



**RESPONSE TO:
Department of Children and Families
Office of Substance Abuse and Mental Health**

**Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant
GRANT #: DCF RFA 2324 011**

APPENDIX C - COVER PAGE FOR GRANT APPLICATION

Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant

PROPOSAL INFORMATION		
Type of Grant:	Planning Grant <input type="checkbox"/>	Implementation or Expansion Grant <input checked="" type="checkbox"/>
Project Title:	Treatment for Individuals Experiencing Homelessness	
County(ies):	Pinellas County	
Preferred Project Start Date:	October 1, 2024	
APPLICANT INFORMATION		
Type of Applicant	County Government <input checked="" type="checkbox"/> Consortium of Counties <input type="checkbox"/> Managing Entity <input type="checkbox"/> NFP Community Provider <input type="checkbox"/> Law Enforcement Agency <input type="checkbox"/>	
Applicant Organization Name:	Pinellas County Board of County Commissioners	
Contact Name & Title:	Elisa DeGregorio, Grants Section Manager	
Street Address	440 Court Street, 2nd Fl	
City, State and Zip Code:	Clearwater, FL 33756	
Email:	edegregorio@pinellas.gov	
Phone:	727-464-8434	
ADDITIONAL CONTACT		
Participating Organization Name:	Pinellas County Board of County Commissioners	
Contact Name & Title:	Tim Burns, Programs Division Director	
Street Address	440 Court Street, 2nd fl	
City, State and Zip Code:	Clearwater, FL 33756	
Email:	tburns@pinellas.gov	
Phone:	727-464-8441	
FUNDING REQUEST AND MATCHING FUNDS		
	Total Amount of Grant Funds Requested	Total Matching Funds
Program Year 1	\$400,000.00	\$400,000.00
Program Year 2	\$400,000.00	\$400,000.00
Program Year 3	\$400,000.00	\$400,000.00
Total Project Cost		
CERTIFYING OFFICIAL		
Certifying Official's Signature:		
Certifying Official's Name (printed):	Karen Yatchum	
Title:	Director, Human Services Dept.	
Date:		

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APPENDIX D - STATEMENT OF MANDATORY ASSURANCES

		<u>Initial</u>
A.	<u>Infrastructure:</u> The Applicant shall possess equipment and Internet access necessary to participate fully in this solicitation.	
B.	<u>Site Visits:</u> The Applicant will cooperate fully with the Department in coordinating site visits, if desired by the Department.	
C.	<u>Non-discrimination:</u> The Applicant agrees that no person will, on the basis of race, color, national origin, creed or religion be excluded from participation in, be refused the benefits of, or be otherwise subjected to discrimination pursuant to the Act governing these funds or any project, program, activity or sub-grant supported by the requirements of, (a) Title VI of the Civil Rights Act of 1964 which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended which prohibits discrimination the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended which prohibits discrimination in employment or any program or activity that receives or benefits from federal financial assistance on the basis of handicaps; (d) Age Discrimination Act 1975, as amended which prohibits discrimination on the basis of age, (e) Equal Employment Opportunity Program (EEO) must meets the requirements of 28 CFR 42.301.	
D.	<u>Lobbying:</u> The Applicant is prohibited by Title 31, USC, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," from using Federal funds for lobbying the Executive or Legislative Branches of the federal government in connection with a specific grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal funds if grants and/or cooperative agreements exceed \$100,000 in total costs (45 CFR Part 93).	
E.	<u>Drug-Free Workplace Requirements:</u> The Applicant agrees that it will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76.	
F.	<u>Smoke-Free Workplace Requirements:</u> Public Law 103-227, Part C-Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library projects to children under the age of 18, if the projects are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's projects provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for Inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 per day and/or the imposition of an administrative compliance order on the responsible entity.	
G.	<u>Compliance and Performance:</u> The Applicant understands that grant funds in Years 2 and 3 are contingent upon compliance with the requirements of this grant program and demonstration of performance towards completing the grant key activities and meeting the grant objectives, as well as availability of funds.	
H.	<u>Certification of Non-supplanting:</u> The Applicant certifies that funds awarded under this solicitation will not be used for programs currently being paid for by other funds or programs where the funding has been committed.	
I.	<u>Submission of Data:</u> The Applicant agrees to provide data and other information requested by the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center at the Florida Mental Health Institute to enable the Center to perform the statutory duties established in the authorizing legislation.	
J.	<u>Submission of Reports:</u> The Applicant agrees to submit quarterly progress reports and quarterly fiscal reports, signed by the County Administrator, to the Department.	

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

TO: (name of county) Pinellas County
 FROM: (donor name) Boley Centers, Inc.
 ADDRESS: 445 31st Street N.
St.Petersburg, Florida

The following ___ space, ___ equipment, X goods or supplies, and X services, are donated to the County _____ permanently (title passes to the County) _____ temporarily (title is retained by the donor), for the period _____ to _____.

Description and Basis for Valuation (See next page)

<u>Description</u>	<u>Value</u>
(1) <u>Street Outreach Specialist (50%)</u>	<u>\$ 25,000</u>
(2) <u>HIMS Licenses (Y1- \$450/pp (set up and annual fee) and \$300 renewal annually)</u>	<u>\$ 2,000</u>
(3) <u>Housing Voucher</u>	<u>\$ 58,543.50</u>
(4) <u>Thift Store Incidental Voucher (\$100/year x 25)</u>	<u>\$ 2,500</u>
(5) <u>Indirect cost rate greater than 10% (3.18%)</u>	<u>\$11,563.62</u>

TOTAL VALUE **\$99,607.12**

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

Kevin Marrone 2/21/24 _____
 (Donor Signature) (Date) (County Designee Signature) (Date)

Appendix H (cont.)
BASIS OF VALUATION

Building/Space

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

Depreciation

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

Use Allowance

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

Equipment

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

Goods or Supplies

FMV at time of donation

Personnel Services

1. Staff of another agency or organization: 25% FTE Street Outreach = \$25,000.00
 Annual Salary Number of hours 2080 X to be provided = \$
2. Volunteer -- Comparable annual salary \$
 Annual Salary Number of hours 2080 X to be provided = \$

HMIS(Yr1 - \$450/pp(set up and annual fee) and \$300 renewal annually)	\$2,000.00
Housing Voucher 4@\$1,200/mo each	\$58,543.00
Thrift Store incidentals Voucher (\$100/year x 25)	\$ 2,500.00
Indirect cost rate greater than 10% (3.18%) 37	\$11, 563.62

\$99,607.12 x 3 yrs. = \$298,821.36

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

TO: (name of county) N/A
 FROM: (donor name) Pinellas County Human Services
 ADDRESS: 440 Court Street, 2nd Floor
Clearwater, FL 33756

The following X space, ___ equipment, X goods or supplies, and ___ services, are donated to the County _____ permanently (title passes to the County) _____ temporarily (title is retained by the donor), for the period 07/01/2024 to 06/30/2027.

Description and Basis for Valuation (See next page)

<u>Description</u>	<u>Value</u>
(1) <u>Building (County Owned)</u>	<u>\$ \$5,737.50</u>
(2) <u>Lift Rental Deposit</u>	<u>\$ \$36,000.00</u>
(3) <u>Health Program Costs/Client</u>	<u>\$ \$139,740.00</u>
(4) <u>Project Director 15% FTE including fringe</u>	<u>\$ \$57,929.04</u>
(5) <u>Grant Admin (25% FTE)</u>	<u>\$ \$69,716.10</u>
	TOTAL VALUE \$ <u>\$309,122.64</u>

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

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

Appendix H (cont.)
BASIS OF VALUATION

Building/Space

1. Donor retains title:
 - a. Fair commercial rental value - Substantiated in provider's records by written confirmation(s) of fair commercial rental value by qualified individuals, e.g., Realtors, property managers, etc.
 - b. (1) Established monthly rental of space \$ \$159.375
 (2) Number of months donated during the contract 36
 Value to the project [b.(1) X b.(2)] \$ \$5,737.50

2. Title passes to the County:

Depreciation

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

Use Allowance

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

Equipment

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

Goods or Supplies

FMV at time of donation Goods or Supplies:
 Lift Rental Deposit (10% of 50 annual - 4 @ \$2,000 for PSH/Boley and 1 @ \$4,000 for community) \$12,000*3yrs=\$36,000.00
 Health Program Costs/Client (\$2329 total cost per patient 2022)x 20 patients \$46,580*3yrs=\$139,740.00

Personnel Services

1. Staff of another agency or organization:

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

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

Project Director FTE (15% DR +Fringe - \$19.48/hr*.15)	\$19,309.68*3yrs=\$57,929.04
Grant Admin (25% FTE = \$15.61/hr x .25)	\$23,238.70*3yrs=\$69,176.10

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

TO: (name of county) Pinellas County
FROM: (donor name) Pinellas County Sheriff's Office
ADDRESS: Pinellas Safe Harbor

The following space, equipment, goods or supplies, and services, are donated to the County permanently (title passes to the County) temporarily (title is retained by the donor), for the period 07/1/2024 to 06/30/2027.

Description and Basis for Valuation (See next page)

<u>Description</u>	<u>Per Year</u>	<u>Value</u>
(1)	<u>Personnel costs including fringe</u>	<u>\$ \$154,040</u>
(2)	<u>Meals \$1.10 per client x 50 clients x 3 meals</u>	<u>\$ \$7,425.00</u>
(3)	<u></u>	<u>\$</u>
(4)	<u></u>	<u>\$</u>
		TOTAL VALUE \$ <u>\$161,465.00</u> /per 3yrs = \$484,395.00

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


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

Appendix H (cont.)
BASIS OF VALUATION

Building/Space

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

2. Title passes to the County:

Depreciation

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

Use Allowance

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

Equipment

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

Goods or Supplies

FMV at time of donation

Personnel Services 4 Counselors at 25% of time and 1 Substance abuse counselor:

1. Staff of another agency or organization:

Annual Salary	Number of hours 2080	X	to be provided	=	\$ <u> </u>
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2. Volunteer -- Comparable annual salary \$

Annual Salary	Number of hours 2080	X	to be provided	=	\$ <u> </u>
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520*\$45.15 per hour	=\$23,407.80				
520*\$40.61 per hour	=\$21,118.71	=	\$93,988.85		
520*\$48.59 per hour	=\$25,267.16				
520*\$46.53 per hour	=\$24,195.18		37		
2080*\$28.87 per hour		=\$60,051.00			

	Meals \$1.10 per client x 50 clients x 3 meals = \$7,425.00
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APPENDIX H - COMMITMENT OF MATCH DONATION FORMS
(FOR THE ENTIRE GRANT PERIOD)

TO: (name of county) **Pinellas**
FROM: (donor name) **PEMHS**
ADDRESS: **11254 58th Street N**
Pinellas Park, FL 33782

The following ___ space, ___ equipment, ___ goods or supplies, and services, are donated to the County ___ permanently (title passes to the County) ___ temporarily (title is retained by the donor), for the period _____ to _____.

Description and Basis for Valuation (See next page)

<u>Description</u>	<u>Value</u>
(1) <u>Supervision Staff</u>	<u>\$ 35,887</u>
(2) _____	\$ _____
(3) _____	\$ _____
(4) _____	\$ _____
TOTAL VALUE \$ <u>35,887</u>	

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

Maria Packer 8.23.24 _____
(Donor Signature) (Date) (County Designee Signature) (Date)

Appendix H (cont.)
BASIS OF VALUATION

Building/Space

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

Depreciation

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

Use Allowance

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

Equipment

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

Goods or Supplies

FMV at time of donation

Personnel Services

1. Staff of another agency or organization:

Annual Salary	Number of hours 2080	X	to be provided	=	\$ <u>35,887</u>
---------------	----------------------	---	----------------	---	-------------------------
2. Volunteer -- Comparable annual salary \$

Annual Salary	Number of hours 2080	X	to be provided	=	\$ <u>N/A</u>
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3.7.5 Tab 5: Statement of the Problem

3.7.5.1 For both Planning and Implementation and Expansion Grants, the application must include a detailed description of the problem the project will address. The application should document the extent of the problem using local or state data and include trend analysis. Describe the project’s geographic environment, Target Population, socioeconomic factors, and priority as a community concern. If the Applicant is a consortium of counties, describe the geographic region to be covered.

Description of the Problem: Pinellas County has consistently had rates of mental illness and substance use, particularly opioid use, that are higher than the overall state average for Florida. In a recent health assessment of Pinellas County by the Florida Department of Health, mental health and substance abuse were recognized as two of Pinellas County’s top health priorities.¹ Further, the most recent PIT count for Pinellas (2023) indicates that 16% of the adult homeless population self-report challenges associated with serious mental illness and 9% for substance use disorder. As the largest emergency shelter in the county with a capacity of 470, Safe Harbor has had an average daily population of 273 individuals. Annual figures for 2023 indicate 32.4% of clients (1807/5582) self-report mental illness and 17.5% (976/5582) self-report alcohol and/or drug misuse – of note reported figures only capture primary special need when more than one is indicated. This would result in approximately 50% of Safe Harbor clients self-reporting a behavioral health need.

Opioids and Substance Use: The opioid epidemic in Pinellas County is a pressing matter as more than one person died every 14 hours from a drug-related overdose in 2021². A recent community health assessment conducted by the Florida Department of Health in Pinellas County (DOH) identified “addiction” as a top health problem of concern and “alcohol and drug abuse” as the leading behavior concern within Pinellas County. This problem affects every demographic of every community across the county. While prescription opioid use appears to decrease, illicit opioid use continues to increase resulting in a growing number of fatalities. At the peak of the “pill mill” epidemic in 2010, eighty-nine percent (89%) of opioid-related overdose deaths in Pinellas were due to prescription pain medications.

Regarding general substance use Florida’s *2019 Medical Examiner’s Interim Drug Report*, data collected for the period of January-June 2019 the District 6 Medical Examiner’s Office, which serves Pinellas and Pasco Counties, ranked within the top five highest districts in overdose deaths as depicted in Table 1 below.

Primary Drug Associated with Death	Number of Deaths in District 6	Number of Deaths in Florida	State Rank Out of 25
Alprazolam	74	763	4 th
Cocaine	129	1,418	4 th
Diazepam	32	206	1 st

¹ Florida Department of Health: 2018 Community Health Assessment.

