SAMHSA: Assisted Outpatient Treatment
SM-16-011 | CFDA 93.997

PARTNERS:

PEMHS | DIRECTIONS FOR LIVING | PINELLAS COUNTY PUBLIC DEFENDER
PINELLAS COUNTY 6TH JUDICIAL COURT | FL DEPT OF HEALTH

Pinellas County Board of County Commissioners

Final Submitted Grant Application | June 16, 2016

Appendix A

Appendix A

GRANTS.GOV

Grant Application Package

Opportunity Title:	Assisted Outpatient Treatment Grant Program for Individ
Offering Agency:	Substance Abuse and Mental Health Services Admin
CFDA Number:	93.997
CFDA Description:	Assisted Outpatient Treatment
Opportunity Number:	SM-16-011
Competition ID:	
Opportunity Open Date:	04/18/2016
Opportunity Close Date:	06/16/2016
Agency Contact:	Mariam Chase Community Support Programs Branch Center for Mental Health Services Substance Abuse and Mental Health Services Administration

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

Application Filing Name: Pinellas County - Assisted Outpatient Treatment

Select Forms to Complete

Mandatory

- Application for Federal Assistance (SF-424)
- Project/Performance Site Location(s)
- Project Narrative Attachment Form
- HHS Checklist (08-2007)
- Budget Narrative Attachment Form
- Budget Information for Non-Construction Programs (SF-424A)

Optional

- ☐ Disclosure of Lobbying Activities (SF-LLL)
- ☐ Faith Based EEO Survey
- ☐ Other Attachments Form

Instructions

Show Instructions >>

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

OMB Number: 4040-0004
Expiration Date: 8/31/2016

Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
☐ Preapplication	☒ New	
☒ Application	☐ Continuation	* Other (Specify):
☐ Changed/Corrected Application	☐ Revision	

* 3. Date Received:	4. Applicant Identifier:
06/16/2016	

5a. Federal Entity Identifier:	5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:	7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:	Pinellas County dba Board of County Commissioners
* b. Employer/Taxpayer Identification Number (EIN/TIN):	59-6000800
* c. Organizational DUNS:	0552002160000

d. Address:

* Street1:	14 S. Ft. Harrison Ave.
Street2:	
* City:	Clearwater
County/Parish:	
* State:	FL: Florida
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	33756-5105

e. Organizational Unit:

Department Name:	Division Name:

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

Prefix:	Ms.	* First Name:	Daisy
Middle Name:			
* Last Name:	Rodriguez		
Suffix:			

Title:	Health Care Administrator
Organizational Affiliation:	
* Telephone Number:	727-464-4206
Fax Number:	
* Email:	darodriguez@pinllascounty.org

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 Admin

11. Catalog of Federal Domestic Assistance Number:

93.997

CFDA Title:

Assisted Outpatient Treatment

*** 12. Funding Opportunity Number:**

SM-16-011

*** Title:**

Assisted Outpatient Treatment Grant Program for Individuals with Serious Mental Illness, (Short Title: Assisted Outpatient Treatment [AOT])

13. Competition Identification Number:

Title:

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

Add Attachment | Delete Attachment | View Attachment

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

Pinellas County - Assisted Outpatient Treatment for Individuals with SMI

Attach supporting documents as specified in agency instructions.

Add Attachments | Delete Attachments | View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant: FL-13 * b. Program/Project: FL-13

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 01/01/2017 * b. End Date: 12/31/2020

18. Estimated Funding ($):

* a. Federal	997,160.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	997,160.00

*** 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

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

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:	Mr.
* First Name:	Mark
Middle Name:	
* Last Name:	Woodard
Suffix:	
* Title:	County Administrator
* Telephone Number:	727-464-3485
Fax Number:	
* Email:	GrantsCOE@co.pinellas.fl.us
* Signature of Authorized Representative:	Elisa DeGregorio
* Date Signed:	06/16/2016

OMB Number: 4040-0010
Expiration Date: 9/30/2016

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: 0552002160000

* Street1: 440 Court Street, 2nd floor

Street2:

* City: Clearwater County: Pinellas County

* State: FL: Florida

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 33756-5169 * Project/ Performance Site Congressional District: FL-013

Project/Performance Site Location 1 ☐ 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: Personal Enrichment for Mental Health Services

DUNS Number: 1219743310000

* Street1: 11254 58th St

Street2:

* City: Pinellas Park County: Pinellas County

* State: FL: Florida

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 33762-2213 * Project/ Performance Site Congressional District: FL-013

Project/Performance Site Location 2 ☐ 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: Directions for Living

DUNS Number: 1777608990000

* Street1: 1437 South Belcher Road

Street2:

* City: Clearwater County:

* State: FL: Florida

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 33764-2829 * Project/ Performance Site Congressional District: FL-013

Additional Location(s) Add Attachment | Delete Attachment | View Attachment

Project Narrative File(s)

*** Mandatory Project Narrative File Filename:** AOT - Project Narrative Final.pdf

Add Mandatory Project Narrative File | Delete Mandatory Project Narrative File | View Mandatory Project Narrative File

To add more Project Narrative File attachments, please use the attachment buttons below.

Add Optional Project Narrative File | Delete Optional Project Narrative File | View Optional Project Narrative File

CHECKLIST

NOTE TO APPLICANT: This form must be completed and submitted with the original of your application. Be sure to complete each page of this form. Check the appropriate boxes and provide the information requested. This form should be attached as the last pages of the signed original of the application.

Type of Application: ☒ New ☐ Noncompeting Continuation ☐ Competing Continuation ☐ Supplemental

PART A: The following checklist is provided to assure that proper signatures, assurances, and certifications have been submitted.	Included	NOT Applicable
1. Proper Signature and Date on the SF 424 (FACE PAGE)	☒	
2. If your organization currently has on file with HHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS 690)		
☐ Civil Rights Assurance (45 CFR 80)		
☐ Assurance Concerning the Handicapped (45 CFR 84)		
☐ Assurance Concerning Sex Discrimination (45 CFR 86)		
☐ Assurance Concerning Age Discrimination (45 CFR 90 & 45 CFR 91)		
3. Human Subjects Certification, when applicable (45 CFR 46)	☐	☐

PART B: This part is provided to assure that pertinent information has been addressed and included in the application.	YES	NOT Applicable
1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required?	☒	☐
2. Has the appropriate box been checked on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100)	☒	
3. Has the entire proposed project period been identified on the SF-424 (FACE PAGE)?.....	☒	
4. Have biographical sketch(es) with job description(s) been provided, when required?.....	☒	☐
5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included?	☒	
6. Has the 12 month narrative budget justification been provided?	☒	☐
7. Has the budget for the entire proposed project period with sufficient detail been provided?	☒	☐
8. For a Supplemental application, does the narrative budget justification address only the additional funds requested?	☐	☒
9. For Competing Continuation and Supplemental applications, has a progress report been included?	☐	☒

PART C: In the spaces provided below, please provide the requested information.

Business Official to be notified if an award is to be made

Prefix: Mr. First Name: Mark Middle Name:
Last Name: Woodard Suffix:
Title: County Administrator
Organization: Pinellas County
Street1: 14 S. Ft. Harrison Ave.
Street2:
City: Clearwater
State: FL: Florida ZIP / Postal Code: 33756 ZIP / Postal Code4: 5105
E-mail Address: GrantsCOE@co.pinellas.fl.us
Telephone Number: 727-464-3485 Fax Number:

Program Director/Project Director/Principal Investigator designated to direct the proposed project or program.

Prefix: Ms. First Name: Daisy Middle Name:
Last Name: Rodriguez Suffix:
Title: Health Care Administrator
Organization: Pinellas County
Street1: 440 Court Street, 2nd fl
Street2:
City: Clearwater
State: FL: Florida ZIP / Postal Code: 33756 ZIP / Postal Code4:
E-mail Address: darodriguez@pinellascounty.org
Telephone Number: 727-464-4206 Fax Number:

PART D: A private, nonprofit organization must include evidence of its nonprofit status with the application. Any of the following is acceptable evidence. Check the appropriate box or complete the "Previously Filed" section, whichever is applicable.

☐ (a) A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.

☐ (b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.

☐ (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.

☐ (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.

☐ (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

If an applicant has evidence of current nonprofit status on file with an agency of HHS, it will not be necessary to file similar papers again, but the place and date of filing must be indicated.

Previously Filed with: *(Agency)* on *(Date)*

INVENTIONS

If this is an application for continued support, include: (1) the report of inventions conceived or reduced to practice required by the terms and conditions of the grant; or (2) a list of inventions already reported, or (3) a negative certification.

EXECUTIVE ORDER 12372

Effective September 30, 1983, Executive Order 12372 (Intergovernmental Review of Federal Programs) directed OMB to abolish OMB Circular A-95 and establish a new process for consulting with State and local elected officials on proposed Federal financial assistance. The Department of Health and Human Services implemented the Executive Order through regulations at 45 CFR Part 100 (Inter-governmental Review of Department of Health and Human Services Programs and Activities). The objectives of the Executive Order are to (1) increase State flexibility to design a consultation process and select the programs it wishes to review, (2) increase the ability of State and local elected officials to influence Federal decisions and (3) compel Federal officials to be responsive to State concerns, or explain the reasons.

The regulations at 45 CFR Part 100 were published in the Federal Register on June 24, 1983, along with a notice identifying the Department's programs that are subject to the provisions of Executive Order 12372. Information regarding HHS programs subject to Executive Order 12372 is also available from the appropriate awarding office.

States participating in this program establish State Single Points of Contact (SPOCs) to coordinate and manage the review and comment on proposed Federal financial assistance. Applicants should contact the Governor's office for information regarding the SPOC, programs selected for review, and the consultation (review) process designed by their State.

Applicants are to certify on the face page of the SF-424 (attached) whether the request is for a program covered under Executive Order 12372 and, where appropriate, whether the State has been given an opportunity to comment.

BY SIGNING THE FACE PAGE OF THIS APPLICATION, THE APPLICANT ORGANIZATION CERTIFIES THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE, COMPLETE, AND ACCURATE TO THE BEST OF THE SIGNER'S KNOWLEDGE, AND THE ORGANIZATION ACCEPTS THE OBLIGATION TO COMPLY WITH U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES' TERMS AND CONDITIONS IF AN AWARD IS MADE AS A RESULT OF THE APPLICATION. THE SIGNER IS ALSO AWARE THAT ANY FALSE, FICTITIOUS, OR FRAUDULENT STATEMENTS OR CLAIMS MAY SUBJECT THE SIGNER TO CRIMINAL, CIVIL, OR ADMINISTRATIVE PENALTIES.

THE FOLLOWING ASSURANCES/CERTIFICATIONS ARE MADE AND VERIFIED BY THE SIGNATURE OF THE OFFICIAL SIGNING FOR THE APPLICANT ORGANIZATION ON THE FACE PAGE OF THE APPLICATION:

Civil Rights – Title VI of the Civil Rights Act of 1964 (P.L. 88-352), as amended, and all the requirements imposed by or pursuant to the HHS regulation (45 CFR part 80).

Handicapped Individuals – Section 504 of the Rehabilitation Act of 1973 (P.L. 93-112), as amended, and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 84).

Sex Discrimination – Title IX of the Educational Amendments of 1972 (P.L. 92-318), as amended, and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 86).

Age Discrimination – The Age Discrimination Act of 1975 (P.L. 94-135), as amended, and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 91).

Debarment and Suspension – Title 2 CFR part 376.

Certification Regarding Drug-Free Workplace Requirements – Title 45 CFR part 82.

Certification Regarding Lobbying – Title 32, United States Code, Section 1352 and all requirements imposed by or pursuant to the HHS regulation (45 CFR part 93).

Environmental Tobacco Smoke – Public Law 103-227.

Program Fraud Civil Remedies Act (PFCRA)

Budget Narrative File(s)

*** Mandatory Budget Narrative Filename:** Budget Narrative File - Pinellas County AOT.pdf

Add Mandatory Budget Narrative | Delete Mandatory Budget Narrative | View Mandatory Budget Narrative

To add more Budget Narrative attachments, please use the attachment buttons below.

Add Optional Budget Narrative | Delete Optional Budget Narrative | View Optional Budget Narrative

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 01/31/2019

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. Assisted Outpatient Treatment for Individuals with Serious Mental Illness	93.997	$	$	$ 997,160.00	$ 0.00	$ 997,160.00
2.						
3.						
4.						
5. Totals		$	$	$ 997,160.00	$	$ 997,160.00

Standard Form 424A (Rev. 7- 97)
Prescribed by OMB (Circular A -102) Page 1

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY (1)	(2)	(3)	(4)	Total (5)
	Assisted Outpatient Treatment for Individuals with Serious Mental Illness				
a. Personnel	$ 107,243.00	$	$	$	$ 107,243.00
b. Fringe Benefits	48,485.00				48,485.00
c. Travel					
d. Equipment					
e. Supplies					
f. Contractual	811,432.00				811,432.00
g. Construction					
h. Other					
i. Total Direct Charges (sum of 6a-6h)	967,160.00				$ 967,160.00
j. Indirect Charges					$
k. TOTALS (sum of 6i and 6j)	$ 967,160.00	$	$	$	$ 967,160.00
7. Program Income	$	$	$	$	$

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SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e)TOTALS
8. Assisted Outpatient Treatment for Individuals with Serious Mental Illness	$	$	$	$
9.				
10.				
11.				
12. TOTAL (sum of lines 8-11)	$	$	$	$

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	$				
15. TOTAL (sum of lines 13 and 14)	$ 997,160.00	$ 249,290.00	$ 249,290.00	$ 249,290.00	$ 249,290.00

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. Assisted Outpatient Treatment for Individuals with Serious Mental Illness	$ 997,160.00	$ 997,160.00	$ 997,160.00	$ 997,160.00
17.				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	$ 997,160.00	$ 997,160.00	$ 997,160.00	$ 997,160.00

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:

22. Indirect Charges:

23. Remarks:

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Prescribed by OMB (Circular A -102) Page 2

Project Abstract: Pinellas County Board of County Commissioners

Pinellas County Human Services | 440 Court Street, 2nd floor, Clearwater, FL 33756
PinellasCounty.org | FOA No: SM-16-011

Project Summary: Pinellas County, FL is seeking to increase capacity of services and evidence based mental health services to approximately 100 individuals who have a serious mental illness (SMI) and have been court-ordered to receive treatment services.

The County will partner with the County's designated public receiving facility, Personal Enrichment for Mental Health Services (PEMHS), a behavioral health treatment provider Directions for Living, the Public Defender's office, 6th Judicial Court, University of South Florida, and the Florida Department of Health for coordinated referral, treatment and supportive services. By assisting clients' with discharge planning following assessment and evaluation the County will provide a stable foundation to receive treatment for the client's mental health disorders. If awarded, these individuals will receive coordinated behavioral health services in a timely manner, reduce their chance for readmission or arrest, and benefit from a full array of services to ensure successful treatment outcomes.

Project Name: Pinellas County Assisted Outpatient Treatment Program

Population Served: The population of focus is primarily male/female adults in Pinellas County, Florida, who have a serious mental illness (SMI) and have been court-ordered to treatment. Serious mental illness includes those with a diagnosis of schizophrenia, major depressive disorder, bipolar disorder, psychotic disorders, delusional disorder, and/or obsessive-compulsive disorder. Individuals with SMI have higher rates of cardiovascular disease, diabetes, and hypertension, which negatively affect their quality of life and life expectancy. In addition, the symptoms associated with SMI often impair therapeutic compliance and self-care, resulting in higher rates of morbidity and mortality.

Project Goals/Measurable Objectives: Pinellas County's goals are to 1) reduce Baker Act re-admission rates among this population; 2) reduce interactions with law enforcement due to non-compliance with court orders, 3) improve integration with primary medical care and preventive health services; and 4) integrate key community programs including the jail diversion program with the courts, Public Defender's office, public receiving facilities and treatment providers.

The County anticipates serving 100 clients/year or 400 over the lifetime of the grant.

Strategies/Interventions: The County, through its contracted provider organizations will utilize the following Evidence Based Practices to meet the Program's Goals and Objectives:

- Technology Assisted Care
- Biopsychosocial Assessment
- Cognitive-Behavioral Therapy (CBT)
- Seeking Safety
- Motivational Interviewing (MI)

Section A: Population of Focus and Statement of Need (15 points)

A-1: Target Population and Demographics

Pinellas County, located on the west coast of Florida, is the most densely populated county in the State with 3,348 persons/square mile. The Census Bureau estimated the County's population in 2015 at 949,827 people. The population of focus is male/female low income adults in the County who have a serious mental illness (SMI). The County is seeking to focus on the population who have recently been "Baker Acted" and lack the resources for ongoing treatment. We anticipate serving 100 clients/year or 400 over the four-year lifetime of the grant.

Age, Sex, Race & Ethnicity and Language: According to Census 5-year estimates for 2010-2014, 47.9 % of individuals are male, with 80.7% above age 19, and 22.1% above age 64. 8.5% of the population is Hispanic or Latino, 75.9% White, non-Hispanic, 10.1% Black, non-Hispanic and 6% AI/AN, Asian, Native Hawaiian or Pacific Islander or other race.[1] The AI/AN population is represented locally by the Cherokee tribe with 0.1% and less than 0.1% for the Chippewa, Navajo, and Sioux tribes. Among residents 5 years old and over, 86.6% speak English only at home. 4.7% speak other Indo-European languages, and 2.0% speak Asian and Pacific Islander languages at home.[1] Data indicate that homeless individuals are 71.5% male, 6.8% Hispanic, 64% White, 31.8% Black, and 4.2% other races. 17.4% are veterans with 94.1% of these being male. 18.7% are chronically homeless. Street survey results indicate that 39.7% of individuals report being homeless for a year or longer and 32.9% report being homeless 4+ in the last 3 years.

Gender Identity & Sexual Orientation: Nationally, population estimates of sexual orientation vary from 1.7-5.6% depending on the survey instrument utilized. Taking the average of these estimates at 3.4%, 32,484 Pinellas County residents are estimated to be gay, lesbian or bisexual. By combining estimates of the surveys of gender identity, Gates estimates that 0.3% of the U.S. population is transgender, which represents 2,849 Pinellas County residents.[2] Further, LGBTQ individuals have higher rates of major depression, anxiety disorder and suicide ideation.[3]

History of incarceration: The Average Daily Population (ADP) Incarceration Rates averaged near 3.0 per 1,000 County population for 2015. The County's incarcerated population represents 5% of Florida's ADP on average monthly. In 2014, the average cost per inmate per day in the Pinellas County jail was $106.09.[4] With an average daily facility population of 2,987, citizens pay $316,890 per day to incarcerate inmates.

The ADP has decreased steadily since 2008 from 3,369 to 2,796 in 2015. This decrease is mostly attributed to the decrease in juveniles in the jails (79 in 2008 to 23 in 2014), Federal ICE/BP Holds (171 in 2008 to 90 in 2014), and a substantial decrease in the number of pretrial felons (2134 in

[1] U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates. Accessed 6/13/16.
[2] Gates, Gary J. How many people are lesbian, gay, bisexual, and transgender? The Williams Institute, UCLA School of Law. April 2011. http://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-How-Many-People-LGBT-Apr-2011.pdf. Accessed 6/13/16.
[3] DeAngelis, Tori. New Data on Lesbian, Gay and Bisexual Mental Health. American Psychological Association. Feb. 2002, Vol 33. No. 2. http://www.apa.org/monitor/feb02/newdata.aspx. Accessed June 6, 2016.
[4] Florida Department of Corrections. Florida County Detention Facilities' Average Inmate Population. http://www.dc.state.fl.us/pub/jails/2015/12/index.html. Accessed 6/15/16.

2008 to 1725 in 2014).[5] On average 3,603 bookings occurred each month in 2015, with a daily average of 118 bookings. Approximately 3,579 individuals were released monthly, representing a daily average of 117.7. The average length of stay (LOS) in 2015 was 24.8 days. Approximately 16% of inmates are female and 84% male, with a racial/ethnic breakdown of 59% white, 33% black and 8% Hispanic.

Income & Poverty Level: In 2014 in Pinellas County, 14.3% of individuals were below the federal poverty level. Five-year estimates indicate that 29.2% of blacks and 10.9% of whites in Pinellas are below 100% of the federal poverty level. Of those in poverty, 17.7% had less than a high school diploma, 37.4% were high school graduates, and 14.3% had a Bachelor's degree.[1]

Unemployment & educational attainment: Five-year estimates from Census.gov indicate that 9.7% of Pinellas County residents are unemployed, and 10.6% of residents over the age of 24 have less than a high school education. 29.8% have a high school diploma or GED, and 28.3% have a bachelor's degree or higher.[1]

Homelessness in Pinellas County: The 2016 Point in Time (PIT) Homeless Count for Pinellas County revealed a total of 2,777 homeless adults. The majority were adults over the age of 24 (85.7%), male (73%), non-Hispanic (93.4%), and majorly white (63.2%) and black (31.7%). 23.2% of adults reported a SMI. Additional data reported to the DCF indicate that 9.2% of individuals were homelessness for the first time, 16.9% report being homeless less than a week while 25.3% report being homeless one year or longer. There were 239 individuals in the street survey, 478 in the jail data, and 2,813 in the school data that do not meet HUD definition of homeless. Combined, these total 6,307 individuals.[6]

Health Disparities: According to Healthy People 2020, many dimensions of disparity exist in the United States, particularly in health. The CDC estimate that persons with SMI have a life expectancy of 25 years less than the general population.[7] Patients with SMI have 2 to 3 times the risk of diabetes, hypertension, and obesity than those without SMI, and researchers estimate that between 50% and 80% of people with SMI smoke tobacco, compared to 16.8% of the general population.[8,9,10]

Homeless individuals have increased lifetime burden of chronic conditions, mental health problems, and substance use problems, compared with the non-homeless. *Health Status and Health Care Experiences Among Homeless Patients in Federally Supported Health Centers: Findings*

[5] Pinellas County Sheriff's Office. Detention & Corrections Quarterly Reports. Q1-Q4 2015. Strategic Planning Bureau. Internally available.
[6] Pinellas County Homeless Leadership Board. *Pinellas County Point in Time Homeless Report: 2016.* http://www.pinellashomeless.org/Portals/0/PIT%20REPORT%202016-May%2031%202016.pdf. Last accessed 6/16/16.
[7] Colton CW, Manderscheid RW. Congruencies in increased mortality rates, years of potential life lost, and causes of death among public mental health clients in eight states. Prev Chronic Dis. 2006;3(2):A42.
[8] Newcomer JW, Hennekens CH. Severe mental illness and risk of cardiovascular disease. JAMA. 2007;298(15):1794-1796.
[9] McEvoy JP, Meyer JM, Goff DC, et al. Prevalence of the metabolic syndrome in patients with schizophrenia: baseline results from the Clinical Antipsychotic Trails of Intervention Effectiveness (CATIE) schizophrenia trial and comparison with national estimates from NHANES III. Schizophr Res. 2005;80(1):19-32.
[10] Compton MT, Daumit GL, Druss BG. Cigarette smoking and overweight/obesity among individuals with serious mental illnesses: a preventive perspective. Harv Rev Psychiatry. 2006;14(2):212-222.

From the 2009 Patient Survey reported CHC homeless patients had twice the odds as housed patients of having unmet medical care needs in the previous year. the National Health Care for the Homeless Council indicated that homeless individuals had increased alcohol dependence (11% vs. 2%) and severe mental illness (25% vs. 12%) when compared to their housed counterparts. The 2015 PIT count showed 21.6% reported chronic health problems and in 2016, 23.2% indicated having a serious mental health issue.

A-2. NATURE OF THE PROBLEM, SERVICE GAPS, EXTENT OF THE NEED

Nature of the Problem: According to the National Institute of Mental Health, one in four adults experiences mental illness in a given year, and one in 23 lives with a serious mental illness such as schizophrenia, major depression or bipolar disorder.[11,12] In Florida, petitions for involuntary and voluntary placement under Florida's Mental Health Act, also known as the 'Baker Act', are sought to provide the least restrictive form of intervention for an individual with mental illness. The Baker Act balances individual liberties against safety of the individual and society by providing criteria to determine who should be subject to commitment under the Baker Act. A person may voluntarily consent to treatment given he fully understands the decision and is able to consent in writing.[13] Involuntary examinations may be initiated under the following conditions:

1. There is reason to believe person has a mental illness and because of mental illness, person has refused or is unable to determine if examination is necessary;
2. Without care or treatment, person is likely to suffer from neglect or refusal to care for self, and such neglect or refusal poses a real and present threat of substantial harm to one's well-being;
3. Without treatment person will cause serious bodily harm to self or others, as evidenced by recent behavior.

An initiated person must be evaluated within 72 hours at the Crisis Stabilization Unit (CSU/Baker Act Facility). If the person has not been charged with a crime, he or she must be released or have a petition for involuntary placement filed with the Clerk of Circuit Court if deemed necessary by the examining physician, psychiatrist or clinical psychologist.[13]Researchers estimate that mental illness and substance abuse affects a disproportionate percentage of the incarcerated population. A 2006 report from the Bureau of Justice Statistics stated that an estimated 56% of state prisoners, 45% of Federal prisoners and 64% of jail inmates reported that they had a mental health disorder, as specified in the DSM.[14]

In an article reporting on the intersection of mental illness and incarceration, Aufderheide states:

> *"[A]ccording to the American Psychiatric Association, on any given day, between 2.3 and 3.9 percent of inmates in state prisons are estimated to have schizophrenia*

[11] National Institutes of Health, National Institute of Mental Health. *Any Mental Illness (AMI) Among U.S. Adults.* http://www.nimh.nih.gov/health/statistics/prevalence/any-mental-illness-ami-among-us-adults.shtml. Accessed 6/15/16.
[12] National Institutes of Health, National Institute of Mental Health. *Serious Mental Illness (SMI) Among U.S. Adults.* http://www.nimh.nih.gov/health/statistics/prevalence/serious-mental-illness-smi-among-us-adults.shtml. Accessed 6/15/16.
[13] University of South Florida, College of Behavioral and Community Sciences. Baker Act & Marchman Act Comparison. November 7, 2012.
[14] James, Doris and LE Glaze. Mental health problems of Prison and Jail Inmates. U.S. Department of Justice. September 2006. http://www.bjs.gov/content/pub/ascii/mhppji.txt. Accessed 6/16/16.

> *or other psychotic disorder; between 13.1 and 18.6 percent have major depression; and between 2.1 and 4.3 percent suffer from bipolar disorder."* [15]

Between May 1, 2014 and April 30, 2016, 6,594 individuals with serious mental illness were arrested in the County. This represents an annual average of 3,297 individuals.[16] During 2014, there were 10,359 involuntary Baker Act exam initiations, with 47.7% initiated by law enforcement.[17] It is not known how many of these initiations occur after a person has been arrested, and how many are taken directly to the Crisis Stabilization Unit Baker Act Facility.

Service Gaps: There is a significant overlap of persons with mental illness and involvement in the criminal justice system. Criminal institutions serve as a revolving door for justice-involved individuals with mental health conditions when systems are not in place or well-coordinated to serve them upon entry into the criminal justice system or upon exit from crisis stabilization units. Inmates often serve time while dealing with mental illness as evidenced by 3,170 psychiatric prescriptions written quarterly in the jail, and an increasing number of inmates identified as a suicide risk.

In a review of the literature on homeless individuals with severe mental illness (ps.psychiatryonline.org, June 2014 Vol. 65 No. 6), 62.9%−90.0% of homeless individuals with severe mental illness were arrested at least once, 28.1%−80.0% were convicted of a crime, and 48.0%−67.0% were incarcerated. The rates of arrest are much higher than for the general U.S. population, in which lifetime arrest rates are estimated to be about 15.0%. Estimates of the arrest rates for non-homeless adults with mental illness ranged between 25.0% and 33.0%. This review also reported that "homeless individuals with severe mental illness are at higher risk of victimization than other comparable subgroups."

Often times, individuals are involuntarily committed to the CSU, and are in need of additional services after discharge. Some of these individuals would qualify for court-ordered treatment; however, resources are not available to serve them. In 2015 in Pinellas County, 5,638 individuals were admitted to the local public CSU. It is difficult to know precisely how many of these clients would have benefitted from court-ordered treatment; however it is known that these are the most recidivistic clients of the CSU. Further, there are resources available via the County Public Defender's Jail Diversion program for mental health therapy and counseling, housing and supportive services, but there continues to be a lack of resources to serve all clients that qualify for this program. During 2015, 331 clients were served through the jail diversion program, resulting in a 97% decrease in arrests. Currently, six individuals are awaiting placement in a treatment facility, and 30 are awaiting approval for jail diversion placement. Mentally ill offenders have difficulty meeting the requirements of the criminal justice system both while incarcerated and after being released. Homelessness, mental health, substance use, and ineffective

[15] Aufderheide, Dean. Mental Illness in America's Jails and Prisons: Toward A Public Safety/Public Health Model. http://healthaffairs.org/blog/2014/04/01/mental-illness-in-americas-jails-and-prisons-toward-a-public-safetypublic-health-model/ Accessed 6/15/16.

