of clients are discussed. Prior to the pandemic these were held over the phone, except that the last Friday of each month was a live meeting and every currently enrolled client is reviewed. Now the meetings are held via video-conference. In terms of an analysis of process from the evaluator's perspective, this project's success springs from the structure established by Pinellas County staff, as well as their brainstorming, networking, and proactive problem solving. The Friday meetings are a time for details of complex issues to be discussed. It is not uncommon for a stakeholder to follow up on an issue brought up at the Friday weekly meeting by making a phone call, setting up a meeting, or gathering information. Then progress can be discussed, for example, at the next Friday meeting. Some of the problem solving has centered around benefits. Much of it has focused on housing. Housing issues arise in general, but even more so since the pandemic. Stakeholders for this project, guided

Project Narrative | Pinellas County Board of County Commissioners Continuation Application | Federal Award Identifier H79SM063549

by county staff, navigated the any complexities that came about due to the pandemic. The point here is that from a more qualitative perspective the particulars of housing, benefits, transportation, employment and education are focused up in a constructive, positive, organized way.

We have had difficulty reporting on certain outcomes, including supportive services, at a detailed client level. A positive development this past year has been the addition of the half time court liaison position with the public defender's office and the hiring of a person to fill that position. She recently started working half time at PEMHS as well, which allows for more time to focus on the AOT program – including data. Several people play a liaison function in the AOT program. However, the liaison in her positions at these two agencies and with a focus of part of her time on data is crucial – filling a gap that is not handled by others. The several staffing changes that occurred this year at DFL and the length of time it took to negotiate using a shared spreadsheet to enter screening and ongoing data onto a HIPAA secure cloud-based storage solution (Box) posted some challenges that took time to address. We now have a well-functioning system for the liaison to enter screening information into the shared Box spreadsheet. The only variable she needs DFL to assist with on the screening tab of the spreadsheet is information about why a petition was not filed.

In late 2020 and into early 2021 we concluded that the spreadsheet that DFL was providing to us will not work over the long term for the collection of follow up information that is not in the interviews entered into SPARS and is needed for reporting. The evaluator attends court and the weekly Friday meetings and can glean general trends from them. But we need to refine a system to gather detailed, client level information on key variables. The work on an alternative was hindered for several months by demands brought on by the pandemic. The multi-tab spreadsheet that includes a tab for screening information also has a tab structured for the liaison as well as the evaluators to enter information about AOT clients. This tab is structured to enter information from court, the weekly Friday meetings, as well as at the time of discharge. The goal of this new system is to refine it so that it can be used into the future, even after funding for an evaluator may no longer be available. An earlier effort to build a database for this purpose was determined to not be feasible given the learning curve to use such a database, as well as logistical issues of access to it by people at several places (DFL, evaluators, PDs office staff). Excel was chosen because of its ubiquity. By April 2021 we will produce a manual to describe this new system sharing a secured, common Excel spreadsheet. The manual will include information about how data security is built into the system and how it can be maintained in the future, clear directives about who is responsible for what data, insights about how the data can be used, as well as expected timelines for timeliness and completeness of data.

Project Narrative | Pinellas County Board of County Commissioners
Continuation Application | Federal Award Identifier H79SM063549

Goal 2 | Objective A: Improve integration of behavioral healthcare system with justice system.

Performance Measures: #/Percent of enrolled clients who receive non crisis related outpatient mental healthcare services; #/Percent of enrolled clients who engage in treatment planning; Average length of time in treatment; #/Percent of enrolled clients who complete treatment plan as prescribed; Percent of enrolled clients who are arrested; Average number of jail days for eligible clients

Progress through 9/30/2020:

The median days people in the AOT program was 124 days. To date no one has had more than three continuances. Because each order may be up to 90 days, having one continuance means being in the AOT program up to 180 days (3 months), a 2nd continuance means being in the program a maximum of 270 days (9 months), and a 3rd continuance with a maximum of 360 days is almost a full year.

Below is information about bookings into the Pinellas County Jail. A few people account for the increase in the median number of jail days post AOT enrollment. Doing case studies on those individuals may be instructive. At the beginning of this initiative there was much discussion about whether or not to pursue AOT for people who were likely to not be successful. But that this is what this intervention is designed for – to reach people who have complex problems and need much assistance. While an increase in median jail days is not a positive outcome, it needs to be considered within the context of a program that has widened the type of people that the program takes on. This includes people who are homeless or have unstable housing, even though this is not a housing project per se.

Jail Bookings for AOT Enrollees Before and After AOT Enrollment

Before AOT Enrollment				After AOT Enrollment			
Days Before AOT Enrollment	Jail Bookings	People (% People)	Median Jail Days	Days AFTER AOT Enrollment	Jail Bookings	People (% People)	Median Jail Days
All Races							
1-30	2	2	<1	1-30	4	3	21
1-60	7	6	10	1-60	7	4	13
Race – African American/Black							
1-30	1	1	N/A	1-30	1	1	N/A
1-60	5	4	10	1-60	1	1	N/A
Race - White							
1-30	1	1	N/A	1-30	3	2	13
1-60	2	2	12	1-60	6	3	11

Project Narrative | Pinellas County Board of County Commissioners
Continuation Application | Federal Award Identifier H79SM063549

Goal 3 | Objective A: Measure demographic data and service utilization of enrolled clients for disparities in access to and service use compared to all PC Baker Act Initiations and General Population.

Performance Measures: Racial and Ethnic, and economic status distribution of individuals referred to court; Percent of enrolled individuals using services by race and ethnicity; Percent of eligible participants who have Baker Act initiations in the 6 months following enrollment by race and ethnicity; Percent of eligible participants who are arrested in the 6 months following enrollment by race and ethnicity.

Progress through 9/30/2020: The race and Hispanic origin for people screened for AOT, people enrolled in AOT, as well as for adults Pinellas County residents with an involuntary exam in FY19 and the population of adults in Pinellas county are shown in the table below.

Comparison of Race/Hispanic Origin for People Enrolled in AOT, Pinellas County Residents with an Involuntary Examination and the Adult Pinellas County Population.

	People Screened for AOT	People Enrolled in AOT	Adults with Involuntary Examinations in Pinellas in FY19/20	Population (estimated for 2020)
White	67%	68%	76%	85%
African-American Black	21%	26%	16%	Black and Other 15%
American Indian		4%	Other 7%	
Asian	1%	1%		
Alaskan Native		1%		
Not Reported	6%		1%	
Hispanic Origin*	5%	15%	5%	9%

*For “People Screened for AOT” Hispanic Origin was treated as a race, while it was treated as an ethnicity separate from race for the other three columns in this table.