² Pinellas County Opioid Task Force Strategic Plan 2023-2027

Fentanyl	145	1,644	4 th
Heroin	37	475	3 rd
Hydrocodone	31	261	2 nd
Methadone	19	167	2 nd
Methamphetamine	72	645	2 nd
Morphine	96	908	2 nd
Oxycodone	72	564	1 st

Data provided by the Pinellas County Forensic Laboratory for 2015 to 2019 shows the number of accidental illicit drug related fatalities increased by an alarming 810.7% (28 to 255) while the number of accidental opioid/opiate related deaths increased by 145.9% (135 to 332). Pinellas County’s population increased only 2.9% during the same period. This trend continues to pose a significant challenge to our local population with accidental overdoses rising to and astonishing 597 in 2022. Emergency Medical Services (EMS) data regarding 9-1-1 transports with Narcan administered have increased year over year as well. In 2019 there were 3,003 transports, which is a 43.9% increase from the 2,087 reported in 2016. In 2019, the Pinellas County EMS/Fire Administration Department reported 4,448 suspected opioid overdose calls.³

Mental Health: Mental health remains a top priority in Pinellas County, with a significant portion of the population facing challenges related to mental health issues. In 2018, an estimated 32,000 adults in Pinellas County suffered from serious mental illness and in 2019, Pinellas County reported 12,350 hospitalizations for mental health disorders, at a rate 25.3% higher than the state average (1,260.8 vs. 1,006).⁴ Additional reports showed that 12% of adults in Pinellas County reported having poor mental health on 14 or more of the past 30 days and 15.1% reported having been told they had a depressive disorder.⁵

Between 2015 and 2018, there was a 10% increase in suicide deaths in Pinellas County.⁶ As of 2019, the overall suicide rate in Pinellas County (19.6) remains higher than the state average (14.1) and notably higher in specific demographic groups. Hispanic residents living in Pinellas County, for example, have a rate of suicide more than double that for the Hispanic population statewide; and men are committing suicide in Pinellas County at a rate 23% higher than the state average for men in Florida.⁷ The COVID-19 pandemic and resulting social isolation, financial instability, and stress has only exacerbated this issue in Pinellas County. One local provider reported a 17% increase in the number of suicides from June to August of 2020 compared to the same time period in 2019.⁸

Lack of Coordinated Service Efforts: In September of 2015, then Florida Governor Rick Scott issued Executive Order (EO) 15-175, which charged DCF to conduct a comprehensive review of behavioral health services, service delivery, and service integration with other similar and/or

³ Pinellas County Opioid Task Force. ArcGIS StoryMap: The Opioid Epidemic in Pinellas County: <https://arcg.is/Orfnai>

⁴ Florida Department of Health. Suicide and Behavioral Health Profile – 2019, Pinellas.

⁵ Florida Department of Health. Mental Health status and Complications, Pinellas County – 2018.

⁶ Florida Health for Suicide Deaths

<http://www.flhealthcharts.com/charts/DataViewer/DeathViewer/DeathViewer.aspx?indNumber=0116>

⁷ Florida Department of Health: 2018 Pinellas County Health Assessment.

⁸ Bay News 9. (Oct 13, 2020). “Crisis Center: Bay area Mental Health Issues, Suicides on the Rise in 2020”.

interdependent services within a community. Pinellas County was one of three counties selected for review. The University of South Florida's Florida Mental Health Institute (USF-FMHI) performed a review related to the EO with one of the populations of focus being adults in Pinellas County who had multiple crisis stabilization unit (CSU) admissions and a subset who had a significant number of days in jail. Individuals reviewed typically had schizoaffective disorder or bipolar disorder with psychotic features and most had recent histories of a significant co-occurring substance use condition along with a history of exposure to one or more forms of trauma. Results of the study indicated that inadequate care coordination was a significant barrier to successful outcomes for justice-involved individuals with behavioral health disorders.⁹

In most instances, clients evaluated in the 2016 USF-FMHI study had been released with 8-22 days of medication and a referral to outpatient mental health care. However, there was rarely a record confirming communication between acute care and outpatient providers and little to no indication that outpatient referrals resulted in continuity of care for clients. Feedback from clients confirmed this issue; while clients generally showed improvement and stated they had benefitted from their treatment groups, many described difficulties in transitioning to outpatient care and did not continue treatment.¹⁰

A subsequent 2020 evaluation noted that communication between providers in the County continues to be an issue. The analysis of the Pinellas County Behavioral Health System, performed by KPMG at the request of County leadership, demonstrated that providers operate as a set of distinct programs without facilitating the necessary linkages of a coordinated system of care. The study further observed that crisis care settings, including the jail, served as the primary point of entry into behavioral health services, and recommended the County establish a county and provider-managed model of coordinated access for consumers.¹¹

In 2020, a working group from the City of Largo Homeless Advisory Team, Homeless Leadership Alliance (Pinellas County's lead agency for the Continuum of Care - CoC), Pinellas Park and the Pinellas County Sheriff's Office (PCSO) convened to evaluate the current state of Safe Harbor to include conditions, services, outcomes, and community impact. The goal of the working group was to reduce impacts on emergency services (law enforcement and emergency medical) and surrounding neighborhoods. Key findings of the working group identified the need to utilize methods to better engage Safe Harbor clients in housing and wrap around services. Permanently housing clients utilizing Safe Harbor will take a coordinated response engaging multiple agencies. Additionally, staffing constraints leaves Safe Harbor with an average ratio of 1 case manager per 72 clients while the industry standard is 35 for standard case management and 15 for intensive case management (de Vet, 2013).

Safe Harbor serves both the chronically homeless and non-chronically homeless. Although the chronically homeless are approximately 19% of Safe Harbor clients, this population generally

⁹ University of South Florida, Louise de la Parte Florida Mental Health Institute. (2016). "Reports to the Florida Department of Children and families in Response to the Governor's Executive Order 15-175."

¹⁰ University of South Florida, Louise de la Parte Florida Mental Health Institute. (2016). "Reports to the Florida Department of Children and families in Response to the Governor's Executive Order 15-175."

¹¹ "Elevate Behavioral Health Pinellas County: A strategic review of & roadmap for the Pinellas County Behavioral Health System of Care". (May 2020). KPMG.

has more barriers to re-housing and will likely need more intensive case management services and longer-term support to remain stably housed once housing is attained. The non-chronically homeless may have a higher likelihood of self-sufficiency upon housing attainment with a tiered support system and less intense services. Due to the impacts of homelessness on an individual, both populations were identified in the working group report to need improved access to case management, mental health and/or substance use services, life and job skills training, and improved access to health care.

Target Population: Pinellas County’s target population for the Treatment for Individuals Experiencing Homelessness (TIEH) program are adults aged 18 or over who have a mental illness, substance use disorder, or co-occurring disorder and who are in, or at risk of entering, the criminal justice system. Pinellas County intends to focus on those individuals’ experiencing homelessness who are coming through the Pinellas County Sheriff’s Office’s (PCSO) Pinellas Safe Harbor emergency shelter (Safe Harbor), as it is the largest emergency shelter in the County and is also a receiving center for individuals who are diverted from the criminal justice system. In January 2011, Safe Harbor opened as a jail diversion, emergency shelter to address a significant need in the community with respect to homeless individuals, oftentimes with criminal justice involvement. Safe Harbor, run by PCSO allows access 24 hours a day 7 days a week for law enforcement and homeless outreach teams. As a low-barrier emergency shelter there are few restrictions to intake.

Geographic Region/Environment: Pinellas County (Florida) is 280 square miles with 588 miles of coastline located on Florida’s West Coast. Pinellas is Florida’s most densely populated county with over 3,400 people per square mile and the 7th most populous county with over 959,000 residents counted in the 2020 census.

3.7.5.2 The application must provide an analysis of the current population of the jail or juvenile detention center in the county or region, including the following:

In calendar year 2023, the Pinellas County Jail’s average daily population (ADP) was 2,886. Approximately 56% of the ADP in December 2023 were pretrial inmates; 27% were pretrial misdemeanors and 29% pretrial felonies. Another approximately 29% were State Sentenced Department of Corrections inmates.¹²

3.7.5.3 A description of the screening and assessment process used to identify the Target Population(s)

The identification of clients for the TIEH Program will be through a placed-based point of entry at Safe Harbor. With over 1,000 unique homeless individuals passing through Safe Harbor each quarter, the TIEH Program staff will initiate outreach and engagement with individuals at Safe Harbor. Upon intake at Safe Harbor clients self-report any mental health or substance use diagnosis (SMI, SED, or COD) or concerns. Clients self-reporting a behavioral health concern will be prioritized for further assessment by TIEH case management staff within a few days of their arrival. Through the partnership with Safe

¹² Pinellas County Sheriff’s Office, Pinellas County Jail Custody Management Division.

Harbor, Boley, and PEMHS Case Management staff will be based within Safe Harbor to engage and further assess those clients.

Program Eligibility: Case Managers will provide intake and coordinate the screening of clients for mental health, substance use, or co-occurring disorder utilizing several screening tools to include CAGE substance use screening tool, DLA Functional Assessment, and biopsychosocial evaluation. Dependent upon the case management assessments and client histories, individuals may be referred to a licensed clinician for formal diagnoses. The case management screening tools provide staff a baseline assessment of an individual to inform treatment planning and can be leveraged at 6 month or annual intervals and discharge to review service effectiveness. Upon review of the screening results and enrollment into TIEH, Case Managers will work with each individual client to understand their needs and desires regarding services available through TIEH, and behavioral health treatment options.

3.7.5.4 The percentage of persons admitted to the jail or juvenile detention center that represents people who have a mental illness, substance use disorder, or co-occurring disorders.

Persons Admitted to Jail: The incidence of inmates suffering from mental illness, substance use, or co-occurring disorders in the jail population, and criminal justice system overall, is significant. An estimated 45% of offenders in jails and local and state prisons have a mental health problem and comorbid substance abuse or addiction disorder.¹³

In 2023, there were 34,085 arrests in Pinellas County. Of these arrests, 4,785 (14%) were classified as drug possession arrests and 2,806 (8.2%) were DUI arrests.¹⁴ That same year, there were 198 Marchman Act jail intakes and 397 arrests for disorderly intoxication.¹⁵ About 11,000 Baker acts are performed within the County each year, with approximately 50% performed by law enforcement. The Pinellas County Sheriff's Office (PCSO), alone, responds to approximately 5,000 mental health-related calls per year with some ending in Baker Acts and some ending in arrests.¹⁶

3.7.5.5 An analysis of observed contributing factors that affect population trends in the county jail or juvenile detention center.

Studies have demonstrated that the prevalence of serious mental illness among inmates is two to four times higher than in the general population and an estimated 68% of jail inmates have a diagnosable substance use disorder compared to 9% of the general

¹³ Prins, Seth J. "Prevalence of mental illnesses in US State prisons: a systematic review." *Psychiatric services* (Washington, D.C.) vol. 65,7 (2014).

¹⁴ Florida Department of Law Enforcement. (2023). Criminal Justice Data Transparency, County Detention Arrest Reports. <https://www.fdle.state.fl.us/CJAB/CJDT/CD-Arrest-Reports>

¹⁵ Pinellas County Public Safety Coordinating Council Indicators Report. (Jan. 2023).

¹⁶ Pinellas County Sheriff's Office. (Sep. 23, 2020). Press Conference: Expansion of the PCSO Mental Health Unit.

population.¹⁷ There are a number of factors contributing to the overrepresentation of individuals with substance use, mental health, or co-occurring disorders within the jail. This population has elevated rates of criminogenic risk factors such as unemployment, poverty, homelessness, lack of social supports, antisocial thoughts, and antisocial peer networks that contribute to increased contact with law enforcement and arrest.¹⁸ Justice-involved people with mental illness also have higher rates of co-occurring substance use disorders. Of people in jail with a serious mental illness, 72% have a co-occurring substance use disorder.¹⁹ This complicates their involvement with the justice system, as people with co-occurring mental illness and substance use disorders have been shown to recidivate more often and more quickly than those who only have a serious mental illness only.²⁰

The overall jail population is also greatly affected by changes to the community it serves. Both general changes, such as those to the County population or the unemployment rate; or changes more specific to the criminal justice system, such as changes in sentencing laws or the availability of jail alternatives, can have tremendous impact.

3.7.5.6 Data and descriptive narrative delineating the specific factors that put the Target Population at-risk of entering or re-entering the criminal or juvenile justice systems.

Deinstitutionalization is often cited as the origin of many factors that put the target population at-risk of entering or re-entering the criminal justice system. Prior to 1960, almost 560,000 patients with behavioral health disorders were treated in long-term state mental hospitals designated for that purpose, but a shift to deinstitutionalize reduced the number of individuals in public psychiatric hospitals to 70,000 by the 1990s.²¹ Although psychiatric hospitals still exist, there is a distinct lack of long-term care options for individuals with behavioral health issues in the U.S. The few remaining state-run psychiatric facilities have the capacity to serve only a fraction of the patients they did in in the 1950s.

As a result, individuals with severe behavioral health issues are often homeless, rather than in long-term care, and communities have increasingly had to rely on correctional systems for behavioral health treatment and services. Nationally, an estimated 45% of offenders in jails and prisons have a co-occurring mental health and substance abuse disorder.²² In Pinellas County, the number of recorded homeless individuals in Pinellas County Jail has increased 6% (from 635 to 675).²³

¹⁷ “The Burden of Mental Illness Behind Bars.” (2016). Vera Institute of Justice.

¹⁸ Andrews DA, Bonta J: *The Psychology of Criminal Conduct*, 5th ed. New Providence, NJ, Anderson, 2010

¹⁹ “The Burden of Mental Illness Behind Bars.” (2016). Vera Institute of Justice.

²⁰ Meeting the Needs of Justice-Involved People with Serious Mental Illness within Community Behavioral Health Systems. (2020). Natalie Bonfine et. Al. *Psychiatric Services* 71:4, April 2020.

²¹ Mentally Ill Persons in Corrections. National Institute of Corrections: <https://nicic.gov/mentally-ill-persons-in-corrections>

²² National Institute of Drug Abuse (2008) <https://www.drugabuse.gov/sites/default/files/rrcomorbidity.pdf>

²³ Analysis of Pinellas County Point-In-Time (PIT) Data from 2019-2023.

While Pinellas County has experienced a decreased count of homeless individuals from 2,777 in 2016 to 2,226 in 2020, subpopulation data consistently show that a significant portion of the homeless population faces behavioral health challenges and/or is incarcerated. In 2023, approximately 16% of Pinellas County's sheltered homeless population had a serious mental illness, and approximately 9% had a substance use disorder. These figures were nearly doubled for the unsheltered homeless population with approximately 38% of the unsheltered homeless population reported a mental health problem, and 17% reported drug use.²⁴ When compared to the general population, individuals with serious mental illnesses who are incarcerated are two times as likely to have been homeless in the past year, three times as likely to have a co-occurring substance use disorder, and four times as likely to have histories of past physical or sexual abuse.²⁵

3.7.5.7 Implementation and Expansion Applicants Only

The application must include a concise analysis of the Target Population, including the following.