[16] Central Florida Behavioral Health Network, Inc. Internal analysis. June 2016.

[17] Christy, A. & Guenther, C. (2014). *Report of the 2014 Baker Act Data.* Tampa, FL: University of south Florida, Louis de la Parte Florida Mental Health Institute.

support systems in the community lead to their inability to comply with probation requirements. Many opt to go back to jail to finish their time, rather than trying to complete probation. It is well documented that adults with severe and persistent mental illness with a co-occurring substance use disorder have a dramatically increased risk of incarceration for non-violent petty crimes and have a greater chance of being re-arrested than those who are not.

Extent of the Need: Nearly 200,000 individuals with schizophrenia or manic-depressive disorder are homeless, according to the Department of Health and Human Services this number equates to one-third of the nearly 600,000 homeless on any given day in the US. In fact, of the chronically homeless already receiving mental health services at one of the named partner providers in Pinellas County, two-thirds of them have a diagnosed severe and persistent mental illness. Despite experiencing high levels of disabling conditions, the population frequently lacks access to integrated care. National data from the 2008 NSDUH revealed that of 2.5 adults with a serious mental illness and a substance use disorder, 3.7% had treatment for substance abuse, and 5.2% received mental health treatment. Only 11.4% of these individuals received integrated treatment and 39.5% received no treatment at all (SAMHSA 2012a). Individuals who have co-occurring disorders and are experiencing homelessness face even greater barriers. In 2015, data from Directions for Living, the county's behavioral health services provider for the homeless, and a behavioral health provider for the Pinellas County Department of Health, illustrates the necessity to increase supported services to the homeless. In 2015, DFL served 8,400 adult and 4,350 children with a mental illness or co-occurring mental illness and substance use disorder. At intake, 38% reported experiencing homelessness at least three times in their lifetime, with 21% reporting having been homeless in the past 12 months. Likewise, 28% of the individuals served by the homeless outreach teams reported a mental health disability as the number one reason for their chronic housing instability.

A-3. Infrastructure Development

Our contracted provider is seeking to enhance its electronic health record' capabilities using Netsmart's MyAvatar Perceptive POS & Batch Scanning Solution. This program will allow Directions to attach inpatient treatment records, discharge notes as well as treatment records from community providers and even providers from out of state if necessary, to the patient care records for each client served. Directions can receive referral and treatment records electronically via a secure transmittal, but without Perceptive POS & Batch Scanning Solution, we cannot attach to the individual patient care record. The cost for the implementation, training and support for 1 year is $50,000. The costs years 2-5 would be $10,684 for annual hosting.

Section B: Proposed Evidence-Based Service/Practice (25 points)

B-1. Project Purpose, Goals, Objectives

The **purpose** of the project is to increase capacity of services among individuals in Pinellas County with serious mental illness through court-ordered outpatient treatment services. Studies consistently find that court-ordered outpatient treatment increases short-term treatment adherence, promotes long-term voluntary compliance, and reduces the incidents and/or duration of hospitalization, homelessness, arrests and incarcerations, victimization, violent episodes and other

consequences of non-treatment. The goals of the program align with the intent of the RFA and the performance measures identified in Section E: Data Collection and Performance Measurement.

Goal 1: Reduce Baker Act Initiations	
Objective A: Petition court for court-ordered treatment for clients meeting criteria.	**Performance Measure:** Enroll 100 project-eligible individuals per year.
Objective B: Provide treatment and counseling services according to individualized treatment plan.	**Performance Measure:** Decrease the percentage of clients at 3 and 6 months post intake who have Baker Act initiations.
Goal 2: Strengthen relationship between behavioral health system and justice system	
Objective A: Improve integration of behavioral healthcare system with justice system.	**Performance Measure:** Increase the percentage of referrals to the project by 10% for each year of the project.
Objective B: Improve the accessibility of mental healthcare services for individuals requiring services beyond Baker Act Examination.	**Performance Measure:** Increase the percentage of individuals receiving MH services by 10% from year 1 to 2 and 20% from year 2 to 3.
Objective C: Improve integration of behavioral healthcare system with homeless system	**Performance Measure:** Increase the percentage of homeless referrals to the project by 10% from year 1 to 2 and 20% from year 2 to 3.
Objective D: Determine best practice for serving individuals who have SMI.	**Performance Measure:** Increase the percentage of participants who have stabilized their SMI by 10% from year 1 to 2 and 20% from year 2 to 3 as measured at 6 months post intake.
Goal 3: Reduce behavioral health disparities among racial and ethnic minorities	
Objective A: Reduce differences in Access to Service.	**Performance Measure:** Compare the percentage of all individuals referred to the program who are admitted among racial and ethnic groups.
Objective B: Reduce the differences in Service Use.	**Performance Measure:** Compare the percentage of all individuals admitted who remain in treatment for at least 30 days among racial and ethnic groups.
Objective C: Decrease the differences in Outcomes.	**Performance Measure:** Compare the percentage of successful outcomes among racial and ethnic groups.

B-2. EVIDENCE BASED PRACTICES

The County has engaged two provider organizations to provide services to meet the needs of the clients in the program including Personal Enrichment for Mental Health Services (PEMHS) and Directions for Living, Inc. (Directions). The contracted providers have identified several evidence-based practices for the AOT program. Directions and PEMHS are committed to the use of evidence-based practice in the treatment of mental disorders, substance use disorders and co-occurring disorders. As a CARF (Commission on Accreditation of Rehabilitation Facilities) accredited organizations, they have demonstrated adherence to evidence-based practices.

Motivational Interviewing

Description of the Evidence-Based Practice(s) (EBPs) that will be used: Motivational Interviewing (MI) is a method of interacting with participants to enhance motivation for change. This style is directive yet client-centered and involves expressing empathy through reflective listening, communicating respect for and acceptance of clients and their feelings, establishing a nonjudgmental relationship and helping the individual recognize discrepancies between their goals and their behaviors as a way to motivate participation in treatment and change behaviors (SAMHSA -NREBP). The components of MI are: (1) Establishing rapport with the client and

listening reflectively, (2) Asking open-ended questions to explore the client's own motivations for change, (3) Affirming the client's change-related statements and efforts, (4) Eliciting recognition of the gap between current behavior and desired life goals, (5) Asking permission before providing information or advice, (6) Responding to resistance without direct confrontation., (7) Encouraging the client's self-efficacy for change, and (8) Developing an action plan to which the client is willing to commit. **Document how MI is appropriate for the outcomes to be achieved:** MI was selected due to its person-centered, respectful clinical approach that has been demonstrated to reduce ambivalence and encourages the concept of self-empowerment. **Justification of the use of MI for your population of focus:** MI has demonstrated effectiveness with all subsets of our target population including those who are homeless and individuals with substance abuse and co-occurring disorders. MI has demonstrated positive outcomes in drugs and alcohol, trauma and recovery. WC-GC staff are trained to use Motivational Interviewing and have found it to be an effective tool for working with the population of focus.

Motivational Enhancement Therapy/Cognitive Behavioral Therapy (MET CBT)

Description of the Evidence-Based Practice(s) (EBPs) that will be used: MET CBT is an individual and peer-referenced treatment. Outpatient treatment programs that evolved from mental health approaches have recognized the importance of coping skills and strategies, understanding and management of problematic emotional responses, proper interpretation of the behavior of others, and understanding of conditioned responses to drug-related stimuli. This general approach, used in a group format, is termed cognitive-behavioral therapy (CBT). In the Cannabis Youth Treatment Study, assessment and two individual sessions comprised the motivational interviewing approach to enhance recognition that substance abuse may be a problem, and amplifying the patient's motivation to do something about it. The two motivational enhancement interviewing sessions are described in Sampl and Kadden (2001), along with the three group sessions, which make up the brief version of motivationally enhanced cognitive-behavioral treatment, (MET CBT 5). By adding seven sessions of CBT groups, the MET CBT 12 treatment (Webb et al., 2002) is provided. MET CBT 12 is a manual-driven treatment that should be used with clinical supervision providing Quality Assurance. The foundational tenets of MET and CBT uphold an individual-based approach and full respect for the patient's individual and cultural differences. **Document how MET CBT is appropriate for the outcomes to be achieved:** MET CBT has been used extensively in the agency. Directions provides extensive training to counselors on MET CBT and Motivational Interviewing. Because of the vast experience gained at an agency level about MET CBT, this treatment curriculum is the most appropriate for the outcomes to be achieved because it can be easily transitioned from face-to-face sessions to electronic eServices. Counselors within the agency are already familiar with MET CBT so learning a new curriculum will not be an additional barrier in expanding eServices across the agency. Additionally, the foundational tenets of MET CBT uphold an individual-based approach and full respect for the patient's individual and cultural differences. The EBP can be supported though an eServices model which facilitates the program's outcomes of expanded agency capacity, EHR functionality, and use of agency dashboard for continuity of care. **Justification of the use of MET CBT for your population of focus:** The population of focus has a history of mental illness and needs to understand and develop coping skills and strategies, management of problematic emotional responses, proper

interpretation of the behavior of others, and responses to drug-related stimuli. Through this evidence-based practice, motivational interviewing approach enhances recognition that mental illness may be a problem, and amplifies the patient's motivation to do something about it.

Explain how MET CBT meets:

- **SAMHSA's goal** is met by ensuring standardization and upholding an individual-based approach with full respect for the patient's individual and cultural differences. This ensures access and engagement of the population of focus. These attributes address SAMHSA Initiative 2 (Promote health and wellness), 3 (Address the prevention of substance abuse and mental illness) and 4 (Increase access to effective treatment).
- **Program purpose** is met by creating expanded capacity to deliver evidence-based therapy via eServices to the population of focus which includes racial and ethnic minorities.
- **Program goals** are met by expanding the delivery of this evidence-based treatment services through an expanded eServices available in all agency facilities and sites. MET CBT will also provide a greater patient/clinician information exchange through the EHR.
- **Program objectives** are met using MET CBT in sessions which are delivered through eServices and assists patients to recognize that substance abuse may be a problem, and amplify the patient's motivation to do something about it.

Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

Description of the Evidence-Based Practice(s) (EBPs) that will be used: Trauma-Focused Cognitive Behavioral Therapy is a components-based psychosocial treatment model that incorporates elements of cognitive-behavioral, attachment, humanistic, empowerment, and family therapy models. It includes several core treatment components designed to be provided in a flexible manner to address the specific needs of each youth and family. This model was initially developed to address trauma associated with child sexual abuse and has more recently been adopted for use with youth who have experienced a wide array of traumatic experiences, including multiple traumas. **Document how TF-CBT is appropriate for the outcomes to be achieved:** TF-CBT results in improvement in depression, anxiety, behavior problems, sexualized behaviors, interpersonal trust and social competence. **Justification of the use of TF-CBT for your population of focus:** Youth aging out of foster care is one of the fastest growing populations experiencing homelessness in our country. By its very definition this population has experienced multiple traumas, with a significant number of these youth having been the victim of sexual abuse. TF-CBT is recognized as being one of the most effective interventions for youth who have significant psychological symptoms related to trauma exposures. **Explain how TF-CBT meets:** Use of TF-CBT meets SAMHSA's goals in that it designed to increase awareness and understanding of the impact of trauma on an individual's mental health Initiative 1 – to increase awareness and understanding of mental and substance use disorders.

Wraparound

Description of the Evidence-Based Practice(s) (EBPs) that will be used: Wraparound is an intensive care coordination and management process focused on building a team comprised of formal (professionals) and informal (natural) supports. Wraparound is built on key system of care values: family driven, youth guided, culturally and linguistically competent, team-based, collaborative, individualized and outcome-based. The intervention adheres to specified phases of

engagement, individualized care planning, identifying strengths, and leveraging natural supports. Wraparound is often referred to as intensive care coordination (ICC). Wraparound is a complex process and high-fidelity wraparound implementation requires strict adherence to the principles and values of the model. **Explain how Wraparound meets SAMHSA's goals:** Use of Wraparound meets SAMHSA's goals in that it is designed to increase awareness and understanding of mental and substance use disorders, promote emotional health and wellness, address the prevention of substance abuse and mental illness, increase access to effective treatment and support recovery. Wraparound requires the use of a trained facilitator, and a peer specialist who primary role is to be an advocate and support for the individual being served.

B-3. Other Practices

No other practices are anticipated for use in this program.

B-4. EBP and Disparities

Directions for Living maintains an Auxiliary Aids Plan for Persons with Disabilities and Limited English Proficiency which ensures that all clients and/or applicants for services who are impaired with sensory, manual, or speaking skills have an equal opportunity to use and benefit from Directions for Living's programs and services. Directions for Living has over ten years-experience working with clients experiencing homelessness, and even more recently with providing integrated behavioral health services at various community settings.

B-5: EBP Modifications

TF-CBT has been validated for individuals 3 – 18 years of age. Directions for Living will be modifying TF-CBT to include youth up to age 24. It is imperative that this age group receive the benefits of connecting their thoughts, feelings and behaviors related to their past traumas, and that they receive education about healthy interpersonal relationships, parenting skills, and personal safety skills training. This modification is being made due to the fact that first episodes or the first psychotic break occurs between the ages of 18-24.

B-6. Delivery of EBP

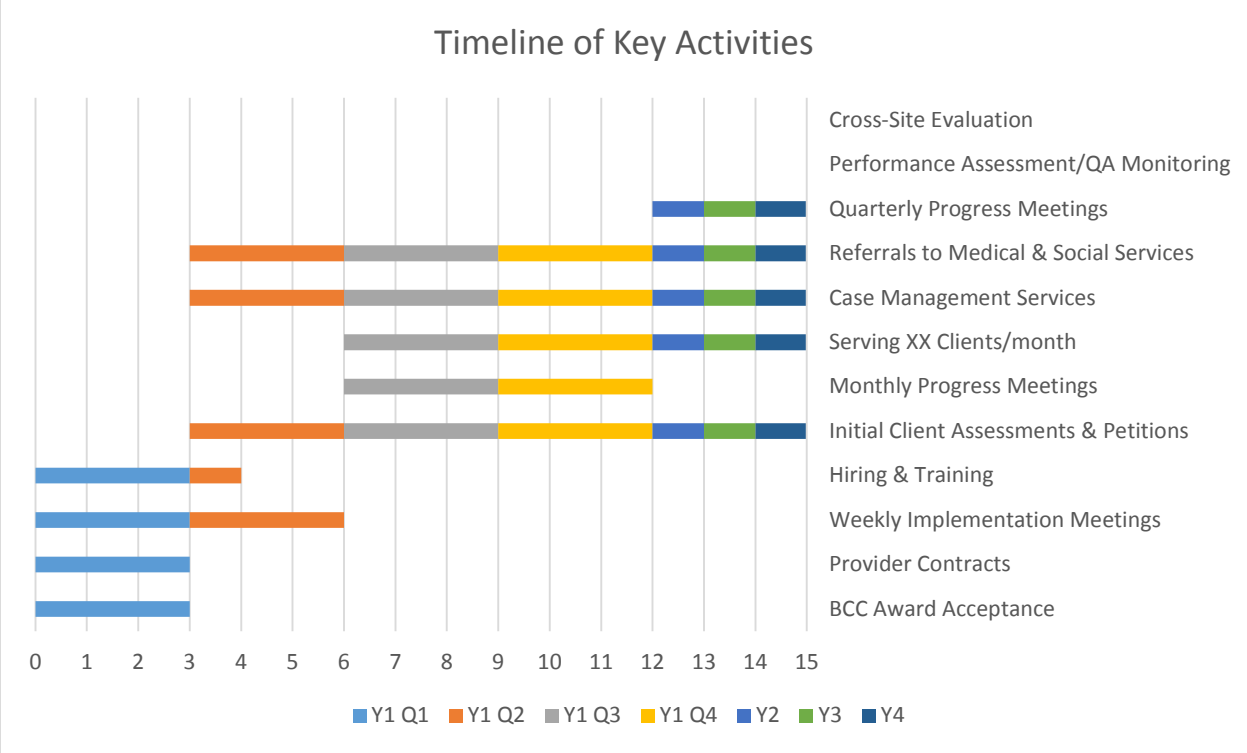
Directions for Living: Maintaining and sustaining fidelity to TF-CBT and avoiding "drift "is an organizational challenge due primarily to the skill level of clinicians at the time of their hire. Directions for Living uses regular supervision, consistent organizational expectations and the TF-CBT Brief Practice Checklist which focuses on questions related to the core components of the treatment. Directions for Living uses experienced therapist as mentors to the novice therapist in maintaining fidelity. Novice therapists are often energized and enthusiastic however they have less experience forming therapeutic alliances with "difficult" youth and with responding appropriately to the narratives of horrific exposures to trauma. Skilled TF-CBT supervision and consultation is always available.

In addition to the above, Directions for Living has a comprehensive total quality management feedback structure that includes a comprehensive peer review process. Directions for Living operates a total quality management (TQM) structure which essentially is a flow of information throughout the agency. The peer review process is part of the total quality management structure and starts at the base of the TQM model which includes staff meetings. Peer review assignments are initiated at the staff meeting level and are then reviewed by the Supervisor. This information

is then rolled up to the peer review committee which reports trends and analysis up through to the Quality Council which is comprised of all leadership and chaired by the President & CEO. The total quality management structure can be used to analyze the trends in clinical interventions, staff training needs etc.

Section C: Proposed Implementation Approach (30 points)

C-1. Implementation Timeline of Key Activities and Responsible Staff



Award: Upon award of the grant, the Board of County Commissioners must accept the grant award at one of its bi-monthly meetings of the Commission. The contract review process and time required for placement on the Board Agenda is 4-6 weeks.

- This activity shall be complete in Year One, Quarter 1.
- The Pinellas County Human Services Grants Manager is responsible for processing the Award Acceptance.

Provider Contracts: In concert with the Board acceptance of the grant, provider contracts will be developed for review and approval of the Board of County Commissioners.

- This activity shall align with the Award acceptance in Year One, Quarter 1.
- The Pinellas County Human Services Contracts Manager, working closely with the Grants Manager and Project Director, will be responsible for developing and processing all provider contracts for the grant.

Implementation/Progress Meetings: The grant implementation team, including all identified partners and providers, will begin weekly meetings within two weeks of the award notice.

- Weekly meetings will occur through in Year One, Quarters 1 and 2.
- After 6 months, we will move towards Monthly planning meetings, assuming the implementation is on time and task. Monthly meetings will occur through Year One, Quarters 3 and 4.
- After the first year of implementation, assuming the program is on track, we will change to quarterly meetings for Years 2, 3 and 4.
- All partners will be on-call to hold additional meetings as needed to address any issues, reporting, or other grant related tasks as needed.
- All Implementation/Progress meetings will be managed by the Project Director to align all of the project partners, track implementation of activities, and timelines.

Hiring and Training: Upon acceptance, providers will begin hiring for the identified positions.

- Recruitment, Backgrounds Screenings, and Pre-employment trainings shall be completed within the Year One, Quarter 1.
- Specific program related training and implementation will occur upon completion of initial provider onboarding through Year One, Quarter 2.
- Each Provider organization is responsible for the recruitment, hiring, and training of staff within the timeframe outlined.

Initial Client Assessments & Petitions: Client eligibility through initial screening and assessment will be conducted through two sources – the County's public Baker Act receiving facility, PEMHS, and the Public Defender's Office. By the end of the fourth month of award, these identified providers, will have started filing petitions for involuntary treatment, in compliance with State laws, to the Courts.

- Petitions for Involuntary Treatment shall be filed for eligible clients starting in Year One, Q1 through Q2, but no later than the fourth month.
- Contracted Provider Organizations (Positions) will be responsible for the initial screening, assessments, and petitions on behalf of the clients.

Case Management Services: Case Managers from Directions for Living and the Public Defender's office will be engaged to ensure appropriate appointments are set for clients and plan adherence.

- Within 7 days of the court ordered petition, the Case Manager shall establish an appointment with the Therapist and begin engaging the client in the education and adherence to the treatment plan.
- Case Managers from Directions for Living and Public Defender's office are the responsible staff for this activity.

Referrals for Medical & Social Services: The Care Coordinator with the Florida Department of Health will work closely with the Provider organizations, PEMHS, Directions for Living, and

the Public Defender's Office, to engage clients in primary care and social services in accordance with their recommended treatment plan.

- Within 14 days of the client's treatment plan approved by the Court, the Care Coordinator shall begin engaging the client in establishing appointments for identified medical and social service needs.
- The Florida Department of Health Care Coordinator is the responsible staff for this activity.

Performance Assessment/Quality Assurance Monitoring: James Winarski will assist Mr. Dion as the process evaluator to ensure the project is implemented appropriately. Weekly meetings will be held with project staff to ensure appropriate implementation, with frequency being adjusted as needed to ensure consistency with program requirements and demonstration of project goals. Project data will be collected and shared monthly to demonstrate achievement of program goals and assure quality in processes utilized.

Cross-Site Evaluation: The Evaluator will assist with all evaluation activities and ensure data are collected to satisfy reporting and evaluation requirements.

C-2. Implementation of Key Activities

Pinellas County Human Services has found that the most expedient and efficient way to ensure that key activities are implemented is through regular meetings of all staff identified in the grant. These meetings are scheduled for an hour and chaired by the Project Director. Attendance is mandatory and absences need to be approved prior to the meeting. The Project Director has a standing agenda that includes timeline milestones. Progress toward the milestones are discussed. Barriers are identified and solutions are presented to be implemented going forward. Report backs are reviewed at the next scheduled meeting. Additionally, the end of the meeting is open to any issues, problems and/or successes. Meeting minutes are written during the meeting and emailed to all staff at the conclusion of the meeting. This process has allowed past projects to meet implementation timelines and project goals.

C-3. Array of Services for Individuals with SMI in Pinellas County

Directions for Living has operated as a Community Mental Health Center since its inception in 1982. There are currently 14 programs in three distinct locations throughout Pinellas County serving children and families with a staff that represents the diversity of the community we serve. Directions for Living is accredited by the Commission on the Accreditation of Rehabilitation Facilities (CARF). The agency is licensed to offer substance abuse treatment services and has offered a range of interventions to the homeless in Pinellas County since 1987.

PEMHS As the designated central receiving facility for Pinellas County Personal Enrichment through Mental Health Services (PEMHS) has been committed to providing care in crisis since 1981. PEMHS is dedicated to enhancing the mental health, family functioning and personal development of adults and children in our community. PEMHS accreditations and certifications include Joint Commission on Accreditation of Healthcare (JCAHO); American Association of Suicidology (AAS); Public Receiving Facility Designation. PEMHS holds licensure of Child Placing Agency; Substance Abuse Intervention; Crisis Stabilization – Children & Adults; and Institutional Pharmacy.

There are currently 10 programs throughout Pinellas County offering crisis inpatient stabilization, Juvenile Addictions inpatient substance abuse services, and an array of community based programs offering services ranging from brief crisis intervention to intensive wrap around services with an emphasis on individualized treatment for optimal behavioral wellness. PEMHS provided 10,705 individual services for the 2014-2015 fiscal year, 9,590 of which the client possessed a mental health diagnosis.

C-4. National Standards for Culturally and Linguistically Appropriate Services

The proposed project activities will adhere to the National Standards for Culturally and Linguistic Appropriate Services (CLAS) in Health and Health Care which are defined as services that are respectful of and responsive to individual cultural health beliefs and practices, preferred languages, health literacy levels, and communication needs at every point of contact.

Adherence to CLAS Standards: The project will enhance adherence to the enhanced CLAS Standards in Health and Health Care. All staff will receive training and will have access to materials, resources, policies, and procedures supporting CLAS Standards in an effort to provide culturally and linguistically appropriate services to all persons served under the grant project.

Governance, Leadership and Workforce

- Standard 1: Provide effective, equitable, understandable, and respectful quality care and services: Staff will create a welcoming and respectful environment and work to ensure that all consumers receive culturally and linguistically appropriate services. Consumers are able to receive information about a program or treatment option in a language in which they feel most comfortable speaking and with a member of the gender with whom they feel most comfortable.
- Standard 2: Advance and sustain governance and leadership that promotes CLAS and health equity: The leadership of Pinellas County as well as at our partnering organizations including PEMHS and Directions for Living prioritizes health equity by instilling the core value principles such as ethical treatment, respect, empathy and compassion and cultural diversity. The diversity of individuals in leadership roles across the agency is reflective of the culture of openness and respect.
- Standard 3: Recruit, promote, and support a diverse governance, leadership and workforce: To ensure the inclusion of diverse viewpoints in governance decisions, the Human Services Department includes a number of volunteers, representative of the community. The staff of Pinellas County and our partnering organizations regularly receive training on cultural and linguistic diversity.
- Standard 4: Educate and train governance, leadership and workforce in CLAS: Education and training is coordinated and managed by the County's Human Resources Department. Staff is trained and prepared to work with diverse populations in a manner that demonstrates the appropriate attitudes, knowledge, and skills necessary for culturally and linguistically appropriate interaction. The County has in place policies and procedures related to employee and consumer rights to respect and nondiscrimination.

Communication and Language Assistance

- Standard 5: Offer communication and language assistance: Translation services are offered within every program at Pinellas County. The agency is committed to providing equitable care to all individuals regardless of limited English proficiency and/or other communication needs.
- Standard 6: Inform individuals of availability of language assistance: For all patients seeking services, staff conduct a screening to determine if assistive technology or other communication needs are present. Consumers are informed that they may request language assistance, and are also informed upon intake of the availability of language assistance. It is the policy of the agency to "make every reasonable effort to establish various methods of communications which can be easily understood by service participants."
- Standard 7: Ensure the competence of individuals providing language assistance: In order to ensure the competence of the individuals providing language assistance, the County uses only qualified interpreters. The County's internal process for interpreter qualification is consistent with both the national CLAS standards as well as the Florida Corrective Action.
- Standard 8: Provide easy-to-understand materials and signage: Where appropriate, the County displays signage in languages appropriate to the community of service. Additionally, all signage is reviewed for appropriateness, readability, and cultural/linguistic appropriateness prior to display.

Engagement, Continuous Improvement and Accountability

- Standard 9: Infuse CLAS goals, policies and management accountability: As Policies and Procedures are revised and/or new policies developed, they are reviewed against the CLAS standards.
- Standard 10: Conduct organizational assessments: Pinellas County reviews benchmarking measures for the purpose of continuous quality improvement, data feedback loops, and actively working toward agency service and outcome goals. As part of this process, the CLAS standards will be integrated in order to assess performance and monitor progress in implementing CLAS standards agency-wide.
- Standard 11: Collect and maintain demographic data: Pinellas County, through its contracted agencies, gathers and maintains demographic data on all consumers served. the program benchmarking enables the agency to monitor service need, access, utilization, and outcomes by demographic population grouping.
- Standard 12: Conduct assessments of community health assets and needs: The County is committed to the community and is connected with many local and state agencies and coalitions who work together to assess assets within the community and the service needs of consumers. Evolving data systems related to benchmarking will further assist the community needs assessment process.
- Standard 13: Partner with the community: The County Human Services Department is involved with numerous strategic alliances throughout the state and county.
- Standard 14: Create conflict and grievance resolution processes: The County's policy is to provide all patients with the opportunity to file a grievance when they experience dissatisfaction with any aspect of program services with the promise to examine grievances

in an expeditious and thorough manner. Additionally, at the time of program intake, consumers are informed of the grievance rights and the corresponding procedure.

- Standard 15: Communicate the organization's progress in implementing and sustaining CLAS: In communications with the Board of Directors, stakeholders, constituents, and the general public, the County will make every effort to report on procedures and outcomes in accordance to the national CLAS standards.

C-5. Screening and Assessment Process/Treatment Plan Development

Within 24 hours of admission into a Crisis Stabilization Unit (CSU) of PEMHS, each client receives a thorough biopsychosocial assessment, nursing assessment, Psychiatric evaluation conducted by a psychiatrist, and examination my a general medical doctor. The Mental Status Examination is utilized along with various lethality scales, including the Columbia Suicide Rating Scale as appropriate. All treatment providing staff are trained in the Florida Baker Act Law, thus familiar with necessary legal documents and assessments for determining appropriate level of care. With the inclusion of a Mental Health Court Liaison, additional assessment and care coordination will ensure the initiation of court proceedings and the overall referral process is appropriate, timely and effective. Additionally, the doctors are heavily versed in providing legal testimony within the Baker Act court system to advocate for involuntary services. With the implementation of AOT, our existing staff, with the assistance of a mental health liaison and a part-time psychiatrist can utilize same advocacy standards with the possibility of court ordered outpatient maintenance treatment. The availability of such a service can eliminate restricted treatment for persons no longer a danger to self or others, but unwilling or unable to engage in treatment while in the community.