The percentage of people of Hispanic origin enrolled in AOT (15%) was higher than the adult population of Pinellas County of Hispanic origin in 2020 (9%) and higher than adults with involuntary examinations in Pinellas County in FY19/20 who were of Hispanic origin (5%). The percentage of people of Hispanic origin with involuntary examinations is likely to be slightly higher than 5% due to under-reporting. People of color are over-represented in people enrolled in AOT. While 68% of people enrolled in AOT were white, 75% of adults Pinellas County residents with involuntary exams in FY19/20 were white and 85% of the adult Pinellas County population in 2020 was estimated to be white.

Involuntary (Baker Act) Examination by Race

Note: The information about people of all races was presented earlier in this report. This

Project Narrative | Pinellas County Board of County Commissioners
Continuation Application | Federal Award Identifier H79SM063549

presentation of involuntary exam data adds information by race and Hispanic Origin relevant to Goal 3.

Results for this section are reported for all races, as well as for people who are African-American/ Black and those who are White. [The count of people of other races is too small to yield a meaningful analysis.] Counts of jail bookings for people of Hispanic origin are also reported. The counts are too low to make percentages meaningful. We focused on people enrolled through May 2020 so that we could look at up to 90 days post AOT enrollment. We were able to locate 43 people enrolled in AOT through May 2020 in the statewide involuntary (Baker Act) examination data maintained by the Baker Act Reporting Center at USF for involuntary (Baker Act) examinations for examinations through 9/30/2020. Theoretically one may think that everyone enrolled in AOT would have at least one involuntary examination in the 30 days before AOT enrollment. However, some people enrolled in AOT have had their involuntary examination time expire and are being held on an order for involuntary inpatient placement. For some people identified for AOT once they are on an involuntary inpatient placement status, their involuntary exam may have been more than 30 days prior to AOT screening and enrollment.

Table 4: Count of Involuntary Exams of People Enrolled in AOT

Time Span	Up to XX Days Prior to AOT Enrollment			Up to XX Days Post AOT Enrollment		
	Exams	People	% of People	Exams	People	% of People
All Races						
Up to 30 days	46	39	91%	9	6	14%
31-60 Days	14	12	28%	3	3	7%
61-90 Days	13	11	26%	5	3	7%
Up to 90 Days	73	43		17	10	23%
All Races – African-American/Black						
Up to 30 days	14	10	83%	5	3	25%
31-60 Days	3	3	25%	1	1	8%
61-90 Days	5	4	33%	2	1	8%
Up to 90 Days	22	12		8	4	33%
All Races - White						
Up to 30 days	31	24	96%	3	3	12%
31-60 Days	8	7	28%	1	1	4%
61-90 Days	8	7	28%	4	2	8%
Up to 90 Days	47	25		8	5	20%
Hispanic Origin						
Up to 30 days	4	3		2	1	
31-60 Days	2	2		0	0	
61-90 Days	2	2		1	1	
Up to 90 days	8	5		3	2	

Project Narrative | Pinellas County Board of County Commissioners Continuation Application | Federal Award Identifier H79SM063549

Involuntary exams are much fewer after AOT enrollment than before AOT enrollment. For example, 91% of people had an involuntary exam 30 day prior to AOT enrollment, with 14% having one up to 30 days after AOT enrollment. Part of this accounted for by how Florida law is structured, requiring someone to be in a Baker Act unit for an involuntary examination to be considered for AOT. A similar pattern holds for the other time periods. African-American/Black people have a higher percentage of involuntary exams post AOT enrollment than White people. But caution needs to be taken given the small numbers for each race. A change in only a few people impacts the percentages much more for small numbers than larger numbers. As more people are enrolled in AOT these number percentages will become more stable/reliable.

Pinellas County Jail Bookings

The number of jail bookings in Pinellas County for 30-day and 60-day time periods before and after AOT enrollment are shown in the table below. for people of all races and broken down by people who are African-American/Black and White. Jail booking data was only available through the end of calendar year 2019. We need more time to pass to look at time spans post AOT enrollment that are beyond 60 days. We can re-run this analysis in Summer 2021 to include more data and longer post AOT-enrollment time periods. It can be meaningful to compare the percentage of people with jail bookings pre and post AOT enrollment. However, the small numbers mean that small changes in the number of people can change the percentage a lot – implying more of meaning to a decrease/increase than exists. As more time passes, we will have data for enough people over enough of a period of time to have these percentages be meaningful. African American participants appear to have more arrests pre AOT and fewer post AOT enrollment, while white participants had fewer jail bookings pre AOT and more post AOT enrollment. But, again, the meaning of these differences needs to be interpreted with caution given the small numbers.

Jail Bookings for AOT Enrollees Before and After AOT Enrollment

Before AOT Enrollment				After AOT Enrollment			
Days Before AOT Enrollment	Jail Bookings	People (% People)	Median Jail Days	Days AFTER AOT Enrollment	Jail Bookings	People (% People)	Median Jail Days
All Races							
1-30	2	2	<1	1-30	4	3	21
1-60	7	6	10	1-60	7	4	13
Race – African American/Black							
1-30	1	1	N/A	1-30	1	1	N/A

Project Narrative | Pinellas County Board of County Commissioners
Continuation Application | Federal Award Identifier H79SM063549

1-60	5	4	10	1-60	1	1	N/A
Race - White							
1-30	1	1	N/A	1-30	3	2	13
1-60	2	2	12	1-60	6	3	11

Goal 4 | Objective A: *Connect enrolled clients to supportive services (housing, benefits, prescription assistance, transportation, employment/ education) as defined by the individualized treatment plan*

Performance Measures: *Number of supportive services identified in the treatment plan; Number of linkages made; # Clients who obtain permanent housing; # Clients who sustain/maintain permanent housing; # Clients engaged in Substance Use Services; # Clients enrolled in Prescription Assistance Programs for medications (including long-acting injectables); # Employment Assistance, Job Training, Education Assistance*

Progress through 9/30/2020: We addressed under Goal 1 our plan to improve client level data on certain variables, including ones relevant to Goal 4.

Goal 5 | Objective A: *Engage families in IDT facilitated sessions.*

Performance Measure: *# family/friends participating in IDT sessions*

Progress through 9/30/2020: We addressed under Goal 1 our plan to improve client level data on certain variables, including ones relevant to Goal 5.

Goal 5 | Objective B: *Conduct client centered surveys/focus groups to obtain feedback on program services.*

Performance Measure: *# clients participating in survey or focus groups; Overall satisfaction*

Progress through 9/30/2020: The program anticipated conducting a client centered survey/focus group at least 18 months into the program (approximately mid 2020) once the project was flowing smoothly and a sustained # of clients are enrolled in the program. Covid-19 and pandemic related restrictions have delayed the survey/focus group until pandemic restrictions allow for safe survey procedures.