3.7.5.7.1 A projected number of the broader category of persons served in any capacity.

Pinellas County proposes to serve 150 individuals in any capacity through the grant program period. Any individuals deemed ineligible for TIEH program enrollment will either be provided non-grant-funded services through the partner providers or connected with another provider in the community, as appropriate.

3.7.5.7.2 A projected number of any subset of persons served during their involvement in the Applicant's program, as detailed in Section 2.5.1.2.1. *A negotiated number of persons served in the Applicant's Program. Depending on the Program design, this may further distinguish between the broader categories of persons served in any capacity and the subset of persons provided a more intensive clinical level of services. This analysis must demonstrate how the identified needs are consistent with the priorities of the Strategic Plan.*

TIEH goal is to serve 90 individuals with more intensive clinical and support services throughout the life the grant (average 30 per year receiving services for 30 or more days). The industry standard per intensive case manager is a maximum 15 caseload.²⁶ Given the significant barriers for individuals with mental illness, substance use, and co-occurring disorders, the program anticipates a higher level of need for case management for the target population of this program. Further the population most in need are those individuals identified as chronically homeless. Approximately 19% of Safe Harbor clients in 2021 were considered chronically homeless, with an average of 115 chronically homeless individuals housed per month.²⁷

²⁴ Pinellas County Point-In-Time (PIT) Data from 2023.

²⁵ "Juvenile Justice Involvement: Trauma Race and Social Disadvantage." (March 2021). Presentation by Micah E. Johnson, PhD and the University of South Florida CJMHSAC TAC.

²⁶ Safe Harbor Work Group Recommendations 2022

²⁷ Safe Harbor Work Group Recommendations 2022

Pinellas County’s Public Safety Coordinating Council’s Strategic Plan for 2023-2026 compiles results from a Juvenile SIM workshop completed in July 2022 and an Adult SIM workshop completed in September of 2022. The proposed TIEH program addresses the Strategic Plan’s Key Strategy 1: Sequential Intercept Mapping Priorities for Pinellas County Adult Justice System; Goal 2. Establish a sustainable High-Fidelity Wraparound (HFW) system available within the community through efforts of system navigators/peer navigators; Objective 1.7 Identify funding sources and initiate HFW system and navigator services as needed.²⁸

3.7.6 Tab 6: Project Design and Implementation

3.7.6.1 For both Planning Grants and Implementation and Expansion Grants, the application must include a description of the planning council or committee, including the following.

3.7.6.1.1 A description of the composition of the planning council or committee, including the role of each member as stakeholder, consumer, etc. demonstrating compliance with section 394.657(2)(a), F.S. If the Council does not currently meet the statutory requirements, provide a detailed explanation of how and when the Council intends to rectify the deficiency.

Florida established local Public Safety Coordinating Councils in 1987 through Florida Statute 951.26. The Pinellas County Public Safety Coordinating Council (PSCC) was subsequently created in 1995. The PSCC operates in accordance with Florida Statute 951.26 for purposes of assessing the population status of all detention and correctional facilities owned by Pinellas County. On October 16, 2007, the Pinellas County Board of County Commissioners approved the designation of the Public Safety Coordinating Council as the Planning Council in line with Florida Statutes 394.657, County Planning Council or Committees. The PSCC is governed by Florida State Statute 394.657 (2)(a) and 951.26 requirements and serves as the designated planning council for the CJMHSA Reinvestment Grant.

The Pinellas County Public Safety Coordinating Council (PSCC) reviewed and approved the TIEH Program proposal on December 18, 2023, and will receive updates from project leadership on the outcomes of this project at the quarterly meetings. The PSCC will also receive updates on sustainability planning and cross-training opportunities; and serve in an advisory capacity during the grant period.

Please see the attached list (Appendix K) of planning council members and roles. Effective September 8, 2023, there are two vacancies on the Council (primary consumer of MH and family member of primary consumer) for which Pinellas County is actively seeking referrals.

²⁸ Public Safety Coordinating Council Strategic Plan 2023 - 2026

3.7.6.1.2 An outline of the Planning council's activities, including the frequency of meetings for the previous 12 months and future scheduling of meetings.

The primary purpose of the PSCC is to assess the trends, population status, and programs affecting the County jail and make recommendations to ensure against jail overcrowding and reduce recidivism. The PSCC is also responsible for developing a local public safety plan for the future construction needs of the jail and serves as the local Planning Council, making recommendations to the Board of County Commissioners for Criminal Justice, Mental Health and Substance Abuse grants.

The mission of the PSCC is to create and execute an effective public safety strategy to ensure availability and accountability of programs, sound and efficient justice system operations, and necessary jail facilities.

The PSCC has and will continue to meet on a quarterly basis. Board members will receive notice either by newsletter, U.S. mail, telephone or e-mail, at least ten (10) days prior to any meeting. Reports from committees and select programs will take place at quarterly meetings.

3.7.6.3 Implementation and Expansion Grants Only (Limited to 35 pages)

3.7.6.3.1 The application must include a copy of the existing Strategic Plan, which must include at minimum, all the elements specified in Appendix A and a description of the Strategic Plan, including progress toward implementing the plan or SIM, when the plan or Sequential Intercept Mapping was last reviewed or updated for the Target Population, and any challenges or barriers toward implementation

As specified in Appendix A, a copy of the Pinellas County's Public Safety Coordinating Council's Strategic Plan 2023-2026 is included as an attachment to this proposal. The Strategic Plan includes components from an Adult SIM workshop that was held in Pinellas County on September 22-23, 2022, and was facilitated by the SAMHSA GAINS Center's technical assistance provider: PRA, Inc. Updates on the Strategic Plan are included within the plan noted in the progress column.

3.7.6.3.2 The application must include a description of the project design and implementation, including the following:

Pinellas County will partner with Safe Harbor as the place-based point of entry for individuals experiencing homelessness. Pinellas County will contract, via a sub-award, with Boley Centers (Boley) and Boley will subcontract with Personal Enrichment through Mental Health Services (PEMHS), two provider organizations who will implement and deliver the TIEH program with a staffing model of a Project Director, Counselor, Case Managers, and Peer staff.

With over 1,000 unique homeless individuals passing through Safe Harbor each quarter, the TIEH Program staff will initiate **outreach and engagement** with individuals at Safe Harbor. Upon intake at Safe Harbor clients self-report any mental health or substance use diagnosis (SMI, SED, or COD) or concerns. Through the partnership with Safe Harbor, Boley Case Management and Peer staff will be based within Safe Harbor to engage and further assess those clients within the first few days of their arrival to the shelter.

Pinellas County TIEH Program will develop and implement a service delivery plan that addresses the following: Case Managers will provide intake and coordinate the ***screening of clients for mental health, substance use, or co-occurring disorder*** utilizing several screening tools to include CAGE substance use screening tool, DLA Functional Assessment, a biopsychosocial evaluation. These screening tools will provide staff a baseline assessment of an individual to inform treatment planning and can be leveraged at 6 month or annual intervals and discharge to review service effectiveness.

- Upon review of the screening results and ***enrollment into TIEH***, Case Managers will work with each individual client to understand their needs and desires regarding services available through TIEH, and behavioral health treatment options. ***Referrals can be made to community based mental health care providers and/or substance use treatment providers.*** All community-based providers that the Pinellas TIEH program can refer to can provide co-occurring treatment services, the deciding factors will be individualized and take into consideration client choice and primary diagnosis. The TIEH program will also incorporate a licensed mental health counselor (LMHC) or licensed clinical social worker (LCSW) into the staffing model to provide on-site access at Safe Harbor. This position will support a current non-TIEH LMHC, on-site that provides crisis diversion, and to assist clients with maintenance type interventions.

Located adjacent to Safe Harbor is the Bayside Health Clinic, a Federally Qualified Health Center (FQHC) serving homeless residents through the Pinellas County Health Care for the Homeless (HCH) program. The HCH program includes a full array of mental health and substance use disorder services, including Medication Assisted Treatment (MAT). Eligible clients of TIEH needing medical coverage will be assisted with the HCH program intake to receive primary medical care and access to behavioral health, specialty care and pharmacy.

- Boley & PEMHS will deliver ***trauma-informed, culturally competent services and utilize evidence-based practices including*** Motivational Interviewing (MI) and Seeking Safety to support clients through service engagement and treatment. MI is an evidence-based practice that has proven successful by working with a client providing a guiding methodology that works to enhance individual motivation to change, rather than directing an individual to change. Seeking Safety is an evidence-based therapy treatment that helps individuals with trauma, post-traumatic stress disorder, and substance misuse.

Boley staff routinely work with sister agencies, ensuring that clients gain ***access to local outpatient, intensive outpatient, short-term residential, or recovery housing program resources*** and to ensure that services, treatment and housing are available to people they serve. Boley staff have established strong referral relationships, consult

with medical providers from the various agencies, and are aware of community resources and program eligibility requirements.

- Boley is the largest provider of permanent supportive housing for people with special needs in Pinellas County. Boley operates 57 group home beds for people with mental illness and two Safe Haven facilities serving 45 chronically homeless individuals with mental illnesses, including 20 Veterans. Boley has developed 14 HUD 811 projects with 230 units and an additional 50+ units of affordable housing developed through a variety of funding sources. Boley developed over 308 permanent supportive housing units for homeless people and disabled by mental illness.

Boley's case management staff and the use of the best practice model of Supportive Housing further **supports stability across service and housing transitions**. The staff use evidence-based practices in their method of service delivery including techniques from Critical Time Intervention, Motivational Interviewing, and Stages of Change. These practices increase housing stability, build motivation, and strengthen commitment among participants. Boley uses the evidence-based Individual Placement and Support approach for its Supported Employment Programs. All staff are trained in Trauma Informed Care, a best practice approach to recognize trauma symptoms and integrates this information into treatment planning and delivery.

- Safe Harbor provides **telehealth access** to community primary care (HCH program), and mental health and substance use providers using telehealth stations (laptops/iPads) configured to connect clients to specific community providers. The population of focus often do not have consistent access to telehealth enabled smartphones or laptops with internet connections.
- Boley has successfully engaged **Peers** in a variety of programs and will seek to **hire individuals with lived experience** for Peer positions in the TIEH Program. Peer positions are pivotal in seeking client engagement and providing individuals the support necessary to effectively engage in treatment and other supportive services.
- Pinellas County soft-launched a Coordinated Access Model (CAM) in February of 2024 for adults ages 18-64. The CAM is a virtual hub that connects Pinellas's adults with providers that offer structured therapy (i.e., individual, group, CBT, etc.), case management, and other outpatient, non-crises behavioral health services. **Individuals not eligible for TIEH**, those without a diagnosis of a severe and persistent mental illness, **may be referred** to the CAM for behavioral health needs, Pinellas HMIS for housing resources and connections to coordinated entry, and to 211 for any additional social service needs. Staff will continue outreach with these non-eligible individuals to **follow-up after referral to ensure connection to services and housing**.
- Boley hires individuals who are engaged with the community and often live in the same communities that the organization's clients reside. Boley homes and apartments are dispersed throughout the communities in which their employees live and work. The organization's **employment statistics are equal to or exceed the general population demographics**.

Additionally, Boley supports and operates a Consumer Advisory Committee, in existence since 1984, with representatives from throughout its programs to provide administration and staff with feedback regarding the agency's services. The Committee's mission is to provide a forum for consumer to voice their concerns regarding program and facility issues. The Committee is comprised of representatives from each program area and each residence of Boley, including consumers currently living and working in the community.

- Boley has developed a ***Language Assistance Plan (LAP)*** to address the organization's responsibilities for the needs of individuals with Limited English Proficiency (LEP). Boley utilized the U.S. Department of Transportation (USDOT) LEP Guidance Handbook and performed a four-factor analysis to develop its LAP. Factor 2 of this four-factor process identifies the frequency with which LEP individuals encounter Boley's programs, activities and services. Through various methods it was identified that Boley staff infrequently interact with LEP persons and that most of these interactions have occurred with LEP persons who mainly spoke Spanish. Over the 5-year review period, Boley had 10 requests for translated documents. Boley has had all tools and resources translated into Spanish and have a contract to language services to address any other language needs for clients engaging with Boley services.
- Boley works exclusively with people with very low income of all demographics, providing housing and psycho-social rehabilitation services. 92% of the people served by Boley have income at or below 35% AMI. Boley provides services to all minority populations and place services in areas of high concentration of minorities and marginalized populations. Boley does not discriminate based on gender, race, religion, sexual orientation, or any other protected demographic. The agency strives to ensure that resources are accessible to any marginalized groups. ***Demographic data will be collected to ensure access and address any disparity gaps.***
- The TIEH program will ***create conflict and grievance resolutions processes that are culturally and linguistically appropriate***, similar to those currently in place at Boley. Boley posts public notices at many locations to apprise the public of their rights under Title VI, Civil Rights Act of 1964. These notices are located, at minimum, at reception desks, meeting rooms, public areas of Boley offices and on the Boley website. Boley provides access to a Title VI Complaint Form that individuals can utilize to address discrimination complaints. The complaint procedure, process and form are all accessible on Boley's website www.boleycenters.org. The forms are accessible in English and Spanish.
- Program staff will work with TIEH clients to ***identify eligibility and coordinate access to health insurances, Medicaid, and other publicly funded assistance***. Referrals will be made to the SSI/SSDI Outreach, Access, and Recovery (SOAR) program for coordination and submittal of SSI and SSDI benefit applications and connections to stabilizing social services to assist in facilitating self-sufficiency. Services may also include referrals to local health insurance marketplace navigators, local indigent care health programs and will be determined individually based upon

each clients' specific needs and circumstances. Benefits coordination is a key component of TIEH case management to aid in client stability upon housing attainment. Case managers will work with clients to attain proper identification documents, treatment records, income verifications, and other necessary documentation to support application to the best suited programs based upon their needs.