C-6. AOT Programs Reduce Hospitalization, Homelessness, Incarceration, and Improve Health & Social Outcomes.

A substantial body of research conducted in diverse jurisdictions over more than two decades establishes the effectiveness of AOT in improving treatment outcomes for its target population. Specifically, the research demonstrates that AOT reduces the risk of hospitalization, arrest, incarceration, crime, victimization, and violence. AOT also increases treatment adherence and eases the strain placed on family members or other primary caregivers.

According to the Treatment Advocacy Center's Guide for Implementing Assisted Outpatient Treatment, several studies, cited below, have clearly established the effectiveness of AOT in decreasing hospitalization.

- Researchers in 2009 conducted an independent evaluation of New York's court-ordered outpatient treatment law and documented that during a six-month study period, AOT recipients were hospitalized at less than half the rate they were hospitalized in the six months prior to receiving AOT. Among those admitted, hospital stays were shorter. (Swartz et al 2009, 26-29).
- In an AOT program in Florida, AOT reduced hospital days from 64 to 37 days per patient over 18 months, a 42 percent decrease. The savings in hospital costs averaged $14,463 per patient (Esposito et al. 2008).

According to the Treatment Advocacy Center's Guide for Implementing Assisted Outpatient Treatment, the following study, cited below, has established the effectiveness of AOT in decreasing homelessness.

- At any given time, there are more people with untreated severe psychiatric illness living on the America's streets than are receiving care in hospitals. In New York, when compared to three years prior to participation in the program, 74 percent few AOT recipients experienced homelessness (New York State Office of Mental Health, 2005).

According to the Treatment Advocacy Center's Guide for Implementing Assisted Outpatient Treatment, the following studies, cited below, have established the effectiveness of AOT in decreasing arrests and incarceration.

- A study of New York State's Kendra's Law program published in 2010 concluded that the "odds of arrest in any given month for participants who were currently receiving AOT were nearly two-thirds lower" than those not receiving AOT (Gilbert et al 2010).
- In a Florida report, AOT reduced days spent in jail among participants from 16.1 to 4.5 days, a 72 percent reduction (Esposito et al. 2008).
- The North Carolina study found that, for individuals who had a history of multiple hospital admissions combined with arrests and/or violence in the prior year, long-term AOT reduced the risk of arrest by 74 percent. The arrest rate for participants in long-term AOT was 12 percent compared with 47 percent for those who had services without a court order (Swanson et al. 2001a).

According to the Treatment Advocacy Center's Guide for Implementing Assisted Outpatient Treatment, the following studies, cited below, have established the effectiveness of AOT in reducing violence, crime, and victimization.

- The 2005 New York State Office of Mental Health report also found that Kendra's Law resulted in dramatic reductions in harmful behaviors for AOT. Among AOT recipients at six months of AOT compared to a similar period of time prior to the court order: 55 percent fewer recipients engaged in suicide attempts or physical harm to self; 47 percent fewer harmed others; 46 percent fewer damaged or destroyed property; and 43 percent fewer threatened physical harm to others.
- Results from the North Carolina study showed a 36 percent reduction in violence among severely mentally ill individuals in long-term AOT (180 days or more) compared with individuals receiving AOT for shorter terms (0-179 days).

Finally, also according to the Treatment Advocacy Center's Guide for Implementing Assisted Outpatient Treatment, the following studies, cited below, have established the effectiveness of AOT in improving treatment compliance.

- In North Carolina, only 30 percent of AOT patients refused medication during a six-month period, compared with 66 percent of patients not under AOT (Hiday and Scheid-Cook 1987).

- In Ohio, AOT increased attendance at outpatient psychiatric appointments from 5.7 to 13.0 per year; it also increased attendance at day treatment sessions from 23 to 60 per year (Munetz et al. 1996).

C-7. Identify and Assess Population

PEMHS will follow the standards of the Baker Act law by ensuring all patients entering the CSU receive comprehensive evaluation of mental health stability, lethality, and ability to care for self. Additionally, PEMHS currently has a process in place utilizing the agency's Electronic Health Record, Avatar to run specific reports related to the target population including vulnerability, diagnoses, lethality, program recidivism, and other risk factors. Once identified, the staff can provide additional in depth assessment to further explore barriers to treatment, including the evidence based Self Sufficiency Matrix. This collected data will substantiate the criteria for less restrictive services by providing the courts clear and convincing evidence that each criterion for Involuntary Outpatient Placement has been met, and the client would benefit from said intervention per The Baker Act Law. Treatment recommendations will be individualized based from the various holistic assessments, to include the client's strengths and social supports.

C-8. Evaluate the Medical and Social Needs of Individuals

The initial assessment will be a biopsychosocial assessment, defined in the latest edition (October, 2004) edition of the Florida Medicaid Community Behavioral Health Services Coverage and Limitations Handbook as an evaluation that "describes the biological, psychological and social factors that may have contributed to the recipient's need for services. The evaluation includes a brief mental status exam and preliminary service recommendations." This service typically requires 30 to 60 minutes to complete. Alternatively, a diagnostic interview can be performed through the use of the Mini International Neuropsychiatric Interview, known as the MINI, which typically takes, on average, 19 minutes to be administered by trained professional interviewers. The MINI is very specific for diagnosis but does not address issues such as social supports and previous response to treatment. See also the Case Management Assessment in question C-11.

Recommendations and coordination of service needs will be made with the Care Coordinator provided by the Florida Department of Health, who administers primary care programs. The Coordinator will also connect clients to various social service needs/providers in Pinellas County.

C-9. Prepare and Execute Evidence-Based, Person-Centered, Treatment Plans

Each recipient must have an individualized service plan written within 30 days of initiation of services by their case manager or case management team. The service plan must include measurable short and long-term goals for the recipient and must outline the comprehensive strategy for assisting the recipient in achieving these goals. The service plan must:

- Be an identifiable document retained in the recipient's case record;
- Be developed in partnership with the recipient and the recipient's parent, guardian, or legal custodian (if applicable);
- Describe the recipient's service needs and the activities that the mental health targeted case manager will undertake in partnership with the recipient;
- Contain measurable goals and objectives derived from the recipient's assessment;

- Have identified time frames for achievement of goals;
- Include the name of the individual or agency responsible for providing the specific assistance or services;
- Be consistent with the recipient's treatment plan(s);
- Be signed and dated by the recipient, the recipient's parent, guardian or legal custodian (if the recipient is under 18 years of age), the recipient's mental health targeted case manager, and the mental health targeted case manager's supervisor

Copies of the service plan must be provided to the recipient or the recipient's guardian if the recipient is under age 18, and with the recipient's consent, to other service providers involved in the development or implementation of the service plan. This information must be documented in the recipient's case.

The service plan review is a process conducted to ensure that services, goals, and objectives continue to be appropriate to the recipient's needs and to assess the recipient's progress and continued need for mental health targeted case management services. The recipient's eligibility for continued mental health targeted case management services must be re-evaluated during the service plan review. The activities, discussion, and review process must be clearly documented. The recipient, the mental health targeted case manager, and the mental health targeted case manager's supervisor must sign and date the service plan review.

The service plan must be reviewed and revised as significant changes occur in the recipient's condition, situation, or circumstances, but no less frequently than every six months.

C-10. Monitor Compliance with Treatment Plan

Directions for Living has implemented the Integrated Decision Team staffing model that incorporates the treatment team, the client, and subject matter experts to review the current treatment plan compliance and overall risk to the client. The IDT is a shared-risk decision-making team made up of experts in relevant fields who, as a group, determine the best direction of the client's treatment. Purposely, the IDT identifies the needs and resources for the client and establishes creative and effective safety and treatment plans. This multidisciplinary team, at critical junctures of the case, assesses a 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 to the client and their family. The IDT has a core standing membership including a team facilitator, who serves as the team lead and facilitates each IDT staffing, along with experts in the fields of mental health and substance abuse. The initial IDT staffing includes staff from the key partnerships including the PEMHS Mental Health Court Liaison, the DOH Care Coordinator, the Directions for Living Case Manager and Therapist, the assigned public defender if possible, the client and their family and identified supports. Each additional IDT staffing occurs every 15 days and at critical junctures, always including the standing membership and any identified supports identified by the client.

Directions for Living's Integrated Decision Team model incorporates the use of Wraparound, an intensive, individualized care planning and management process, into the aforementioned IDT staffing. The Wraparound plan includes formal services and interventions, collaborating with

community services, and interpersonal support with participation by friends, family, and other people drawn from the family's social networks. The team meets regularly to measure the plan's components against relevant indicators of success. Strategies are revised when outcomes are not being achieved. IDT staffings are a strengths-based, shared-risk model, where all parties have a voice, and the focus is meeting the needs of the client, while also monitoring behavior change, thus increasing the client's safety and stability. The IDT staffing is facilitated by a trained Wraparound Facilitator along with a subject matter expert in Behavioral Health and Substance Abuse.. The client's attendance is paramount to the success of the staffing and barriers related to their attendance are removed by the staff, whether it is transportation, the date/time or location of the staffing. The client is encouraged to bring any of their natural supports to the table so they feel supported through the process. By design, clients participate in the IDT staffing process every 15 days, unless more frequent reviews are necessary. In addition to discussing the current safety plan and service provision for the family, the IDT team comes to a shared decision regarding treatment, frequency and duration of services. The team discusses the need to incorporate additional service providers in the event that the client needs a more intensive level of service such as detox or inpatient services.

C-11. CASE MANAGEMENT SERVICES

Case Management Services will be provided by both Directions for Living and the Public Defender's Office to work directly with clients. Case Managers will provide direct services to a client in order to assess his or her needs, plan, or arrange services, coordinate service providers, link the service system to a client, monitor service delivery and evaluate patient outcomes to ensure the client is receiving the appropriate services. Targeted 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. Each participant will receive a comprehensive case management assessment in accordance with the 2007 Florida Medicaid Mental Health Targeted Case Management Handbook. The assessment is a holistic review of a client's emotional, social, behavioral and developmental functioning within the home, school, work and community. The assessment must include information from the following sources: the recipient; the agency or individual who referred the recipient for mental health targeted case management services; the recipient's family and friends (with appropriate consent); other agencies that are providing services to the recipient; the school district (for recipients under age 18 or who are still attending school); and previous treating providers, including inpatient and outpatient treatment. (If collateral information cannot be obtained, the mental health targeted case manager must provide written justification in the recipient's case record.)

The assessment must include all of the following components:

- Presenting problem(s) and history, including the recipient's, legal representative's and family's assessment of his situation (with appropriate consent);
- Psychiatric and medical history including medications and side effects;
- Recipient's current and potential strengths;

- Resources that are available to the recipient through his natural support system;
- Recipient's school placement, adjustment and progress (if applicable);
- Recipient's relationship with his family and significant others;
- Identification and effectiveness of services currently being provided; and
- Assessment of the recipient's needs and functioning abilities.

C-12. Medical and Social Service Referrals

The proposed AOT program will involve care coordination which is the implementation of deliberate and planned organizational relationships and service procedures that improve the effectiveness and efficiency of the behavioral health system by engaging in purposeful interactions with individuals who are not yet effectively connected with services to ensure linkage. Examples of care coordination activities include development of referral agreements, shared protocols, and information exchange procedures. The purpose of care coordination is to enhance the delivery of treatment services and recovery supports and to improve outcomes among priority populations. The Florida Department of Health in Pinellas County will provide a Care Coordinator position (1 FTE) dedicated to the clients in this program. The Care Coordinator will provide ongoing outreach and clinical care coordination services to clients in order to meet their comprehensive health care needs and to promote high quality, cost-effective outcomes. The Coordinator will work closely with Directions to manage and coordinate medical and preventive services for clients based on need and evidence-based guidelines. They will develop and monitor individual client care plans in collaboration with client and care team. They will identify and increase clients' knowledge regarding their medical and preventive treatment and provide case management to established or referred clients and make appropriate referrals.

C-13. Due Process and Civic Rights

The Florida Mental Health Act (F.S. 394) carefully balances individual liberties against safety of the individual and society by providing criteria to determine who should be subject to commitment under the Act. Each person must receive services, including those under an involuntary outpatient placement court order which are suited to his or her needs, and which shall be administered skillfully, safely, and humanely with full respect for the person's dignity and personal integrity. The program will ensure each patient is afforded due process according to the statute and will receive services in accordance with formal recommendations of licensed physicians, psychiatrists and psychologists.

C-14. Allowable Activities

Pinellas County's contracted providers do intend to engage in all identified allowable activites including: Engage family and natural supports/family psycho-education services; providing age, gender, and culturally and linguistically appropriate services; enhancing the array of evidence-based treatment and support system; collaborate and coordinate with area hospitals to ensure appropriate discharge planning and follow-up; ensuring needed staff training and development; and provide wrap-around/recovery support services. These items are explained in further detail throughout the project narrative.

C-15. Partner Organizations Roles and Responsibilities

Personal Enrichment of Mental Health Services (PEMHS) will serve a vital role in screening, assessment, identification of the population of focus, along with the initiation of court proceedings necessary for AOT services. Through the use of a Mental Health Court Liaison PEMHS will provide individualized treatment recommendations, and coordinate directly with Directions for Living to transition the client into AOT services.

Directions for Living: Established in 1982, Directions for Living is a highly mission-driven 501(c)(3) not-for profit providing adult outpatient services. Through this award, Directions has committed to providing mental health and co-occurring substance abuse treatment services to adults who have been court-ordered for involuntary Outpatient Treatment services. The following services will be provided upon receipt of coordinated intake from the crisis stabilization unit: screening and assessment, treatment planning, case management, individual and family therapy, group outpatient therapy, psychiatric evaluation by Psychiatrist or ARNP, medication management, and integrated decision team staffings.

Florida Department of Health in Pinellas County (DOH): DOH-Pinellas works to protect, promote, and improve the health of all people in Florida through integrated state, county, and community efforts such as this initiative to increase access to mental health services. As a direct service provider of primary medical care to approximately 8,000 individuals, DOH-Pinellas works in tandem with community behavioral health providers on the coordination of care for these clients, including medical and preventive services and engagement in treatment. If awarded, the Florida Department of Health will commit to hiring a Care Coordinator (.5 FTE) to assist with outreach and referral of clients to primary care and social services.

State of Florida Sixth Judicial Court: Within the Sixth Judicial Circuit, the Probate and Mental Health Division, General Magistrates assist the Probate Judges by conducting all hearing for involuntary inpatient placement under Florida's Mental Health Act. Hearings are conducted weekly at six receiving facilities in Pinellas. If awarded, the Sixth Judicial Circuit will commit an additional .25 FTE General Magistrate to begin hearing involuntary outpatient treatment petitions as well as any related modifications to treatment plans and extensions.

University of South Florida's Florida Mental Health Institute: The Policy and Services Research Data Center (PSRDC) informs public policy and program development through the timely collection, integration, and analysis of data. The PSRDC services academic departments across the University of South Florida, along with a variety of local, state, and federal organizations. PSRDC has a long history of using multiple data sets to address pressing policy or practice questions. The PSRDC will be able to assist in the evaluation of the effectiveness of the interventions by providing secure data management and both quantitative and qualitative analysis services using administrative data and direct interaction with clients.

C-16. Individuals Served & Justification

	Number to be served	
Characteristic	**Annually**	**4 Years**
Race		
Black/African-American	32	128
White	65	260
American Indian/Alaska Native	0	0
Asian	0	0
Native Hawaiian	0	0
Other Pacific Islander	0	0
More than one race	3	12
Hispanic or Latino Ethnicity	6	24
Language – Spanish	6	24
Sex		
Male	82	328
Female	18	72
Lesbian, Gay, Bisexual, and Transgender	15	60
Women Age 25-44	15	60
Persons Age 65and older	3	12
Income as a percent of poverty level		
Below 100%	95	380
100-199%	5	20
200% and Above	0	0
Homeless	95	380
Behavioral Health Status		
Substance abuse disorder	25	75
Serious Mental Illness	100	400
Co-occuring Disorder	40	160

These numbers were calculated using proportions of the population with the characteristics listed, who also have mental illness, and are incarcerated locally and nationally, as some data were not available locally. These numbers are reasonable per the budget request as it allows the project to adequately serve the population through coordination of medical, behavioral health, legal, and homeless services.

C-17. Per Unit Cost for the Program

As a local government applicant, the County is applying for $997,160 in federal funding to implement the program. The County's approach to calculating the per unit cost for the program included calculating the total cost of the project over the lifetime ($3,988,640) and subtracting the data and performance based assessment budget ($190,689) and then dividing this number by the total unduplicated number of persons to be served (400) over the lifetime of the grant period. The total per unit cost for the program is calculated to equal $9,495.00

Section D: Staff and Organizational Experience

D-1. Capability and Experience of Applicant

Pinellas County will serve as the lead agency for the Assisted Outpatient Treatment for Individuals with Serious Mental Illness opportunity. Pinellas County is governed by an elected seven member Board of County Commissioners (BCC). The BCC's strategic initiatives have always focused on improving the quality of life of Pinellas' residents. The County supports these initiatives by providing programs such as the Pinellas County Health Program, Health Care for the Homeless Program, Homeless Prevention, Disability Advocacy, and Veterans Services that encourage and promote improved health outcomes, maintain self-sufficiency of low-income Pinellas County residents. HS has provided access to these services through outreach, case management, eligibility determination and enrollment into programs for county residents for over 50 years.

The County Human Services Department holds over 168 contracts with provider organizations and measures performance outcomes for a variety of services ranging from homeless prevention, homeless support services, health care (primary, specialty, and behavioral health), food and nutrition, aging services, and justice programs and consumer protection services. Examples of specific experience, contracts and agreements similar to and in alignment with this proposed population include:

- PEMHS – for the availability of 12 crisis stabilization beds, emergency support services, and Family Emergency Treatment Center outpatient services. PEMHS serves as the only public Baker Act receiving facility in Pinellas County.
- Suncoast – 1) Forensic Focused Outreach Program – provides clients with treatment and case management in order to reduce further criminal justice involvement and assist in reintegration into the community. 2) Behavioral Health High Utilizer Project - for coordination and administration of housing and treatment services, through community partners and pursuant to a developed pilot model, to a pre-determined subset of top utilizers (clients) of Pinellas County's public Baker Act facility, the County jail and local emergency rooms.

D-2. Linkages to the Population of Focus

The County has experience in serving the uninsured, underserved, vulnerable, and special needs population. The County is a federal grantee for the Health Resources and Administration's Health Center program serving over 2300 homeless clients per year. The County also administers the Pinellas County Health Program for an additional 5,000 low-income, uninsured clients per year.

The County is also a federal grantee for the Centers for Medicaid and Medicare Services with a Cooperative Agreement to Support Navigators in Federally Facilitated Marketplaces. Locally, the County is actively involved in the Homeless Leadership Board, the County's HUD CoC provider, Health & Human Services Leadership Board, and contracts with several provider organizations to provide mental health and substance abuse treatment services. The County staff are also engaged in many other local work groups, task forces, and committees serving the target population. All County staff receive cultural and linguistic training that focuses on best practices for sensitivity, diversity and language barrier awareness.

D-3. Capability and Experience of Partnering Organizations

Directions for Living has operated as a Community Mental Health Center since its inception in 1982. There are currently 14 programs in three distinct locations throughout Pinellas County serving children and families with a staff that represents the diversity of the community we serve. DFL is accredited by the Commission on the Accreditation of Rehabilitation Facilities (CARF). The agency is licensed to offer substance abuse treatment services and has offered a range of interventions to the homeless in Pinellas County since 1987. **Linkages to the population of focus –** DFL linkages to the populations of focus is as follows:

- **Street Outreach Specialists –** DFL is the contracted provider of four of the five street outreach teams in Pinellas County. The teams are contracted to provide outreach services and to meet people where they are – geographically and emotionally**.** Each team is made up of a law enforcement officer and a specially trained case manager.

- **Health Care for the Homeless –** DFL is the sole behavioral health contracted provider to deliver psychiatric services inclusive of medication management to individuals who are homeless. The MMU travels to the emergency shelters in the county delivering primary care and prevention health services.
- **Emergency Solutions Grant –** DFL is the sole contracted provider to prevent families residing in Clearwater from becoming homeless and to rapidly rehouse those individuals who have recently become homeless due to financial instability. Families who receive financial assistance receive case management services to identify and link families with additional needed or essential services to ensure family stability.
- **Temporary Assistance to Needy Families (TANF) –** DFL is the sole contracted provider aimed at the prevention of homelessness. Families in need or prevention services contact the homeless case management services.
- **Projects for Assistance in Transition from Homelessness (PATH)** – DFL is the sole contracted provider to deliver community based outreach, mental health, substance abuse services, case management for individuals experiencing serious mental illness, including those with co-occurring substance use disorders.

PEMHS is the designated Central Receiving Facility for Pinellas County and has been providing crisis stabilization services since 1981. Last year alone, PEMHS screened and assessed 7,713 individuals within our Access Center/Emergency Services Department to determine if client met the level of care standards per the Baker Act law. 5,638 were admitted to PEMHS for crisis stabilization, while the remaining 2,075 were triaged to other treatment providers based on need.

Public Defender's Office, Pinellas County: The Pinellas County Public Defender's Office provides a variety of jail diversion programs for individuals with mental illness.

- **Incompetent to Proceed (ITP) Misdemeanants:** The ITP program offers misdemeanants the opportunity to receive community supervision and mental health treatment that otherwise would not be provided. The law stipulates that ITP misdemeanants be released without the requirement for further court contact. Consequently, this population is frequently re-arrested due to the absence of linkage with community services to address their needs.
- **The Jail Diversion Program** helps individuals whose legal involvement may be a result of untreated mental illness or co-occurring mental health and substance abuse disorders. This is a short-term program designed to help stabilize and link clients to more traditional treatment methods in order to reduce their incidence and length of incarceration. Services include face-to-face assessments, transportation, transitional housing, psychiatric evaluations, treatment plans, prescription medication therapy, intensive case management, court liaison and finding additional community resources. The program provides access to community-based health and substance-abuse treatment services.

D-3. STAFF POSITIONS

Project Director (1.0 FTE, Rate $45,000/yr). The Project Director will be responsible for program/patient oversight, program education and outreach, day-to-day oversight of the program including the community partnerships, and overall monitoring of the program's goals and objectives.

Evaluator/Researcher, (0.10 FTE, Rate = $112,237/yr) The Evaluator is responsible for coordinating, implementing and documenting all phases of the qualitative evaluation of the program intervention, including meeting with clinical/program, administrative, and evaluation staff to coordinate qualitative and quantitative aspects of the evaluation.

Principal Investigator, (.15 FTE, Rate $95,460/yr) As Principle Investigator, Mr. Charles Dion will plan, manage, and execute the evaluation analyses. He will negotiate all data use agreements, obtain the data, and perform all of the quantitative analysis and write findings.

Psychiatric ARNP (1.0 FTE, $110,000/yr). The Psychiatric ARNP is a responsible position requiring clinical, psychiatric, medical, and administrative duties**.** Under the supervision of the Medical Director provide psychiatric services, including psychiatric evaluations, case staffings, and ongoing medication treatment as appropriate to the treatment plan.

Therapist - Licensed, (1.0 FTE, $50,000/yr). Establish and maintain effective rapport with clients and maintains high satisfaction rate with clients and families served. Develops and updates realistic and effective treatment plans with clients and their families as required and ensures that all documentation exhibits sound clinical judgment, identifies client success/improvements or issues and identifies client participation in the service process. Conducts thorough client interviews/evaluations exhibiting accuracy and thoroughness of assessment and referral skills.

Case Managers (3.0 FTE, $35,000/yr) Targeted 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.

Integrated Decision Team (IDT) Facilitator (1.0 FTE, $42,000/yr) 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.

Adult Outpatient Program (AOP) Field Supervisor (.25 FTE, $53,000/yr). 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.

Mental Health Court Liaison (1.0 FTE, $43,000/yr). The Mental Health Court Liaison will work closely with Emergency Services/ Access Center staff as well as 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.

Staff Psychiatrist (.25 FTE, $230,000/yr). The Staff Psychiatrist will provide psychiatric evaluations to include the Mental Status Examination and lethality risk. The Staff

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 until the successful transition to less restricted services is established.

Care Coordinator (1.0 FTE, $62,000/yr). Provide ongoing outreach and clinical care coordination services to clients in order to meet their comprehensive health care needs and to promote high quality, cost-effective outcomes.

General Magistrate, (.25 FTE, $61,984/yr) This is highly responsible legal work hearing and ruling on any issues which arise from the guardianship initial, annual and final reports and assisting the Court in its monitoring function of all guardianships overseen by the Court.

D-4. STAFF EXPERIENCE AND QUALIFICATIONS

Project Director, To Be Determined. Required experience includes Bachelor's Degree and experience/knowledge of the AOT laws, policies and procedures, and paper-work associated with court-ordered outpatient treatment.

Evaluator/Researcher, James Winarski. Ph.D. in scientific field and experience with experimental design and data analysis.

Principal Investigator, Charles Dion. Ph.D. in scientific field and experience with experimental design and data analysis.

Psychiatric ARNP, To Be Determined. Required experience includes Licensed Advanced Registered Nurse Practitioner, Florida Nursing License, and M.S. in Nursing.

Therapist – Licensed, To Be Determined. Master's degree in Counseling, Psychology, Social Work or related field. Licensed as LCSW, LMHC, LMFT, Clinical Psychologist.

Case Managers, To Be Determined, Bachelor's degree in Human Services from an accredited college with a minimum of one year of previous experience working with adults and children with serious persistent mental illness. Completion of Targeted Case Management Certification required.

Integrated Decision Team (IDT) Facilitator, To Be Determined. Must hold at least a minimum of a Bachelor's Degree in Psychology, Social Work or related area of study from an accredited university. Master's degree in the above identified fields preferred.

Adult Outpatient Program (AOP) Field Supervisor, To Be Determined. Master's Degree in Human Services Field. Florida licensure required as an LMHC, LMFT or LCSW. Must have leadership and management skills, Must obtain and maintain CPI certification, Must understand program cost center budget process.

Mental Health Court Liaison, To Be Determined. Required experience includes a Master's Degree in a behavioral health field. Eligible for licensure in the State of Florida as a LCSW, LMHC, or LMFT with a minimum of 1 year experience working in crisis psychiatry.

Staff Psychiatrist, To Be Determined**.** Graduation from a recognized school of medicine, one year of internship in an approved hospital and successful completion of three years or residency in psychiatry, and five years of experience in the practice of psychiatric medicine.

Care Coordinator, To Be Determined

General Magistrate, To Be Determined. J.D. and Member of the Florida Bar. Five years membership in Florida Bar and three years legal experience in Probate, Guardianship and Mental Health, preferably in the guardianship area.

Section E: Data Collection and Performance Measurement (20 points)

E-1. Ability to collect and report on performance measures

Charles Dion, has the ability to collect and report data to SAMHSA, meet its contractual obligations, assure 100% GPRA compliance at intake and 80% compliance at discharge and follow-up. Mr. Dion is the Director of the Policy and Services Research Data Center (PSRDC) in the Department of Mental Health Law and Policy at the Louis de la Parte Florida Mental Health Institute (FMHI), University of South Florida. The Center was established to support mental health policy and services research efforts through the integration and analysis of large administrative data sets. Studies emphasize access to services, cost and utilization patterns among persons with mental illness and substance abuse, and examination of different financing and insurance systems. Other studies address issues relevant to the aging, persons with severe and persistent mental illness, and those who are civilly committed. The PSRDC also provides reports to state agencies about trends and changes in the various social services, including mental health, substance abuse, juvenile justice, and child welfare and protection systems.