EVALUATION ACTIVITIES:

The program evaluator attends the weekly meetings at least monthly with partners and key stakeholders during this reporting period. The evaluator is working with the treatment provider

Project Narrative | Pinellas County Board of County Commissioners Continuation Application | Federal Award Identifier H79SM063549

and crisis stabilization unit to collect programmatic data for the performance assessment and quality assurance monitoring activities. A Year 2 evaluation report was submitted in Feb 2021.

1) SUMMARY OF KEY PROGRAM ACCOMPLISHMENTS TO DATE AND LIST PROGRESS

Pinellas County reports the following accomplishments in the first two years of the Program:

- **Infrastructure:** The County needed to establish the infrastructure needed to start AOT from scratch in Pinellas County. This included bringing in a number of community partners and contracting for services; developing the client flow from identifying a client, filing a petition, having a public defender, court support, and a treatment provider in place; hiring of staff; and community partners identified for services for clients needing more than just behavioral health treatment.
- **Training:** Trained over 146 individuals from our community partners and staff on the FL Statute for involuntary outpatient treatment; motivational interviewing, and substance use.
- **Evidence Based Practice Service Delivery:** Provided evidenced based treatment to 90 individuals from the start of the program to 1/31/2021, with the first client being enrolled in February 2019.
- **Expansion to Second Crisis Stabilization Unit (CSU):** In 2020, Pinellas County successfully engaged Largo Medical Center, a second CSU in the County, as a referral source for the AOT program. County staff met with the hospital staff, trained them on the process, and began enrolling clients in September 2020. Hospital staff are now participating in weekly meetings and actively engaging in the program. A third CSU will be contacted and onboarded in 2021.

2) DESCRIPTION OF DIFFICULTIES/PROBLEMS ENCOUNTERED IN ACHIEVING PLANNED GOALS AND OBJECTIVES

A) BARRIERS TO ACCOMPLISHMENT

Through 9/30/2020, Pinellas County reported the following barriers:

- **Infrastructure:** The County started from scratch with AOT and needed to identify, contract with, and train the partners in order to begin serving clients. The County and its partners started immediately upon award, and without hesitation, but it took a lot of work to identify how a client would flow from the (Crisis Stabilization Unit) CSU to a separate treatment provider in the community and work hand in hand to identify and screen the clients meeting criteria for the program.

Project Narrative | Pinellas County Board of County Commissioners Continuation Application | Federal Award Identifier H79SM063549

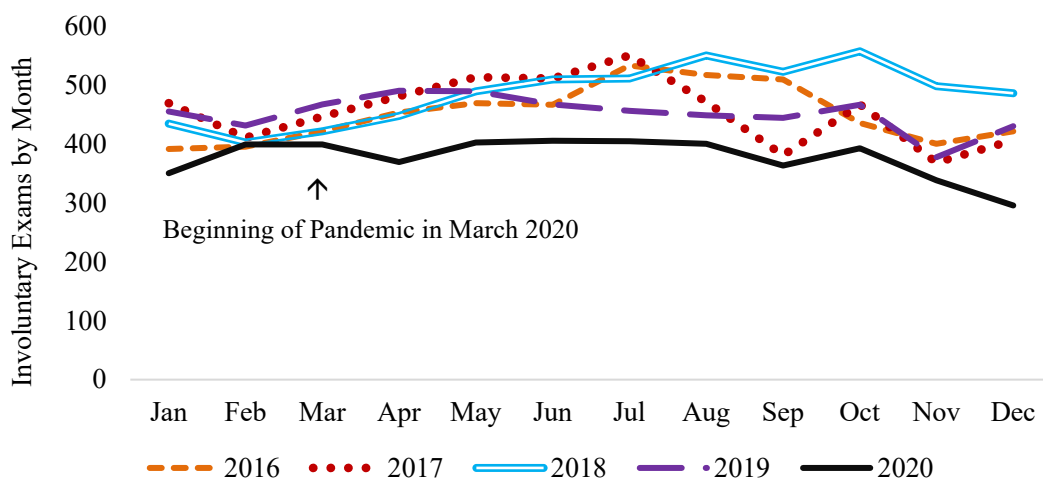
- **Documenting & Meeting Criteria required by FL Statute:** FL Statute requires that the client have at least two (2) involuntary examinations in the past three years in the criteria. The filing CSU may have direct evidence of at least the current hospitalization but needs to obtain the evidence of previous hospitalizations that may have occurred at other CSUs in the County or State. Obtaining the evidence in a short time frame has proven to be a challenge to meeting the state’s criteria. Additionally, the psychiatric evaluation process has been a challenge. Two in-person evaluations are required within the 72-hour window of the client being held for assessment. Initially, the County worked out a flow that had the CSU conduct the first evaluation and the Treatment Provider provide the second evaluation. This would allow the treatment provider input on the decision to file the petition. Timing of getting psychiatrists available to conduct the two required opinions in the 72 hours has been a challenge.
- **Screening/Client identification:** Identifying, screening, and filing for clients that meet criteria and would be most appropriate for AOT has been a challenge. The County envisioned serving the neediest clients (uninsured, homeless, repeat hospitalizations) meeting criteria. Some screening challenges may be due to logistics. Others may be due to stakeholders holding different views of who should be enrolled, when and why. Challenges in the community, such as lack of resources (e.g., housing, substance abuse treatment) can present challenges to enrollment. The CSUs and treatment provider needed to understand and obtain the additional services needed by these clients beyond the behavioral health treatment. For example, homeless clients needing housing to more effectively stay in treatment. The County worked with several homeless housing partners to obtain temporary housing while the process for more permanent housing could be addressed with the client during the service period. Fortunately, the housing partners have been a very positive support to the program, but a lack of affordable permanent housing remains a challenge in the County and State overall.
- **COVID-19 Pandemic:** On 3/16/2020, the Pinellas County AOT Steering Committee met to discuss operations of the program amidst the COVID-19 pandemic. The Committee agreed to no new enrollments for an initial two-week period due to the intensity of services, face-to-face, required to properly serve them. On 3/26/2020, 2020, Pinellas County issued a “Safer at Home” order for individuals, business owners, and any place of public assembly to slow the spread of the virus. Each of the program partners and stakeholders initiated their emergency planning efforts including work from home for employees, telehealth services for clients, and court

Project Narrative | Pinellas County Board of County Commissioners Continuation Application | Federal Award Identifier H79SM063549

hearings via telephone. The suspension of new AOT program enrollments was extended through the beginning of May 2020 until courts resumed telephonic and/or virtual hearings. To date, all hearings are still being conducted virtually and will continue to do so until the Supreme Court allows in-person hearings to resume.

Involuntary (Baker Act) examination counts by month for adults in Pinellas County for five years are shown in the figure below. Years are stacked on top of each other so that months from year to year can be easily compared. The reduction of involuntary examinations for adults in Pinellas County after the start of the pandemic is evident, with the solid black line showing 2020 counts of involuntary examinations. This reduction means that fewer people were available to screen and identify for participation in the AOT program.