- Case Managers ***will provide linkages to and support engagement with recovery support services*** to ensure retention in services and to support continued treatment gains. The DLA Assessment initiated at intake will help guide staff with which linkages are needed. Services will be tailored to each participant and engagement will be supported with assistance from peer specialists, recovery coaches, and master's level counselors. Referrals will include vocational rehabilitation, Job Corp and Career Source Pinellas, and coordination with disadvantaged transportation programs. Safe Harbor residents have access to loaner bikes and support groups and classes offered on-site at the facility such as: Alcoholics Anonymous, Narcotics Anonymous, HIV Awareness, Walkwise-Pedestrian Safety, Go Healthy, and Recovery Together – Substance Abuse Recovery. Through the SOAR and HCH programs, clients can further access occupational therapy and other resources to stabilize and facilitate self-sufficiency (financial assistance, food, housing, financial responsibility, etc.).
- Case Managers will work with clients ***to connect them to sustainable permanent housing resources*** through a variety of tools available within Pinellas County. A VISPDAT is the initial assessment within Pinellas County for an individual to access coordinated entry. The VISPDAT is completed within the Homeless Management Information System (HMIS), the system utilized by Pinellas' Coordinated Entry System for the Continuum of Care (CoC). This system allows clients to be assessed for the appropriate housing resource and connect them when that resource becomes available. Resources may include rapid rehousing, HUD/VASH, permanent supported housing, tenet-based housing vouchers, unaccompanied youth vouchers, or supported housing.
- PEMHS acts as the backup for ***Pinellas County's 988 call center***. Beyond the call center, PEMHS provides a community-based mobile crisis response team that is available 24/7 that serves as part of a "no wrong door" model and will travel to the acute situation or crisis to provide assistance and meet any level of need.

3.7.6.3.2.1 Project goals, strategies, milestones, and key activities toward meeting the objectives specified in Section 2.2. Applicants must include at least one objective in addition to those specified in Section 2.2 and may propose tasks in addition to those specified in the RFA.

3.7.6.3.2.2 Organization and key stakeholder responsible for each task or key activity necessary to accomplish the objectives.

Objective 1 – Establish or Expand Diversion Programs

All Implementation and Expansion Grant applications must propose objectives, tasks and timetables designed to establish or expand client service programs which are designed to increase public safety, avert increased spending on criminal justice, and improve the accessibility and effectiveness of treatment services for the Target Population within three months of execution of a final Grant Agreement. Applicants must detail their approach to the following.

- **2.2.4.1.1** Establishing legally binding agreements with all participating entities to establish programs and diversion initiatives for the Target Population. Boley will execute legally binding subrecipient agreements for TIEH with Pinellas County, Pinellas County will execute the Grant Agreement with DCF, and Boley will execute a contractual agreement with PEMHS for the TIEH Project. The County will then submit the agreements for County Administrator or designee approval.
 - **Tasks:** Draft and execute agreements. Submit agreements for approval by authorized representatives of Pinellas County.
 - **Estimated time to complete:** < 3 months
 - **Organization Responsible:** Boley, PEMHS, Pinellas County
- **2.2.4.1.2** Providing an information system to track persons served during their involvement with the Reinvestment Grant Program and for at least six months after discharge, including but not limited to, arrests, receipt of benefits, employment, and stable housing.
 - **Tasks:** Program partners will incorporate data sharing verbiage into the agreements to ensure the ability to share client level data for the reinvestment project. Coordinating partners will leverage their various organizational data systems and Pinellas HMIS to facilitate the tracking of participants in the program. Pinellas County, and its partners, will develop data tracking protocols, a post-discharge survey, and points of contact from each agency to ensure timely data collection, compilation, and accurate reporting. Staff will seek to engage clients 6-month post discharge to administer a brief survey to include arrests, receipt of benefits, and housing status. Pinellas County will collaborate with our partners to leverage our internal data infrastructure and expertise to manage program data for tracking and outcomes review.
 - **Estimated time to complete:** 3 months
 - **Organization Responsible:** Boley, PEMHS, PCSO, Pinellas County
- **2.2.4.1.3** Implementing strategies that support the Applicant’s strategic plan for diverting the Target Population from the criminal or juvenile justice systems. Partners will collaborate with stakeholders to identify opportunities for diversion of adults aged 18 or older who have a mental illness, substance use disorder, or co-occurring disorders and who are in, or at risk of entering, the criminal justice system. This includes Pinellas County’s Public Safety Coordinating Council’s Strategic Plan 2023-2026; Key Strategy 1 – Goal 2, Establish a sustainable High-Fidelity-Wraparound (HFW) system available within the community through efforts of system navigators/peer navigators.
 - **Tasks:** Employ case managers, peer staff, and a licensed mental health clinician (or equivalent) to be based within Safe Harbor to engage and

further assess clients and provide intake and coordinate the screening of clients for mental health, substance use, or co-occurring disorder.

- **Estimated time to complete:** < 3 months, updates ongoing as needed
- **Organization responsible:** Boley, PEMHS, Pinellas County Sheriff's Office, Pinellas County
- **Key Stakeholders:** Local law enforcement agencies, the Sixth Circuit Public Defender, PCSO, Safe Harbor, PEMHS, and Boley.

Objective 2 – Collaboration

All Implementation and Expansion Grant Applications must propose objectives, tasks and timetables designed to create and encourage collaboration among stakeholders in implementing the Strategic Plan and providing ongoing oversight and quality improvement activities. Applicants must detail their approach to the following.

2.2.4.2.1 Participating in regular Planning Council or Committee meetings.

A representative from the project will provide regular updates on program progress at quarterly Public Safety Coordinating Council (PSCC) meetings. The PSCC serves as the designated local planning council for CJMHSA Reinvestment Grants.

- **Tasks:** Provide updates to the PSCC at their quarterly meetings and facilitate discussion as necessary.
- **Estimated time to complete:** Quarterly as scheduled.
- **Organization responsible:** Boley
- **Key Stakeholder:** Public Safety Coordinating Council

2.2.4.2.2 Assessing progress of the project based on established timelines and review attainment of goals.

Project progress regarding timelines, goals, and performance measures required for this grant will be assessed based on discussions and analysis of participating partners' quarterly reported data. Project progress will additionally be evaluated through formative and summative evaluations as specified in Section 3.7.6.6.1 of this application.

- **Tasks:** Quarterly reporting of data, supplementary evaluations.
- **Estimated time to complete:** Ongoing as scheduled.
- **Organization responsible:** Boley

2.2.4.2.3 Data sharing.

Pinellas County will incorporate data sharing verbiage into the agreements established between partner agencies for the reinvestment grant program with an established reporting cadence, not less than quarterly. Further, program staff will request a release of information (ROI) to be signed by the participant to ensure the ability to share programmatic data amongst the partners.

- **Tasks:** Executed agreements with developed ROI including reinvestment partners and reporting data submissions to Pinellas County.
- **Estimated time to complete:** Ongoing, at minimum quarterly.
- **Organization responsible:** Boley, PEMHS, PCSO, Pinellas County

2.2.4.2.4 Coordination with Managing Entities.

A representative from Boley with knowledge of the project will regularly attend monthly Central Florida

Behavioral Health Network (CFBHN) Acute Care meetings to engage stakeholders identify opportunities to improve the program.

- **Tasks:** Attend monthly Acute Care meetings and facilitate discussion/request feedback as needed.
- **Estimated time to complete:** Monthly as scheduled.
- **Organization responsible:** Boley
- **Key Stakeholders:** CFBHN, local law enforcement, community behavioral health providers.

2.2.4.2.5 Making necessary adjustments to implementation activities, as needed. Participating partners will have regular staffing and collaborative grant team meetings with designated time for the discussion of any barriers to program implementation and necessary alterations to program activities. For adjustments requiring formal approval of the grantor and/or the County, Pinellas County will facilitate the approval process.

- **Tasks:** Discuss and address barriers to project implementation as necessary.
- **Estimated time to complete:** N/A: Monthly.
- **Organization responsible:** Boley, PEMHS, PCSO, Pinellas County

Objective 3 – Adapting existing service capacity and models to better address unique recovery-oriented needs of the Target Population.

All Implementation and Expansion Grant applications must propose a minimum of one additional objective and accompanying services tasks designed to support the primary diversion planning goals of the community.

2.2.4.3.3. Adapting existing service capacity and models to better address unique recovery-oriented needs of the Target Population.

- **Tasks:** Increase case management, peer, and licensed mental health clinician (or equivalent) staff located within Pinellas Safe Harbor to increase the capacity of staff working with the Target Population of adults aged 18 or over who have a mental illness, substance use disorder, or co-occurring disorder and who are in, or at risk of entering, the criminal justice system.
- **Estimate time to Complete:** Ongoing
- **Organization responsible:** Boley, PEMHS

3.7.6.3.2.3 How the planning council or committee will participate and remain involved in implementation or expansion on an ongoing basis.

AND

3.7.6.3.2.4 How the agencies and organizations involved will communicate throughout the lifetime of the project, detailing the frequency of planned meetings, and the decision-making process to ensure successful implementation.

Boley will have weekly (at minimum) **Staffing Meetings** for program services staff to facilitate care coordination. TIEH staff will discuss referrals; client status; and any program successes, opportunities, or barriers to access. Adjustments to services will be made according to the needs of each individual client and situation. Unresolved issues,

successes, and opportunities for improvement will be reported out at monthly Collaborative Team Meetings with Pinellas County.

At the monthly **Collaborative Team Meetings**, representatives from the Boley, PEMHS, Pinellas Safe Harbor, and Pinellas County will discuss project progress and develop solutions and strategies to address barriers to program success as necessary. The Project Director at Boley will schedule the teleconferences, provide the agendas, and facilitate minute-taking. All partner organizations will also be in communication with each other via email and phone calls for anything that may need to be addressed outside of the scheduled meetings.

A representative from Boley with knowledge of the TIEH Project will also regularly attend several community meetings, these include but are not limited to, **Managing Entity, Planning Council Meetings, and Safe Harbor Partner Meetings**. Partners will attend monthly virtual Acute Care meetings of the managing entity, Central Florida Behavioral Health Network (CFBHN) to collaborate with the managing entity and explore processes or strategies that may prove beneficial to program evaluation and outcomes. Project partners will also participate in quarterly meetings of the Public Safety Coordinating Council (PSCC), the local Planning Council for this grant. At these meetings, a representative from the TIEH program will provide program updates and facilitate discussion or request feedback on sustainability planning as necessary.

3.7.6.3.2.5 The plan to screen potential participants and conduct tailored, validated needs-based assessments. Include the criteria to be used, specific screening tool(s) and validity specific to the Target Population. If specific tool(s) have not yet been selected, describe the process by which tool(s) will be selected.

Case Managers will provide intake and coordinate the *screening of clients for mental health, substance use, or co-occurring disorder* utilizing several screening tools to include CAGE substance use screening tool, DLA Functional Assessment, a biopsychosocial evaluation. These assessments and screening tools may include, but are not limited to:

- **CAGE Substance Use Screening Tool:** The target population for the CAGE is both adults and adolescents and can be administered by patient interview or self-report. The CAGE is an effective screening tool for which a positive screen should be followed by a diagnostic evaluation using standard clinical criteria.²⁹
- **DLA Functional Assessment:** The Daily Living Activities (DLA) Functional Assessment is a functional assessment, proven to be reliable and valid, designed to assess what daily living areas are impacted by mental illness or disability.³⁰

²⁹ Dhalla S, Kopec JA. The CAGE questionnaire for alcohol misuse: a review of reliability and validity studies. Clin Invest Med. 2007;30(1):33-41. doi: 10.25011/cim.v30i1.447. PMID: 17716538.

³⁰ Scott, R. L., & Presmanes, W. S. (2001). Reliability and validity of the daily living activities scale: A functional assessment measure for severe mental disorders. Research on Social Work Practice, 11(3), 373–389.

- **Patient Health Questionnaire (PHQ-9):** The PHQ-9 offers a concise, self-administered tool for assessing depression. It incorporates DSM-IV depression criteria with other leading major depressive symptoms into a brief self-report instrument that is commonly used for screening and diagnosis, as well as selecting and monitoring treatment. Internal consistency of the PHQ-9 has been shown to be high and the diagnostic validity of the 9-item PHQ-9 was established in studies involving 8 primary care and 7 obstetrical clinics.³¹
- **Biopsychosocial Evaluation:** The Biopsychosocial Evaluation is an assessment conducted by counselors to assess a client holistically for biological, psychological, and social factors that may be contributing to their current situations. It is a holistic assessment used to better identify an individual's needs.

3.7.6.3.2.6 How the proposed design will facilitate care coordination to increase access to behavioral health treatment and support services and ancillary social services (i.e., housing, primary care; benefits, etc.). Existing or draft agreements with behavioral health service providers should be included in Tab 9 as supporting documentation.

Located adjacent to Safe Harbor is the Bayside Health Clinic, a Federally Qualified Health Center (FQHC) serving homeless residents through the Pinellas County Health Care for the Homeless (HCH) program. The HCH program includes a full array of mental health and substance use disorder services, including Medication Assisted Treatment (MAT). Eligible clients of TIEH needing medical coverage will be assisted with the HCH program intake to receive primary medical care and access to behavioral health, specialty care and pharmacy.

Safe Harbor provides telehealth access to community primary care (HCH program), and mental health and substance use providers using telehealth stations (laptops/iPads) configured to connect clients to specific community providers. The population of focus often do not have consistent access to telehealth enabled smartphones or laptops with internet connections.

Boley & PEMHS will deliver *trauma-informed, culturally competent services and utilize evidence-based practices including* Motivational Interviewing (MI) and Seeking Safety to support clients through service engagement and treatment. MI is an evidence-based practice that has proven successful by working with a client providing a guiding methodology that works to enhance individual motivation to change, rather than directing an individual to change. Seeking Safety is an evidence-based therapy treatment that helps individuals with trauma, post-traumatic stress disorder, and substance misuse.

Boley staff routinely work with sister agencies, ensuring that clients gain access to local outpatient, intensive outpatient, short-term residential, or recovery housing program resources and to ensure that services, treatment and housing are available to people they serve. Boley staff have established strong referral relationships, consult with medical

³¹ American Psychological Association FAQ about the Patient Health Questionnaire (PHQ-9 & PHQ-2).
<https://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/patient-health>

providers from the various agencies, and are aware of community resources and program eligibility requirements.

Boley is the largest provider of permanent supportive housing for people with special needs in Pinellas County. Boley operates 57 group home beds for people with mental illness and two Safe Haven facilities serving 45 chronically homeless individuals with mental illnesses, including 20 Veterans. Boley has developed 14 HUD 811 projects with 230 units and an additional 50+ units of affordable housing developed through a variety of funding sources. Boley developed over 308 permanent supportive housing units for homeless people and disabled by mental illness.

Boley's case management staff and the use of the best practice model of Supportive Housing further ***supports stability across service and housing transitions***. The staff use evidence-based practices in their method of service delivery including techniques from Critical Time Intervention, Motivational Interviewing, and Stages of Change. These practices increase housing stability, build motivation, and strengthen commitment among participants. Boley uses the evidence-based Individual Placement and Support approach for its Supported Employment Programs. All staff are trained in Trauma Informed Care, a best practice approach to recognize trauma symptoms and integrates this information into treatment planning and delivery.