E-2. Evaluate the process for implementing the program

James Winarski will assist Mr. Dion as the process evaluator to ensure the project is implemented appropriately. Weekly meetings will be held with project staff to ensure appropriate implementation, with frequency being adjusted as needed to ensure consistency with program requirements and demonstration of project goals. Mr. Winarski has worked on several SAMHSA projects demonstrating interventions for serving individuals with co-occurring mental health and substance use disorders, including:

- Co-authored the Report to Congress on the Prevention and Treatment of Co-Occurring Substance Abuse Disorders and Mental Disorders for SAMHSA. (http://media.samhsa.gov/reports/congress2002/index.html)
- Winarski, J.T.,(1998). *Implementing Interventions for Homeless Individuals with Co-Occurring Mental Health and Substance Use Disorders: A PATH Technical Assistance Package,* Sudbury, MA: Advocates for Human Potential under contract with the Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. (Monograph SMA 98-3204: 92 pages).
- Consulted to the federal Center for Mental Health Services and the Center for Substance Abuse Treatment on the development of policies and practices that address co-occurring mental health and substance use disorders among the homeless population, including an evaluation of 16 federally funded programs.
- Acted as principal investigator for federal Center for Mental Health Services Co-occurring Disorders State Incentive Grant (COSIG Grant) that supported systems change strategies in Hillsborough County, Florida (2003-2005). This grant supported implementation of Comprehensive, Continuous, Integrated System of Care (CCISC) Model to support coordination of mental health and substance abuse treatment system in Hillsborough County which was replicated in communities throughout Florida.

E-3. Measurement of treatment outcomes

Treatment outcomes will be measured by recording and analyzing demographic, medical and behavioral health data points in electronic health records and extracting data from case notes. Arrest and incarceration data will be collected from Central Florida Behavioral Health Network, which tracks these data points daily to alert behavioral health providers when a client has been arrested and booked into the jail. As many of the clients will be homeless and/or low income, they will be enrolled in the County's Federally Qualified Health Center program serving homeless individuals, or the Pinellas County Health Plan, which serves low-income individuals. Electronic health records are accessible to County staff to track medical outcomes. Homelessness among the treatment population will be measured using the local Homeless Management Information System.

E-4. DATA COLLECTION, MANAGEMENT, ANALYSIS AND REPORTING PLAN

Data Collection – Evaluator, Charles Dion, M.A., will be responsible for tracking the measurable objectives that were identified in the response to question B1. Data collection will be supervised by the Evaluator while data collection will be conducted by the Research Assistant, Case Manager and program staff as directed. Trainings on data collection, data integrity, and follow-up documentation will be conducted at the start of the project. Data will be collected from three major sources; (1) the GPRA surveys (2) Data obtained to address the outcome questions identified in the table in Question E-3, and (3) Data obtained to address the process questions identified in the table in Question E-3. The SAMHSA provided GPRA tool (CSAT GPRA Client Outcome Measures for Discretionary Programs) will have its data collected by program staff with supervision from the Evaluator. Participants will be interviewed at baseline to measure whether GPRA indicators change in a positive direction or become stable over time when compared with the GPRA data collected at patient discharge and six-month follow-up. The GPRA tool will provide the following data elements (adherence to court-ordered treatment protocols, Baker Act Initiations, substance use, housing status, employment status, criminal justice system involvement, access to services, retention in services and social connectedness) that will be used in the performance assessment. **Data Management –** The Evaluator and the Project Director will monitor the integrity of data collection, entry, synthesis, and analysis for consistent and accurate reporting. The security, back-up and privacy policies/procedures will overlay this process and will be monitored for compliance and adherence. After **GPRA data** are collected, it will be entered into CSAT's GPRA Data Entry and Reporting System within seven calendar days of completion. The Evaluator is responsible for ensuring the GPRA data are reviewed for accuracy. **Data Analysis** – All data will be analyzed to identify subpopulations (i.e., racial, ethnic, sexual/gender groups) vulnerable to disparities so that the program evaluation is utilization-focused in identifying disparities should they exist. A detailed, formative analysis will determine the efficacy of project activities in attaining desired outcomes. Quantitative data will contain the following descriptive statistics (frequency, percentage, mean/median/mode, variance, standard deviation, standard error, and range). Trends and project affects will be statistically tested for significance. Project results will be compared to the national objectives of the Healthy People 2020 groups who have experienced greater obstacles to health (i.e., race, ethnicity, gender, sexual orientation, and other characteristics) according to National Outcome Measures for participants at baseline, discharge, and six months post-baseline. **Data Reporting -** The project will collect and report data to SAMHSA as required by the Government Performance and Results Act (GPRA) and will report

performance in several areas relating to the patient's abstinence from substance use, Baker Act Initiations, adherence to court-ordered treatment protocols, housing status, employment status, criminal justice system involvement, access to services, retention in services and social connectedness. Custom reports will comply with SAMHSA's reporting requirements, including the following: Performance Measurement Biannual Report, Benchmarking agency outcomes reports, and Final Performance Report that will systematically capture levels of service, patient needs, and program performance characteristics. Regular meetings with program staff will occur for consistent data reporting of all evaluation data and findings to monitor program fidelity and create Structural Change Objectives, Action Items, and Plan-Do-Study-Act cycles that are necessary to realign and continuously improve program activities. Program outcomes will be reported to community partners and compiled for SAMHSA conferences, workshops and publications. Data will be aggregated and de-identified to ensure reporting will not attribute specific data responses to patients in accordance to 42 CFR Part 2 and HIPAA privacy rules.

E-5. LOCAL PERFORMANCE ASSESSMENT

The local performance assessment is designed to determine whether the project is achieving its goals, objectives and outcomes the program intended to achieve and identify whether adjustments need to be made to the project. The project has identified four areas for performance assessment; 1) Standard agency performance measures, 2) Progress towards goals and objectives, 3) Outcomes and Process Questions and 4) Tracking disparities in sub-populations. The project's local performance assessment plan will be reviewed at staff meetings. Each area is discussed below.

(1) Standard Agency Performance Measures: Pinellas County prepares an annual performance measure report. Measures that will be monitored to include: access/enrollment times, treatment length of stay, frequency of outpatient sessions and discharge status to name a few. *(2) Progress Towards Goals and Objectives*: The following table outlines the project's goals, expected outcome and Performance Measure to assess local performance. These will be reviewed at the weekly staff meetings and acted upon accordingly. *(3) Outcomes and Process Questions:* The program will be analyzed using gender, race, ethnicity, sexual orientation, gender identity, and other variables identified at the time of analysis to assure that appropriate populations are being served and that disparities in services and outcomes are minimized. The project will review the following outcomes in the table in Section B-1:

Outcome Questions	
Question	**Data Source**
How many individuals were reached through the program and how many were enrolled in Medicaid and Magellan and other benefit programs as a result of participation in this program?	Data from GPRA and Case Manager/Outreach Specialist
What program/contextual factors were associated with increased access to and enrollment in Medicaid and Magellan and other benefit programs?	Case Manager/Outreach Specialist to identify factors addressing enrollment in Medicaid and other benefit programs.
What was the effect of court-ordered treatment on key outcome goals?	Review of identified variables and correlation with patient results and project outcomes and goals.
Do participants show reduced criminal justice involvement?	Data from Case Manager
Do participants show reduction in use of illegal drugs or chronic alcohol abuse?	Data from Case Manager

Is there improved coordination and assistance with receiving benefits?	Data from Case Manager
Are there additional positions/resources/services necessary to improve coordination and services for participants?	Review of minutes from weekly staff meetings to identify areas to improve.
Process Questions	
Is there evidence of inter-agency coordination for individuals receiving services from more than one agency?	Case Manager to identify factors affecting inter-agency coordination.
Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?	Data from the Case Manager/ provided to the evaluator as well as project expenses to identify what services were provided and their effectiveness.
Are the targets and indicators linked and used to inform quality improvement activities?	Review of minutes from weekly staff meetings to address targets and indicators.
What efforts have been taken to overcome administrative and clinical barriers in enrolling individuals in Medicaid and other programs and how are these efforts informing the implementation and/or enhancing the long term sustainability of integrated community systems that provide behavioral health services to individuals with SMI?	Review of minutes from weekly staff meetings to address barriers.

(4) Tracking disparities in sub-populations: Performance assessments will be used to determine whether the project is having/will have the intended impact on behavioral health disparities as demonstrated by increased admission rates for the populations of focus. During the weekly review, minutes will contain information regarding progress achieved, barriers encountered, and remedies to overcome the barriers. This information will be compiled and reported to program staff and the Federal Project Officer in the performance assessment report to be submitted semi-annually.

Document your ability to conduct the assessment. The Louis de la Parte Florida mental health Institute (FMHI) is recognized as Florida's premier research and training center for behavioral health services. FMHI currently subcontracts with Hillsborough County Adult Drug Court to provide the performance assessment and data collection for the evaluation of a three-year SAMHSA grant awarded to expand substance abuse treatment capacity for adult drug courts. Staff at FMHI also currently serve as evaluators of the Pinellas County Behavioral Health pilot to provide performance assessment and process evaluation for the one-year pilot. The pilot serves the most frequent users of the CSU and those referred most frequently from jail.

E-6. QUALITY IMPROVEMENT PROCESS

The project director will conduct weekly meetings with staff to review performance measures, objectives and implementation time lines. If the director finds that performance measure, objectives or timelines are not being met, the team will schedule additional time to conduct a continuous quality improvement session to address those underperforming performance measures or objectives. Adjustments to the project will be monitored and resulting data will be used to justify the newly implemented approach or initiate another change cycle. In the process, the identification of performance barriers, monitoring how performance barriers are overcome, and measuring the extent to which performance goals and objectives are met will be documented and reported.

Appendix A

Pinellas County dba Board of County Commissioners

OTHER ATTACHMENTS: FILE #1 | TABLE OF CONTENTS

Section F | Job Descriptions | Key Personnel

Section F | Biographical Sketches | Key Personnel

Appendix A

JOB DESCRIPTION

TITLE OF POSITION: HEALTH CARE ADMINISTRATOR/PROJECT DIRECTOR
SALARY/HOURS $77,314- $117,121 | 40 hours per week
REPORTS TO: Pinellas County Human Services Director

DESCRIPTION OF DUTIES AND RESPONSIBILITIES:
This position will oversee all on-site project activities and ensure the project is conducted in timely manner and with fidelity to the model. This position will work with the management team to address and solve issues or barriers in the project. This position will monitor and clinical program procedures and outcomes. This position will assist the Project Investigator and Evaluator with monitoring grant compliance and performance and will monitor the effectiveness of the sub-contractors and partners. This position will serve as the liaison between administrative, clinical and research and evaluation project coordination and will assist in project sustainability.

QUALIFICATIONS/EDUCATION:
- Minimum of a bachelor's degree in public health, public administration and
- Extensive experience with project planning and implementation. Developed extensive contacts among community partners and funders.

SKILLS AND KNOWLEDGE REQUIRED:
- Knowledge of behavioral health issues, motivational interviewing and community resources.
- Knowledge of available funding, access to funding for services in the area for clients and needed services.
- Knowledge base of eServices standards, technology ability and access to technology for ease of client use.

PERSONAL QUALITIES:
- Empathetic to individuals, and client's families needs who are experiencing serious mental illness.
- Energetic and devoted to developing community partnerships.

AMOUNT OF TRAVEL AND ANY OTHER SPECIAL CONDITIONS OR REQUIREMENTS:
- Travel to Grantee Meeting and some local travel.

UNIVERSITY OF SOUTH FLORIDA
FLORIDA MENTAL HEALTH INSTITUTE

POSITION TITLE: EVALUATOR
SALARY/HOURS: $112,237 | 4 hours per week
REPORTS TO: **Department Chair – Department of Mental health Law and Policy**

POSITION SUMMARY:
Person is responsible for coordinating, implementing and documenting all phases of the qualitative evaluation of the program intervention, including meeting with clinical/program, administrative, and evaluation staff to coordinate qualitative and quantitative aspects of the evaluation.

PRIMARY RESPONSIBILITIES:
- Mapping the program theory and operational components of the intervention
- Tracking program interventions
- Case record reviews
- Consumer focus groups
- Staff focus groups
- Documenting the relationship between specific interventions, and qualitative and quantitative outcomes
- Summarizing findings

QUALIFICATIONS/EDUCATION:
- Minimum of Master's degree in scientific field and experience with programming for persons with serious mental illnesses and substance abuse disorders.

SKILLS/KNOWLEDGE:
- Knowledge of programs and interventions for populations with serious mental illnesses and substance abuse disorders.
- Interviewing skills
- Group facilitation skills
- Data analysis skills

AMOUNT OF TRAVEL/OTHER SPECIAL CONDITIONS/REQUIREMENTS
- Travel to grantee meetings in Washington DC
- Visit or work at sites outside the office as needed or required for service provision and provide own safe transportation to such locations.

PERSONAL QUALITIES
- Ability to coordinate efforts of staff across agencies and professional disciplines.
- Strong interpersonal skills

UNIVERSITY OF SOUTH FLORIDA
FLORIDA MENTAL HEALTH INSTITUTE

POSITION TITLE: Director, Policy and Services Research Data Center

SALARY/HOURS: $95,460 | 6 hours per week

REPORTS TO: **Associate Department Chair – Department of Mental health Law and Policy**

POSITION SUMMARY:
Person is responsible for coordinating, implementing and documenting all phases of the qualitative evaluation of the program intervention, including meeting with clinical/program, administrative, and evaluation staff to coordinate qualitative and quantitative aspects of the evaluation.

PRIMARY RESPONSIBILITIES:
- Managing research staff assigned to the project
- Obtaining administrative databases and permissions to use in the study.
- Data management and analysis.
- Documenting the relationship between specific interventions, and qualitative and quantitative outcomes
- Summarizing findings

QUALIFICATIONS/EDUCATION:
- Minimum of Master's degree in scientific field and experience with advanced statistical analysis and analysis of large administrative databases.

SKILLS/KNOWLEDGE:
- Knowledge of Advanced Statistical Methods
- Management of Technical/Scientific Staff
- Analysis of Large Administrative Databases
- Knowledge of Information Privacy Laws

AMOUNT OF TRAVEL/OTHER SPECIAL CONDITIONS/REQUIREMENTS
- Travel to grantee meetings in Washington DC
- Visit or work at sites outside the office as needed or required for service provision and provide own safe transportation to such locations.

PERSONAL QUALITIES
- Ability to coordinate efforts of staff across agencies and professional disciplines.
- Strong interpersonal skills

DIRECTIONS FOR LIVING/PEMHS

POSITION TITLE: Psychiatric ARNP

SALARY/HOURS: $110,000 | 40 hours per week (DFL) | 10 hours per week (PEMHS)

REPORTS TO: **Medical Director**

POSITION SUMMARY:
This is a responsible position requiring clinical, psychiatric, medical, and administrative duties.

PRIMARY RESPONSIBILITIES:

- Under the supervision of the Medical Director provide psychiatric services, including but not limited to, psychiatric evaluations, case staffings, and ongoing medication treatment as appropriate to the treatment plan.
- Assure the implementation and delivery of high quality mental health services to Directions' client.
- Perform psychiatric evaluations for assigned clients, or as directed.
- Adhere to regulatory bodies and licensing rules, guidelines, and schedules.

QUALIFICATIONS/EDUCATION:

- Licensed Advanced Registered Nurse Practitioner, Florida Nursing License, M.S. in Nursing

SKILLS/KNOWLEDGE:

- Completion of the appropriate course of psychiatric nursing education to secure and maintain Florida licensure as an advanced registered nurse practitioner.
- Knowledge of DSM-IV and ICD-10 diagnostic codes.
- Knowledge of psychotropic medications
- Familiarity with Marchman and Baker Act laws.

AMOUNT OF TRAVEL/OTHER SPECIAL CONDITIONS/REQUIREMENTS

- Familiarity with tele-health preferred

PERSONAL QUALITIES

- Must have a willingness to learn approaches with which staff are less familiar as required.
- Establish and maintain effective rapport with clients and maintains high satisfaction rate with clients and families served.
- A high level of accuracy with data processing
- A professional attitude at all times
- Supports and adheres to the five client promises

DIRECTIONS FOR LIVING

POSITION TITLE: THERAPIST

SALARY/HOURS: $50,000 | 40 hours per week

REPORTS TO: **Clearwater Center Director**

POSITION SUMMARY:
This is a professional clinical position providing therapy to adults, children, and families/guardians with family-related issues. Work involves the application of psychotherapeutic theories and practices.

PRIMARY RESPONSIBILITIES:
- Establish and maintain effective rapport with clients and maintains high satisfaction rate with clients and families served.
- Develops and updates realistic and effective treatment plans with clients and their families as required and ensures that all documentation exhibits sound clinical judgment, identifies client success/improvements or issues and identifies client participation in the service process.
- Conducts thorough client interviews/evaluations exhibiting accuracy and thoroughness of assessment and referral skills.
- Maintain continuity of contact with clients as appropriate to their treatment plans.
- Provides clinical interventions, utilizing flexibility in approach, maintenance of appropriate boundaries, and sound psychotherapeutic principles.
- Plan and implement psychotherapeutic and psycho-educational groups.
- Demonstrate cultural competency in service provision including recognition of any unique aspects of persons served.

QUALIFICATIONS/EDUCATION:
- Master's degree in Counseling, Psychology, Social Work or related field required.
- Licensed as LCSW, LMHC, LMFT, Clinical Psychologist

SKILLS/KNOWLEDGE:
- Knowledge of DSM-IV, ICD-10 diagnostic codes, and psychotropic medications
- Sufficient clinical knowledge to provide clinical intervention with adults and children who manifest a range of psychopathology, utilizing various treatment approaches including individual, family, play, and group therapy, individual psychopathology and normal childhood development.
- Sufficient knowledge of Cognitive Behavioral Therapy and other evidence based treatments
- Knowledgeable in and practice all policies and procedures related to privacy and security practices cited in the Health Insurance Portability and Privacy Act (HIPAA).

AMOUNT OF TRAVEL/OTHER SPECIAL CONDITIONS/REQUIREMENTS
- Transport clients as needed and required in personal vehicle as part of service provision.
- Visit or work at sites outside the office as needed or required for service provision and provide own safe transportation to such locations.

PERSONAL QUALITIES
- Must have a willingness to learn approaches with which staff are less familiar as required.
- Establish and maintain effective rapport with clients and maintains high satisfaction rate with clients and families served. Supports and adheres to the five client promises

DIRECTIONS FOR LIVING

POSITION TITLE: CASE MANAGER
SALARY/HOURS: $35,000 | 40 hours per week
REPORTS TO: **Largo Center Director**

POSITION SUMMARY:
Targeted 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.

PRIMARY RESPONSIBILITIES:
- Work with consumers to identify services needed in the home and/or hospital to maintain the least restrictive environment.
- Provide services in the field/community (i.e., consumers' homes, residential settings, hospitals).
- Respond to client needs and concerns impacting ability to function in the community.
- Attempt to reduce psychiatric hospitalization by working with the individual to identify a recovery plan and crisis plan that identifies symptoms, and triggers to relapse as well as supports and interventions.
- Promptly assist in clients discharge planning when admitted to inpatient hospital within 24 hours.
- May attend all Baker Act Hearings, pre-admission staffings, and discharge planning meetings, treatment team staffing's, as needed, and interdepartmental staffings.
- Discuss aspects of client care with treatment staff. Provide psychiatrist with concise statements of client current status. Interface and link with referral sources and outside organizations.

QUALIFICATIONS/EDUCATION:
Bachelor's degree in Human Services from an accredited college with a minimum of one year of previous experience working with adults and children with serious persistent mental illness. Completion of Targeted Case Management Certification required.

SKILLS/KNOWLEDGE:
- Will be knowledgeable in and practice all policies and procedures related to privacy and security practices cited in the Health Insurance Portability and Privacy Act (HIPAA) applicable to my program and position.
- Knowledge of DSM-IV, ICD-10 diagnostic codes, and psychotropic medications
- Must have sufficient clinical knowledge to provide clinical intervention with adults and children who manifest a range of psychopathology, utilizing various treatment approaches.

AMOUNT OF TRAVEL/OTHER SPECIAL CONDITIONS/REQUIREMENTS
- Transport clients as needed and required in personal vehicle as part of service provision.
- Visit or work at sites outside the office as needed or required for service provision and provide own safe transportation to such locations.

PERSONAL QUALITIES
- Must have a willingness to learn approaches with which staff are less familiar as required.
- Establish and maintain effective rapport with clients and maintains high satisfaction rate with clients and families served. Supports and adheres to the five client promises

DIRECTIONS FOR LIVING

POSITION TITLE: IDT Facilitator- Adult Outpatient Service
SALARY/HOURS: $42,000 | 40 hours per week
REPORTS TO: **Clearwater Center Director**

POSITION SUMMARY:
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.

PRIMARY RESPONSIBILITIES:
- The facilitator will be responsible for leading the IDT staffings.
- The facilitator will maintain the electronic scheduling system and will be responsible for ensuring that the staffings are scheduled in compliance with their availability. The facilitator will be available for any emergency meetings on an as needed basis.
- Requires a high level of independent judgement in reviewing and coordinating the safety and permanency of children. There is a high level of responsibility for meeting communicated goals which directly impact business decisions.
- This position exercised discretion in decision making on a daily basis which directly impacts the safety and welfare of the client and families served. Critical analyses, thinking and judgement are required.

QUALIFICATIONS/EDUCATION:
- Must hold at least a minimum of a Bachelor's Degree in Psychology, Social Work or related area of study from an accredited university. Master's degree in the above identified fields preferred.

SKILLS/KNOWLEDGE:
- Will be knowledgeable in and practice all policies and procedures related to privacy and security practices cited in the Health Insurance Portability and Privacy Act (HIPAA).
- Demonstrate cultural competency in service provision to the diversity of persons served.
- Must have sufficient clinical knowledge to provide clinical intervention with adults and children who manifest a range of psychopathology, utilizing various treatment approaches.

AMOUNT OF TRAVEL/OTHER SPECIAL CONDITIONS/REQUIREMENTS
- Transport clients as needed and required in personal vehicle as part of service provision.
- Visit or work at sites outside the office as needed or required for service provision and provide own safe transportation to such locations.

PERSONAL QUALITIES
- Must have a willingness to learn approaches with which staff are less familiar as required.
- Establish and maintain effective rapport with clients and maintains high satisfaction rate with clients and families served. Supports and adheres to the five client promises.

DIRECTIONS FOR LIVING/PEMHS

POSITION TITLE: Field Supervisor
SALARY/HOURS: $53,000 | 40 hours per week
REPORTS TO: **Center Director**

POSITION SUMMARY:
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 of adult services programs at all service locations.

PRIMARY RESPONSIBILITIES:
- Ensures adequate staff coverage for all Program activities. Ensures that productivity levels of staff are adequate, relevant to the Director of Clinical Services expectations.
- Reviews statistics and program reports on an ongoing basis and takes appropriate corrective actions as needed.
- Monitors progress and ensures achievement of each program's goals and objectives through the development and monitoring of an annual Quality Center Plan.
- The Supervisor will provide clinical case review. Develops accurate and complete clinical evaluations of client.
- Ensures development and updates of realistic treatment plans with client and their families as required and ensures that all documentation exhibits sound clinical judgment, identifies client progress, strengths and issue and documents client participation in the service process.
- Conducts thorough client interviews exhibiting accuracy and thoroughness of assessment.
- Provides clinical interventions, utilizing flexibility in approach, maintenance of appropriate boundaries, and sound psychotherapeutic principles.

QUALIFICATIONS/EDUCATION:
- Master's Degree in Human Services Field. Florida licensure required (LMHC, LMFT or LCSW)
- Must obtain and maintain CPI certification.
- Minimum three years relevant experience.

SKILLS/KNOWLEDGE:
- Will be knowledgeable in and practice all policies and procedures related to privacy and security practices cited in the Health Insurance Portability and Privacy Act (HIPAA).
- Demonstrate cultural competency in service provision to the diversity of persons served.
- Must have sufficient clinical knowledge to provide clinical intervention with adults and children who manifest a range of psychopathology, utilizing various treatment approaches.

AMOUNT OF TRAVEL/OTHER SPECIAL CONDITIONS/REQUIREMENTS
- Transport clients as needed and required in personal vehicle as part of service provision.
- Visit or work at sites outside the office as needed or required for service provision and provide own safe transportation to such locations.

PERSONAL QUALITIES
- Must have a willingness to learn approaches with which staff are less familiar as required.
- Establish and maintain effective rapport with clients and maintains high satisfaction rate with clients and families served.

PERSONAL ENRICHMENT FOR MENTAL HEALTH SERVICES

POSITION TITLE: STAFF PSYCHIATRIST
SALARY/HOURS: $230,000 | 10 hours per week
REPORTS TO: Medical Director/Administrative Supervision by Executive Director

POSITION SUMMARY:
Responsible for delivery of direct psychiatric and medical care within the Agency, as assigned, to specific services, programs and groups.

PRIMARY RESPONSIBILITIES:
- Participating in the diagnosis and treatment of admitted patients. Completes mental status examination of assigned patients. Completes limited physical and neurological examination of patients and refers appropriately for non-psychiatric medical care.
- Prescribes medications appropriate to the diagnosis and symptoms of patients.
- Consults with patients, their families, attorneys, teachers, other medical professionals and other attracted persons in interpreting clinical findings. Conducts and coordinates family sessions.
- Reviews clinical records and discusses with staff those cases who present as potential high risk.
- Provides consultation to peers and 2nd opinions on cases for whom involuntary placement is being requested. Completes proper documentation of consumer's assessment, reassessment, interventions and evaluation relative to consumer progress in the progress notes.
- Participates as a member of the treatment team for assigned services; signs treatment plans approving treatment in a timely manner.
- Preparing diagnostic reports for law examiners, judges, government officials, physicians, and school officials. Providing professional witness evidence in administrative hearings and courts of law regarding the patient's status at Baker Act Hearings.
- Orders ancillary services to be provided by other professional staff within their scope of license.
- Orders and interprets tests and other procedures needed for diagnostic or treatment purposes.

QUALIFICATIONS/EDUCATION:
- Graduation from a recognized school of medicine, 1 year of internship in an approved hospital and successful completion of 3 years or residency in psychiatry, and 5 years of experience in the practice of psychiatric medicine. Professional recognition and board certification in the field of psychiatric medicine is desirable.

SKILLS/KNOWLEDGE:
- Develops and maintains competency in age groups served.
- Maintains competency regulatory compliance issues, Baker Act regulations, and cultural diversity.
- Participates in educational and training activities aimed at strengthening job-related skills.
- Able to operate electronic medical record (EMR) and is familiar with the technology /telemedicine

AMOUNT OF TRAVEL/OTHER SPECIAL CONDITIONS/REQUIREMENTS
- Part-time of up to 10 hours per week with possibility of irregular working hours.
- Exposure to consumers and all possible program emergencies and conditions
- Local travel to a variety of work locations, including mental health court as the need arises.

PERSONAL QUALITIES
- Ensures consumer dignity and respects consumer values.
- Operates within ethical standards.

PERSONAL ENRICHMENT FOR MENTAL HEALTH SERVICES

POSITION TITLE: MENTAL HEALTH LIAISON
SALARY/HOURS: $43,000 | 40 hours per week
REPORTS TO: Director of Clinical Services

POSITION SUMMARY:
Responsible for providing individualized assessments for targeted population. Assess client's needs and provides treatment recommendations to Mental Health Court. Ensures timely completion and accuracy of documentation and treatment recommendations are provided to Mental Health Court. Attends Court hearings as needed. Works in collaboration with Community Mental Health Centers to ensure seamless transition from inpatient to involuntary outpatient services.

PRIMARY RESPONSIBILITIES:
- Demonstrates ability to assess and reassess needs of individual consumers
- Coordinates treatment recommendations in accordance with consumer diagnosis and needs.
- Performs as an active member of the Treatment Team by providing clinical oversight such as reviewing accuracy of documentation of court related documents.
- Conducts individual assessments on targeted population
- Ensures confidentiality at all times for information encountered.
- Communicates effectively with families, treatment team, mental health court staff, and community mental health centers conveying a positive, professional image.
- Acts as a clinical resource for crisis staff in interactions with the clients and diffusing potential situation. Teaches staff proper techniques in dealing with the various disorder.
- Conducts Baker Act assessments and Brief Behavioral Status Updates for the agency as needed.
- Other duties as assigned for the overall operations of the agency

QUALIFICATIONS/EDUCATION:
- Master degree in behavioral health field. Eligible for licensure in the State of Florida as a clinical social worker, mental health counselor, or marriage and family therapist with a minimum 1 year experience working in crisis psychiatric inpatient. Proven ability to be a client advocate.
- Working knowledge of Mental Status Exam. Familiar with the Baker Act

SKILLS/KNOWLEDGE:
- Develops and maintains competency in age groups served.
- Maintains competency regulatory compliance issues, Baker Act regulations, and cultural diversity.
- Participates in educational and training activities aimed at strengthening job-related skills.
- Able to operate electronic medical record (EMR) and is familiar with the technology /telemedicine

AMOUNT OF TRAVEL/OTHER SPECIAL CONDITIONS/REQUIREMENTS
- Exposure to consumers and all possible program emergencies and conditions
- Local travel to a variety of work locations, including mental health court as the need arises.