Involuntary Examinations for Adults in Pinellas County: Five Years by Month



B). ACTIONS TO OVERCOME DIFFICULTIES

Pinellas County has taken the following actions to overcome difficulties implementing the program:

- Regular Communication & Meetings:** Pinellas County has a Steering Committee in place that meets on a bi-weekly basis to address any issues and track progress towards the program goals. The Program staff meet weekly by telephone to review the upcoming and past week's hearings, client challenges/barriers, and successes, and together work to problem solve any immediate issues with clients. As a result of these weekly meetings, County staff have engaged several other community partners in the AOT program to address concerns. For example, homelessness is a big issue - coming into the program homeless or become at risk of losing housing while in the program.

Project Narrative | Pinellas County Board of County Commissioners Continuation Application | Federal Award Identifier H79SM063549

The County has engaged two homeless shelter/transitional housing providers in the County to help support AOT clients during the court order while staff work with the client to obtain a more long-term housing solution. County staff also educate and recommend connections to other community providers and services that may benefit the client. Finally, County staff, led by the Project Director, engage in contract specific meetings with our partners to address issues dealing with the client flow; screening & identification of clients; and expansion on the program.

- **Program Expansion:** The AOT Steering Committee continues to explore the expansion to other hospital/CSUs in the County. Early expansion efforts were met with delays due to the Project Director's required response to the local COVID public health emergency; however, discussions resumed in June 2020 and a second CSU was formally added to the program in September 2020. The integration of the second CSU has been successful, so the Steering Committee will continue to work towards incorporating additional hospitals/CSUs.
- **Telephonic/Virtual Hearings:** Due to the COVID-19 pandemic and subsequent court closures, hearings for petitions and continuances have been conducted telephonically or virtually since May 2020. Providers and clients alike have adapted well to this platform and courts are seeing an increase in overall participation in hearings due to the convenience and flexibility of attending virtually. Once courts resume in-person operations, the option for virtual hearings may remain to combat transportation barriers that could prevent a client from otherwise attending in-person.

3) REPORT ON MILESTONES ANTICIPATED WITH THE NEW FUNDING REQUEST

The Pinellas County AOT program anticipates the following milestones with the new funding request:

- Successful petition of court for involuntary outpatient treatment for 45 clients in Year 4 of the grant program.
- The provision of mental health treatment services according to the court approved individualized treatment plan for 45 clients enrolled in Year 4.
- Connection of enrolled clients to supportive services (housing, benefits, prescription assistance, transportation, employment/education) as defined by the individualized treatment plan for 45 clients enrolled in Year 4.
- Timely NOMS data collection for the enrolled clients from program initiation, every 180 days and upon discharge.
- Engagement of family members in the IDT facilitated sessions.

Pinellas County Board of County Commissioners
Assisted Outpatient Treatment for Individuals with Serious Mental Illness
SAMHSA | FAI H79SM063549 | Y4 – 2021 - 2022

BUDGET JUSTIFICATION NARRATIVE

A. Personnel:

FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
General Magistrate	J. Paullin	\$43.95/hr	25%	\$22,854
Case Manager	M. Bushman	\$38,192	100%	\$38,192
Baker Act Attorney	L. Barack	\$58,611	100%	\$58,611
MH Court Liaison	P. McDaniel	\$50,362	50%	\$25,163
Project Director	K. Yatchum	\$110,801	10%	\$0 (in-kind)
TOTAL SALARIES				\$144,820

JUSTIFICATION:

Pinellas County’s 6th Judicial Court and Public Defender’s Office will employ additional staff including the General Magistrate, Public Defender, Case Manager, and Court Liaison to handle the additional caseload of clients and hearings for the approximate 60-100 clients per year including continuances.

The Pinellas County 6th Judicial Circuit Court’s General Magistrate is responsible for legal work hearing and ruling in involuntary civil commitment (Baker Act and Marchman Act) cases. The position is responsible conducting hearings on petitions for involuntary commitment under Florida’s Baker Act and Marchman Act statutes and making findings of fact and recommendations and proposed orders by the Circuit Judge assigned.

The Public Defender’s Baker Act Attorneys are responsible for meeting with the clients the day before the hearing and thoroughly reviewing the electronic medical records. The attorneys will represent the clients throughout the treatment order. The Baker Act Attorneys are responsible for ensuring the client’s civil rights are not violated.

The Public Defender’s Case Manager will review client history to ensure appropriate alignment of referrals with statutory guidelines for AOT. This position will maintain contact with the Baker Act Attorneys and provide ongoing outreach and clinical care coordination services to meet the comprehensive health care needs of the clients and promote high quality, cost-effective outcomes. This position will work 100% on the AOT program.

The Public Defender’s Mental Health Court Liaison (0.5 FTE) will work closely with the CSU Treatment Teams to determine appropriate level of care for AOT services. The Mental Health Court Liaison will coordinate the necessary legal documents in order to petition the courts for involuntary outpatient treatment and coordinate the completion of assessment by two psychiatrists for recommendation on level of care for AOT services. The Mental Health Court Liaison will also work closely with Directions for Living surrounding individualized treatment recommendations for mental health court. If the client is court ordered into AOT treatment, the Mental Health Court Liaison will work directly with Directions for Living Staff for immediate and seamless transitions into the AOT program from inpatient treatment.

The Project Director is Karen Yatchum, Health Care Administrator with the Pinellas County Department of Human Services. Ms. Yatchum will dedicate a minimum of 10% level of effort to the grant program. Funding is provided in-kind by Pinellas County.

FEDERAL REQUEST (enter in Section B column 1 line 6a of form SF424A).....**\$144,820**

Pinellas County Board of County Commissioners
Assisted Outpatient Treatment for Individuals with Serious Mental Illness
SAMHSA | FAI H79SM063549 | Y4 – 2021 - 2022

BUDGET JUSTIFICATION NARRATIVE

B. Fringe Benefits:

FEDERAL REQUEST

Component	Rate	Wage	Cost (rounded)
FICA	0.0765	3 FTE	\$11,078
Retirement	0.0752	3 FTE	\$23,336
Life Insurance	\$3.66/mo	2 FTE	\$86
Medical Insurance	\$1,548.25/mo	2 FTE	\$35,598
TOTAL FRINGE BENEFITS			\$70,161

JUSTIFICATION:

Pinellas County’s 6th Judicial Court & Public Defender’s office has identified the fringe benefits stated above.

FEDERAL REQUEST (enter in Section B column 1 line 6b of form SF424A).....**\$70,161**

C. Travel:

FEDERAL REQUEST

Purpose of Travel	Location	Item	Rate	Cost
Grantee Meetings Y2 & Y4 only				\$0
TOTAL				\$0

JUSTIFICATION:

In-Person Grantee Meetings in Y4 are not expected due to Covid-19. A budget amendment will be made if travel is deemed required at that time.