Program staff will work with TIEH clients to identify eligibility and coordinate access to health insurances, Medicaid, and other publicly funded assistance. Referrals will be made to the SSI/SSDI Outreach, Access, and Recovery (SOAR) program for coordination and submittal of SSI and SSDI benefit applications and connections to stabilizing social services to assist in facilitating self-sufficiency. Services may also include referrals to local health insurance marketplace navigators, local indigent care health programs and will be determined individually based upon each clients' specific needs and circumstances. Benefits coordination is a key component of TIEH case management to aid in client stability upon housing attainment. Case managers will work with clients to attain proper identification documents, treatment records, income verifications, and other necessary documentation to support application to the best suited programs based upon their needs.

Case Managers will ***provide linkages to and support engagement with recovery support services*** to ensure retention in services and to support continued treatment gains. The DLA Assessment initiated at intake will help guide staff with which linkages are needed. Services will be tailored to each participant and engagement will be supported with assistance from peer specialists, recovery coaches, and master's level counselors. Referrals will include vocational rehabilitation, Job Corp and Career Source Pinellas, and coordination with disadvantaged transportation programs. Safe Harbor residents have access to loaner bikes and support groups and classes offered on-site at the facility such as: Alcoholics Anonymous, Narcotics Anonymous, HIV Awareness, Walkwise-Pedestrian Safety, Go Healthy, and Recovery Together – Substance Abuse Recovery. Through the SOAR and HCH programs, clients can further access occupational therapy and other resources to stabilize and facilitate self-sufficiency (financial assistance, food, housing, financial responsibility, etc.).

Case Managers will work with clients *to connect them to sustainable permanent housing resources* through a variety of tools available within Pinellas County. A VISPDAT is the initial assessment within Pinellas County for an individual to access coordinated entry. The VISPDAT is completed within the Homeless Management Information System (HMIS), the system utilized by Pinellas' Coordinated Entry System for the Continuum of Care (CoC). This system allows clients to be assessed for the appropriate housing resource and connect them when that resource becomes available. Resources may include rapid rehousing, HUD/VASH, permanent supported housing, tenet-based housing vouchers, unaccompanied youth vouchers, or supported housing.

3.7.6.3.2.7 How law enforcement will assess their current process at intercept points, capacity, and how they intend to implement or expand diversion initiatives (e.g., processes, training, etc.).

Law enforcement will be engaged through Safe Harbor, a jail diversion program for unhoused individuals. Safe Harbor, operated by the Pinellas County Sheriff's Office, with the primary objective of keeping Pinellas County's homeless population out of the criminal justice system and off the streets. Pinellas Safe Harbor provides these men and women with a safe environment while they pursue services needed to get back on their feet. As a result, the population of ordinance violators and non-violent offenders in the Jail reduces, resulting in significant savings to taxpayers.

3.7.6.3.2.8 How the proposed design will incorporate recovery support specialists and peer support.

Boley has successfully engaged Peers in a variety of programs and will seek to hire individuals with lived experience for Peer positions in the TIEH Program. Peer positions are pivotal in seeking client engagement and providing individuals the support necessary to effectively engage in treatment and other supportive services. Peer and counseling services afford clients access to the evidence-based model of Seeking Safety, which incorporates the overarching goals of safety for a client in an integrated treatment model. Seeking Safety is a coping skills approach to help individuals attain safety from trauma and/or addiction with a focus on the present. This model supports the motivational interviewing practice as it focuses on empowerment and choice and while it encourages self-help groups, it does not require them.

3.7.6.3.3 The application must include a description of the strategies an Applicant intends to use to serve the Target Population, including a description of the services and supervision methods to be applied and the goals and measurable objectives of the new interventions.

3.7.6.3.3.2. Centralized receiving facilities or systems for individuals evidencing behavioral difficulties.

Pinellas County will partner with Safe Harbor as the place-based point of entry for individuals experiencing homelessness, including those evidencing behavioral difficulties. Pinellas Safe Harbor is the only emergency shelter with 24/7 intakes for law

enforcement officers to divert homeless individuals from incarceration. Safe Harbor has a licensed mental health counselor (LMHC) working full time at the facility to help clients. In 2023 the LMHC worked with 416 clients and Baker Acted (Florida's involuntary mental health examination) 27 – accounting for time off, this resulted in an average of 34 individuals served and just over 2 Baker Acts monthly.

3.7.6.3.3.9. Linkages to community-based, evidence-based treatment program for the served Target Population

Boley and PEMHS intend to *utilize the following Evidence-Based Practices (EBPs)* - Motivational Interviewing (MI), Seeking Safety, Critical Time Intervention, and Stages of Change to engage clients. *The population of focus* often have a trauma history, involvement with the justice system, and/or suffer from behavioral health issues where these EBPs will accommodate the client's needs and build a better relationship with between the client and supportive staff. MI is an evidence-based practice that incorporates the concepts of partnership, acceptance, compassion, and evocation to provide a person-centered guiding method to encourage an individual's motivation to change. Peer and counseling services afford clients access to the evidence-based model of Seeking Safety, which incorporates the overarching goals of safety for a client in an integrated treatment model. Seeking Safety is a coping skills approach to help individuals attain safety from trauma and/or addiction with a focus on the present. This model supports the MI practice as it focuses on empowerment and choice and while it encourages self-help groups, it does not require them.

For clients eligible for Supportive Housing services, Boley offers a best practice model of Supportive Housing where staff use Critical Time Intervention and Stages of Change EBPs. These practices increase housing stability, build motivation, and strengthen commitment among clients. Boley also uses the evidence-based Individual Placement and Support approach for our Supported Employment Programs. All staff are trained to provide Trauma-Informed Care, a best practice approach that recognizes trauma symptoms and integrates information into treatment planning and delivery.

3.7.6.4 Performance Measures

Applications must include a description of the manner in which grant activities will be monitored to determine achievement of performance measures specified in Section 2.4, including the following.

3.7.6.4.1 A description of the process for collecting performance measurement data, and any other state or local outcome data to measure project effectiveness.

Pinellas County will leverage the project director to coordinate data collection from all partners. Boley and PEMHS services are captured in the electronic health record (EHR) system, which includes a care connection module for electronic data sharing. Boley and PEMHS systems include assessment data, treatment data, and other outcome data. The project director will further coordinate with the Pinellas County Sheriff's Office, HMIS,

and Pinellas County Human Services to collect additional data elements related arrests, housing connections, and other ancillary services provided to program participants.

3.7.6.4.2 Proposed targets and methodologies to address the universal measures specified in Section 2.4.2, and the Supplemental Measures specified in Section 2.4.3. for Implementation and Expansion Grants.

2.4.2.1 Less than 25% of clients enrolled in the program will be arrested or rearrested while receiving services.

- **Quarterly Calculation:** (# of clients currently participating in the that were arrested this quarter) ÷ (# of clients participating in the program this quarter)
- **End/Summary Calculation:** (# of clients who participated in the program and had at least 1 arrest while enrolled) ÷ (total # of clients who were enrolled and participated in the program)

2.4.2.2 90% of clients will be assisted in applying for any benefits for which they may be eligible but were not receiving at their program start date.

- **Quarterly Calculation:** (# of clients currently participating in the program who were eligible for, but not receiving a benefit at enrollment and who have not been previously assisted in applying for a benefit through TIEH, that were assisted this quarter) ÷ (# of clients eligible for, but not receiving a benefit at enrollment who are participating in the program this quarter)
- **End/ Summary Calculation:** (# of clients who were eligible for, but not receiving a benefit at enrollment who were assisted in applying for benefits) ÷ (total # of clients who were eligible for, but not receiving a benefit at enrollment who were enrolled and participated in the program)

2.4.2.3 1% of clients will be those diverted from a crisis stabilization unit (CSU) in the past 3 months.

- **Quarterly Calculation:** (# of new enrollments this quarter whose reported prior living situation at arrival to Safe Harbor was a Psychiatric Facility) ÷ (# of new enrollments this quarter)
- **End/Summary Calculation:** (# of participants whose reported prior living situation at arrival to Safe Harbor was a Psychiatric Facility) ÷ (total # of clients who were enrolled and participated in the program.

2.4.2.4 20% of clients will successfully complete program services

- **Quarterly Calculation:** (# of successful completions this quarter) ÷ (# of completions, successful or unsuccessful, this quarter)
- **End/Summary Calculation:** (# of successful completions) ÷ (total # of completions, successful or unsuccessful)
 - **Definition of Successful Completion:** Clients will be determined to have successfully completed the program following 3 months of stable housing in either a Safe Haven, Permanent Supportive Housing, or Permanent Housing situation post enrollment.

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2.4.3.2.1 Less than 50% will be arrested or rearrested for a new charge within six months following *successful completion of program services.*

- **Quarterly Calculation:** (# of participants who successfully completed program services six months ago as of this quarter who have since been arrested for a new charge) ÷ (total # of clients who successfully completed the program six months ago as of this quarter)
- **End/Summary Calculation:** (# of participants who were arrested for a new charge within six months of successful program completion) ÷ (total # of clients who successfully completed the program six or more months ago)

2.4.3.2.2 75% of clients who reside in a stable housing environment will remain in stable housing six months following their Program End Date.

- **Quarterly Calculation:** (# of participants who reside in stable housing environment six months following their Program End Date during the reporting quarter) ÷ (total # of participants whose Program End Date was within the six months prior to the reporting quarter)
- **End/Summary Calculation:** (# of participants who reside in stable housing environment six months following their Program End Date) ÷ (total # of participants with a Program End Date of six months or greater than the end calculation date)
 - **Definition of “Stable housing environment”:** For purposes of the TIEH project, a “Stable Housing Environment” may include Safe Haven, Permanent Supportive Housing, or Permanent Housing.

3.7.6.4.3 At least one additional proposed performance measure unique to the tasks outlined in the application, including proposed targets and methodologies.

3.7.6.4.3 25% of clients, who are eligible but not currently receiving social security at time of enrollment, will be assisted with an application assistance for social security.

- **Quarterly Calculation:** (# of program participants, who are eligible but not currently receiving social security at the time of enrollment, with a submitted social security application during the quarter) ÷ (# of participants, who are eligible but not currently receiving social security at the time of enrollment, during the quarter)
- **End/Summary Calculation:** (# of participants, who are eligible but not currently receiving social security at the time of enrollment, with a submitted social security application) ÷ (total # of participants who are eligible but not currently receiving social security at the time of enrollment)

3.7.6.5 Capability and Experience

For both Planning and Implementation and Expansion Grants, the application must include a description of the Applicant’s capability and experience in providing similar services, including the following.

3.7.6.5.1 Capability and experience of the Applicant and other participating organizations, including law enforcement agencies, to meet the objectives detailed in this RFA.

Pinellas County (Grant Recipient/Administrator): 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. Pinellas County Human Services (PCHS) supports these initiatives by providing the Pinellas County Health Program, Health Care for the Homeless Program, Homeless Prevention, Disability Advocacy, Justice Coordination, Veterans Services, and other programs that promote improved health outcomes and self-sufficiency of low-income and/or at-risk Pinellas County residents. PCHS has provided access to these services through outreach, case management, eligibility determination and enrollment into programs for county residents for over 50 years.

PCHS has a wealth of experience in serving uninsured, underserved, vulnerable, and special needs populations as a federal grantee for the Health Resources and Administration's Health Center program for the homeless; the Cooperative Agreement to Benefit Homeless Individuals (CABHI) for individuals with SMI, SED, COD, or SUD; and SAMHSA's Assisted Outpatient Treatment (AOT) Grant Program for Individuals with Serious Mental Illness. PCHS has also worked with the Sixth Judicial Circuit on a variety of jail diversion, specialty court, and drug treatment programs as a grantee and a funder. In 2016, the PCHS began a behavioral health pilot program for individuals with the highest utilization of county jails, hospitals, and crisis units. Locally, PCHS is actively involved in the Opioid Task Force and the Substance Abuse Advisory Board.

The TIEH Program will be spearheaded by PCHS as the pass-through, grant administration entity. Post award, PCHS will initiate program planning implementation, facilitate the execution of contractual agreements, and monitor program progress to ensure goals and objectives are met throughout the life of the grant. PCHS will also provide continuous fiscal and programmatic oversight of the various components of the TIEH Program to ensure program compliance with grant guidelines and directives.

Boley (Subrecipient): Since 1970, Boley has been providing residential, psychiatric and substance abuse treatment, educational, skills training and vocational services for veterans and non-veteran residents of Pinellas County who have behavioral health disabilities. Boley provides assertive community treatment, supported housing, case management, psychiatric rehabilitation services, work adjustment training, community employment services, supported employment, follow-along services, psychiatric care, and educational and vocational programs for young adults. Boley Centers is the largest provider of permanent supportive housing for people with severe and persistent mental illness many of whom have co-occurring substance use disorders in Pinellas County, providing over 1,000 units of affordable housing with approximately 800 of those providing permanent supported housing services. Approximately ½ of the people served have been homeless for extended periods of time. Boleys' Supported Living program provides supported housing services to people with severe and persistent mental illness residing in scattered-site

apartments throughout the community. Additionally, Boley operates 57 group home beds for people with mental illness and two Safe Haven facilities serving 45 chronically homeless individuals with mental illnesses, including 20 Veterans.

Boley has been an active member of the social services community and were original members of the Pinellas County Homeless Coalition, now the Homeless Leadership Alliance of Pinellas. Boley's CEO and COO have maintained active leadership roles and Boley staff are actively involved in its committees and the Coordinated Entry System. Boley routinely works with sister agencies, ensuring that clients gain access to local resources and to ensure that services, treatment, and housing are available to people they serve.

PEMHS, will provide clinical care staffing to the TIEH Program through a subaward agreement to Boley. PEMHS has been committed to providing care in crisis since 1981. The agency's comprehensive range of programs are designed to meet the needs of children, adults, and families to build strong communities. Programs include a 24-hour suicide hotline, emergency screening, crisis interventions services, inpatient services for adults and children, and community-based programs. Community-based services include the Community Action Team, Largo Strong, System Navigation, the Behavioral Health Network (BNet), H.O.M.E. Navigation, Pinellas Integrated Care Alliance (PICA) Team, and Mobile Crisis Response Team (MCRT). The PICA team provides integrated case management to connect individuals to community treatment and resources in collaboration with the Pinellas County Sheriff's Mental Health Unit (MHU). The MHU refers individuals in need of care to the PICA team. The PICA Steering Committee (Pinellas County Administration, the Pinellas County Sheriff's Office (PCSO), Central Florida Behavioral Health Network, and Department of Health Pinellas) discusses outcomes and findings to improve program service delivery and the overall system of care.