PERSONAL QUALITIES
- Ensures patient dignity and respects patient values.
- Operates within ethical standards.

PINELLAS COUNTY PUBLIC DEFENDER'S OFFICE, 6TH JUDICIAL CIRCUIT

POSITION TITLE: FORENSIC FOCUSED OUTREACH CASE MANAGER
SALARY/HOURS: $38,000 | 40 hours per week
REPORTS TO: Manager, Outpatient Services

POSITION SUMMARY:
Provide ongoing outreach and clinical care coordination services to mobile medical clients in order to meet their comprehensive health care needs and to promote high quality, cost-effective outcomes.

PRIMARY RESPONSIBILITIES:
- Provides person-centered, mental health services that are culturally competent to individuals who are referred by the public defender's mental health program. These services may be performed in the office, in the jail or in the community
- Provide transportation to individuals for in- and out-of-county residential programs, and other case management services
- Link individuals to services in the community; Create and monitor case plan goals.
- Meet with clients weekly or bi-weekly to determine progress of case plan goals
- Refer individuals to treatment programs, in order to preserve continuity of services
- Document services in treatment provider and PD databases, and maintain individual files.
- Maintain contact with residential program staff, and provide feedback if needed.
- Maintain contact with the Public Defender mental health therapists regarding individuals.

QUALIFICATIONS/EDUCATION:
- BA degree in social work or related field
- Experience with criminal justice system, mental illness and substance abuse preferred

SKILLS/KNOWLEDGE:
- Knowledge of public health principles, practices and techniques
- Ability to assess clients in person and over the phone and document a SOAP note
- Ability to work with persons of a different race, language, culture, educational attainment or socioeconomic status in a way that is mutually beneficial for both the nurse and the client(s).
- Ability to utilize EHR including the Care Coordination module, review and record patient information and capture services provided

AMOUNT OF TRAVEL/OTHER SPECIAL CONDITIONS/REQUIREMENTS
- Position requires a valid Florida Driver's license and access to private transportation.
- **Emergency Duty:** Incumbent may be required to work before, during and/or beyond normal work hours or days in the event of an emergency.
- **Confidentiality:** Incumbent may have access to records containing Social Security numbers in the performance of their job duties

PERSONAL QUALITIES
- The ability to function and operate as a team player, showing dignity and respect for all.
- The ability to take direction in a respectful and productive manner from supervisors and managers.
- The ability to have cordial and professional relationships both within the organization and with vendors, clients and third parties.

FLORIDA DEPARTMENT OF HEALTH IN PINELLAS COUNTY

POSITION TITLE: CARE COORDINATOR
SALARY/HOURS: $62,000 | 40 hours per week
REPORTS TO: **Medical and Health Services Manager**

POSITION SUMMARY:
Provide ongoing outreach and clinical care coordination services to mobile medical clients in order to meet their comprehensive health care needs and to promote high quality, cost-effective outcomes.

PRIMARY RESPONSIBILITIES:
- Coordinate medical/preventive services for clients based on need and evidence-based guidelines.
- Develop and monitor individual client care plans in collaboration with client and medical home.
- Identify and increase clients' knowledge regarding their medical and preventive treatment.
- Utilize skills of interview, observation, and assessment to determine the needs of the client and motivate the client to self-management.
- Develop plan for ongoing assessment of risk factors and services.
- Educate and counsel clients in basic health principals and risk behaviors, including but not limited to management and prevention of chronic diseases and their complications, communicable disease control, maternal health, family planning, nutrition, and safety with emphasis on prevention.
- Provide case management to established or referred clients and make appropriate referrals.
- Provide direct services to clients including immunization, administration of ordered medications, tuberculin testing, vital signs and/or other testing or services which fall within individual's medical training and licensure.

QUALIFICATIONS/EDUCATION:
- Master's degree in Counseling, Psychology, Social Work or related field required.

SKILLS/KNOWLEDGE:
- Knowledge of public health principles, practices and techniques
- Ability to assess clients in person and over the phone and document a SOAP note
- Ability to work with persons of a different race, language, culture, educational attainment or socioeconomic status in a way that is mutually beneficial for both the nurse and the client(s).
- Ability to utilize EHR including the Care Coordination module, review and record patient information and capture services provided

AMOUNT OF TRAVEL/OTHER SPECIAL CONDITIONS/REQUIREMENTS
- Position requires a valid Florida Driver's license and access to private transportation.
- **Emergency Duty:** Incumbent may be required to work before, during and/or beyond normal work hours or days in the event of an emergency.
- **Confidentiality:** Incumbent may have access to records containing Social Security numbers in the performance of their job duties

PERSONAL QUALITIES
- Ability to effectively communicate verbally and in writing
- Ability to work with persons of a different race, language, culture, educational attainment or socioeconomic status in a way that is mutually beneficial for both the nurse and the client(s).

PINELLAS COUNTY – 6TH JUDCIAL COURT

POSITION TITLE: AUDITING GENERAL MAGISTRATE
PROBATE-GUARDIANSHIP & MENTAL HEALTH
SALARY/HOURS: $29.80/hr | 10 hours per week
REPORTS TO: Chief Deputy Courts Administrator

POSITION SUMMARY:
Highly responsible professional legal work hearing and ruling on any issues which arise from the guardianship initial, annual and final reports and assisting the Court in its monitoring function of all guardianships overseen by the Court. Cross training in all other areas of Probate, Guardianship and Mental Health is required to assist the other General Magistrates and staff in the Division, including but not limited to hearing and ruling on petitions to determine incapacity and petitions for involuntary civil commitment (Baker Act and Marchman Act) cases.

PRIMARY RESPONSIBILITIES:
- Conduct comprehensive audits of all guardianship accountings, inventories and plans filed with the Court.
- Prepare all proposed Orders on Review for the assigned Judge.
- Oversee the random, comprehensive field audits of guardianships annually, to ensure compliance with applicable Florida Law and Local Rule.
- Conduct hearings covering issues raised in the review of inventories, accountings, plans and reports submitted.
- Make findings of fact and recommendations and proposed Orders for consideration by the assigned Judge.
- Assist in the review of pending legislation for the Judges. Research legal issues. Monitor changes in legislation/case law to identify and plan for changes in program operations.
- Participate in projects intended to improve the efficiency and effectiveness of the Court's oversight and monitoring role in case management.
- Serve as backup to the other General Magistrates in the PGMH Division, in Pasco and Pinellas. Serve on various circuit and state-wide committees, as assigned

QUALIFICATIONS/EDUCATION:
- J.D. and Member of the Florida Bar.
- Five years membership in Florida Bar and three years legal experience in Probate, Guardianship and Mental Health, preferably in the guardianship area

SKILLS/KNOWLEDGE:
- Working knowledge of statutes, rules and case law as it pertains to Probate, Guardianship and Mental Health law or other temporarily assigned division of the court.
- Ability to grasp, comprehend and analyze complex legal issues and complicated factual details, arriving at well-reasoned and logical conclusions.
- Ability to exercise discretion concerning the highly sensitive information presented and maintain the confidentiality of all parties before the Court.

PERSONAL QUALITIES
- Ability to handle stress of heavy caseload.
- Ability to maintain an impartial and professional demeanor at all times.

PINELLAS COUNTY: PUBLIC DEFENDER'S OFFICE

POSITION TITLE: BAKER ACT ATTORNEY
SALARY/HOURS: $53,746.48/yr | 20 hours per week
REPORTS TO: Public Defender

POSITION SUMMARY:
A Baker act attorney in Pinellas covers six receiving facilities and has hearings throughout each week. The job requires meeting with the clients the day before the hearing and thoroughly reviewing the electronic medical records. In Pinellas, the petitions for involuntary inpatient placement are filed electronically and required by law a hearing within the next 5 business days. If an independent expert is required to evaluate a client, only our attorney can continue that case for that purpose and the continuance cannot be longer than four weeks. If our attorney disagrees with the finding of the hearing officer, the attorney files an exception that then goes before a circuit court judge for review. Those hearings are done on an expedited basis.

PRIMARY RESPONSIBILITIES:
- Conduct hearings twice a day for three days/week.
- Meet with clients in a timely manner and thoroughly review all electronic medical records.
- Works closely with any independent experts and files a continuance or exception as needed.
- Represents client thoughout the treatment order and advises client compliance/non-compliance adherence to the treatment order.
- Ensures that the client's civil rights are not violated.
- Ensures confidentiality at all times for information encountered.

QUALIFICATIONS/EDUCATION:
- Juris Doctorate
- Admitted to the Florida Bar for a minimum of two years and have two years of legal work experience.

SKILLS/KNOWLEDGE:
- Proven ability to be a client advocate.
- Working knowledge of Mental Status Exam. Familiar with the Baker Act
- Maintains competency regulatory compliance issues, Baker Act regulations, and cultural diversity.
- Participates in educational and training activities aimed at strengthening job-related skills.

AMOUNT OF TRAVEL/OTHER SPECIAL CONDITIONS/REQUIREMENTS
- Local travel to a variety of work locations, including mental health court as the need arises.

PERSONAL QUALITIES
- Ensures patient dignity and respects patient values.
- Operates within ethical standards.

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors in the order listed on Form Page 2.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME Charles J. Dion	POSITION TITLE Director, Policy and Services Research Data Center University of South Florida
eRA COMMONS USER NAME (credential, e.g., agency login) cdion	

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.)*

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	MM/YY	FIELD OF STUDY
University of South Florida	B.A.	05/86	Mathematics
University of South Florida	M.A.	05/95	Mathematics/Statistics

A. Personal Statement

Charles Dion, M.A. is the Director of the Policy and Services Research Data Center (PSRDC) in the Department of Mental Health Law and Policy at the Louis de la Parte Florida Mental Health Institute (FMHI), University of South Florida. He received both his Bachelor's and Master's degrees from the University of South Florida in Mathematics. His Master's degree has a concentration in Statistics. Following the completion of his Master's degree he went to work for Florida Medical Quality Assurance, Inc. (FMQAI), the Florida Medicare Quality Improvement Organization as a Data Analyst where he worked for fourteen years developing expertise in data mining and the statistical analysis of large administrative data bases, primarily Medicare claims data, and steadily increasing his level of responsibility. The positions he held were Data Analyst, Statistician, Lead Statistician, Director of Analytic Services, and Chief Analytic Officer. While at FMQAI, Mr. Dion served as the principal statistician on over 50 Medicare health care quality improvement projects.

Mr. Dion currently directs the PSRDC. PSRDC staff is actively involved in local, state, and federal research projects. The Center was established to support mental health policy and services research efforts through the integration and analysis of large administrative data sets. Studies emphasize issues including access to services, cost and utilization patterns among persons with mental illness and substance abuse, and examination of different financing and insurance systems. Other studies address issues relevant to specific populations, such as the aging, persons with severe and persistent mental illness, and those who are civilly committed. The PSRDC also provides reports to state agencies about trends and changes in the various social services, including mental health, substance abuse, juvenile justice, and child welfare and protection systems. Because of the wide-ranging research questions addressed in these projects, staff analysts have been hired with the intent of creating a bank of expertise in areas as diverse as hierarchical linear modeling (HLM, also known as multi-level analysis), structural equation modeling, geocoding, and non-parametric analyses.

.B. Positions and Honors

UNIVERSITY OF SOUTH FLORIDA - TAMPA, FL (2009-PRESENT)

Director, Policy and Services Research Data Center
Louis de la Parte Florida Mental Health Institute
College of Behavioral and Community Sciences

FLORIDA MEDICAL QUALITY ASSURANCE, INC. - TAMPA, FL (1994-2008)

Positions Held: Chief Analytical Officer (CAO), Director of Analytic Services, Lead Statistician, Statistician, Data Analyst

C. Selected Peer-reviewed Publications

1. Preventing violent crime and suicide among people with serious mental illness in Florida: Do gun restrictions and background checks reduce risk?; Jeffrey W. Swanson, Michele M. Easter, Allison G. Robertson, Marvin S. Swartz, Kelly Alanis-Hirsch, Daniel D. Moseley, Charles Dion, John P. Petrila; Health Affairs, June 2016
2. Patterns of Access and Service Use for Persons with Substance Use Disorders across Florida's Managed Medical Assistance Plans; Holly Hills, Tara Richards, Charles Dion; (Agency for Health Care Administration (AHCA) series No. xxx.xxx) : University of South Florida, The Louis de la Parte Florida Mental Health Institute; June 2016
3. Voluntary Cough Airflow Differentiates Safe Versus Unsafe Swallowing in Amyotrophic Lateral Sclerosis; Emily K. Plowman ; Stephanie A. Watts; Raele Robison; Lauren Tabor; Charles Dion; Joy Gaziano; Tuan Vu ; Clifton Gooch; Dysphagia, January 2016
4. Discriminant ability of the Eating Assessment Tool to predict aspiration in individuals with amyotrophic lateral sclerosis; K. Plowman*, L. Tabor, R. Robison,*, J. Gaziano, C. Dion, S. A. Watts, T. Vu & C. Gooch; Neurogastroenterol Motil , October 2015
5. Community Policy Brief: A Study of Student Absenteeism in Pinellas County; J. Joseph Baldwin, MA; Denise M. Groesbeck OTR, MPA, MSW; Starr Silver, Ph.D.; and Charles Dion, MA; Pinellas County Juvenile Welfare Board; July 2015.
6. Percutaneous Endoscopic Gastrostomy Increases Survival in ALS: Twenty Years in Review; Laurie E Sterling MS1, Emily K Plowman PhD2, Charles Dion MS2, Ericka P Simpson MD1, Stanley H Appel MD; Conference: 25th International Symposium on ALS/MND, At Brussels, Belgium, December 2014
7. Path tortuosity in everyday movements of elderly persons increases fall prediction beyond knowledge of fall history, medication use, and standardized gait and balance assessments. William Kearns, James LFozard, Marion Becker, Jan M Jasiewicz, Jeffrey D Craighead, Lori Holtsclaw, Charles Dion. Journal of the American Medical Directors Association. In Press
8. Something in the way she moves: Falls and fractal dimension.; W. Kearns, J.L. Fozard, M. Becker, C. Dion, J. Craighead, & J. Jasiewicz; Gerontechnology, 2012
9. Something in the Way She Moves: Falls and Fractal Dimension; W. Kearns, J.L. Fozard, M. Becker, C. Dion, J. Craighead, & J. Jasiewicz; Paper presented at the meeting of the ISG*ISARC (International Society of Gerontechnology and the International Symposium of Automation and Robotics in Construction) Eindhoven, The Netherlands. June 2012.
10. Hills, H. A., Richards, T. N., & Dion, C. (2012). Assessing satisfaction in opioid treatment programs in Florida (Agency for Health Care Administration (AHCA) series No. 220-148). Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute.
11. Hills, H. A., Richards, T. N., & Dion, C. (2012). Assessing patterns of care for persons in medication assisted treatment who have a co-occurring mental health disorder (Agency for Health Care Administration (AHCA) series No. 220-150). Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute.
12. Hayes, Diane and Dion, Charles (2012), Individual Use of Multiple Systems and Frequent Flyers (Pinellas County Data Collaborative). Tampa, FL: University of South Florida, The Louis de la Parte Florida Mental Health Institute.
13. Medicaid Enrollment Rates among Individuals Arrested in the State of Florida Prior To and At the Time of Arrest; John Petrila, Bill Fisher, Diane Haynes, Nicolette Springer, **Charles Dion**; Psychological Services, Accepted for Publication; 2010

D. Research Support

Connecting People and Place: Improving Communities through Integrated Data Systems-Principal Investigator
Firearm laws, mental disorder, and violence-Principal Investigator (Sub)
Pinellas Data Collaborative – Principal Investigator
Profiles of Pinellas Drug Court Clients – Principal Investigator
Medicare Hospital Payment Error Monitoring Program- Analyst
Florida End Stage Renal Disease Network - Analyst

Biography - James Winarski, MSW

James T. Winarski, M.S.W., is Faculty/Research Associate at the Dept. of Law and Policy, Louis De La Parte Florida Mental Health Institute at the University of South Florida (USF), where he provides technical assistance and training in the areas of assessment, development, and implementation of behavioral health programs. He has worked in areas of mental health/substance abuse policy and program development at federal and state levels, with a special focus on mental health recovery/rehabilitation programming and issues related to homelessness. He recently completed a study of recovery-oriented services for Florida's Medicaid authority, the Agency for Health Care Administration and developed an assessment and planning tool to support the delivery of recovery-oriented services (WWW.SAPTRECOVERY.ORG).

Mr. Winarski is on faculty for the Center on Homelessness among Veterans at USF under contract to the Department of Veterans Affairs. He participated in the development and evaluation of Community Resource and Referral Centers (CRRC's) at 30 nationwide sites. He is also serving as faculty for the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center for USF's Florida Mental Health Institute.

Mr. Winarski is an instructor for two core courses in the undergraduate Behavioral Healthcare Major at USF: Recovery Oriented Mental Health Services (MHS-4023) and Behavioral Health Systems Delivery (MHS-4002).

Mr. Winarski co-authored the Report to Congress on the Prevention and Treatment of Co-Occurring Substance Abuse Disorders and Mental Disorders for the Substance Abuse Mental Health Services Administration (SAMHSA). He also completed a training package entitled "Implementing Interventions for Homeless Individuals with Co-Occurring Mental Health and Substance Use Disorders" that was published by SAMHSA. He led training/technical assistance site visits across the country for SAMHSA's Project for Assistance in Transition from Homelessness (PATH) Program, and is currently providing consultation to PATH programs throughout the state of Florida. He has also conducted training in Motivational Interviewing for PATH programs and for children's behavioral health programs in Florida.

Mr. Winarski has specialized knowledge and skills in the areas of program coordination/systems integration, recovery/rehabilitation technologies, outreach, case management, homelessness, co-occurring mental health and substance use disorders, and in developing intervention strategies for difficult to reach populations. He is a skilled presenter and trainer, and has conducted workshops throughout the country.

Biography - Susan V. Herper, ARNP

Susan Herper been employed with Personal Enrichment through Mental Health Services (PEMHS) since November 2013. She is currently providing inpatient medication management for adults under the supervision of Mary Lowrey, MD and also acted as ARNP for the PEMHS Family Emergency Treatment Center where she provided psychiatric evaluation and medication management services. Ms. Herper has been working as a psychiatric registered nurse on acute adult inpatient psychiatric units beginning in 1986. In December 1994, she completed her Masters in Nursing in the psychiatric nursing program at the University of South Florida (USF) and has been licensed as an ARNP since January 1995.

Ms. Herper has extensive treatment experience with the homeless population having managed medication at two local homeless shelters. She has treated adults with Serious and Persistent Mental Illness, and patients with co-occurring mental health and substance use disorders. She was the Program Director of MCC ambulatory detoxification program. She has worked within the community mental health system for the past 9 years, primarily with the indigent population.

Ms. Herper has been a guest lecturer for the nursing school at University of South Florida. She has acted as a preceptor for psychiatric nursing graduate students for USF as well as the University of Alabama, Mobile. She has been psychiatric presenter for Central Florida Behavioral Health Network's training for Adult Living Facilities that specialize in working with patients with SPMI. She was co-investigator for the Florida Mental Health Institute's study evaluating the benefits and risks of concurrent use of two anti-psychotic medications. Ms. Herper believes in a systems approach to the care of the patients under her care.

Biography – Jessica Stanton, MSW, LCSW

Jessica Stanton has been employed with Personal Enrichment through Mental Health Services (PEMHS) since January 2011. She is currently the supervisor of the IMPACT Continuing Care program under the Director of Clinical Services, supervising a team of case managers and clinical therapists, oversees treatment and clinical overlay for high needs high utilizing adults (HNHU) of crisis inpatient and outpatient service linkage on a community basis. IMPACT Continuing Care ensures medication management and crisis intervention services with licensed staff for co-occurring disorders. Ms. Stanton has been in the social work field since 2007, having received that year a Bachelor of Social Work and Bachelor of Arts in literature from Florida State University. She completed her Master of Social work in 2009 at the University of Central Florida and is now a Licensed Clinical Social Worker in the state of Florida.

Ms. Stanton has clinical experience covering a wide range of populations and services. Beginning as a Guardian ad Litem volunteer advocate for children, she then moved into case management for child welfare/dependency, and then worked for nearly five years as a reunification therapist for children and families. In 2014, her career moved in another direction serving clients who recidivate in crisis inpatient services due to experiencing many barriers to stability within the community. Ms. Stanton has provided services to clients in different settings, including the child welfare system, community mental health and outpatient, inpatient mental health, and in-home therapy.

Ms. Stanton provides part-time services as a licensed psychotherapist to a private practice in the community, serving children, families, and adults to navigate various issues. As a clinician, Ms. Stanton realizes that interventions and treatment plans must be tailored to the individual client, and as such is trained in and utilizes many different evidence-based practices. She has experience with clients of all ages, and some areas of treatment include parenting techniques, behavior modification, and treating the symptomatology of varying mental health diagnoses, among others.

Appendix A

Confidentiality and Participant Protection:

1. Protect Clients and Staff from Potential Risks

- ***Identify and describe any foreseeable physical, medical, psychological, social, and legal risks or potential adverse effects as a result of the project itself or any data collection activity.***

  Psychological stress may occur among some clients when questioned about topics that relate to family issues such as sexual and other physical abuse and victimizations, or questions about rejection by other, access to guns and weapons and questions about parental criminal activity. However, these questions represent only a small part of the material to be covered in interview/sessions that involve the participants. In addition, for those participants who show any signs of distress or unwillingness to answer questions on these matters, their privacy will be respected and the counselor/interviewer will immediately move to another topic and obtain the assistance of a trained therapist if needed for follow-up.

  Clients are also informed that there is a potential risk that personal information about them may be inadvertently released. Though this release of information is not intentional or done on purpose, the fact is that personal information about them is being kept on file and in rare instances these events occur.

  While there are no foreseeable physical or medical risks or adverse effects due either to: a) participation in the project itself, or to b) the evaluation activities, there is the possibility of some legal risk in circumstances in which it is determined that a client poses a danger to herself or others, as well as in the case of suspected child abuse or neglect. In either or both cases, reports to the authorities would have to be made by program or evaluation staff and the potential for legal repercussions exist. In response to such a circumstance, every effort will be made to provide supportive and therapeutic services and other relevant assistance.

- ***Describe the procedures you will follow to minimize or protect participants against potential risks, including risks to confidentiality.***

  All client evaluation information will be coded for confidentiality. All research or evaluation records will be kept separate from regular treatment records. They will be kept in a locked cabinet in a locked office at the County's contracted provider, Directions for Living. Only specified Research staff will have access to the master list of names of participants that match coded numbers.

Clients are advised, by means of Informed Consent, that contracted providers will follow all Federal and State laws regarding confidentiality, but are mandated to report cases of child abuse. Confidentiality may also be broken if there is threatening or harm to contracted staff or its property or cases of medical necessity/emergency. Clients are also informed that because this project is sponsored by SAMHSA, staff from that or other DHHS agencies may review records that identify the client.

- ***Identify plans to provide guidance and assistance in the event there are adverse effects to participants.***

  Safety Net Procedures. Mental Health and Substance Use are serious conditions and some participants may deteriorate during the study to the point where they need referral to inpatient care and/or re-intervention. If a participant continues to use or relapses at any stage of care, a referral may be made to a higher level of treatment. If a participant becomes suicidal or is a danger to others, a more aggressive referral is made. Explanation of these procedures are included as part of a client orientation session. Each client is given contact information so they can call the program should they relapse. Any member involved in the multidisciplinary team staff, including probation officers and law enforcement can initiate these calls. The treatments offered in this project are behavioral interventions and as such any medication based adverse event is not expected to result from the treatment itself.

- ***Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you choose not to use these other beneficial treatments, provide the reasons for not using them.***

  The intent of the program is to keep the participants in treatment so as to treat their mental illness. This program is designed to increase client retention rates that were exhibited in previous studies. As a result, any alternative treatments or procedures that may be developed during the course of the project that result in increased retention and increased success rates will be employed. Furthermore, if it is determined that an alternative treatment will be more beneficial to the participant than the treatment being received in the study, every effort will be made to transfer the client to the more appropriate level of treatment.

2. Selection of Individuals to Receive AOT

- ***Explain the reasons for including or excluding individuals to receive AOT.***

  The population of focus of this proposed program is primarily male/female adults, 18 years of age or older with a serious mental illness and have been court-ordered to treatment. The reasons for including these populations are indicated below:

- Individuals with SMI have higher rates of cardiovascular disease, diabetes, and hypertension, which negatively affect their quality of life and life expectancy. In addition, the symptoms associated with SMI often impair therapeutic compliance and self-care, resulting in higher rates of morbidity and mortality.
- Individuals with SMI often face difficulties in accessing primary medical care and preventive health services due to multiple factors, such as socioeconomic disadvantages, transportation issues, and language barriers.
- Additionally, community mental health providers who serve individuals with SMI are often unable to diagnose and treat medical conditions; thus, adults with SMI frequently seek medical care in emergency rooms, resulting in inappropriate care and increased costs for the public health care system (The Lewin Group, 2012; Scharf et al., 2014).

The project is not proposing to exclude any populations described. However, the following exclusionary criteria will apply. For safety and logistical reasons, participants are excluded if they meet any of the following criteria: a) have an acute medical condition that requires immediate treatment or is likely to prohibit full participation in treatment and cannot be managed in this level of care or would present an endangerment to self or others, such as acute suicidal ideations, homicidal ideations and/or history of extreme violence or aggression towards others, b) have an acute psychological condition that requires immediate treatment and/or is likely to prohibit full participation in treatment and cannot be managed in this level of care, c) appear to have insufficient mental capacity to understand the consent and/or participate in treatment, d) currently live outside of the program's catchment area or expect to move out within the next 90 days, e) have a history of violent behavior, severe psychoses, predatory crime or criminal justice system involvement that is likely to prohibit full participation in treatment (e.g., pending incarceration), f) lack sufficient ability to use English to participate in treatment, and g) cannot understand the informed consent.

Participants with all of the below inclusion criteria - regardless of race, ethnicity and gender - and none of the above exclusion criteria will be considered "Eligible" and invited to participate in the project. Participation is involuntary. Only those who are eligible, meet the criteria and are approved by a Judge will be admitted to the program. There are several situations that are not grounds for exclusion but that are monitored closely and will be considered in the analysis: a) prior treatment for substance abuse (including transfers), b) co-occurring mental conditions (e.g., depression, generalized anxiety, PTSD), c) criminal justice system involvement, and d) non-traditional family structures.

- ***Explain how you will identify and select individuals to receive AOT. Identify who will select individuals to receive AOT.***

Pinellas County has extensive involvement with and will work with the County's designated Baker Act receiving facility, PEMHS and the Pinellas County Courts to identify individuals for the program. Selection of participants will be made in coordination with these agencies must align with criterial defined by the Florida Statute for individuals needing involuntary outpatient services as follows:

A person may be ordered to involuntary outpatient services upon a finding of the court, by clear and convincing evidence, that the person meets all of the following criteria:

- The person is 18 years of age or older.
- The person has a mental illness.
- The person is unlikely to survive safely in the community without supervision, based on a clinical determination.
- The person has a history of lack of compliance with treatment for mental illness.
- The person has
    - At least twice within the immediately preceding 36 months been involuntarily admitted to a receiving facility or treatment facility as defined in s. 394.455, or has received mental health services in a forensic or correctional facility. The 36-month period does not include any period during which the person was admitted or incarcerated; or
    - Engaged in one or more acts of serious violent behavior towards self or others, within the preceding 36 months
- The person is, as a result of his or her mental illness, unlikely to voluntarily participate in the recommended treatment plan and has refused voluntary services for treatment after sufficient and conscientious explanation and disclosure of why the services are necessary or is unable to determine for himself or herself whether services are necessary.
- In view of the person's treatment history and current behavior, the person is in need of involuntary outpatient services in order to prevent a relapse or deterioration that would be likely to result in serious bodily harm to himself or herself or others, or a substantial harm to his or her well-being as set forth in s. 394.463(1).
- It is likely that the person will benefit from involuntary outpatient services.
- All available, less restrictive alternatives that would offer an opportunity for improvement of his or her condition have been judged to be inappropriate or unavailable.

3. Absence of Coercion

- ***Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.***

  Participation in the program is required for those individuals deemed eligible and have received the courts order for involuntary outpatient services.

- ***If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an "undue inducement" which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value if an incentive paid for with SAMHSA discretionary grant funds exceed $30.***

  At present there are no plans are to provide participants with incentives

- ***State how volunteer participants will be told that they may receive services intervention even if they do not participate in or complete the data collection component of the project.***

  It is explained to participants during the Informed Consent process that their participation is involuntary.