FEDERAL REQUEST (enter in Section B column 1 line 6c of form SF424A).....**\$0**

D. Equipment:

FEDERAL REQUEST

Item	Rate	Cost
Not Applicable		\$0
TOTAL		\$0

JUSTIFICATION:

No equipment purchases over \$5,000 have been identified by Pinellas County.

FEDERAL REQUEST (enter in Section B column 1 line 6d of form SF424A).....**\$ 0**

E. Supplies:

FEDERAL REQUEST

Item	Rate	Cost
Not applicable		\$0
TOTAL		\$0

Pinellas County Board of County Commissioners
Assisted Outpatient Treatment for Individuals with Serious Mental Illness
SAMHSA | FAI H79SM063549 | Y4 – 2021 - 2022

BUDGET JUSTIFICATION NARRATIVE

JUSTIFICATION:

Minimal supplies have been identified by the applicant’s contractual partners – see Contractual breakdown.

FEDERAL REQUEST (enter in Section B column 1 line 6e of form SF424A).....\$ 0

F. Contract:

FEDERAL REQUEST

Name	Service	Rate	Other	Cost
Directions for Living				
Personnel				
Counselors (2 FTE)		\$42,000		\$84,000
Care Coordinator (1 FTE)		\$38,000		\$38,000
Case Manager (4 FTE)		\$36,000		\$144,000
Integrated Decision Team (IDT) Facilitator (1 FTE)		\$43,697		\$43,697
Adult Outpatient Program (AOP) Field Supervisor (1FTE)		\$60,000		\$60,000
			Total Salaries:	\$369,697
Fringe Benefits				
FICA		7.65%		\$27,948
SUTA		0.69%		\$2,520
Workers Comp		1.63%		\$5,955
Medical		8.60%		\$31,419
Employee Professional Development		0.30%		\$1,096
			Total Fringe:	\$68,938
Travel				
Local Travel				
@150 miles per month per 9 FTEs @.43/mile (rounded)		\$0.43/mile		\$6,966
			Total Travel:	\$ 6,966
Supplies				
Office Supplies (9 FTEs)		\$25/mo		\$2,700
			Total Supplies:	\$2,700
Contractual/Fee for Service				
Psychiatric Evaluations (124)		\$420		\$52,080
Psychiatric Medication Management (202)		\$127		\$25,654
Psychiatric Testimony (175)		\$386		\$67,550
			Total Contractual:	\$145,284

Pinellas County Board of County Commissioners
Assisted Outpatient Treatment for Individuals with Serious Mental Illness
SAMHSA | FAI H79SM063549 | Y4 – 2021 - 2022

BUDGET JUSTIFICATION NARRATIVE

Name	Service	Rate	Other	Cost
Other				
Bus Passes/Daily @ 400 passes		\$5/day		\$2,000
Cell Phones (9 FTEs)		\$55/mo		\$5,940
Electronic Health Record Licenses (9 FTEs)		\$60/mo		\$6,480
Computer Maintenance (9 FTEs)		\$30/mo		\$3,240
Contracted Services for Substance Use Residential Beds		\$250/day		\$7,500
Professional Liability (9 FTEs)		\$120/mo		\$12,960
Payroll Services Costs (9 FTEs)		\$7/mo		\$756
Client Direct Assistance (100 clients)		\$30/client		\$3,000
			Total Other:	\$ 41,876
Indirect				
Diminimus Rate 10%				\$ 63,628
Program Income				(\$51,803)
Subtotal Directions for Living				\$648,108

JUSTIFICATION:

Directions for Living

Contract Personnel

Counselor (2 FTE): The Counselors are primarily responsible for the delivery of individual, group and family counseling services and completion of documentation required for the clinical record including, but not limited to, development of the Individual Service Plan (ISP), psychosocial assessment, daily notes, monthly reviews and all related activities. They conduct interviews and make assessments of clients to determine needs for program services. They take necessary actions to provide crisis intervention and utilize counseling skills to evaluate and address substance abuse, mental health, or co-occurring issues. Master’s Degree from an accredited college or university in social work, psychology, childhood education, education, counseling and/or similar course of study plus six (6) months of professional experience in chemical addiction or mental health counseling.

200% of annual salary \$42,000 = \$84,000

Case Manager (4 FTE) Case Management includes assessing, linking, coordinating, and monitoring services from mental health, physical health, social, educational, entitlement, and vocational rehabilitation to help children, families and adults live work, and participate fully in their community. It includes a collaborative coordination and development of a culturally specific individualized services plan in partnership with the individual, which reflects strengths and self – identified goals. As an integral part of case management services, discharge/transition services are arranged or coordinated by the case manager as an individual is preparing for discharge and transition from one level of care to another. These services are designed to support the attainment of individual-defined goals as identified in the individualized Treatment Plan (e.g. stable living arrangements, quality relationships, employment, vocational training or school attendance.) All

Pinellas County Board of County Commissioners
Assisted Outpatient Treatment for Individuals with Serious Mental Illness
SAMHSA | FAI H79SM063549 | Y4 – 2021 - 2022

BUDGET JUSTIFICATION NARRATIVE

services will be provided within a Recovery-oriented system of care, which builds on the individual's strengths and incorporates community, natural systems, and clinical supports and services in the management of the individual's needs.

One of the four Case Managers is fully supported by the program income derived from reimbursable services provided to clients.

400% of annual salary \$36,000 = \$144,000

Care Coordinator (1 FTE): The Care Coordinator will be responsible to meet participate in the crisis unit team meetings daily to assist with identification of potentially eligible clients; facilitate the assessment, psychiatric opinions, background history on clients, and work closely with the Mental Health Court Liaison to file required paperwork in advance of the hearing. The Care Coordinator will engage with the client to assess needs, gauge interest in participating in the program, and coordinating the client with the treatment team upon enrollment in the program. The Care Coordinator will also collect required data for the evaluation of the program.

100% of annual salary \$38,000 = \$38,000

Integrated Decision Team (IDT Facilitator (1 FTE): The Integrated Decision Team Facilitator will lead the discussion that will identify the needs and resources for the client and will establish creative and effective safety and treatment plans. At critical junctures of the case, the IDT facilitator will assess the client's situation to determine risk level, identify options, and arrive at a shared decision on the best approach to ensure safety, mitigate risk, and provide assistance. The IDT facilitator is charged with ensuring that decisions are made via shared risk decision making. The IDT facilitator will encourage family attendance and will ensure that the staffing is in line with the model. The IDT facilitator is the face of the agency and will need to incorporate the five promises when working with families in this setting.

100% of annual salary of \$43,697 = \$43,697

Adult Outpatient Program (AOP) Field Supervisor: This is a responsible supervisory position providing leadership for an outpatient treatment program serving and adults with mental health problems. It requires management and supervisory skills, and clinical expertise. This position provides oversight adult services programs at all service locations.