PCSO, will provide on-site access and office space to Pinellas Safe Harbor for TIEH Program. The PCSO is the lead law enforcement agency for Pinellas County. The PCSO is committed to establishing methods to prevent the criminalization of the homeless and mentally ill population. The Mental Health Unit (MHU) was created to reduce both Baker Acts and contact with law enforcement officers among those living with mental illness. The MHU pairs a specially trained deputy with a civilian Crisis Response Specialist to meet with citizens in mental health crisis that may warrant intervention, who are often times homeless individuals. The PCSO's Safe Harbor has been providing emergency shelter and case management to homeless adults since 2011. Safe Harbor management holds regular meetings with all partners of homeless services within Pinellas County to identify collaborative methods to help reduce homelessness. All new deputy sheriff's receive Mental Health First Aid training and training specific to homelessness and Safe Harbor before they complete their field training program. The PCSO has representation and collaborates with the Homeless Leadership Alliance of Pinellas: Board of Directors, Data and System Performance Committee, Point in Time, Provider's Council and SOAR.

3.7.6.5.2 Availability of resources for the proposed project.

Boley staff routinely work with sister agencies, ensuring that clients gain access to local outpatient, intensive outpatient, short-term residential, or recovery housing program resources and to ensure that services, treatment and housing are available to people they serve. Boley staff have established strong referral relationships, consult with medical providers from the various agencies, and are aware of community resources and program eligibility requirements.

Boley is the largest provider of permanent supportive housing for people with special needs in Pinellas County. Boley operates 57 group home beds for people with mental illness and two Safe Haven facilities serving 45 chronically homeless individuals with mental illnesses, including 20 Veterans. Boley has developed 14 HUD 811 projects with 230 units and an additional 50+ units of affordable housing developed through a variety of funding sources. Boley developed over 308 permanent supportive housing units for homeless people and disabled by mental illness.

3.7.6.5.3 Anticipated role of advocates, peer specialists, family members, and responsible partners.

Boley has successfully engaged Peers in a variety of programs and will seek to hire individuals with lived experience for Peer positions in the TIEH Program. Peer positions are pivotal in seeking client engagement and providing individuals the support necessary to effectively engage in treatment and other supportive services.

Further, Boley supports and operates a Consumer Advisory Board, in existence since 1984, with representatives from throughout its programs to provide administration and staff with feedback regarding the agency's services. The Board's mission is to provide a forum for consumer to voice their concerns regarding program and facility issues. The Board is comprised of representatives from each program area and each residence of Boley, including consumers currently living and working in the community.

3.7.6.5.4 Proposed staff, including Project Director, key personnel, and subcontractors who will participate in the project, showing the role of each and their level of effort and qualifications. Briefly discuss the responsibilities of each participating organization and how the Applicant proposes to fill staff positions and select subcontractors.

Proposed staff and key personnel for the Applicant and its subcontractors are listed below:

Pinellas County (Applicant)

In-Kind Match 0.25 FTE: Grant Administrator: This position will provide fiscal oversight of the program and serve as the project liaison with DCF. The Grant Administrator will monitor program progress and compliance, facilitate the execution of contracts, process reimbursement requests from providers, and assist partners with outreach efforts. At minimum, the PCHS staff member assigned to this role will have a

bachelor's degree and 4 years of professional experience; a Master's degree and 2 years of professional experience; or an equivalent combination of education, training, and/or professional experience in criminal justice, public administration, social science, law, government or a related field.

In-Kind Match – 0.15 FTE: Homeless Section Manager - Subject Matter Expert:

Pinellas County's Homeless Section Manager participates in Continuum of Care Committees and community spaces that work to champion services and solve the experience of homelessness. The position performs ongoing research and review of complex homeless system issues to aid in the development of plans to mitigate community impacts. The Homeless Section Manager, Dominique Randall, has worked in the local homeless continuum for nearly a decade and has a solid knowledge of the local needs and challenges. Her expertise will be leveraged to continually guide the TIEH project from implementation and continual improvement throughout the life of the grant award.

Boley (Subrecipient)

0.50 FTE Director of PSH ICM Team – Project Director: This position will establish, administer and direct the TIEH program under the direction of the VP of Community Services. This position will provide treatment, rehabilitation, and support services to clients who have generally been homeless for extended periods of time and who have severe and persistent mental illnesses. They will supervise and evaluate the team in conjunction with the appropriate psychiatric support to ensure service excellence to program clients. This position is currently vacant.

0.5 FTE Peer: The Peer Specialist position will work with the treatment team to provide psycho-social rehabilitation services to consumers. They will provide mentoring services to consumers to assist with the achievement of individualized goals.

1.0 FTE Intensive Case Manager: These staff positions will assess clients for service and treatment needs upon screening into the TIEH program. They will ensure all needed services are provided to clients assigned to their caseload and complete the appropriate and necessary reports, records, and documents, etc. and files in appropriate records/records management systems.

PEMHS (Boley Contracted Provider)

1.0 FTE: Licensed Mental Health Counselor or Equivalent Position: This position will serve program participants with behavioral health needs. This position will assess client needs, design a therapeutic plan to assist the individual in working towards recovery. Efforts will assist clients in overcoming past traumas through counseling services.

3.7.6.6 Evaluation and Sustainability

3.7.6.6.1 Evaluation: For both Planning and Implementation and Expansion Grants, the application must include a description of how the project's effectiveness will be demonstrated, including assessments of planning or implementation outcomes. Discuss how variables like stakeholder support and service coordination will be defined and measured. Describe the process for collecting performance measurement data, and any other state or local outcome data to measure project effectiveness in promoting public safety, reduction of recidivism and access to services and supports for the Target Population(s). If using an external evaluator, identify the individual or entity conducting the evaluation.

General effectiveness of the TIEH will be assessed through ongoing partner discussions of implementation progress, planning updates, and quarterly reporting, review, and discussion of performance measurement data collected as outlined in section 3.7.6.4. Stakeholder support and service coordination will be measured based on referrals and feedback from external providers, as well as issues and successes identified during meetings between project partners.

Performance measures will be shared through the Public Safety Coordinating Council to elicit feedback regarding the efforts of the proposed project and the impact to the target population.

3.7.6.6.2 Additional Evaluation Requirements - Implementation and Expansion Grants Only: The application must include an estimation of the effect of the proposed project on the Target Population related to the budget of the jail and juvenile detention center, including the following.

3.7.6.6.2.1 An estimate of how the proposed initiative will reduce the expenditures associated with the incarceration of the Target Population.

In a pilot program initiated by the Pinellas County Board of County Commissioners, the Pinellas County Empowerment Team Empowerment Team (PCET) examined a select group of the 31 highest utilizers of behavioral health services in the County provided services to address their needs. The members of this group had several characteristics in common with the target population of the proposed TIEH, including complex mental health and substance use diagnoses, current or high-risk of homelessness, and criminal justice system involvement.

Prior to the initiation of PCET services in June of 2016, the 31 participants in the study were the source of approximately \$1.05 million in annual services expenditures. Collectively, they accounted for 1,816 jail days, 842 shelter days, \$270,000 in behavioral health services, and \$535,000 in Medicaid costs. Within the first year and a half of PCET implementation, combined costs for participants were reduced by 57.9% from the baseline. By the end of 2018, the cumulative reduction remained about the same (55.5%) due to an increase in Medicaid usage, but reductions in jail, behavioral health, and shelter costs among study participants dropped significantly from the baseline, by 87.7%, 91%, and 93.9%, respectively.

The TIEH project will assist in longer term reductions in expenditures from treatment resulting in clients reduced future risk of re-offending, arrest, and incarceration. While the long-term benefits for jail and behavioral health expenditures are more difficult to estimate, keeping all clients served during the grant period out of jail for just one week would save almost \$105,000.00 in jail expenditures. The FY2022-2023 budget for the Pinellas County Jail was approximately \$135 million,³² with an estimated cost approximately \$156 per inmate, per day.³³

3.7.6.6.2.2 The proposed methodology to measure the defined outcomes and the corresponding savings or averted costs. An estimate of how the cost savings or averted costs will sustain or expand the mental health, substance abuse, co-occurring disorder treatment services and supports needed in the community.

Performance measurement data will be collected by Boley and reported to the County during monthly collaborative team meetings and in quarterly performance reports. Data on client arrests will be collected using Odyssey, the criminal justice information portal, in coordination with PCSO staff to determine client arrests while enrolled and post-completion, as required. The project team will examine clients' previous criminal history to estimate reductions in arrests and jail stays and use that information to determine financial savings to the jail.

The TIEH will also collect data regarding clients' pre- and post-program housing status from client interviews and HMIS, as required. Averted costs in terms of homelessness will be calculated based on length of time spent in this program while in safe haven, or other permanent housing placement assistance coordinated by the TIEH versus expected costs for a similar time period through shelters and services provided by the County's homeless service providers.

To estimate savings for the mental health system, as clients with previous commitments to involuntary treatment or a State Mental Health Treatment Facility. Averted costs will be calculated for each participant based on the number and duration of previous commitments compared to commitments and stays during enrollment in the program.

Costs averted through the diversion and stabilization of clients in the TIEH will reduce strain on behavioral health and criminal justice systems, agencies, and staff. As a result, savings through the TIEH will help expand behavioral health treatment services and supports needed in the community not only through cost-savings that can be used for new or expanded initiatives; but by freeing up slots/bed space for critical services and reducing caseloads for behavioral health and justice staff.

3.7.6.6.2.3 How the proposed initiative will reduce the number of individuals judicially committed to a state mental health treatment facility.

³² PCSO FY2023 Adopted budget

³³ Based on FY 2023 PCSO detention budget and the average daily population of the jail for 2023.

The TIEH project partner, PEMHS, is the local Crisis Stabilization Units (CSUs) and will partner with Safe Harbor to work to discharge clients who access CSU for an involuntary examination or “Baker Act”. Individuals who enter a CSU are evaluated within 72 hours and may be petitioned for involuntary inpatient treatment or discharged. The project team will work to identify individuals who meet criteria for the TIEH and can be diverted from further court-ordered/involuntary treatment placements, including a State Mental Health Treatment Facility into Safe Harbor and connection to the TIEH. We anticipate this to be a small number of individuals given 1) the time to engage a client before being discharged from the CSU, and 2) finding individuals competent and willing to engage in a voluntary outpatient treatment program.

3.7.6.6.3 Sustainability

For both Planning and Implementation and Expansion Grants, the application must address sustainability of the project. Describe the proposed strategies to preserve and enhance the community mental health and substance abuse systems. Describe how sustainability methods will be used and evaluated, including how collaborative partnerships and funding will be leveraged to build long-term support and resources to sustain the project when the state grant ends.

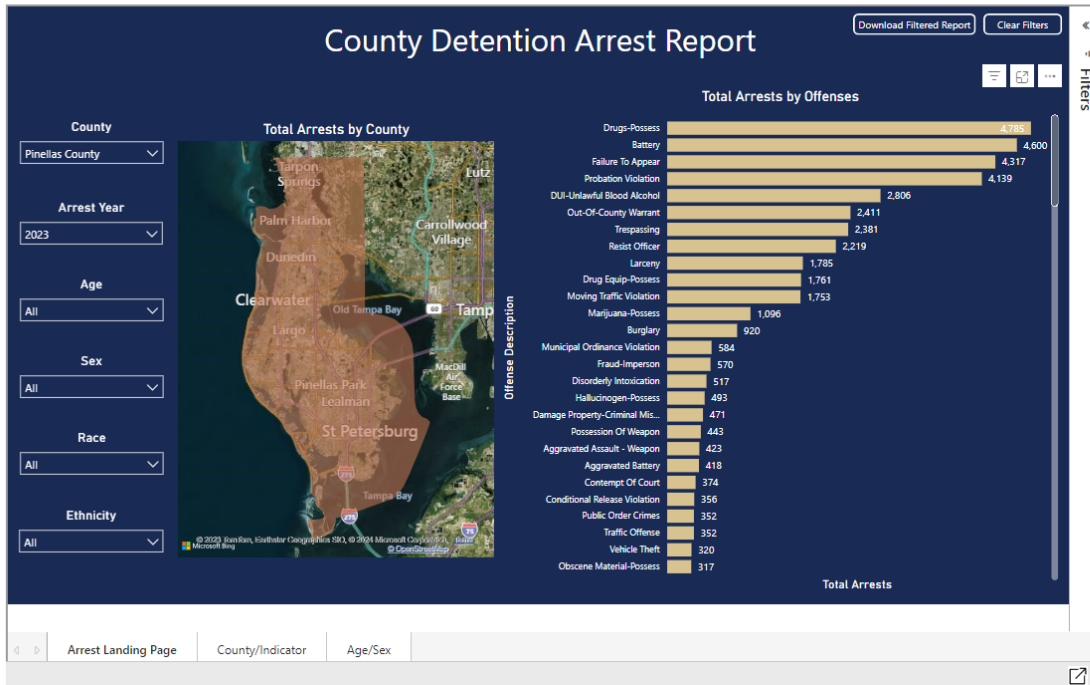
The TIEH project will be leveraged as a pilot, proof-of-concept program to show the effectiveness of engaging individuals from within the Safe Harbor Facility into treatment services and further connection to housing opportunities. Data from the project will be shared at a variety of stakeholder meetings and engagements seeking interest and support for sustaining the project post-grant award.

3.7.7 Tab 7: Project Timeline

The application must include a realistic and detailed timeline for each funding year proposed, indicating goals, objectives, key activities, milestones, and responsible partners. The timeline must include anticipated start and completion dates for each milestone, benchmark, and goal. The timeline must include a specific preferred project start date between 4/1/24 and 6/30/25, to assist with anticipated award allocations during state fiscal years 2024-2025 or 2025-2027. The projected start date should reasonably reflect the Applicant’s actual readiness to implement the proposed project.

Please see the attached Project Timeline on the following page.