4. Data Collection

- ***Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.***

  Data will be collected from the participants and will include self-reports by the participants, drug screens (unobserved), therapist ratings, electronic health record data, participant surveys and results from assessments. Assessments, and client interview data will be conducted in a confidential and private setting at a contracted facility or at the home of the client. Electronic surveys will be collected via HIPAA compliant survey software.

- ***Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.***

  There are no anticipated use of specimens/drug screens in this project.

- ***Provide in Appendix 2, "Data Collection Instruments/Interview Protocols," copies of all available data collection instruments and interview protocols that you plan to use.***

  The requested instruments and protocols can be found in Attachment 2.

5. Privacy and Confidentiality:

- ***Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.***

  All assessment instruments will be administered in a private and confidential session. The County has strict policy and procedures concerning Confidentiality procedures and all staff are required to sign confidentiality agreements. Additionally, Privacy and confidentiality procedures have been established and include: a) requiring staff to sign confidentiality agreements, b) transmitting files directly or via secured links, c) password protected access to all electronic files, d) removal of all personal identifiers (except study ID) from any analytic files, and e) obtaining specific releases from the participant before talking about the individual with others, even for the purpose of follow-up.

  Data will be collected by the project staff as well as the evaluation staff. It will be collected in the form of self-reports by the participants, drug screens (unobserved), therapist ratings, electronic health record data, participant surveys and results from assessments

- ***Describe:***
  - ***How you will use data collection instruments.***
    All assessment instruments will be administered in a private and confidential session. All client evaluation information will be coded for confidentiality. After collection, the data is entered into a secure database and the data collection instruments are stored in the participant's research file which is kept in a secure double-locked room in the Research and Evaluation Department at the contracted provider, Directions for Living. Data collection instruments will be used primarily in an interview setting with the participant. Data from the data collection instruments will be aggregated for the project to determine project effectiveness and fidelity. No client's individual data will be reported.

  - ***Where data will be stored.***

All research or evaluation records will be kept separate from regular treatment records. After collection, the data is coded into a secure database and the data collection instruments are stored in the participant's numbered (Project ID number) research file which is kept in a secure double-locked room in the Research and Evaluation Department at the County's contracted provider, Directions for Living.

- ***Who will or will not have access to information.***
  Only specified Pinellas County, Contracted evaluation staff, and contracted providers (need to know basis) will have access to the information.

- ***How the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.***
  A master list of names of participants with their corresponding project ID number will be kept in a separate location and only specified Research staff (need to know basis) will have access to the master list of participant names and their Project ID number.

  All contracted providers agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of **Title 42 of the Code of Federal Regulations, Part II.**

6. Adequate Consent Procedures:

- ***List what information will be given to people who participate in the project. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private.***

  All participants in the project receive extensive explanations and directions regarding participation in the project, the nature and purpose of their participation. All participants receive Informed Consent and are provided options as to their participation in the program. Consent forms detail the purpose of the project, the role of the participant, potential risks, potential benefits and participant's rights, what data will be collected and how the data will be used. The Consent form is written on a 7th grade literacy level, read aloud by the staff and it is covered paragraph by paragraph with the participant. The participant is required to initial each paragraph/section to ensure complete understanding of the information and program process. A sample Informed Consent is included in Attachment 3. Periodically during the project, results of the project compiled in aggregate form will be presented to the participants to inform them of the progress of the project and its effect.

- ***State:***
  - ***The legal statute authorizing AOT and the basis of their assignment to AOT.***

The Florida Statute authorizing Involuntary Outpatient Services (equivalent to Assisted Outpatient Treatment) can be found in Title XXIX Public Health, Chapter 394 Mental Health, Section 394.4655. This statute was amended and approved by the Governor in the 2016 legislative session and will become effective on July 1, 2016.

The statute defines the criteria for involuntary outpatient services as follows:

A person may be ordered to involuntary outpatient services upon a finding of the court, by clear and convincing evidence, that the person meets all of the following criteria:

- The person is 18 years of age or older.
- The person has a mental illness.
- The person is unlikely to survive safely in the community without supervision, based on a clinical determination.
- The person has a history of lack of compliance with treatment for mental illness.
- The person has
    - At least twice within the immediately preceding 36 months been involuntarily admitted to a receiving facility or treatment facility as defined in s. 394.455, or has received mental health services in a forensic or correctional facility. The 36-month period does not include any period during which the person was admitted or incarcerated; or
    - Engaged in one or more acts of serious violent behavior towards self or others, within the preceding 36 months
- The person is, as a result of his or her mental illness, unlikely to voluntarily participate in the recommended treatment plan and has refused voluntary services for treatment after sufficient and conscientious explanation and disclosure of why the services are necessary or is unable to determine for himself or herself whether services are necessary.
- In view of the person's treatment history and current behavior, the person is in need of involuntary outpatient services in order to prevent a relapse or deterioration that would be likely to result in serious bodily harm to himself or herself or others, or a substantial harm to his or her well-being as set forth in s. 394.463(1).
- It is likely that the person will benefit from involuntary outpatient services.
- All available, less restrictive alternatives that would offer an opportunity for improvement of his or her condition have been judged to be inappropriate or unavailable.

- ***Criteria for discharge from AOT, as well as legal rights to appeal their assignment to AOT.***

Criteria for discharge: According to Florida Statute 394.469, the following criteria apply to the discharge of involuntary patients.—

1) POWER TO DISCHARGE.—At any time a patient is found to no longer meet the criteria for involuntary placement, the administrator shall:
   a) Discharge the patient, unless the patient is under a criminal charge, in which case the patient shall be transferred to the custody of the appropriate law enforcement officer;
   b) Transfer the patient to voluntary status on his or her own authority or at the patient's request, unless the patient is under criminal charge or adjudicated incapacitated; or
   c) Place an improved patient, except a patient under a criminal charge, on convalescent status in the care of a community facility.
2) NOTICE.—Notice of discharge or transfer of a patient shall be given as provided in s. 394.4599.

Appointment of Counsel: Within 1 court working day after the filing of a petition for involuntary outpatient services, the court shall appoint the public defender to represent the person who is the subject of the petition, unless the person is otherwise represented by counsel. The clerk of the court shall immediately notify the public defender of the appointment. The public defender shall present the person until the petition is dismissed, the court order expires, or the patient is discharged from involuntary outpatient services. An attorney who represents the patient must be provided access to the patient, witnesses, and records relevant to the presentation of the patient's case and shall represent the interests of the patient, regardless of the source of payment to the attorney.

Appeal: At any time, and without notice, a person who is a patient in a receiving or treatment facility, or a relative, friend, guardian, guardian advocate, representative, or attorney, or the department, on behalf of such person, may file a petition in the circuit court in the county where the patient is being held alleging that the patient is being unjustly denied a right or privilege granted herein or that a procedure authorized herein is being abused. Upon the filing of such a petition, the court shall have the authority to conduct a judicial inquiry and to issue any order needed to correct an abuse of the provisions of this part.

- ***Possible risks from participation in the project.***

  Possible risks from participation in the project are presented to the participants during the time the County obtains the consent form.

- ***Plans to protect clients from these risks.***

Plans to protect clients from these risks are presented to the participants during the time the County obtains the consent form.

7. Risk/Benefit Discussion:

Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

The project provides little, if any, risk to the participant, due to the fact that it consists primarily of counseling sessions. Unless otherwise prescribed by the participant's doctor or signed consent from the participant, no medications are prescribed for the program. The benefits received by the participant receiving evidence-based substance abuse treatment far outweigh the risks of not receiving treatment or the potential risk of their confidentially being breached. Additionally, the knowledge obtained from the project provides a contribution of knowledge to the behavioral health field that would further the effect of treatment for other individuals in the target populations.

Protection of Human Subjects Regulations

The County complies with the Protection of Human Subjects Regulations (45 CFR 46) and with the Protection of Human Subject Regulations. The specific evaluation design proposed is in compliance with the Protection of Human Subjects Regulations. The County will provide the documentation that an Assurance of Compliance is on file with the Office for Human Research Protections (OHRP).

Pinellas County dba Board of County Commissioners

OTHER ATTACHMENTS: FILE #2

Table of Contents

Attachment #1

Attachment #2 | Data Collection Instruments/Interview Protocols

- PEMHS Informed Consent
- Directions for Living Adult Registration Form w/Informed Consent
- Pinellas County Public Defender's Informed Consent

Attachment #4 | Letter to SSA (not applicable)

Appendix A

Pinellas County dba Board of County Commissioners

ATTACHMENT 1

LIST OF DIRECT SERVICE PROVIDERS

Agency / Providers	Category	Corporate Entity's President, CEO, etc.	Corporate Entity's Mailing Address	Corporate Entity's City	Corporate Entity's State	Corporate Entity's Zip Code
Directions for Mental Health, Inc. dba Directions for Living	BEHAVIORAL HEALTH	April Lott	1437 S Belcher Rd	Clearwater	Fl	33764
Personal Enrichment Mental Health Services	BEHAVIORAL HEALTH	Jerry Wennlund	11254 58th St	Pinellas Park	Fl	33762

Appendix A

Directions for Living
LIFE GETS BETTER HERE.

June 15, 2016

Honorable Charlie Justice
Chairman, Board of County Commissioners
Pinellas County
315 Court Street
Clearwater, FL 33756

Dear Commissioner Justice:

Please accept this Letter of Commitment in support of the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), for the funding opportunity for Assisted Outpatient Treatment (AOT) for Individuals with Serious Mental Illness.

This funding opportunity, if awarded would increase capacity of services and evidence based mental health services to approximately 100 individuals who have a serious mental illness (SMI) and have been court-ordered to receive treatment services. Serious mental illness includes those with a diagnosis of schizophrenia, major depressive disorder, bipolar disorder, psychotic disorders, delusional disorder, and/or obsessive-compulsive disorder. Individuals with SMI have higher rates of cardiovascular disease, diabetes, and hypertension, which negatively affect their quality of life and life expectancy. In addition, the symptoms associated with SMI often impair therapeutic compliance and self-care, resulting in higher rates of morbidity and mortality.

Directions for Living, established in 1982, is a not-for-profit organization committed to the promise that *"Life Gets Better Here."* It is the mission of Directions for Living to be a welcoming and compassionate provider, advocate, and partner to children, adults, and families in need of integrated healthcare, social support, safety and hope for the future. The vision of Directions is a community where all children and adults have the safety, security, and support to lead happy, healthy, and fulfilling lives. Directions for Living, a highly mission-driven 501(c)(3) not-for-profit, is devoted to one tenet above all else – its Five Promises made each day to every client served: *To Make You Our First Priority, To Listen To Your Story, To Respect Your Privacy, To Focus On Your Strengths, and To Restore Your Hope*. These promises come alive throughout Directions every day; in fact, they have been etched in stone, and they hang prominently in the lobby. These five promises, or Directions for Living's values, clearly demonstrate the commitment to providing trauma-informed care and delivering client-centered, empowerment-based services.

Directions for Living has a rich history of providing adult outpatient services. Through this grant, Directions for Living has committed to providing mental health and co-occurring substance abuse treatment services to adults who have been court ordered for involuntary Outpatient Treatment services. The following services will be provided upon receipt of coordinated intake from the PEMHS crisis stabilization unit:

- Screening and Assessment
- Treatment Planning
- Case Management
- Individual and Family Therapy
- Group Outpatient Therapy
- Psychiatric Evaluation by Psychiatrist or ARNP
- Medication Management
- Integrated Decision Team Staffings

As a long-standing partner with Pinellas County Human Services, we look forward to working together with the County and community partners and provide these much needed behavioral health services.

Sincerely,

April Lott
President & CEO

PHONE 727-524-4464 • FAX 727-524-4474 • WEB www.DirectionsForLiving.org
CLEARWATER 1437 S BELCHER RD, CLEARWATER, FL 33764 • LARGO 8823 115TH AVE N, LARGO, FL, 33773
CHILD SAFETY & FAMILY PRESERVATION 8550 ULMERTON RD, LARGO, FL 33771

Personal Enrichment through Mental Health Services, Inc.

6/14/2016

Honorable Charlie Justice
Chairman, Board of County Commissioners
Pinellas County
315 Court Street
Clearwater, FL 33756

Dear Commissioner Justice:

Please accept this Letter of Commitment in support of the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), for the funding opportunity for Assisted Outpatient Treatment (AOT) for Individuals with Serious Mental Illness.
This funding opportunity, if awarded would increase capacity of services and evidence based mental health services to approximately 100 individuals who have a serious mental illness (SMI) and have been court-ordered to receive treatment services. Serious mental illness includes those with a diagnosis of schizophrenia, major depressive disorder, bipolar disorder, psychotic disorders, delusional disorder, and/or obsessive-compulsive disorder. Individuals with SMI have higher rates of cardiovascular disease, diabetes, and hypertension, which negatively affect their quality of life and life expectancy. In addition, the symptoms associated with SMI often impair therapeutic compliance and self-care, resulting in higher rates of morbidity and mortality.

As the designated central receiving facility for Pinellas County Personal Enrichment through Mental Health Services (PEMHS) has been committed to providing care in crisis since 1981. PEMHS is dedicated to enhancing the mental health, family functioning and personal development of adults and children in our community. PEMHS is excited to serve as the leading referral source for the AOT by identifying SMI individuals that would benefit from wrap around services in a less restricted setting, thus reducing the utilization rate of clients needing crisis inpatient stabilization due to failure to engage in much needed maintenance treatment. Last year alone, PEMHS served 5,638 individuals in crisis, with an average of approximately 470 monthly admissions onto our crisis stabilization unit. PEMHS is versed within the mental health system and advocacy for mental health stabilization. Additionally, PEMHS holds a long standing collaboration with Directions for Living, providing 1,381 referrals for outpatient treatment for adults and children last fiscal year. With the implementation of AOT, PEMHS will ensure immediate transition for treatment and wrap around services to a minimum of 100 clients per year. With the assistance of Avatar Electronic Medical Records and Netsmart Care Connect, both agencies will be able to quickly share client treatment records and create programmatic reports necessary for data collection.

As a long-standing partner with Pinellas County Human Services, we look forward to working together with the County and community partners to provide these much needed behavioral health services.
Sincerely,

Maxine Booker

Maxine Booker
Chief Operating Officer
PEMHS, Inc.

Appendix A

USF
UNIVERSITY OF SOUTH FLORIDA
COLLEGE OF BEHAVIORAL & COMMUNITY SCIENCES

June 15, 2016

Honorable Charlie Justice
Chairman, Board of County Commissioners
Pinellas County
315 Court Street
Clearwater, FL 33756

Dear Commissioner Justice:

Please accept this Letter of Commitment in support of the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), for the funding opportunity for Assisted Outpatient Treatment (AOT) for Individuals with Serious Mental Illness.

This funding opportunity, if awarded would increase capacity of services and evidence based mental health services to approximately 100 individuals who have a serious mental illness (SMI) and have been court-ordered to receive treatment services. Serious mental illness includes those with a diagnosis of schizophrenia, major depressive disorder, bipolar disorder, psychotic disorders, delusional disorder, and/or obsessive-compulsive disorder. Individuals with SMI have higher rates of cardiovascular disease, diabetes, and hypertension, which negatively affect their quality of life and life expectancy. In addition, the symptoms associated with SMI often impair therapeutic compliance and self-care, resulting in higher rates of morbidity and mortality.

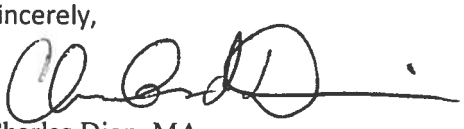
The Policy and Services Research Data Center (PSRDC) informs public policy and program development through the timely collection, integration, and analysis of data. Located within the Department of Mental Health Law and Policy in the College of Behavioral and Community Sciences, the PSRDC serves academic departments across the University of South Florida, along with a variety of local, state, and federal organizations. PSRDC has a long history of using multiple data sets to address pressing policy or practice questions.

The PSRDC will be able to assist in the evaluation of the effectiveness of the interventions funded by this award by providing secure data management and both quantitative and qualitative analysis services using administrative data and direct interaction with clients and staff.

As a long-standing partner with Pinellas County Human Services, we look forward to working together with the County and community partners and provide these much needed behavioral health services.

DEPARTMENT OF MENTAL HEALTH LAW AND POLICY, THE LOUIS DE LA PARTE FLORIDA MENTAL HEALTH INSTITUTE
COLLEGE OF BEHAVIORAL AND COMMUNITY SCIENCES
University of South Florida • 13301 Bruce B. Downs Boulevard • Tampa, FL 33612
(813) 974-4510 • Fax (813) 974-9327 • Child Welfare Training Consortium • Fax (813) 974-4696

Sincerely,



Charles Dion, MA
Director, Policy and Services Research Data Center
Department of Mental Health Law and Policy
Louis De La Parte Florida Mental Health Institute
College of Behavioral and Community Services
University of South Florida

State of Florida
Sixth Judicial Circuit of Florida

COUNTIES OF PINELLAS AND PASCO
545 - 1ST AVENUE NORTH, ROOM 400
ST. PETERSBURG, FLORIDA 33701
(727) 582-7272

ANTHONY RONDOLINO
CHIEF JUDGE

PEGGY HUGHES
JUDICIAL ASSISTANT

June 14, 2016

Honorable Charlie Justice
Chairman, Board of County Commissioners
Pinellas County
315 Court Street
Clearwater, FL 33756

Dear Commissioner Justice:

Please accept this Letter of Commitment in support of the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), for the funding opportunity for Assisted Outpatient Treatment (AOT) for Individuals with Serious Mental Illness.

This funding opportunity, if awarded, would increase capacity of services and evidence based mental health services to approximately 100 individuals who have a serious mental illness (SMI) and have been court-ordered to receive treatment services. Serious mental illness includes those with a diagnosis of schizophrenia, major depressive disorder, bipolar disorder, psychotic disorders, delusional disorder, and/or obsessive-compulsive disorder. Individuals with SMI have higher rates of cardiovascular disease, diabetes, and hypertension, which negatively affect their quality of life and life expectancy. In addition, the symptoms associated with SMI often impair therapeutic compliance and self-care, resulting in higher rates of morbidity and mortality.

The Sixth Judicial Circuit frequently finds the need to order involuntary mental health treatment for persons appearing before the Court. In the Probate and Mental Health Division, General Magistrates assist the Probate Judges by conducting all hearings all for involuntary inpatient placement under Florida's Mental Health Act. Hearings are conducted weekly at six receiving facilities in Pinellas. Due to an increasing need for treatment, in 2005, the Mental Health Act was amended to permit the filing of petitions for involuntary outpatient treatment. However, as these petitions required the filing of a treatment plan, and no state resources were provided for this treatment, these petitions failed to materialize.

If Pinellas County is awarded this grant, the Sixth Judicial Circuit will add .25 FTE General Magistrate services to begin hearing involuntary outpatient treatment petitions as well as any related modifications to treatment plans and extensions.

As a long-standing collaborator with Pinellas County Human Services and community treatment providers, we look forward to working together with the County, Pinellas Emergency Mental Health Services, Directions for Healthy Living, the Pinellas County Health Department and other community providers to deliver critically needed outpatient treatment to the County's seriously mental ill.

Sincerely,

Anthony Rondolino
Chief Judge
Sixth Judicial Circuit

June 14, 2016

Honorable Charlie Justice
Chairman, Board of County Commissioners
Pinellas County
315 Court Street
Clearwater, FL 33756

Dear Commissioner Justice:

On behalf of the Florida Department of Health in Pinellas County (DOH-Pinellas), please accept this Letter of Commitment in support of the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), for the funding opportunity for Assisted Outpatient Treatment (AOT) for Individuals with Serious Mental Illness.

This funding affords an opportunity to increase the capacity of evidence based mental health services to approximately 100 individuals who have a serious mental illness (SMI) and have been court-ordered to receive treatment services. Serious mental illness includes those with a diagnosis of schizophrenia, major depressive disorder, bipolar disorder, psychotic disorders, delusional disorder, and/or obsessive-compulsive disorder. Individuals with SMI have higher rates of cardiovascular disease, diabetes, and hypertension, which negatively affect their quality of life and life expectancy. In addition, the symptoms associated with SMI often impair therapeutic compliance and self-care, resulting in higher rates of morbidity and mortality.

DOH-Pinellas works to protect, promote, and improve the health of all people in Florida through integrate state, county, and community efforts such as this initiative to increase access to mental health services. As a direct service provider of primary medical care to approximately 8,000 individuals, DOH-Pinellas will work in tandem with community behavioral health providers on the coordination of care for these clients, including medical and preventive services and engagement in treatment.

DOH-Pinellas looks forward to continuing its long-standing partnership with Pinellas County Human Services and is committed to working together with community behavioral health partners to provide these much needed services.

Sincerely,

Ulyee Choe, DO
County Health Department Director

UC:gth

Appendix A

Statement of Assurance

As the authorized representative of Pinellas County d/b/a Board of County Commissioners, I assure SAMHSA that all participating service provider organizations listed in this application meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements. I assure SAMHSA that my organization has the authority under the law of the state to implement, monitor, and oversee an Assisted Outpatient Treatment program. I assure SAMHSA that my organization has **not** previously fully implemented an AOT program. "Not previously implemented" means that even though the state may have an AOT law, the eligible applicant has not fully implemented the AOT approach through the courts within the jurisdiction that they are operating in. I assure that the AOT program is using procedures, activities, and safeguards that protect and respect individuals civil and other legal rights, as stipulated by federal and state statute including legal representation and adequate due process and protections.

I assure SAMHSA that there are an existing, sufficient array of services for individuals with SMI and that individuals considered for the AOT program were offered intensive, voluntary home- and community-based services – including via person-centered planning approaches - when permitted by state law, prior to their consideration for the AOT program.

If this application is within the funding range for a grant award, we will provide the SAMHSA Government Project Officer (GPO) with the following documents. I understand that if this documentation is not received by the GPO within the specified timeframe, the application will be removed from consideration for an award and the funds will be provided to another applicant meeting these requirements.

- Official documentation that all mental health/substance abuse treatment provider organizations participating in the project have been providing relevant services for a minimum of two years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last two years; and
- Official documentation that all mental health/substance abuse treatment provider organizations: 1) comply with all local (city, county) and state requirements for licensing, accreditation and certification; **OR** 2) official documentation from the appropriate agency of the applicable state, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist.1 (Official documentation is a copy of each service provider organization's license, accreditation and certification. A license from an individual clinician will not be accepted in lieu of a provider organization's license. Documentation of accreditation will not be accepted in lieu of an organization's license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation, and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)

- For tribes and tribal organizations only, official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation and certification; OR 2) documentation from the tribe or other tribal governmental unit that licensing, accreditation and certification requirements do not exist.

June 16, 2016

Mark Woodard
County Administrator/Authorized Organizational Representative
Pinellas County d/b/a Board of County Commissioners

Attachment 2

Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do <u>not</u> need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.

The Data Collection Instruments used in the project are standardized and are attached.

Appendix A

PEMHS
Application for Voluntary Admission of an Adult
(Receiving Facility)

I, _____ do hereby apply for admission to
Full printed name of person whose admission is being requested

Personal Enrichment through Mental Health Services, Inc. (PEMHS)
Fill in name of facility

for observation, diagnosis, care, and treatment of a mental illness, and I certify that the information given on this application is true and correct to the best of my knowledge and belief.

I am making this application for voluntary admission after sufficient explanation and disclosure to make a knowing and willful decision without any element of force, fraud, deceit, duress, or other form of constraint or coercion. The reason for my admission to this facility is:

_____

_____

_____

I am a competent adult with the capacity to make well-reasoned, willful, and knowing decisions concerning my medical or mental health treatment. I do not have a guardian, guardian advocate, or currently have a health care surrogate/proxy making health care decisions for me.

I ☐ have ☐ have not provided a copy of advance directive(s). If so, the advance directives include my ☐ Living Will ☐ Health Care Surrogate, ☐ Mental Health Care Surrogate, or ☐ Other as specified:

_____.

☐ I do not know

I have been provided with a written explanation of my rights as a person on voluntary status and they have been fully explained to me. **I understand that this facility is authorized by law to detain me without my consent for up to 24 hours after I make a request for discharge**; unless a petition for involuntary inpatient placement or involuntary outpatient placement is filed with the Court **within two (2) court working days of my request for discharge, in which case I may be held pending a hearing on the petition**.

I understand that I may be billed for the cost of my treatment.

_____	_____	_____ am pm
Signature of Competent Adult	Date (mm/dd/yyyy)	Time

Telephone #: _____ Birthdate: _____

_____	_____	_____	_____ am pm
Printed Name of Witness	Signature of Witness	Date (mm/dd/yyyy)	Time

No notice of this admission is to be made without the consent of the person except in case of an emergency. The use of this form for a voluntary admission requires that a "Certification of Person's Competence to Provide Express and Informed Consent" be completed within 24 hours and if the form is used for a transfer of a person from involuntary to voluntary status, the "Certification" must be completed prior to the "Application". The "Application" and "Certification" must be placed in the person's clinical record.

For Use By CSUs ONLY

Part I
Notice of Right of Person on Voluntary Status To Request Discharge From a Receiving Facility

A person on voluntary status or a relative, friend, or attorney of the person may request discharge either orally or in writing at any time following admission to the facility. If the request for discharge is made by a person other than the person, the discharge may depend on the express and informed consent of the person.

If you request discharge, your doctor will be notified and you will be discharged within 24 hours after your request for discharge unless you withdraw your request or you meet the criteria for involuntary placement. If you meet the criteria for involuntary placement, the facility administrator may file a petition with the court for your continued detention within two (2) court working days and you will be detained without your consent, pending a court hearing.

If you wish to request discharge at any time during your stay at this facility, complete the Application for Discharge on the reverse side of page. No action on your part is required, unless you wish to make arrangements for release.

The procedure for requesting discharge has been explained to me and I have had the opportunity to ask questions and receive answers about my right to request discharge.

Signature of Person	Printed Name of Person	Date (mm/dd/yyyy)	Time _____ am pm
Signature of Minor's Parent/Guardian	Printed Name of Minor's Parent/Guardian (Circle One)	Date (mm/dd/yyyy)	Time _____ am pm
Signature of Witness	Printed Name of Witness	Date (mm/dd/yyyy)	Time _____ am pm

cc: Check when applicable and provide date/time/initial when copy provided:

☐ Person	Date (mm/dd/yyyy):	Time: am pm	Initial:
☐ Guardian of Child	Date (mm/dd/yyyy):	Time: am pm	Initial:

Parts II and Part III are continued on back

Personal Enrichment through Mental Health Services

AUTHORIZATION AND CONSENT FOR DISCLOSURE, RECEIPT AND USE OF CONFIDENTIAL INFORMATION BY MULTIPLE PARTIES FOR ALCOHOL, SUBSTANCE ABUSE AND/OR MENTAL HEALTH PATIENTS

Client Name: _____ MR#: _____
Client SSN: _____ Client DOB: _____
Name of service provider: _____

I _____ (*print client name)*

hereby authorize any of the parties designated below to communicate with one another via

(please initial all that apply): _____**verbal** _____**written** _____**fax** my confidential information

regarding (please initial): _____**mental health** _____**alcohol/substance abuse** _____**HIV/AIDS** for purposes of evaluating my need, coordinating and/or providing services to me. Any disclosure, receipt or use of information by the parties will be limited to the minimum that is reasonably necessary to accomplish the intended purpose.

This release covers general medical as well as psychiatric/psychological/substance abuse information from my medical record in accordance with Florida Statutes (394.459 (9), 381.609 (2) (F), 395.3025, 90.503, 458.21, 396.112, 397.053, 490.32, 90.42 and Federal Law CFR II, CFR 42 Part 2).

The release of any information concerning HIV, AIDS, AIDS-Related Complex and the performance of any tests, counseling and results and treatment thereof are also authorized. I understand that my records have a privileged and confidential status. I am waiving that status for the purpose contained within this authorization.