100% annual salary of \$60,000 = \$60,000

Fringe Benefits: Employee fringe benefits include FICA, State Unemployment, Workers Compensation, Health, Life, Dental and Disability Insurance and Retirement Contributions.

@ 18.87% of gross salary

Pinellas County Board of County Commissioners
Assisted Outpatient Treatment for Individuals with Serious Mental Illness
SAMHSA | FAI H79SM063549 | Y4 – 2021 - 2022

BUDGET JUSTIFICATION NARRATIVE

Travel: Local travel is estimated at approximately 150 miles per month for the Care Coordinator, Counselors and Case Managers to connect with clients wherever they are.

Supplies: One new computer will be obtained for the new, fourth case manager. Office Supplies include copy paper, printer cartridges, staplers, pens, pencils, file cabinets, desks, chairs, group room chairs, and other related supplies

Contractual: Psychiatry Services: A DFL Psychiatrist will provide psychiatric evaluations to include the Mental Status Examination and lethality risk. The Psychiatrist will provide first opinion or second opinion assessment and provide direct testimony in mental health court. The staff psychiatrist will oversee all psychiatric treatment, participate in continuation hearings as needed until the successful transition to less restricted services is established.

Psychiatric Examination @ \$420 per visit (124) = \$52,080
Psychiatric Medication Management @ \$127 per visit (202) = \$25,654
Psychiatric Testimony @ \$386/hr per hearing (175) = \$67,550

Residential substance use treatment services. Staff have identified a need to allow client access to intensive substance use treatment services to allow for the client to stabilize prior to initiating intensive mental health treatment for a mental illness.

Residential Substance Use Treatment Services @ \$250/day \$7,500

Other:

Transportation Services is to provide daily bus passes to clients needing to seek services in a location other than their permanent housing location. (400 unlimited daily pass @ \$5)

Communications includes cell phone for staff which is required for timely communication as well as safeguard for staff as they are in the community.

Computer Maintenance is required for general software upgrades, virus protection and confidentiality protections as needed.

Professional Liability Insurance represents property and general liability insurance.

Electronic Health Records licenses are required for all staff entering clinical data into the health record for clients.

Payroll service costs is the actual direct cost per employee to process payroll, payroll taxes and benefit costs. Actual cost is \$7.00 per month per FTE @ 9 Fte's.

Client direct assistance...for the provision of clothing, personal hygiene items, or items considered essential in nature where no other identifiable resources are available to purchase these items.

Estimated cost to project is \$30 per 100 clients (Y4) projected to be served. A copy of the

Pinellas County Board of County Commissioners
Assisted Outpatient Treatment for Individuals with Serious Mental Illness
SAMHSA | FAI H79SM063549 | Y4 – 2021 - 2022

BUDGET JUSTIFICATION NARRATIVE

subrecipient’s organizational policy for client incidentals was provided with the Y3 budget modification.

Indirect: These expenses consist of administrative expenses that are necessary to the overall operation of the agency. The central administrative office performs many service functions and plays a major role in planning, direction and control. Central 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.

Diminimus rate is 10%.

Program income is estimated for the number of clients served. Per the NOA, the use of program income – Additive: Recipients will add program income to funds committed to the project to further eligible project objectives. Pinellas County through it’s subrecipient Directions for Living, is adding a 4th case manager (Approximately \$51,803 - salary, fringe, and all related FTE expenses) to be paid for through program income.

Pinellas County Board of County Commissioners
Assisted Outpatient Treatment for Individuals with Serious Mental Illness
SAMHSA | FAI H79SM063549 | Y4 – 2021 - 2022

BUDGET JUSTIFICATION NARRATIVE

Name	Service	Rate	Other	Cost
Personal Enrichment for Mental Health Services (PEMHS)				
Personnel				
	Psychiatric ARNP (0.12 FTE)	\$120,000		\$14,681
	Supervisor (0.23 FTE)	\$64,000		\$15,010
			Total Salaries:	\$29,691
Fringe Benefits				
	FICA	7.65%		\$2,271
	Unemployment	1.50%		\$445
	Workers Comp	2.75%		\$817
	Medical	5.50%		\$1,633
	Employee Professional Development	0.30%		\$89
	Retirement	1.50%		\$445
			Total Fringe:	\$5,700
Travel				
	Not Applicable			\$0
			Total Travel:	\$ 0
Supplies				
	Office Supplies	\$25/mo		\$300
			Total Supplies:	\$ 300
Contractual/Fee for Service				
	Psychiatric Evaluation & Testimony (\$275/case) (125)	\$275		\$34,375
			Total Contractual	\$34,375
Other				
	Electronic Health Record Licenses (0.35 FTEs)	\$70/mo		\$294
	Computer Maintenance (0.35 FTEs)	\$114.25/mo		\$480
	Professional Liability (0.35FTEs)	\$550/mo		\$2,310
	Payroll Services Costs (0.35 FTEs)	\$25/mo		\$105
	Cell Phones (0.35 FTEs)	\$100/mo		\$420
			Total Other:	\$ 3,609
Indirect				
	Diminimus Rate 10%		\$73,675 x .10	\$7,368
Subtotal PEMHS				\$81,043

Pinellas County Board of County Commissioners
Assisted Outpatient Treatment for Individuals with Serious Mental Illness
SAMHSA | FAI H79SM063549 | Y4 – 2021 - 2022

BUDGET JUSTIFICATION NARRATIVE

JUSTIFICATION:

PEMHS

Contract Personnel

Psychiatric ARNP (.12 FTE): The Psychiatric ARNP is a responsible position requiring clinical, psychiatric, medical, and administrative duties.

12% Level of Effort of annual salary of \$120,000 = \$14,681

Supervisor (.23 FTE): This is a responsible supervisory position providing leadership for an outpatient treatment program serving and adults with mental health problems. It requires management and supervisory skills, and clinical expertise.

23% Level of Effort of annual salary of \$64,000 = \$15,010

Fringe Benefits:

Employee fringe benefits include FICA, State Unemployment, Workers Compensation, Health, Life, Dental and Disability Insurance and Retirement Contributions.

@19.20% of gross salary = \$5,700

Travel:

No local travel anticipated.

Supplies:

Office Supplies include copy paper, printer cartridges, staplers, pens, pencils, file cabinets, desks, chairs, group room chairs, and other related supplies

Psychiatry Services:

A PEMHS Psychiatrist will provide psychiatric evaluations to include the Mental Status Examination and lethality risk. The Psychiatrist will provide first opinion or second opinion assessment and provide direct testimony in mental health court.

\$275/case @ 125 cases = \$34,375

Other:

Electronic Health Records licenses are required for all staff entering clinical data into the health record for clients.

Computer Maintenance is required for general software upgrades, virus protection and confidentiality protections as needed.