CJDT Arrest Reports



<https://www.fdle.state.fl.us/CJAB/CJDT/CD-Arrest-Reports>

Site data reviewed 02/05/2024

APPENDIX K - COUNTY PLANNING COUNCIL OR COMMITTEE

PLEASE PRINT

Florida Statutes: 394.657 (2)(a)

Bruce Barlett

STATE ATTORNEY OR DESIGNEE

Judge Dorothy Vaccaro

COUNTY COURT JUDGE

Jennifer Parker

LOCAL COURT ADMINISTRATOR OR
DESIGNEE

Dave Eggers

COUNTY COMMISSION CHAIR

Sheriff Bob Gualtieri

SHERIFF OR DESIGNEE

Bob Neri, WestCare Gulfcoast-FL

AREA HOMELESS OR SUPPORTIVE
HOUSING PROGRAM
REPRESENTATIVE

Major Reginald Allen

DJJ - DIRECTOR OF DETENTION
FACILITY OR DESIGNEE

Melissa Leslie

DCF - SUBSTANCE ABUSE AND
MENTAL HEALTH PROGRAM OFFICE
REPRESENTATIVE

Maxine Booker, PEMHS

COMMUNITY MENTAL HEALTH
AGENCY DIRECTOR OR DESIGNEE

Vacant

PRIMARY CONSUMER OF
COMMUNITY-BASED TREATMENT
FAMILY MEMBER

Sara Mollo

PUBLIC DEFENDER OR DESIGNEE

Judge Shawn Crane

CIRCUIT COURT JUDGE

Chris Dudley

STATE PROBATION CIRCUIT
ADMINISTRATOR OR DESIGNEE

Sheriff Bob Gualtieri

COUNTY DIRECTOR OF PROBATION

Chief Michael Loux

POLICE CHIEF OR DESIGNEE

Sheriff Bob Gualtieri

CHIEF CORRECTIONAL OFFICER

Melissa Reid

DJJ – CHIEF OF PROBATION OFFICER OR
DESIGNEE

Vacant

PRIMARY CONSUMER OF MENTAL
HEALTH SERVICES

Dianne Clarke, Operation PAR

LOCAL SUBSTANCE ABUSE TREATMENT
DIRECTOR OR DESIGNEE

Vacant

PRIMARY CONSUMER OF SUBSTANCE
ABUSE SERVICES

Public Safety Coordinating Council Membership

Florida Statutes: 951.26 Public Safety Coordinating Councils

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

Name	Statutorily Designated Membership
Bruce Barlett	The state attorney, or an assistant state attorney designated by the state attorney.
Sara Mollo	The public defender, or an assistant public defender designated by the public defender.
Judge Shawn Crane	The chief circuit judge, or another circuit judge designated by the chief circuit judge.
Sheriff Bob Gualtieri	The chief correctional officer.
Sheriff Bob Gualtieri	The sheriff, or a member designated by the sheriff, if the sheriff is not the chief correctional officer.
Chris Dudley, DOC Circuit 6	The state probation circuit administrator or a member designated by the state probation circuit administrator to be appointed to a 4-year term.
Commissioner Dave Eggers	The chairperson of the board of county commissioners (BOCC) or another county commissioner as designee.
Sheriff Bob Gualtieri	If the county has such a program available, the director of any county probation or pretrial intervention program to be appointed to a 4-year term.
Dianne Clark, Operation PAR	The director of a local substance abuse treatment program or a member designated by the director to be appointed to a 4-year term.
Mike Jalasso, PERC	Representatives from county and state jobs programs and other community groups who work with offender and victims, appointed by the chairperson of the BOCC to a 4-year terms.

Pinellas County: Treatment for Individuals Experiencing Homelessness (TIEH) - 36 Month Project Timeline

Overall Goal: Pinellas County and its partners is seeking to ensure that individuals experiencing homelessness are on a path to secure housing, coordinated behavioral health services and to improve their engagement and connection to wraparound services.

Phase	Objectives	Activities	Milestones	Responsible partners	Timeframe
Post-Award Planning & Contracting	Notification of Grant Award	Initiate County Procedures for Award Acceptance	BCC accepts award & Executes Grant Agreement with DCF	Pinellas County	(3/30/2024 projected award date - 7/1/2024)
	Contract with Identified Organizations	Notify project partners of award.	Contracted Partner Agreements Executed	Pinellas County	(3/30/2024 projected award date - 7/1/2024)
		Identify primary points of contact for planning, implementation & reporting at each partner agency.	Establish a cadence of meetings and work flows for reporting/invoicing.	Pinellas County	(3/30/2024 projected award date - 7/1/2024)
	Contracted Partners Hire Staff	Advertise positions available.	All staff positions hired for earliest start date of 7/1/2024.	Boley, PEMHS	(3/30/2024 projected award date - 7/1/2024)
	Initiate Implementation Meetings	Review staff hiring, work through referrals, eligibility, enrollment, and work flows.	Meetings held bi-weekly, Minutes documented	Boley, PEMHS, PCSO, Pinellas County	(3/30/2024 projected award date - 7/1/2024)
Y1 Q1 Planning & Implementation	Contracted Partners Onboard/Train Staff	Provide initial training for staff.	All staff positions trained and integrated into partner site.	Boley, PEMHS, PCSO	07/01/2024-07/30/2024
	Participate in System-Level Meetings	Public Safety Coordinating Council (PSCC) meetings.	Attend quarterly meetings.	Boley, PEMHS, PCSO, Pinellas County	07/01/2024-06/30/2025
		Network (CFBHN) Acute Care meetings	Attend monthly meetings.	Boley, PEMHS, PCSO, Pinellas County	07/01/2024-06/30/2025
	Implementation Meetings	Hold bi-weekly meetings in Q1	Address barriers to project implementation; review performance data, spend down etc.	Boley, PEMHS, PCSO, Pinellas County	07/01/2024 - 09/30/2024
	Implement Program Services	Utilize screening tools (CAGE, DLA, PHQ-9, and Biopsychosocial Evaluation)	Clients are provided with services and resources.	Boley, PEMHS, PCSO	08/01/2024-6/30/2025
		Participants to sign Release of Information (ROI)	Ensure ability to share programmatic data amongst partners.	Boley, PEMHS, PCSO, Pinellas County	08/01/2024-06/30/25
Y1 Q2 -Q4 Program Implementation	Quarterly DCF reporting	Collect and analyze program data.	Submit Y1Q1 reports to DCF	Boley, PEMHS, PCSO, County	10/01/2024-10/15/2024
	Participate in System-Level Meetings	Public Safety Coordinating Council (PSCC) meetings.	Attend quarterly meetings.	Boley, PEMHS, PCSO, Pinellas County	10/01/2024-06/30/2025
		Central Florida Behavioral Health Network (CFBHN) Acute Care meetings	Attend monthly meetings.	Boley, PEMHS, PCSO, Pinellas County	10/01/2024-06/30/2025
	Implementation Meetings	Hold monthly meetings in Q2-Q4	Address barriers to project implementation; review performance data, spend down etc.	Boley, PEMHS, PCSO, Pinellas County	10/01/2024 - 06/30/2025
	Quarterly DCF reporting	Collect and analyze program data.	Submit Y1Q2 report to DCF.	Boley, PEMHS, PCSO, Pinellas County	1/1/2025 - 1/15/2025



February 2, 2024

BOARD OF DIRECTORS

Chairman
Rutland Bussey

First Vice Chairman
Joseph L. Smith

Second Vice Chairman
Paul Misiewicz

Directors
Leonard Coley
Jack Hebert
Major Markus Hughes
Sandy Incorvia
Martin T. Lott
Susan Proctor
James Sewell, Ph.D.
Joseph Stringer
Robert Wallace, MD

PRESIDENT & CEO
Kevin Marrone

CHIEF OPERATING OFFICER
Jack Humburg

CHIEF CLINICAL OFFICER
Christa Bruning

CHIEF FINANCIAL OFFICER
Reggie Alexis

PRESIDENT & CEO EMERITUS
Gary MacMath

Florida Department of Children and Families
Office of Substance Abuse and Mental Health
ATTN: Alicia Reifinger
1317 Winewood Blvd., Building 6, Room 231
Tallahassee, FL 32399-0700

RE: DCF RFA #2324 011
Letter of Commitment – Pinellas County

Dear Ms. Reifinger:

The Criminal Justice, Mental Health, and Substance Abuse (CJMHTSA) Reinvestment Grant requires that each organization involved in the implementation of the proposed project submit a letter of commitment reflecting the specific role of the individual or organization.

In accordance with the above requirement, please accept this letter as confirmation of Boley Centers, Inc.'s commitment to be an active participant in the proposed Treatment for Individuals Experiencing Homelessness. Boley Centers will provide the outreach, case management, and interventions needed to help people who are homeless and experiencing mental illness exit homelessness.

The primary goal of the Treatment for Individuals Experiencing Homelessness is to bridge gaps to services and improve stabilization outcomes for high-risk and justice-involved adults with substance use, mental health, or co-occurring disorders through coordinated care and service integration. Anticipated outcomes include a decrease in recidivism, relapse, and risk factors/behaviors; and improvements in employment, housing stability, and other factors.

Boley Centers and its partners understand that grant funding must be spent within 36 months from the date of execution of the Grant Agreement by the Department of Children and Families and that Implementation and Expansion Grants will not be renewed at the end of the 3-year period. Boley Centers and its partners will work together to identify strategies and opportunities for service sustainability at a level that continues to deliver the intended project benefits of the initiative after the termination of a grant award.

Thank you for your time and consideration of our proposal.

Sincerely,

Kevin Marrone, President/CEO



Boley Centers, Inc.
is accredited
by CARF.



445 31st St. N. St. Petersburg, Florida 33713
Telephone (727) 821-4819 • Fax (727) 822-6240
www.boleycenters.org





February 23, 2024

Florida Department of Children and Families
Office of Substance Abuse and Mental Health
ATTN: Alicia Reifinger
1317 Winewood Blvd., Building 6, Room 231
Tallahassee, FL 32399-0700

RE: DCF RFA #2324 011
Letter of Commitment – Pinellas County

Dear Ms. Reifinger:

The Criminal Justice, Mental Health, and Substance Abuse (CJMHS) Reinvestment Grant (DCF RFA 2324 011), Section 3.7.8 requires that each organization involved in the implementation of the proposed project submit a letter of commitment reflecting the specific role of the individual or organization.

In accordance with the above requirement, please accept this letter as confirmation of the Personal Enrichment Through Mental Health Services, Inc.(PEMHS) commitment to be an active participant in the proposed Treatment for Individuals Experiencing Homelessness. PEMHS will effectively collaborate with community partners and treatment entities to create seamless care coordination for individuals experiencing homelessness within Safe Harbor. A licensed therapist will provide clinical care through evidence based screenings and assessments to include motivational interviewing, seeking safety, stages of change, etc. PEMHS will provide immediate crisis intervention to individuals experiencing a mental health crisis, assess assigned individuals to determine appropriate level of care, and evaluate individuals for Baker Act criteria who present with concerns regarding potential imminent risk of harm to self or others. Supportive mental health services and education will be provided on various topics to empower and motivate positive change. PEMHS will work to engage individuals into treatment, while providing recovery support services and a warm handoff, when assisting with or making appointments for ongoing treatment for identified needs.

The primary goal of the Treatment for Individuals Experiencing Homelessness is to bridge gaps to services and improve stabilization outcomes for high-risk and justice-involved adults with substance use, mental health, or co-occurring disorders through coordinated care and service integration. Anticipated outcomes include a decrease in recidivism, relapse, and risk factors/behaviors; and improvements in employment, housing stability, and other factors.

PEMHS and its partners understand that grant funding must be spent within 36 months from the date of execution of the Grant Agreement by the Department of Children and Families and that Implementation and Expansion Grants will not

Pinellas County - Treatment for Individuals Experiencing Homelessness

be renewed at the end of the 3-year period. PEMHS and its partners will work together to identify strategies and opportunities for service sustainability at a level that continues to deliver the intended project benefits of the initiative after the termination of a grant award.

Thank you for your time and consideration of our proposal.

Sincerely,

A handwritten signature in cursive script that reads "Maxine Booker".

Maxine Booker
President/CEO
PEMHS



Sheriff Bob Gualtieri
Pinellas County Sheriff's Office
"Leading The Way For A Safer Pinellas"

February 23, 2024

Florida Department of Children and Families
Office of Substance Abuse and Mental Health
ATTN: Alicia Reifinger
1317 Winewood Blvd., Building 6, Room 231
Tallahassee, FL 32399-0700

RE: DCF RFA #2324 011
Letter of Commitment – Pinellas County

Dear Ms. Reifinger:

The Criminal Justice, Mental Health, and Substance Abuse (CJMHTA) Reinvestment Grant (DCF RFA 2324 011), Section 3.7.8 requires that each organization involved in the implementation of the proposed project submit a letter of commitment reflecting the specific role of the individual or organization.

In accordance with the above requirement, please accept this letter as confirmation of Pinellas County Sheriff's Office's (PCSO) commitment to be an active participant in the proposed Treatment for Individuals Experiencing Homelessness. PCSO will provide in-kind contributions of an estimated 25% of Pinellas Safe Harbor Social Worker staff and food for the 50 targeted residents (3 meals a day for approximately 45-day length of program).

The primary goal of the Treatment for Individuals Experiencing Homelessness is to bridge gaps to services and improve stabilization outcomes for high-risk and justice-involved adults with substance use, mental health, or co-occurring disorders through coordinated care and service integration. Anticipated outcomes include a decrease in recidivism, relapse, and risk factors/behaviors, and improvements in employment, housing stability, and other factors.

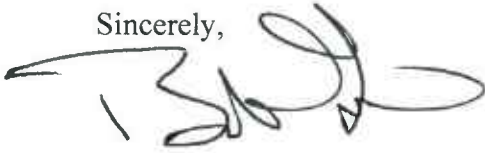
PCSO and its partners understand that grant funding must be spent within 36 months from the date of execution of the Grant Agreement by the Department of Children and Families and that Implementation and Expansion Grants will not be renewed at the end of the 3-year period.

February 23, 2024
Page Two

The Pinellas County Sheriff's Office and its partners will work together to identify strategies and opportunities for service sustainability at a level that continues to deliver the intended project benefits of the initiative after the termination of a grant award.

Thank you for your time and consideration of our proposal.

Sincerely,

A handwritten signature in black ink, appearing to read 'Bob Gualtieri', with a long horizontal flourish extending to the left.

Sheriff Bob Gualtieri
Pinellas County, Florida

BG/cm



February 1, 2024

Florida Department of Children and Families
Office of Substance Abuse and Mental Health
ATTN: Alicia Reifinger
1317 Winewood Blvd., Building 6, Room 231
Tallahassee, FL 32399-0700

RE: DCF RFA #2324 011
Letter of Commitment – Pinellas County

Dear Ms. Reifinger:

The Criminal Justice, Mental Health, and Substance Abuse (CJMHTSA) Reinvestment Grant (DCF RFA 2324 011), Section 3.7.8 requires that each organization involved in the implementation of the proposed project submit a letter of commitment reflecting the specific role of the individual or organization.