AUTHORIZED PARTIES

(client initial each that applies)

ALCOHOL, SUBSTANCE ABUSE AND MENTAL HEALTH PROVIDERS:

- ☐ Agency For Community Treatment Services (ACTS) [3575 Old Keystone Rd Tarpon Springs FL 34688]
- ☐ Boley Centers [445 31st N., St. Pete FL 33713]
- ☐ Directions for Mental Health [1437 South Belcher Rd. Clearwater FL 33764]
- ☐ Gulfcoast Jewish Family Services [407 S Arcturas Ave Clearwater FL 33765]
- ☐ PAR [6720 54th Ave N St. Pete FL 33709]
- ☐ PEMHS [11254 58th St N Pinellas Park FL 33782]
- ☐ Suncoast Center for Community Mental Health [4024 Central Ave St. Pete FL 33711]
- ☐ Other (*Specify:*) _____

_____ **CLIENT MUST INITIAL TO APPROVE ALL CHECKED ABOVE**

OTHER CLIENT HEALTH PROVIDER DESIGNEES: *(specify)*:_____

Personal Enrichment through Mental Health Services

INITIAL TREATMENT PLAN

This plan is to be used in conjunction with the Client Plan for Treatment

Name: _____ **Record #:** _____ **Date:** _____ **Review Due: 5th day**

Diagnosis:	Strengths of client:	Limitations/Barriers to Treatment:
DSM IV Diagnosis:		
Consumer Stated Goals/Comments: Attach Client Plan for Treatment or __Client refuses/unable to participate		

Date	#	Needs Assessment	* DC Criteria Objectives	Expected Goals/Objectives	Intervention	Date Met	Reason Not Met**
	1	Assessment & monitoring of client's mental health symptoms of:	A	*Goal:* To reduce symptom(s) of *Objective*: By day 5 of crisis stabilization, above will be reduced as evidenced by:	Assessments by each discipline. Ongoing assessment for lethality through discharge Evaluation of response to medication regimen. Ongoing monitoring of behavior and interaction Treatment team meetings with client, nurse, social worker and psychiatrist Additional interventions: __NA		
	2	Dangerous to self or others as evidenced by: &/or Unable to live safely out-side a 24 hour inpatient setting as evidenced by:	A	*Goal*: Client will no longer present a danger to self or others &/ or will be better able to care for self. *Objective*: By day 5 of hospitalization, client will not verbalize or physically display:	Client to meet with Treatment Team 24 hour observation of consumer's mental status and behavior		
	3	Co-occurring issue with _____ __N/A	B	*Goal:* Client will identify use of substance and recognize need for treatment for: *Objective*: By Day 5 client will verbally recognize need for abstinence and treatment for	Ongoing withdrawal assessment Treatment for withdrawals symptoms as indicated Meet with psychiatrist to discuss substance use		

*	DISCHARGE	A – ATTAINMENT REQUIRED FOR	B – TO BE ADDRESSED - NOT REQUIRED TO BE OBTAINED FOR DC

**	A – DISCHARGED BY COURT	B – DISCHARGED TO ANOTHER MENTAL HEALTH SETTING	C – CONSUMER NO LONGER MET BAKER ACT CRITERIA	D – OTHER

SEE DISCHARGE SUMMARY FOR DETAILS

Original stays in clinical record. Copy to the consumer (Unit to document in progress note.) Copy to guardian or guardian advocate & note at end of form

PRIVILEGED & CONFIDENTIAL INFORMATION – FOR PROFESSIONAL ONLY

Appendix A

Initial Treatment Plan For: _____ Record #: _____ Date: _____

TEAM SIGNATURES & CREDENTIALS	**Client signature: My signature is evidence that I have participated in and reviewed my treatment plan. I have received a copy of the plan.** _____ Client refused ___	
Psychiatrist signature: _____ I have reviewed and approve this plan of treatment THERAPIST: _____	_____ ACCESS CENTER INTAKE SPECIALIST Signature: _____ RN/LPN Signature: _____ SOCIAL WORKER Signature:	**Mailed/Handed to or verbally reviewed with :** ☐ **surrogate** ☐ **guardian** ☐ **guardian advocate** ☐ **parent** **Name:** _____ **Date:** _____ **Given by:** _____ **(Staff signature)** PARENT/GUARDIAN Signature: _____

Appendix A

PRIVILEGED & CONFIDENTIAL INFORMATION – FOR PROFESSIONAL ONLY

Personal Enrichment through Mental Health Services

CLIENT PLAN FOR TREATMENT

GOALS:

What would you like to accomplish during this visit to PEMHS/FETC? (circle location)

STRENGTHS/SUPPORTS:

What strengths and supports do you have that will assist you in accomplishing your goals? Supportive family or other close support system; Employment, Education; Housing etc.

OBSTACLES/BARRIERS:

What obstacles and or barriers exist in your life that would interfere with accomplishing your goals? Legal difficulties; medical concerns; acute/chronic pain, transportation etc.

PLAN OF ACTION:

What actions(s) have you taken or plan to take to accomplish your goals?

Client Signature: _____ Date: _____

__ **Client unable or refused to participate in their treatment planning due to their condition (ES Only)**

Staff name who assisted client and assures information from this plan is attached to and incorporated into the Initial Treatment Plan:

Printed Staff Name: _____

Staff signature: _____ **Date:** _____

Client Name_____ ID# _____

Personal Enrichment through Mental Health Services, Inc.

BAKER ACT EXPIRATION ADJUSTMENT FORM

Attach this form to the BA 3052 or Ex Parte order.

The purpose of this form is to adjust the expiration date and time of the 72 hour evaluation holding period provided by the Baker Act. This is done by adding to the expiration date and time the hours that are spent in medical clearance, which do not count against the allotted 72 hours.

NOTE: Once client signs voluntarily, this form is no longer applicable.

Baker Act Status: ☐ BA 52, ☐ Ex Parte

BOX A: Enter the date and time from BA 3052 or Ex Parte order in BOX 1.	BOX 1: __/__/_____ date time
BOX B: Add 72 hours to the date and time in BOX 1 and enter it in BOX 3.	BOX 2: + 72 hours
BOX C: BOX 3 contains the ***EXPIRATION DATE AND TIME.*** If medical clearance is required this is the date to be adjusted.	BOX 3: __/__/_____ date time
BOX D: Enter the date and time when the client was medically cleared in BOX 4.	BOX 4: __/__/_____ date time
BOX E: Enter the date and time when medical clearance was requested by MD, **OR** if client is coming from an emergency room enter the date and time from BOX 1 in BOX 5. (NOTE: This date and time is always before the date and time in BOX 4.)	BOX 5: __/__/_____ date time
BOX F: Subtract the date and time in BOX 5 from the date and time in BOX 4 and enter the result in BOX 6. This is the number of hours that the expiration date will be extended.	BOX 6: _____
BOX G: Add the number of hours in BOX 6 to the date and time in BOX 3 and enter it in BOX 7. This is the new ***adjusted expiration date and time.***	BOX 7: __/__/_____ date time

If a second medical clearance is needed before expiration date and time is reached fill out the section below.

BOX H: Enter the date and time when the client was medically cleared in BOX 8.	BOX 8: __/__/_____ date time
BOX I: Enter the date and time when medical clearance was requested by MD in BOX 9. (NOTE: This date and time is always before the date and time in BOX 8.)	BOX 9: __/__/_____ date time
BOX J: Subtract the date and time in BOX 9 from the date and time in BOX 8 and enter the result in BOX 10. This is the number of hours that the expiration date will be extended.	BOX 10: _____
BOX K: Add the number of hours in BOX 10 to the date and time in BOX 7 and enter it in BOX 11. This is the new ***adjusted expiration date and time.***	BOX 11: __/__/_____ date time

If a third medical clearance is needed before expiration date and time is reached fill out the section on back of form.

CLIENT NAME: _____ CLIENT NUMBER: _____

ES 022 (01/2005/crc) **Front Page**

BAKER ACT EXPIRATION ADJUSTMENT FORM

If a third medical clearance is needed before expiration date and time is reached fill out the section below.

BOX L: Enter the date and time when the client was medically cleared in BOX 12.	BOX 12: __/__/_____ date time
BOX M: Enter the date and time when medical clearance was requested by MD in BOX 13. (NOTE: This date and time is always before the date and time in BOX 12.)	BOX 13: __/__/_____ date time
BOX N: Subtract the date and time in BOX 13 from the date and time in BOX 12 and enter the result in BOX 14. This is the number of hours that the expiration date will be extended.	BOX 14: _____
BOX O: Add the number of hours in BOX 14 to the date and time in BOX 11 and enter it in BOX 15. This is the new ***adjusted expiration date and time.***	BOX 15: __/__/_____ date time

If a fourth medical clearance is needed before expiration date and time is reached fill out the section below.

BOX P: Enter the date and time when the client was medically cleared in BOX 16.	BOX 16: __/__/_____ date time
BOX Q: Enter the date and time when medical clearance was requested by MD in BOX 17. (NOTE: This date and time is always before the date and time in BOX 16.)	BOX 17: __/__/_____ date time
BOX R: Subtract the date and time in BOX 17 from the date and time in BOX 16 and enter the result in BOX 18. This is the number of hours that the expiration date will be extended.	BOX 18: _____
BOX S: Add the number of hours in BOX 18 to the date and time in BOX 15 and enter it in BOX 19. This is the new ***adjusted expiration date and time.***	BOX 19: __/__/_____ date time

If a fifth medical clearance is needed before expiration date and time is reached fill out the section below.

BOX T: Enter the date and time when the client was medically cleared in BOX 20.	BOX 20: __/__/_____ date time
BOX U: Enter the date and time when medical clearance was requested by MD in BOX 21. (NOTE: This date and time is always before the date and time in BOX 20.)	BOX 21: __/__/_____ date time
BOX V: Subtract the date and time in BOX 21 from the date and time in BOX 20 and enter the result in BOX 22. This is the number of hours that the expiration date will be extended.	BOX 22: _____
BOX W: Add the number of hours in BOX 22 to the date and time in BOX 19 and enter it in BOX 23. This is the new ***adjusted expiration date and time.***	BOX 23: __/__/_____ date time

CLIENT NAME: _____ CLIENT NUMBER: _____

Back Page

Attachment 3

Sample Consent Forms

The sample consent form and assent form is found on the following pages.

PEMHS - Informed Consent

Directions for Living, Adult Registration Form with Informed Consent

Appendix A

General Authorization for Treatment

I, the undersigned, a ☐ competent adult, ☐ guardian, ☐ guardian advocate, or ☐ health care surrogate/proxy hereby authorize the professional staff of this facility to administer assessment and treatment specified below.

☐ Routine medical care _____ (Initials of Person or Authorized Decision Maker)

☐ Psychiatric Assessment _____ (Initials of Person or Authorized Decision Maker)

☐ Other (Specify & Initial) _____

_____

_____

I understand that my consent can be revoked orally or in writing prior to, or during the treatment period.

I have read and had this information fully explained to me and I have had the opportunity to ask questions and receive answers about the treatment.

_____ Signature of Competent Adult	_____ Date (mm/dd/yyyy)	_____ am pm Time
_____ Signature of Witness for Person	_____ Date (mm/dd/yyyy)	_____ am pm Time
_____ Signature of: (check one when applicable) ☐ Guardian ☐ Guardian Advocate ☐ Health Care Surrogate ☐ Health Care Proxy	_____ Date (mm/dd/yyyy)	_____ am pm Time

If I am the guardian advocate, health care surrogate, or health care proxy, I certify that I have met and talked with the person and the person's physician in person, if at all possible, and by telephone, if not about the proposed treatment prior to signing this form.

Talked to person on _____(date) ☐ In person ☐ By telephone. If not in person, explain why not:

_____

_____

Talked to physician on _____(date) ☐ In person ☐ By telephone. If not in person, explain why not:

_____

_____

_____ Signature of: (check one when applicable) ☐ Guardian Advocate ☐ Health Care Surrogate ☐ Health Care Proxy	_____ Date (mm/dd/yyyy)	_____ am pm Time
_____ Signature of Witness for Substitute Decision-Maker	_____ Date (mm/dd/yyyy)	_____ am pm Time

The person shall always be asked to sign this authorization form. However, if the person is a minor, is incapacitated, or is incompetent to consent to treatment, the consent of his or her guardian, guardian advocate, or health care surrogate/proxy is required. Court orders, letters of guardianship, or advance directives must be retained in the clinical record if an individual other than the person signs the consent to treatment. The guardian, guardian advocate, or health care surrogate/proxy must agree to keep the facility informed of their whereabouts during the term of the hospitalization.

See s. 394.459(3), Florida Statutes
CF-MH 3042a, Jan 05 (obsoletes previous editions) (Recommended Form)

Personal Enrichment through Mental Health Services, Inc.

Assignment Of Insurance & Financial Responsibility and Emergency Medical Care & Release Of Information

CONSUMER: _____ MEDICAL RECORD #:_____

ASSIGNMENT OF INSURANCE BENEFITS: For services rendered by PEMHS, I assign to the benefits due me under _____ Insurance Company(ies) (Policy #: _____) to reimburse PEMHS for these services. I agree that if these benefits are insufficient to cover the entire Agency bill or if the illness/disability is not covered by the insurance policy(ies), I will be responsible for payment of the entire Agency bill or any balance.

FINANCIAL RESPONSIBILITY: I agree to pay to PEMHS all balances due and not payable by insurance or other payments on my account from the admission date to the date of discharge, including any co-payment, deductibles and co-insurance. I further agree to pay all costs of collection of any balance, including attorney fees.

FINANCIAL ASSESSMENT AND FEE EXPLANATION: I certify that my family income is _____ per year, that there are _____ people in my family. Based upon this information it has been explained to me that I could owe _____% /day for services provided to me while at PEMHS.

AUTHORIZATION FOR RELEASE OF INFORMATION: I give permission to PEMHS to release information as needed, including psychiatric, psychological or drug and alcohol treatment information, to the above named insurance company(ies) and its representative for the processing of my claim. I also give permission to PEMHS to contact my employer to obtain any information relative to insurance benefits if necessary. I understand that this authorization will be valid for one (1) year from the date of my, discharge from PEMHS, or prior to that upon my written request.

For students, I authorize the release and exchange of necessary information (which may include psychiatric, psychological, medical information), between PEMHS and the School Board of Pinellas County for purposes of continuation of education. I understand that this authorization will be valid for 90 days from the date of my discharge from PEMHS or prior to that upon written request.

EMERGENCY MEDICAL CARE: In the event of any accident in which emergency medical care or treatment is needed, I authorize PEMHS to arrange for the care or treatment necessary for my emergency condition. I further authorize the treating facility or medical personnel to provide emergency medical care and treatment and agree to be responsible for medical and related costs as a result of such emergency treatment.

_____ _____
Consumer Signature Parent/Legal Guardian (if applicable)

_____ _____
Co-Signer or Guarantor Relationship to Consumer

_____ _____
Witness Date & Time of Admit

1254 58th St. N., Pinellas Park, FL 33782
(727)545-6477

Personal Enrichment through Mental Health Services

ID#: [redacted]

NOTICE OF PRIVACY PRACTICES

Client Name: [redacted]

I have reviewed Personal Enrichment through Mental Health Services, Inc.'s Notice of Privacy Practices with my social worker and/or designated Personal Enrichment through Mental Health Services, Inc. employee. Any and all questions pertaining to the Notice were discussed at this time. I was given a copy of the Notice for future reference.

Client Signature	7/31/2013 Date
Parent/Guardian Signature	____/____/____ Date
Electronically Signed By: HARRIS,KAMILLE BS / Access Center Assessment Specialist PEMHS Employee Signature	7/31/2013 Date

PEMHS Notice of Privacy Practices/Distribution: All clients/Signature of acknowledgment to be retained in the client's record. Developed: 3/1/2003

NUR 065 (10/2004/crc)

Rights of Persons in Mental Health Facilities and Programs

The following rights are guaranteed to you under Florida law. These will be fully explained to you at the time of and following admission to this facility. A copy of this form will be given to you to keep. You have the right to read the Baker Act law and rules at any time. Your signature on the form, if you choose to sign, only acknowledges that you have had the rights explained and that a copy of this form was provided to you.

Individual Dignity
You have the right to individual dignity and access to all constitutional rights. The federal Americans with Disabilities Act (ADA) applies to persons in this facility.

Right to Request Discharge by Persons on Voluntary Status
If you request discharge, your doctor will be notified and you will be discharged within 24 hours from a community facility and within 3 days working days from a state hospital unless you withdraw your request or you meet the criteria for involuntary placement. If you meet the criteria for involuntary inpatient placement or involuntary outpatient placement, the hospital administrator must file a petition with the Court for your continued stay within two (2) working days of your request for discharge.

Designation of Representative
You will be asked to identify a person to be notified in case of an emergency. Further, if you are at this facility for involuntary examination and do not have a guardian appointed by the court, you will be asked to designate a person of your choice to receive notification of your presence in this facility, unless you request that no notification be made. If you do not or cannot designate a representative, a representative will be selected for you by the facility from a prioritized list of persons. You have the right to be consulted about the person selected by the facility and you can request that such a representative be replaced.

Communication
You have the right to communicate freely and privately by phone, mail, or visitation with persons of your choice during your stay at this facility. You have the right to make free local calls and will be given access to a long distance service for collect calls. However, communication may be restricted. If restricted, you will be given a written notice including the reasons for the restrictions. This facility is required to develop reasonable rules governing visitors, visiting hours, and the use of telephones but you cannot be limited in your access to your attorney, to a phone for the purpose of reporting abuse, in contacting the or the Advocacy Center for Persons with Disabilities. Several toll-free telephone numbers you may wish to keep are:

Florida Abuse Registry	1 800 96-ABUSE
Advocacy Center for Persons with Disabilities	1 800 342-0823
Department of Children & Families District Office	1 813 558-5700
Substance Abuse & Mental Health	727 588-6834

Confidentiality of Information and Records
Information about your stay in this facility is confidential and may not be released, except under special circumstances, without your consent (or the consent of your guardian, guardian advocate, or health care surrogate/proxy if you have one). Special circumstances include release of information to your attorney, in response to a court order, to an aftercare treatment provider, or after a threat of harm to another person. You have the right of reasonable access to your clinical record unless such access is determined to be harmful to you by your physician.

Informed Consent
Before any treatment is given to you, you will be given information about the proposed treatment, the purpose of the treatment, the common side effects of medication you receive, alternative treatments, the approximate length of care, and that any consent given may be revoked at any time by you, your guardian, your guardian advocate, or your health care surrogate/proxy. There are additional disclosures that must be made for medications you receive. If the treatment for which you have given consent is changed at any time during your stay in this facility, it will be fully explained by the staff prior to asking for written consent to the revised treatment.

CONTINUED OVER

Treatment
You have the right to receive the most appropriate treatment in this facility. You will get a physical examination within 24 hours of arrival and you will be asked to help develop a treatment plan to meet your individual needs. Restraints, seclusion, isolation, emergency treatment orders, close levels of supervision, or physical management may never be used for punishment, convenience of staff, or to compensate for inadequate staffing.

Advance Directives
You have the right to prepare an advance directive when competent to do so that specifies the mental health care you want and to designate a health care surrogate to made those decisions for you at the time of crisis, the facility is required to make reasonable efforts to honor those choices or transfer you to another facility that will honor your choices. The facility must document whether you have an advance directive and inform you of its policies about advance directives. There are organizations that can help you prepare an advance directive.

Clothing and Personal Effects
You have the right to keep your clothing and personal effects unless they are removed for safety or medical reasons. If they are taken from you, an inventory of the possessions will be prepared and given to you to sign. The possessions will be immediately returned to you or your representative upon your discharge or transfer from this facility.

Habeas Corpus
You or your representative have the right to ask the Court to review the cause and legality of your detention in this facility or if you believe you have been unjustly denied a legal right or privilege or an authorized procedure is being abused. A petition form will be given to you by staff upon your request. If you wish to file a habeas corpus petition, you can submit it to a facility staff member, and it will be filed with the court for you by the facility no later than the next court working day.

Voting
You have the right to register to vote and to vote in any elections unless the court has removed this right from you. Staff will assist you in arranging for registration or voting.

Discharge
You have the right to seek treatment from the professional or agency of your choice after your discharge from this facility.

**Client received Crisis Unit Handbook (Y / N)
If no, give reason:_____

Person's Signature	Date (mm/dd/yyyy)	Time	am pm
Signature, if applicable, of ☐ Guardian ☐ Guardian Advocate ☐ Representative ☐ Health Care Surrogate/Proxy	Date (mm/dd/yyyy)	Time	am pm
Witness Signature	Date (mm/dd/yyyy)	Time	am pm

This form must be retained in the clinical record as a receipt that the person received notice of his/her rights at the time of admission. A copy must be given to the person and to any authorized decision-maker for persons incompetent or incapacitated by age or disability.

cc: Check when applicable and initial/date/time when copy provided

Individual	Date Copy Provided (mm/dd/yyyy)	Time Copy Provided	Initials of Who Provided Copy
☐ Person		am pm	
☐ Guardian		am pm	
☐ Guardian Advocate		a m pm	
☐ Representative		am pm	
☐ Health Care Surrogate/Proxy		am pm	

Directions for Living
LIFE GETS BETTER HERE.

ADULT REGISTRATION FORM

Please complete all information on this form. If you need help, please speak to one of our Staff.

Name: _____

Preferred Name / Nickname: _____

Age: _____ Birth Date: _____/_____/_____ Sex: _____ SS#: _____-_____-_____

Address: _____ Apt #: _____ Phone: Home: _____

_____ Work: _____

City/ State/ Zip Cell: _____

Email: _____

Referred by: _____ Phone: _____

Veteran Status: ☐ Yes ☐ No Religious Preference: _____ Primary Language: _____

Have you ever been known by another name or former alias: ☐ No ☐ Yes, Name: _____

Have you ever received services here before? ☐ No ☐ Yes, if so, when: _____

Do you have a case plan with the court system or Eckerd Community Alternatives: ☐ Yes ☐ No

Race, check one: ☐ White ☐ Black ☐ American Indian or Alaskan Native ☐ Asian
☐ Native Hawaiian or Pacific Islander ☐ Multi-Racial

Ethnicity, check one: ☐ Puerto Rican ☐ Mexican ☐ Cuban ☐ Other Hispanic ☐ Haitian
☐ Mexican American ☐ Spanish/Latino ☐ None of the Above

Marital Status: ☐ Never Married ☐ Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Domestic Partner

Highest School Grade Completed: _____

EMERGENCY CONTACT

Name: _____ Phone: Home: _____

Address: _____ Apt#: _____ Work: _____

_____ **Relation:** _____

City/State/Zip Legal Guardian: ☐ Yes ☐ No

IDENTIFY DISABILITY FACTORS:

Developmental Disabilities:	☐ Yes	☐ No	Physically Impaired:	☐ Yes	☐ No
Non- Ambulatory:	☐ Yes	☐ No	Visually Impaired:	☐ Yes	☐ No
Deaf or Hard-of-Hearing:	☐ Yes	☐ No	ADL Functioning:	☐ Yes	☐ No
English Language Severely Limited:	☐ Yes	☐ No	(Inability to perform independently day-to-day living)		

What auxiliary aids, services, or assistance do you need to help you communicate with us? _____

_____

MEDICAL BENEFITS

Medicaid #: _____ Medicare#: _____

Do you have any other insurance? (Other than Medicaid/Medicare) ☐ Yes ☐ No Name: _____

I authorize the release of any medical information necessary to process this or a related claim to:

_____ Date: _____/_____/_____

Insurance Company Name and Address

Client Name: _____ Client #: _____

I authorize payment of benefits to Directions for Living.

_____ Date: _____/_____/_____

Signature

MEDICAL INFORMATION

Primary Care Physician: _____ Phone #: _____

Other treating physician: _____ Phone #: _____

Pain Management Specialist: _____ Phone #: _____

Preferred Pharmacy: _____ Phone #: _____

Pharmacy Location: _____

SERVICE AUTHORIZATION / CONSENT TO TREAT

My signature below certifies that:

1) I give permission to staff of Directions for Living to render mental health/substance abuse treatment to the person named below.

2) I have received a copy of the Client Handbook which includes information regarding:

- **Organizational Mission**
- **Emergency Procedures**
- **Client Rights and Responsibilities**
- **Infectious Disease Control**
- **Notice of Privacy Practices**
- **Hours of Operation**
- **Treatment Services**
- **Grievance Procedures**
- **HIV/AIDS Education**
- **Advance Directive**

3) I have received the HIV/AIDS education information and understand that I may ask for further information regarding testing and other services at any time.

4) I understand that I may be contacted about my services at Directions for Living during or after services for quality improvement purposes.

5) I understand that Directions may be required to submit statistical and demographic information such as my age, social security number and/or income to certain local, state and/or federal agencies in order to provide my services. I also understand that I may ask for more specific information regarding this at any time.

6) I am providing this consent to treatment voluntarily and understand that I have the right to withdraw from treatment at any time.

_____

Print Client Name

_____ _____/_____/_____

Client Signature **Date**

_____ _____/_____/_____

Guardian Signature (if applicable) **Date**

Relation to Client: _____

_____ _____/_____/_____

Witness **Date**

INFORMED CONSENT

Jail Diversion Program with Public Defender's Office

Client Name: _____ DOB: _____

_____ is a License Mental Health Counselor with the Pinellas County Public Defender's Office, 6th Judicial Circuit Jail Diversion Program.

Confidentiality: In general, the law protects the privacy of all communication between a client and a therapist. A mental health professional can only release information to others with the client's written permission. There are a few exceptions to the client's rights confidentiality. Florida law mandates disclosure of information in the following situations:

- **Abuse of children and Elderly Adults**: Neglect or abuse or a child, an elderly or a dependent adult
- **Duty to warn**: I a client presents an imminent threat of harm to others, mental health professionals are required by law to warn the intended victim and report this information to law enforcement
- **Duty to Protect**: If any client involved in the assessment and counseling process presents an imminent threat of harm to themselves or others, mental health professionals are required by law to assure the client's safety. This my include notifying the client's family members, law enforcement, or a Baker Act in the State of Florida, which allows for up to 72 hours involuntary commitment to a mental health facility by a qualified mental health professional, for those deemed a danger to themselves or others
- **Court ordered issued by a judge** requiring counselor to testify in a court hearing
- **Prenatal Exposure to Controlled Substances**: mental health professionals are required by law to report this information to the Department of Children and Families (DCF) for investigation

Colleague Consultation: In keeping with generally accepted standards of practice the counselor may Consult (on a confidential basis) with other mental health professionals regarding the managing of case. The purpose of this consultation assure quality of care for the client(s)

Risk and Benefits: There is a possibility of risks and benefits which may occur in therapy, and in a group setting. Therapy may involve the risk of remembering the unpleasant events and may arouse strong emotional feelings. Therapy my impact relationships with significant others. A group setting may not guarantee complete confidentiality. The benefits from therapy may be an improved ability to relate to others and cope with stressors with a clearer understanding of self and the family system. Taking personal responsibility for working with these issues may lead to a greater growth.

After Hours Emergency Services: The jail Diversion does not offer after hours emergency services for clients. The counselor can be reached between the hours of 8am and 4:30pm. Before or after these hours if client should need emergency services, they are to call 911 or the local suicide hotline number at 1-800-442-4673

I have had the opportunity to read and discuss any questions I have about this information:

_____

Client Signature Date

_____

Date

Pinellas County | Assisted Outpatient Treatment (AOT)

Narrative Responses to NOA Special Conditions | October 30, 2018

In follow-up to the conditional award for Assisted Outpatient Treatment, Pinellas County has convened the application partners and key stakeholders to develop an updated narrative response as required in the special terms and conditions. In addition to the specific responses below, the County proposes the following three (3) changes:

1. Client referrals and screenings will initially (first 90 days) come solely from the Crisis Stabilization Unit to ensure that the program is meeting the requirements and is operating efficiently. It is highly anticipated that the clients being referred for AOT services from the CSU will be high utilizers of crisis services, at-risk of/or homeless, and/or repeat jail offenders. After 90 days the stakeholders will review screenings/enrollments and operational efficiencies to determine expansion efforts from other referral sources.
2. The County will utilize one treatment provider, not two as originally planned, for the fulfillment of services in the client's treatment plan, follow-up petitions to the court as needed, and maintain a seamless delivery of services.
3. The County proposes pro-rating the number of unique individuals served in Y1 to 75. Given the conditional nature of the award, the revisions needed to the original application, and the expectation by SAMHSA to start services by February 2019 (or sooner), the County respectfully requests a reduction of the Y1 target.

Section A: Population of Focus and Statement of Need

Quantitative data specific to Pinellas County that describes the need and service gaps and current prevalence rates and/or incidence data for the selected population of focus. *The applicant organization provides national health disparities data rather than data specific to the county. It does not provide ample data specific to the population of individuals with SMI.*

Pinellas County's population in 2016 was 954,569, approximately 14.1% of whom were living below the poverty level. The rate of involuntary examinations for the County for State Fiscal Year (SFY) 16/17 (July 1, 2016 through June 30, 2017) was 1,388 per 100,000 population. This data was evaluated across all counties in Florida utilizing the average number of involuntary examinations and population figures to utilize a quartile statistic to rank the counties to determine a level of need for funding for mobile response teams. Pinellas County ranked in the fourth quartile, showing the greatest need for services based on this number, throughout the 67 counties in Florida.