Professional Liability Insurance represents property and general liability insurance.

Pinellas County Board of County Commissioners
Assisted Outpatient Treatment for Individuals with Serious Mental Illness
SAMHSA | FAI H79SM063549 | Y4 – 2021 - 2022

BUDGET JUSTIFICATION NARRATIVE

Payroll service costs is the actual direct cost per employee to process payroll, payroll taxes and benefit costs.

Communications includes cell phone for staff which is required for timely communication with the Care Coordinator and Treatment staff.

Indirect:

These expenses consist of administrative expenses that are necessary to the overall operation of the agency. The central administrative office performs many service functions and plays a major role in planning, direction and control. Central 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.

Diminimus rate is 10%.

Pinellas County Board of County Commissioners
Assisted Outpatient Treatment for Individuals with Serious Mental Illness
SAMHSA | FAI H79SM063549 | Y4 – 2021 - 2022

BUDGET JUSTIFICATION NARRATIVE

Name	Service	Rate	Other	Cost
University of South Florida, Florida Mental Health Institute				
Personnel				
	Principal Investigator (11.5% @ \$103,470)	\$103,470		\$11,899
	Evaluator (9% @ \$101,912)	\$101,912		\$9,172
	Research Support/Data Processing Specialist (13.5% @ \$51,250)	\$51,250		\$6,919
			Total Salaries:	\$27,990
Fringe Benefits				
	FICA	6.20%		\$1,735
	Unemployment/Workers Comp	1.60%		\$448
	Medicare	1.45%		\$406
	Medical			\$5,313
	Retirement	10%		\$2,799
			Total Fringe:	\$10,701
Travel				
	Evaluation Meetings/Meetings w/County (\$.445 mile x 56 miles=\$25/trip @ 24 trips 1 FTE)	\$0.445/mi		\$625
			Total Travel:	\$ 625
Other				
	Printing/Copying: Assessments, Meeting Material, etc. (\$0.10/units x 1000 units)	\$0.10/unit		\$110
			Total Other	\$110
Indirect				
	The F&A rate utilized by USF is the “other sponsored activity” rate (34.5%).	34.5%		\$ 13,602
Subtotal USF				\$53,028

JUSTIFICATION:

University of South Florida

Personnel:

The effort for PI/Researcher, Dr. Christy (McGaha) remains unchanged from YR3 at 11.5%. The effort for the Data Analyst, Charles Dion remains unchanged from YR3 at 9%. Effort for Sara Rhode, the Research Support Specialist, increased from 12.75% in YR3 to 13.5% in YR4. The increased effort for Ms. Rhode will allow her the time required to execute the responsibilities of her position and support Annette Christy and Charles Dion as needed to complete the final phases of the project. In addition to the responsibilities listed in section B below, Ms. Rhode will attend meetings in Pinellas County as needed/instructed by Dr. Christy (in-person or virtual). This will

Pinellas County Board of County Commissioners
Assisted Outpatient Treatment for Individuals with Serious Mental Illness
SAMHSA | FAI H79SM063549 | Y4 – 2021 - 2022

BUDGET JUSTIFICATION NARRATIVE

include some observations of court, as well as meetings with key stakeholders. As sites are added she will work with sites on the logistics of data collection and submission to us. She will assist with data analysis and report writing. These are a continuation of activities started during YR2 based on needs discovered as the project progressed to supplement the researcher with specific expertise and continue during year 3. In addition to the above responsibilities, Ms. Rhode will look up and enter from publicly available websites the jail booking data, as well as Florida Department of Corrections data. She will also maintain the grid of events by month, to show dates of the first order, each continuance, and dismissal. Finally, she will work with the PI and co-investigator to create figures for each person enrolled showing events over time. These will include jail/prison bookings releases, Baker Act examinations, involuntary inpatient placements and possibly additional variables as the project develops. These are a continuation of activities started during YR2 based on needs discovered as the project progressed to supplement the researcher with specific expertise and continue during year 4. Effort has been increased appropriately to execute responsibilities as described above.

Fringe Benefits:

The total fringe benefit rate increased from 18.06% to 19.25% effective 07/01/2020 in large part from state retirement contributions increasing from 8.71% to 10%. We anticipate this rate to remain at least at these levels in the near term.

Fringe benefit costs reflect the current rates for the University of South Florida as of July 1, 2020. Fringe benefit costs for employees in benefit earning positions is calculated at 19.25% and these include employer contributions for FICA (6.20%); Medicare (1.45%); Worker’s Compensation, Unemployment Insurance, and Terminal Leave/Worker’s Comp (1.6%); and Retirement Contributions (10.00%). Fringe Benefits for Temporary Employees: costs for non-student temporary employees is calculated at 1.60%. Fringe Benefit for students is calculated at 0.2%, which includes Graduate Research Assistants.

Health insurance is a separate cost and is calculated depending on the type of coverage the employee carries. Health Insurance premiums increased effective 01/01/2021. We anticipate health insurance premiums to remain at least at these levels in the near term. The cost of health insurance is calculated by multiplying the annual or monthly cost by the percent effort for each person. The exception is for graduate students, where the entire cost of insurance is applied; since .50 FTE is considered full-time, 100% of insurance coverage applies. Individual Coverage (Sara Rhode) = From \$708.64/month to \$763.46/month; Family Coverage (Annette Christy and Charles Dion) = From \$1,521.06/month to \$1,651.08/month. Please note, health insurance costs are calculated based on the personnel percent effort.

Health Insurance Calculations:

Evaluator (C. Dion): Family Coverage of \$1,651.08/month + life insurance of \$3.58 x 9% effort x 12 months = \$1,787 (or simply \$149/month)

Pinellas County Board of County Commissioners
Assisted Outpatient Treatment for Individuals with Serious Mental Illness
SAMHSA | FAI H79SM063549 | Y4 – 2021 - 2022

BUDGET JUSTIFICATION NARRATIVE

Principal Investigator (A. McGaha-Christy) = Family Coverage of \$1,651.08/month + life insurance of \$3.58 x 11.5% effort x 12 months = \$2,283 (\$190.25/month)
 Data Entry Specialist (S. Rhode): Individual Coverage of \$763.46/month + life insurance of \$3.58 x 13.5% effort x 12 months = \$1,243 (@\$104/month)
 Total Health Insurance = \$5,313 (\$442.75/month)

Travel:

The purpose of the local travel is for the PI and Evaluator to attend meetings with the county and other meetings as necessary to conduct the evaluation. While we understand travel restrictions are still in place due to the pandemic, we request to budget some funds in Y4 for qualitative analysis, etc. Travel has been increased from \$600 to \$625. This is still a reduction of nearly 50% from the Feb2020 budget of \$1,200. Round trips to the main locations for this study will average about 55 miles round trip. This includes the Pinellas County Juvenile Welfare Board, PEMHS, Directions for Living and the Public Defender's Office, which equals to ~\$25 per trip (\$0.445/mile). 12 trips for Sara Rhode = 12 trips X \$25 = \$300, 13 trips for Annette/Charles = 13 X \$25 = \$325. TOTAL = \$625.

Other:

Printing/Meeting Materials: Printing costs increased by ~\$10 from \$100 to \$110, due to increase per unit cost of \$0.10/unit to \$0.11/unit. Printing of reports, meeting material, etc. is expected as the number of meetings has exceeded the original number planned. Further, as the project progresses, reports will become more detailed, lengthy and disseminated to larger group of stakeholders. \$0.11/page x 1000 pages = \$110

Cost Accounting Standards Exception Justification: There are no exceptions to the University's Cost Accounting Standards, in line with OMB Uniform Guidance.

FEDERAL REQUEST – (enter in Section B column 1 line 6f of form SF424A)

(Combine the total of consultant and contract)**\$782,179**

G. Construction:

NOT ALLOWED – Leave Section B columns 1&2 line 6g on SF424A blank.

H. Other:

FEDERAL REQUEST

Item	Rate	Cost
Not applicable		\$0

Pinellas County Board of County Commissioners
Assisted Outpatient Treatment for Individuals with Serious Mental Illness
SAMHSA | FAI H79SM063549 | Y4 – 2021 - 2022

BUDGET JUSTIFICATION NARRATIVE

Item	Rate	Cost
	TOTAL	\$0

JUSTIFICATION:

FEDERAL REQUEST – (enter in Section B column 1 line 6h of form SF424A).....**\$ 0**

Indirect Cost Rate:

Indirect costs can only be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement.

For information on applying for the indirect rate go to: samhsa.gov then click on Grants – Grants Management – HHS Division of Cost Allocation – Regional Offices.

FEDERAL REQUEST (enter in Section B column 1 line 6j of form SF424A).....**\$ 0**

Pinellas County Board of County Commissioners
Assisted Outpatient Treatment for Individuals with Serious Mental Illness
SAMHSA | FAI H79SM063549 | Y4 – 2021 - 2022

BUDGET JUSTIFICATION NARRATIVE

BUDGET SUMMARY: (identical to SF-424A)

Category	Federal Request
Personnel	\$ 144,820
Fringe	\$ 70,161
Travel	\$ 0
Equipment	\$ 0
Supplies	\$ 0
Contractual	\$ 782,179
Other	\$ 0
Total Direct Costs*	\$ 997,160
Indirect Costs	\$ 0
Total Project Costs	\$ 997,160

*** TOTAL DIRECT COSTS:**

FEDERAL REQUEST – (enter in Section B column 1 line 6i of form SF424A)\$997,160

*** TOTAL INDIRECT COSTS:**

FEDERAL REQUEST – (enter in Section B column 1 line 6j of form SF424A)\$0

TOTAL PROJECT COSTS:

Sum of Total Direct Costs and Indirect Costs

FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF424A)\$997,160

Pinellas County Board of County Commissioners
Assisted Outpatient Treatment for Individuals with Serious Mental Illness
SAMHSA | FAI H79SM063549 | Y4 – 2021 - 2022

BUDGET JUSTIFICATION NARRATIVE

INFRASTRUCTURE SUMMARY:

Infrastructure: No more than 60% of the total grant award may be used for developing the infrastructure necessary for establishment and implementation of the program.

Category	Year 1	Year 2	Year 3	Year 4
Personnel	\$115,911	\$113,103	\$116,011	\$144,092
Fringe	\$51,216	\$64,152	\$53,283	\$39,126
Travel	\$ 0	\$ 0	\$ 0	\$ 0
Equipment	\$ 0	\$ 0	\$ 0	\$ 0
Supplies	\$ 0	\$ 0	\$ 0	\$ 0
Contractual	\$384,366	\$392,057	\$390,496	\$ 361,623
Other	\$ 0	\$ 0	\$ 0	\$ 0
Total Direct Costs*	\$551,493	\$569,312	\$559,790	\$544,842
Indirect Costs	\$ 0	\$ 0	\$ 0	\$ 0
Total Project Costs	\$551,493	\$569,312	\$559,790	\$544,842
	55%	57%	56%	55%

Personnel:

- Developing partnerships with the courts and other service providers for service delivery:
 - Courts: Pinellas County will utilize funds to support a .25% General Magistrate within the 6th Judicial Circuit Court for the additional hearings created in support of the program.
 - General Magistrate salary - \$22,854
- Providing for court costs, including legal representation.
 - The Pinellas County Public Defender’s office will employ a dedicated public defender attorney and case manager to support the legal process and civil rights for the AOT participants. The case manager will be an integral part of the care team for the clients.
 - Public Defender’s Office salary 2.5 FTEs: \$121,966

Fringe:

- General Magistrate fringe .25 FTE - \$3,467
- Public Defender’s Office salary & fringe 2.5 FTEs: \$66,694

Pinellas County Board of County Commissioners
Assisted Outpatient Treatment for Individuals with Serious Mental Illness
SAMHSA | FAI H79SM063549 | Y4 – 2021 - 2022

BUDGET JUSTIFICATION NARRATIVE

Contractual:

- Developing partnerships with the courts and other service providers for service delivery; Supporting staff positions to oversee and monitor the AOT participants; Supporting case management positions to ensure linkage to appropriate services based on the approved treatment plan.
 - Directions for Living will be contracted with to support treatment services for the targeted population including intensive case management, provision of evidence-based practices, supportive services, and will work closely with the program partners in support of clients.
 - Directions for Living salary & fringe 8 FTEs - \$361,623

Pinellas County Board of County Commissioners
Assisted Outpatient Treatment for Individuals with Serious Mental Illness
SAMHSA | FAI H79SM063549 | Y4 – 2021 - 2022

BUDGET JUSTIFICATION NARRATIVE

DATA COLLECTION AND PERFORMANCE MEASUREMENT SUMMARY:

Category	Year 1	Year 2	Year 3	Year 4	Total
Personnel	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Fringe	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Travel	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Equipment	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Supplies	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Contractual					
Personnel	\$26,460	\$25,596	\$27,446	\$27,990	\$107,492
Fringe	\$8,702	\$9,282	\$10,109	\$10,701	\$38,794
Travel	\$72	\$2,000	\$600	\$625	\$3,297
Other	\$25	\$266	\$100	\$110	\$501
Indirect Cost	\$12,165	\$12,815	\$13,198	\$13,602	\$51,780
Other	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Direct Costs*	\$47,425	\$49,959	\$51,453	\$49,797	\$198,634
Indirect Costs	\$ 0	\$ 0	\$ 0		\$ 0
Total Data Collection & Performance Measurement Costs	\$47,425	\$49,959	\$51,453	\$49,797	\$198,634