For SFY 17/18 Personal Enrichment for Mental Health Services (PEMHS), the County's public receiving facility, received 7,319 emergency services contacts and 4,373 Crisis Services Unit (CSU) admissions. Of the emergency services contacts, approximately 36% were female and 64% male. This proportion holds for CSU admissions. Of the 4,373 CSU admission, approximately 65% were white, 20% were black, and 14% were other. Approximately 29% of admissions were aged 0-17, 11% were aged 18-24, 37% were aged 25-44, 16% were aged 45-54, and 7% were aged 55 and up. Of the adult admissions, 1,732 individuals or 55% had a psychiatric diagnosis of Serious Mental Illness. PEMHS discharges indicate that approximately 7% of the individuals discharged were discharged to residential facilities. Approximately 30 monthly episodes (duplicated) involve recidivists from the past 30 days and an average of 57 (unduplicated) clients per month had three or more admits in the past six months.

A detailed description of the need for AOT services in Pinellas County. *It broadly describes how AOT may play a role with this population, but it does not specifically discuss the need for AOT for this specific county.*

Pinellas County, while available by law, does not currently utilize Assisted Outpatient Treatment (AOT). The system of care in this County, mostly due to a lack of funding availability for treatment services, offers only Involuntary Residential Treatment, and voluntary referral to treatment, if the client has insurance/benefits coverage for services. The County does not offer a less restrictive level of care for clients who do not qualify for Involuntary Residential Treatment, but need more assistance engaging in follow-up care. The need for AOT is this County is demonstrated by the high recidivism rate among CSU users and the lack of follow-up by clients discharged to voluntary treatment. Approximately 30 monthly episodes (duplicated) involve recidivists from the past 30 days and an average of 57 (unduplicated) clients per month had three or more admits in the past six months. PEMHS discharges patients on a

voluntary basis to two main community behavioral health treatment providers in the County, Suncoast Centers and Directions for Living. Suncoast received 1,191 referrals from PEMHS with an engagement rate of 44% compared to the agency's overall engagement rate of 63% from all referral sources. Directions for Living has a no-show rate of 44% from referrals from PEMHS. The agency reiterates the great need for assistance from discharge to the first appointment. The intent of the program is to minimize repeat hospitalizations, increase access to and engagement in treatment and supportive services, and provide an opportunity for individuals with SMI to maintain stability within the community.

A detailed description of all needed infrastructure improvements, including improvements to the electronic health records system. *Given that the applicant organization does not have AOT services in place, it seems unlikely that EHR improvements are the only infrastructure developments that will need to take place.*

While not described in detail in 2016, Pinellas County is working closely with the 6th Judicial Court, the Public Defender's Office, the State Attorney, the County's public crisis unit, and treatment providers in the community to fulfill the needs of the clients in this program. The revised budget now includes the following additional infrastructure improvements to aid in the implementation of AOT: providing court costs including a public defender, supporting case management positions, and supporting staff positions to oversee and monitor AOT participants. Detailed information is included in the revised budget and budget narrative.

Section B: Proposed Evidence-Based Service/Practice

Revised project objectives that are specific to the proposed project and measurable. *Although the applicant organization lists goals and objectives that are consistent with the intent of the FOA, they are broad and non-specific to the county.*

Data collected by the treatment provider from the client will be collected at baseline (the client's entry into the project), every six months depending on the length of mandated treatment, upon discharge, and six months after discharge.

Goals & Objectives	Performance Measure
Goal 1: Reduce psychiatric hospitalization utilization of PC AOT program clients.	
Objective A: Successfully petition court for involuntary outpatient treatment for 375 clients meeting AOT criteria	Number of eligible individuals enrolled
Objective B: Provide mental health treatment services according to court approved individualized treatment plan to 375 enrolled clients over the life of the program.	#/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 have Baker Act initiations
	Average length of stay for enrolled clients who have Baker Act initiations.
	Average Length of time between Baker Act initiations
Objective C: Connect enrolled clients to supportive services (housing, benefits, prescription assistance, transportation, employment/ education) as defined by the individualized treatment plan	Number of supportive services identified in the treatment plan Number of linkages made
Goal 2: Reduce justice system interaction for PC AOT program clients.	
Objective A: Provide mental health treatment services according to court approved	#/Percent of enrolled clients who receive non crisis related outpatient mental healthcare services
	#/Percent of enrolled clients who engage in treatment planning.

individualized treatment plan to 375 enrolled clients over the life of the program.	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
Objective B: Connect enrolled clients to supportive services (housing, benefits, prescription assistance, transportation, employment/ education) as defined by the individualized treatment plan	Number of supportive services identified in the treatment plan Number of linkages made
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.	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.
Goal 4: Improve Consumer/Social Outcomes of Enrolled Clients	
Objective A: Connect enrolled clients to supportive services (housing, benefits, prescription assistance, transportation, employment/ education) as defined by the individualized treatment plan	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
Goal 5: Customer and Family/Caregiver Satisfaction with Program Services	
Objective A: Engage families in IDT facilitated sessions.	# family/friends participating in IDT sessions
Objective B: Conduct client centered surveys/focus groups to obtain feedback on program services	# clients participating in survey or focus groups
	Overall satisfaction

A description regarding the addition of new EBPs for this project will address behavioral health disparities. *It mentions a number of disparities, but it states that existing programs will meet the needs for these disparities so it is unclear whether the addition of new EBPs will further address disparities.*

The treatment provider has not identified any specific additional new EBPs to address disparities. The identified EBPs of Motivational Interviewing, Motivational Enhancement Therapy/Cognitive Behavioral Therapy (MET/CBT), Trauma Focused Cognitive Behavioral Therapy (TF-CFP), along with an Auxiliary Aids Plan for Persons with Disabilities and Limited English Proficiency are sufficient to address the disparities identified in the target population.

As a seasoned and competent provider of services to individuals with severe or persistent mental illness, Directions for Living is adept at identifying and addressing disparities common to individuals living with these disorders, the economically disadvantaged, members of the LGBTQ community, racial and ethnic minorities, and the homeless. The EBPs that Directions for Living has identified as interventions to be utilized to engage, support, and treat AOT clients are all sensitive to the above disparities. For example, Motivational Interviewing has been used to successfully address barriers to engaging in treatment for a variety of populations and sub-populations.

Directions for Living maintains an Auxiliary Aids Plan for Persons with Disabilities and Limited English Proficiency which ensures that all clients and/or applicants for services who are impaired with sensory, manual, or speaking skills have an equal opportunity to use and benefit from the provider's programs and services. Directions for Living has over ten

years-experience working with clients experiencing homelessness and, even more recently, with providing integrated behavioral health services in various community settings.

A detailed description of the modifications to be made to the proposed EBP and any other potential modifications. *The applicant organization describes one modification for an EBP, but it does not detail the modification or discuss other potential modifications.*

TF-CBT has been validated for individuals 3-18 years of age. Directions for Living will be modifying TF-CBT to expand its use with youth, up to age 24. It is imperative that this age group receive the benefits of connecting their thoughts, feelings, and behaviors related to their past traumas while receiving education about healthy interpersonal relationships, parenting skills, and personal safety skills training. This modification is being made in light of the fact that first episodes or the first psychotic break occurs between the ages of 18 and 24. CBT is productive with depression, anxiety, PTSD using trauma-sensitive interventions.

TF-CBT will address the trauma experienced by using techniques of CBT to address beliefs/thoughts/cognitions that are counterproductive related to the event. Often times thought will become distorted or one will catastrophize and techniques of CBT will aid in putting things into perspective. The therapeutic alliance is very important as to gain trust and offer the individual coping skills to manage the distress experienced. This will aid in dealing with some of their symptoms as they experience them. Psychoeducation becomes an important part of treatment so the person can identify and understand the trauma and what has happens when one experiences trauma. This will help with feeling less alone as they learn more of what they experienced. Gradual exposure to the event is important as this where the therapist will work with the youth on processing thoughts of the abuse and work with the emotional reactions/affect regulation to manage emotions. Part of this is teaching the individual to learn the range of feelings and appropriate expression of what they are feeling.

A description of the monitoring process to be used to ensure that there is fidelity for EBP implementation for all agencies involved in the project. *It identifies implementing a monitoring process depending on regular supervision and consultation for one EBP at one service agency, but it does not describe fidelity monitoring for any of the other EBPs it identified or at the second service agency.*

The initial grant proposal identified two service agencies. In consideration of the conditional award, Pinellas County convened the program's stakeholders to discuss implementation planning. It was determined that the Pinellas County AOT program will utilize one treatment provider (Directions for Living) and the previously proposed second service agency (PEMHS) will be utilized at the front end of the connecting individuals to the AOT program through assisting in identifying potential clients, development of a first opinion for the court order, and assistance in developing the initial court packet. As such, Directions for Living will be the service agency for whom EBPs will need to be monitored for fidelity.

Directions for Living uses regular supervision including mentors for less experienced clinicians, consistent organizational expectations. Our internal monitoring process will include a qualitative review led by the Senior Director of Quality Management to ensure the program is following the fidelity of the EBP models.

In addition to the above, Directions for Living has a comprehensive total quality management feedback structure that includes a comprehensive peer review process. Directions for Living operates a total quality management (TQM) structure which essentially is a flow of information throughout the agency. The peer review process is part of the total quality management structure and starts at the base of the TQM model which includes staff meetings. Peer review assignments are initiated at the staff meeting level and are then reviewed by the Supervisor. This information is then rolled up to the peer review committee which reports trends and analysis up through to the Quality Council which is comprised of all leadership and chaired by the President and CEO. The total quality management structure can be used to analyze the trends in clinical interventions, staff training needs etc.

Section C: Proposed Implementation Approach

The approach to be used to ensure timely acceptance of the grant award by the Board of County Commissioners. *The applicant organization states that the Board of County Commissioners must accept the grant award at its bi-monthly meetings, which may put the proposed project on hold and delay implementation.*

The Pinellas County Board of County Commissioners unanimously accepted the Notice of Award at the October 23rd meeting. Contractor/Subrecipient agreements are in process and full implementation shall begin upon conditions removed from the award. The partners have been meeting weekly since the Notice of Award was received and are eager to begin.

A description of the capabilities of the two proposed agencies to provide services to individuals with SMI. *The applicant organization lists two agencies that will provide services, yet the missions of both do not include services to individuals with SMI. It is unclear how the applicant organization will incorporate the proposed project into these existing services.*

The initial grant proposal identified two service agencies. In consideration of the conditional award, Pinellas County convened the program's stakeholders to discuss implementation planning. It was determined that the Pinellas County AOT program will utilize one treatment provider (Directions for Living) and the previously proposed second service agency (PEMHS) will be utilized at the front end of the connecting individuals to the AOT program through assisting in identifying potential clients, development of a first opinion for the court order, and assistance in developing the initial court packet.

Directions for Living has operated as a Community Mental Health Centers since its inception in 1982. There are currently 14 programs in three distinct locations throughout Pinellas County serving children and families with a staff that represents the diversity of the community we serve. During FY 2018 Directions for Living served 3,877 SPMI adult clients. Directions for Living is accredited by the Commission on the Accreditation of Rehabilitation Facilities (CARF). Directions for Living offers adult behavioral health services centered on evidence-based practices and the latest research-supported interventions to restore and improve the quality of life for each individual served. Adult behavioral health services include: individual therapy, psychiatry, group therapy, case management, pharmacy services, and certified recovery peer specialist services. The agency is also licensed to offer substance abuse treatment services and has offered a range of interventions to the homeless in Pinellas County since 1987.

Personal Enrichment through Mental Health Services (PEMHS) is the designated public receiving facility for Pinellas County and has been committed to providing care in crisis since 1981. For SFY 17/18 Personal Enrichment for Mental Health Services (PEMHS), the County's public crisis facility, received 7319 emergency services contacts and 4,373 Crisis Services Unit (CSU) admissions. Of the adult admissions, 1,732 individuals or 55% had a psychiatric diagnosis of Serious Mental Illness. PEMHS is dedicated to enhancing the mental health, family functioning and personal development of adults and children in our community. PEMHS accreditations and certifications include Joint Commission on Accreditation of Healthcare (JCAHO); American Association of Suicidology (AAS); Public Receiving Facility Designation. PEMHS holds licensure for Substance Abuse Intervention; Crisis Stabilization – Children & Adults; and Institutional Pharmacy.

A description of how you will ensure the all AOT services are culturally competent. *Although the applicant organization discusses how general services are culturally competent, it does not describe how it will ensure the cultural competency of AOT specific services.*

Directions for Living will ensure that all new hires for AOT will have cultural competence training during new employee orientation. The AOT team will have access to ongoing training through the agency's training curriculum. AOT staff will be assess for cultural competency during regular supervision to include client satisfaction survey results, and employee interviewing to assess range of values and beliefs. The AOT team will attest to their adherence to the National Standards for Culturally and Linguistic Appropriate Services (CLAS) in Health and Health Care which are defined as services that are respectful of an responsive to individual cultural health beliefs and practices, preferred languages, health literacy levels, and communication needs at every point of contact.

Clarification regarding if you will screen all clients or only clients from the Crisis Stabilization Unit. If the latter, a justification for limiting clients to those from the Crisis Stabilization Unit. *It proposes to screen clients coming from the Crisis Stabilization Unit, but it is unclear if it will screen individuals not in the unit.*

Pinellas County AOT Program stakeholders have agreed to initiate screenings for AOT services at one site, the local public crisis stabilization unit, for a minimum of the first 90 days. The population served by the crisis unit, and those likely to be meet criteria for AOT, are high utilizers of crisis services, criminal justice and at risk of homelessness. Currently, the stakeholders meet weekly and are focused on the developing the initial implementation plan. This will provide the program an opportunity to determine any challenges that may require modifications to the implementation prior to expanding referral sources. Referral and enrollment data will be reviewed at each stakeholder meeting to determine the appropriate time to initiate the next phase and increase referral sources for the AOT program from the justice system, private Baker Act facilities, and hospitals. These opportunities are anticipated to be incorporated into the local AOT program throughout the four year grant.

A description of how you will use data and information from client screening assessments in treatment plan development. *The applicant organization does not discuss how it will use the screening and assessment to develop treatment plans.*

Once it has been determined by the crisis stabilization unit that minimum criteria for participation in the AOT program is met, an assessment will be completed by Directions for Living to determine the clients severity level, low, moderate or high. The severity level will determine the frequency and duration of all services. Additionally, the assessment will include the use of the functional assessment rating scale (FARS) (adapted from the Colorado Client Assessment Rating Scales – CCAR developed for use in Florida to evaluate behavioral health outcomes for adults) to assess cognitive, social and role functioning. Any and all of the 18 functional domains (such as depression, family environment, thought process, substance use, ability to care for self to name a few) that the individual scores a 4 or higher will be included on their individualized treatment plan.

A description of the steps to be implemented to reduce hospitalizations, homelessness, incarceration, and interaction with the criminal justice system. *Although the applicant organization quotes data from the Treatment Advocacy Center on the reduction of hospitalization, homelessness, incarceration, and interaction with the criminal justice system, it does not discuss what it will do to replicate these successes in its catchment area.*

Using the community based mental health care model of Intensive Case Management (ICM) the AOT program will be staffed with three certified mental health case managers, two masters prepared clinicians, and an integrated decision team facilitator. Case managers will be assigned a case load based on a pre-determined acuteness level (detailed below): low, moderate or high. Individuals with a low severity/acuteness will receive a minimum of 1.5 hours of case management weekly, individual therapy as needed, weekly group therapy, medication management with long acting injectable medications or other psychotropic medications as needed. Individuals with a moderate severity/acuteness will receive a minimum of 2 hours of case management weekly, individual therapy once per week, group therapy, and medication management with long acting injectable medications or other psychotropic medications as needed. Individuals with a high severity/acuteness with receive up to 4 hours per week of intensive case management, 1-2 individual therapy sessions per week, group therapy as needed/tolerated, and medication management with long acting injectable medications or other psychotropic medications as needed.

Moreover, each individual regardless of acuteness level will attend an Integrated Decision Team (IDT) staffing once every 15 days to assess progress, regress and to address any barriers to stability the individual is experiencing. IDT staffing's are strength based and client centered. IDT Staffing's will be facilitated by a trained facilitator, concurrently documented and projected on a large screen for all participants to see. These frequent, time sensitive, discussions will collect and measure data regarding relapse of symptoms, hospitalizations, housing instability, homelessness, incarcerations and all interactions with the criminal justice system. In addition to the information that the individual self-reports, the IDT facilitator will search all relevant data bases such as 911 calls, Criminal Justice Information Systems (CJIS) etc. prior to each staffing.

Low = meets basic AOT criteria of living with a SMI, repeat baker acts and or entering the criminal justice system due to infractions that are a result of living with a SMI and are housing stable with no known co-occurring substance use disorder

Moderate = meets basic AOT criteria of living with a SMI, repeat baker acts and or entering the criminal justice system due to infractions that are a result of living with a SMI, is housing unstable OR has a known co-occurring substance use disorder

High = meets basic AOT criteria of living with a SMI, repeat baker acts and or entering the criminal justice system due to infractions that are a result of living with a SMI, is literally homeless and has a co-occurring substance use disorder.

A description of how you will include individuals with repeat jail encounters, homeless individuals, and individuals with high system use in the assessment process. *The applicant organization restricts the individuals it will assess to Baker Act referrals, and it does not attempt to include individuals with repeat jail encounters, homeless individuals, or individuals with high system use.*

The Pinellas County AOT program will initiate with a focus on the crisis stabilization unit (CSU), PEMHS, for the first 90 days to provide an opportunity for the program to focus the implementation on one-site prior to expanding access to AOT. The County anticipates that this population will have a history of criminal justice interactions, homelessness, and are high utilizers of crisis services. This implementation phase will allow the program's stakeholders an opportunity to identify any challenges and identify any opportunities for improvement prior to expanding to individuals beyond the CSU. Stakeholders anticipate expansion to include individuals referred from various other programs which include individuals with repeat jail encounters, individuals who are homeless, and high utilizers.

A description of how you will consider language, beliefs, norms, values, and socioeconomic factors in the identification and assessment process. I*t does not discuss how its approach for identifying and assessing individuals considers the language, beliefs, norms, values, and socioeconomic factors of the population of focus.*

Consideration of language, beliefs, norms, values and socioeconomic factors is essential in the process of program identification of clients and the assessment process. For example, the assessment of minority patients has additional layers of complexity when compared with assessment of nonminority patients, especially when the patient has a different cultural or ethnic background from staff. Directions for Living ensures that staff and clinicians develop culturally competent knowledge, attitudes, and skills to avoid biases and misdiagnosis. The agency takes into consideration the client's context or world view of their ethnicity and culture, respecting their beliefs and practices (including those involving religion and spirituality), assessing the their identified support systems, evaluating them in their primary language, and taking a history that accounts for their socioeconomic or cultural stressors.

A detailed description of what the biopsychosocial attributes and process. *Although the applicant organization plans to use a biopsychosocial assessment to evaluate the medical and social needs of individuals, it does not describe this in any detail.*

The Biopsychosocial is a comprehensive assessment that individualizes and integrates all screenings, including the medical and social needs of the individual. The Biopsychosocial is completed the day of intake and is used to drive the treatment plan. This information is used to determine the type of treatment and frequency of services.

The FARS is an effective tool in driving treatment as it assess 18 domains. The information is based on face to face clinical interviews that include observation, self-reports or other sources available to the clinician. The FARS will drive treatment by identifying the individual's level of functioning in each domain based on the severity rating scale. The clinician will be looking at impaired functioning in one or more domain in the previous 3 weeks. The domains should correlate to the information provided in the Biopsychosocial and other clinical reports. Based on the information from the rating scores goals and objectives can begin to be formulated. When completing the rating scales, elevated scores in self-care, danger to self or others, security management needs, would determine the need for involuntary status. The ratings determine how immediate the need for intervention and the intensity of services required is. Some of the domains cluster with a four-factor solution assignment of the 18 functional domains; disability, emotionality, relationships and personal safety. The index would suggest ways in which domains impact negatively

on other domains increasing the level of risk and may indicate the need for involuntary treatment. The outcomes of the FARs would be discussed in each IDT staffing.

The criteria to be used for determining the completion of court-ordered treatment. *It does not identify the criteria for determining the completion of court-ordered treatment.*

Following the intensive case management (ICM) model, clients will remain active until they have fulfilled the criteria for the court ordered outpatient treatment and have demonstrated the safe reduction of any and all of the 18 functional domains outlined on the functional assessment rating scale and therefore have the ability to function independently and continue their outpatient treatment to maintain their stability. Clients will be reassessed by the psychiatrist every 90 days (or sooner if needs arise per IDT staffing outcomes) and an opinion rendered to determine if the client still meets the criteria for the program and is making successful progress. Information regarding progress will be obtained through updates during the IDT staffing in which all participants are actively participating.

A specific description on how you will communicate individual non-compliance to the courts. T*he applicant organization does not discuss how it will communicated noncompliance with the court system beyond stating the liaison will participate in the IDT.*

Directions for Living staff will be present and verbally participate in all court proceedings. Participation will include communication of updates, successes, regresses, compliance and/or non-compliance. In addition, client progress will be reviewed at the IDT staffings every 15 days. The public defender's case manager will be a part of the IDT team and can communicate any non-compliance follow ups to the public defender's office. A client who decompensates during non-compliance is at risk of being Baker Acted and will be re-assessed for a higher level of care.

A listing of the specific medical and social service provider who will link individual clients to their services. *The applicant organization does not describe the specific medical and social service providers it will link clients to for services.*

AOT staff will provide individual clients' linkages to various medical and social service providers, to include, but are not limited to:

- The Florida Department of Health for enrollment, if qualified, into the Pinellas County Health Program (PCHP) or the Health Care for the Homeless Program (HCH). These programs provide eligible clients access to a medical home for primary care (including prescriptions, labs), dental services, and referral to specialty services as needed.
- Homeless Leadership Board – Coordinated Entry – Pinellas County's coordinated entry process provides standardized access and assessment for all individuals and families, as well as coordinated referral and housing placement process to ensure that people experiencing homelessness receive appropriate assistance with both immediate and long-term housing and service needs. This includes connections to emergency shelter, transitional shelters, and connection, when appropriate, to permanent supportive housing.
- Assisted Living Facilities for clients who require a higher level of care.
- SSI/SSDI Outreach, Access, and Recovery (SOAR) services to eligible clients to connect them to benefits that will extend beyond the time spent in the AOT program.

A detailed description of how you will ensure that due process and individual's civil rights will be protected in the AOT program. *It does not discuss the process it will implement to protect and respect due process and civil rights of participants. It only states that it will follow the statute and will have licensed professionals provide treatment services.*

All client referrals to AOT services will be screened to ensure that the patients' needs are in compliance with the rights incorporated in the Florida Mental Health Act and that the statutory criteria for involuntary outpatient treatment is being considered prior to a request for an involuntary examination evaluation.

The Florida Mental Health Act (F.S. 394) carefully balances individual liberties against safety of the individual and society by providing criteria to determine who should be subject to commitment under the Act. Each person must

receive services, including those under an involuntary outpatient placement court order which are suited to commitment and which must be administered skillfully, safely, and humanely with full respect for the person's dignity and personal integrity.

Personal Enrichment of Mental Health Services (PEMHS) will, after screening, assessment, and formal recommendations of a licensed physicians, psychiatrist and psychologist, utilize a Mental Health Court Liaison to coordinate the necessary legal documents in order to petition the courts for involuntary outpatient treatment, coordinate the completion of assessments by the two psychiatrists for recommendation on level of care for AOT, and ensure compliance with the statutory provisions meant to protect the patient's due process rights and civil rights.

The Public Defender must be appointed by the court within 1 court working day after the petition is filed, unless the person is otherwise represented by private counsel. Counsel for the person shall serve until the petition is dismissed, the court order expires, or the person is discharged from placement. The State attorney represents the state as the real party in interest in the proceedings.

A hearing will be held as required by Florida Statute 394 within 5 working days of filing the petition. Hearings will be conducted weekly on Tuesdays at PEHMS by a General Magistrate and coordinated by the Mental Health Court Liaison and in accordance with Florida Statute Chapter 394. The patient is entitled to be present at the hearing and will be provided notice, but is not required to be present and his or her presence can be waived by the court. The hearings shall be conducted in the same manner as an involuntary inpatient hearing. The hearing will be coordinated by the Mental Health Court Liaison. A General Magistrate will preside and the hearing will be electronically recorded. The State attorney represents the state as the real party interest in the proceedings. The State would call witnesses necessary to meet the statutory criteria set forth in Florida Statute 394. The Public Defender represents the patient. The patient has a right to be present, present evidence, call witnesses and cross-examine adverse witnesses.

Prior to the court ordering involuntary outpatient treatment the court must make finding, by clear and convincing evidence, that all of the following statutory criteria have been met:

> The patient is eighteen years of age or older; suffer from a mental illness; is unlikely to survive safely in the community without supervision, based on a clinical determination; has a history of non-compliance with treatment that has: been a significant factor in his or her being in a hospital, prison or jail at least twice within the last thirty-six months or; has resulted in one or more acts, attempts or threats of serious violent behavior toward self or others within the last forty-eight months; and be unlikely to voluntarily participate in treatment; and is, in view of his or her treatment history and current behavior, in need of assisted outpatient treatment in order to prevent a relapse or deterioration which would be likely to result in: a substantial risk of physical harm to the patient as manifested by threats of or attempts at suicide or serious bodily harm or conduct demonstrating that the patient is dangerous to himself or herself, or a substantial risk of physical harm to other persons as manifested by homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm; and be likely to benefit from assisted outpatient treatment.

If after hearing all relevant evidence, the court finds that the patient does not meet the criteria by clear and convincing evidence for assisted outpatient treatment, the court will dismiss the petition.

If the court finds by clear and convincing evidence that the patient meets the criteria for court-ordered outpatient treatment and there is no appropriate, feasible, and less restrictive alternative, the court can order the patient to receive assisted outpatient treatment. The order will require the director of community services to make sure that the treatment order is supplied to the patient.

<u>Modifications</u>

The treatment provider needs court approval to make any material change in a treatment order unless the change was contemplated in the original order. A material change is the addition or deletion of a category of assisted outpatient treatment or any deviation, without the patient's consent, from an existing order relating to the administration of medicines. An assisted outpatient treatment program does not need court approval to institute non-material changes.

Failure to Comply

Involuntary Inpatient Baker Act proceeding initiated by court upon a finding that an evaluation is warranted applying the Baker Act criteria.

A petitioner, physician, or anyone else making a false statement or providing false information in a petition or hearing is subject to criminal prosecution.

A listing of the types and number of services to be provided. Project Summary. *Lastly, it does not address the types and number of services to be provided to the unduplicated number of individuals it proposes to serve.*

The Pinellas County program anticipates serving 75 individuals in Y1, and 100 individuals each subsequent year. The # and type of services offered will be dependent on the outcome of the intensive case management (ICM) model recommendations. Using the community based mental health care model of (ICM) the AOT program will be staffed with three certified mental health case managers, two masters prepared clinician, and an integrated decision team facilitator. Case managers will be assigned a case load based on a pre-determined acuteness level: low, moderate or high. Individuals with a low severity/acuteness will receive a minimum of 1.5 hours of case management weekly, individual therapy as needed, weekly group therapy, medication management with long acting injectable medications or other psychotropic medications as needed, individuals with a moderate severity/acuteness will receive a minimum of 2 hours of case management weekly, individual therapy once per week, group therapy, and medication management with long acting injectable medications or other psychotropic medications as needed, and individuals with a high severity/acuteness with receive up to 4 hours per week of intensive case management, 1-2 individual therapy sessions per week, group therapy as needed/tolerated, and medication management with long acting injectable medications or other psychotropic medications as needed.

Moreover, each individual regardless of acuteness level will attend an integrated decision team staffing once every 15 day to assess progress, regress and to address any barriers to stability the individual is experiencing. IDT staffing's are strength based and client centered. IDT Staffing's will be facilitated by a trained facilitator, concurrently documented and projected on a large screen for all participants to see. These frequent, time sensitive, discussions will collect and measure data regarding relapse of symptoms, hospitalizations, housing instability, homelessness, incarcerations and all interactions with the criminal justice system. In addition to the information that the individual The IDT facilitator will search all relevant data bases such as 911 calls, Criminal Justice Information Systems (CJIS) etc. prior to each staffing

Intensive case managers will provide care coordination, advocacy, support, education, transportation, and will address and resolve any and all of the 18 functional domains of the Functional Assessment Rating Scale that score a 4 or higher.