In accordance with the above requirement, please accept this letter as confirmation of the County's commitment to be an active participant in the proposed Treatment for Individuals Experiencing Homelessness. Pinellas County Human Services will serve in an administrative role on this grant and work closely with its partner providers to promote project coordination and ensure program compliance, accountability, and efficacy.

The primary goal of the Treatment for Individuals Experiencing Homelessness is to bridge gaps to services and improve stabilization outcomes for high-risk and justice-involved adults with substance use, mental health, or co-occurring disorders through coordinated care and service integration. Anticipated outcomes include a decrease in recidivism, relapse, and risk factors/behaviors; and improvements in employment, housing stability, and other factors.

Pinellas County and its partners understand that grant funding must be spent within 36 months from the date of execution of the Grant Agreement by the Department of Children and Families and that Implementation and Expansion Grants will not be renewed at the end of the 3-year period. The County and its partners will work together to identify strategies and opportunities for service sustainability at a level that continues to deliver the intended project benefits of the initiative after the termination of a grant award.

Thank you for your time and consideration of our proposal.

Sincerely,

Karen Yatchum
Director
Pinellas County Human Services

440 Court Street, 2nd Floor
Clearwater, FL 33756
Phone (727) 464-8400
Fax (727) 464-8454
V/TDD (727) 464-4062
www.pinellascounty.org

Pinellas County - Treatment for Individuals Experiencing Homelessness (TIEH)

Pinellas County - Applicant

Table A: Line-Item Budget - Applicant			
	Grant Funds Requested	Matching Funds and Other In-Kind	
		Funding	Source of Funds
Salaries:	\$ 606,571.20	\$ 697,426.14	Pinellas County, PCSO, PEMHS
Fringe Benefits:	\$ 125,485.22		
Equipment			
Staff Travel:	\$ 10,974.00		
Supplies:	\$ 9,460.00		
Building Occupancy:		\$ 181,417.50	PCSO, Boley
Consultant Services:			
Consultant Supplies:			
Other (As described in	\$58,427.58	\$ 286,515.00	Pinellas County, PCSO, Boley
Subcontracted Services: (Total ALL subcontract services)	\$ 279,990.00		
Administrative Cost:	\$ 109,092.00	\$ 34,690.86	Boley
Total:	\$ 1,200,000.00	\$ 1,200,049.50	
Total Project Cost:	\$ 2,400,050.00	= Grants Funds Requested + Matching Share	
Match Percentage:	100%	= Match / Total Project Cost	

Pinellas County - Treatment for Individuals Experiencing Homelessness

Subcontracted: Boley

Table B: Line-Item Budget Subcontracted Services*			
	Grant Funds Requested	Matching Funds and Other In-Kind	
		Funding	Source of Funds
Salaries:	\$ 606,571.20		
Fringe Benefits:	\$ 125,485.22		
Equipment			
Staff Travel:	\$ 10,974.00		
Supplies:	\$ 9,460.00		
Building Occupancy:		\$ 175,680.00	Boley
Consultant Services:			
Consultant Supplies:			
Other (As described in budget	\$58,427.58	\$ 88,500.00	Boley
Administrative Cost:	\$ 109,092.00	\$ 34,690.86	Boley
Total:	\$ 920,010.00	\$ 298,870.86	Boley
Total Project Cost:	\$ 1,218,880.86	= Grants Funds Requested + Matching Share	
Match Percentage:		= Match / Total Project Cost	

*Provide a separate line-item budget for EACH proposed subcontracted service provider.

Pinellas County - Treatment for Individuals Experiencing Homelessness

Pinellas County - Treatment for Individuals Experiencing Homelessness

Subcontracted: Personal Enrichment Through Mental Health Services (PEMHS)

Table B: Line-Item Budget Subcontracted Services*			
	Grant Funds Requested	Matching Funds and Other In-Kind	
		Funding	Source of Funds
Salaries:	\$ 606,571.20	\$ 35,887.00	PEMHS
Fringe Benefits:	\$ 125,485.22		
Equipment			
Staff Travel:	\$ 10,974.00		
Supplies:	\$ 9,460.00		
Building Occupancy:			
Consultant Services:			
Consultant Supplies:			
Other (As described in budget narrative)	\$58,427.58		
Administrative Cost:	\$ 109,092.00		
Total:	\$ 920,010.00	\$ 35,887.00	
Total Project Cost:	\$ 955,887.00	= Grants Funds Requested + Matching Share	
Match Percentage:		= Match / Total Project Cost	

*Provide a separate line-item budget for EACH proposed subcontracted service provider.

Table B: Line-Item Budget Subcontracted Services*

	Grant Funds Requested	Matching Funds and Other In-Kind	
		Funding	Source of Funds
Salaries:	\$ 606,571.20	\$ 462,120.00	
Fringe Benefits:	\$ 125,485.22		
Equipment			
Staff Travel:	\$ 10,974.00		
Supplies:	\$ 9,460.00		
Building Occupancy:			
Consultant Services:			
Consultant Supplies:			
Other (As described in budget	\$58,427.58	\$ 22,275.00	
Administrative Cost:	\$ 109,092.00		
Total:	\$ 920,010.00	\$ 484,395.00	
Total Project Cost:	\$ 1,404,405.00	= Grants Funds Requested + Matching Share	
Match Percentage:		= Match / Total Project Cost	

*Provide a separate line-item budget for EACH proposed subcontracted service provider.

Budget Narrative

Personnel & Benefits

Additional information on personnel qualifications and responsibilities can be found in Section 3.7.6.5.4 of the application.

PINELLAS COUNTY (Applicant)

PERSONNEL & FRINGE	Annual Compensation (Including Benefits)	Level of Effort	Y1 Cost (May include increases for cost of living)	Y2 Cost	Y3 Cost	TOTAL EXPENSES	TOTAL MATCH
Project Director/Homeless Section Manager	\$19,309.68	15%	\$0	\$0	\$0	\$0	\$57,929.04
Grant Administrator	\$23,238.70	25%	\$0	\$0	\$0	\$0	\$69,716.10
TOTALS:			\$0	\$0	\$0	\$0	\$127,645.14

(In-Kind Match) 0.15 FTE Project Director/Homeless Section Manager: This position will serve as the project lead on the TIEH and will be responsible for day-to-day program oversight and monitoring, team collaboration, data collection, and reporting. The position performs ongoing research and review of complex homeless system issues to aid in the development of plans to mitigate community impacts. Salary includes annual 3% cost of living increase.

(In-Kind Match) 0.25 FTE Grant Administrator: This position will provide oversight of program financial records and compliance and serve as the project liaison with DCF.

BOLEY (Subrecipient)

PERSONNEL & FRINGE	Annual Salary	Level of Effort	Y1 Cost (May include increases for cost of living)	Y2 Cost	Y3 Cost	TOTAL EXPENSES	TOTAL MATCH
Vice President	\$80,000	25%	\$20,000	\$21,600	\$21,600	\$63,200	
Project Director (PSH)	\$70,000	5%	\$35,000	\$36,400	\$36,400	\$107,800	
Peer (1)	\$33,280	1%	\$33,280	\$33,945.60	\$33,945.60	\$101,171.20	
Intensive Service Case Managers (2)	\$55,000	2%	\$110,000	\$112,200	\$112,200	\$334,400	
Fringe Benefits - @ 22% of FTE	N/A	N/A	\$36,300	\$45,592.61	\$44,592.61	\$125,485.22	
TOTALS:			\$234,580	\$248,738.21	\$248,738.21	\$732,056.42	

0.25 FTE Vice President: The VP of Operations will ensure that the program is implemented as designed and will work with all members of the team to promote success and help as many clients as possible. Salary includes annual 3% cost of living increase.

0.5 FTE Program Manager/Project Director: This position will serve as the project lead on the TIEH and will be responsible for day-to-day program oversight and monitoring, team collaboration, data collection, and reporting. Salary includes annual 3% cost of living increase. This position is currently vacant.

1.0 FTE PEER The Peer Specialist position will work with the treatment team to provide psycho-social rehabilitation services to consumers. They will provide mentoring services to consumers to assist with the achievement of individualized goals.

2.0 FTE Intensive Service Case Managers: These staff positions will assess clients for service and treatment needs upon screening into the TIEH program. They will ensure all needed services are provided to clients assigned to their caseload and complete the appropriate and necessary reports, records, and documents, etc. and files in appropriate records/records management systems services to clients of the TIEH program. Salary includes annual 3% cost of living increase.

Fringe Benefits: Employee fringe benefits include FICA, State Unemployment, Workers Compensation, Health, Life, Dental and Disability Insurance and Retirement Contributions. Federally Approved Fringe Rate is 22%.

PCSO (Subrecipient)

PERSONNEL & FRINGE	Annual Compensation (Including Benefits)	Level of Effort	Y1 Cost (May include increases for cost of living)	Y2 Cost	Y3 Cost	TOTAL EXPENSES	TOTAL MATCH
Social Workers (4)	\$93,989	25%	\$0	\$0	\$0	\$0	\$281,967
Substance Use Counselor	\$60,051	25%	\$0	\$0	\$0	\$0	\$180,153
TOTALS:			\$0	\$0	\$0	\$0	\$462,120

0.25 FTE Social Workers This position will serve program participants with behavioral health needs. This position will assess client needs, design a therapeutic plan to assist the individual in working towards recovery. Efforts will assist clients in overcoming past traumas through counseling services. Salary includes annual 3% cost of living increase.

0.25 FTE Substance Use Counselor This position will serve program participants with behavioral health needs. This position will assess client needs, design a therapeutic plan to assist the individual in working towards recovery. Efforts will assist clients in substance use addiction through counseling services.

PEMHS (Boley Contracted Provider)

PERSONNEL & FRINGE	Annual Salary	Level of Effort	Y1 Cost (May include increases for cost of living)	Y2 Cost	Y3 Cost	TOTAL EXPENSES	TOTAL MATCH
Chief Clinical Director	\$35,887	5%	\$0	\$0	\$0	\$0	\$107,661
Licensed Mental Health Counselor	\$75,000	1%	\$75,000	\$77,250	\$77,250	\$229,500	\$0
Fringe Benefits - @ 22% of FTE Costs	N/A	N/A	\$16,500	\$16,995	\$16,995	\$50,490	\$0
TOTALS:			\$91,500	\$94,245	\$94,245	\$279,990	\$107,661

0.5 FTE Chief Clinical Director: The Clinical Director is responsible for day-to-day administration of specific tasks including maintaining medical records, hiring staff, and preparing clinical budgets.

2.0 FTE Licensed Mental Health Counselors: The Mental Health Counselors will perform substance abuse and mental health counseling work in individual and group formats. Counselors will provide evaluation, screening, and assessment services for clients.

(In-Kind Match & Grant-Funded) Fringe Benefits: Employee fringe benefits include FICA, State Unemployment, Workers Compensation, Health, Life, Dental and Disability Insurance and Retirement Contributions. Federally Approved Fringe Rate is 22%.

Staff Travel

The maximum allowable rate for mileage under this grant is \$.445/mile. Rates may not exceed the maximum rates established by the Department of Children and Families or those established in section 112.061, F.S.

BOLEY (Subrecipient)

TRAVEL	Description	Y1 Cost	Y2 Cost	Y3 Cost	TOTAL EXPENSES	TOTAL MATCH
Local Travel	\$0.445/mile	\$3,658	\$3,658	\$3,658	\$10,974	\$0
TOTALS:		\$3,658	\$3,658	\$3,658	\$10,974	\$0

Travel: It is estimated that approximately 9000 miles per month will be required for staff to travel to appropriate sites for clinical services and client follow up. Counselors will meet clients where they are to promote client engagement.

Supplies & Equipment

BOLEY (Subrecipient)

SUPPLIES	Description	Y1 Cost	Y2 Cost	Y3 Cost	TOTAL EXPENSES	TOTAL MATCH
Computers	4/\$1,135/laptop - Year 1 Only	\$4,540	\$0	\$0	\$4,540	\$0
Office Supplies / Consumables	\$260/month	\$3,120	\$900	\$900	\$4,920	\$0
TOTALS:		\$7,660	\$900	\$900	\$9,460	\$0

Office Supplies/Consumables: Includes copy paper, staplers, pens, pencils, file cabinets, office furniture, and cleaning and sanitation products; as well as client incidentals such as ID, work clothes, shoes, school needs, birth certificates, etc.

Computers: 4 laptops will be purchased for staff utilization, (Year 1 only).

Building Occupancy

PINELLAS

BUILDING OCCUPANCY	Description	Y1 Cost	Y2 Cost	Y3 Cost	TOTAL EXPENSES	TOTAL MATCH
Office Space	\$1912.50 annual/ \$159.375/mo. (2 offices)	\$0	\$0	\$0	\$0	\$5,737.50
TOTALS:		\$0	\$0	\$0	\$0	\$5,737.50

Office Space: Two offices will be provided for program staff and clients at Safe Harbor for the duration of the program to support client service needs.

BOLEY (Subrecipient)

BUILDING OCCUPANCY	Description	Y1 Cost	Y2 Cost	Y3 Cost	TOTAL EXPENSES	TOTAL MATCH
Housing Voucher	4/ \$1,220/mo.	\$0	\$0	\$0	\$0	\$175,680
TOTALS:		\$0	\$0	\$0	\$0	\$175,680

(In-Kind Match) Housing Vouchers: Four housing vouchers a month will be donated for the purpose of assisting homeless adults with substance use and/or co-occurring mental health disorders who are on their journey to recovery. The vouchers will facilitate payment of

supportive housing initiatives for adults with mental illness who are transitioning to the community.

Consultants & Contractual

BOLEY (Subrecipient)

CONSULTANTS & CONTRACTUAL	Description	Y1 Cost	Y2 Cost	Y3 Cost	TOTAL EXPENSES	TOTAL MATCH
Electronic Health Record	\$250/month	\$3,000	\$1,200	\$1,200	\$5,400	\$0
HMIS	Yr. 1/\$450/pp set up annual fee and \$300 annually	\$0	\$0	\$0	\$0	\$6,000
IT Support	\$666.67/month	\$8,000	\$1,500	\$1,500	\$11,000	\$0
TOTALS:		\$11,000	\$2,700	\$2,700	\$16,400	\$6,000

Electronic Health Record: Boley and WestCare Clinical Databased Systems (CDS) enhances the efficiency of data collections and analyzation by using an electronic health record. The Electronic Health Record maintains all records of clients' stay and activity in the program.

HMIS: The Homeless Management Information System is a local information technology system used to collect client-level data and data on the provision of housing and services to individuals and families at risk of and experiencing homelessness.

IT Support: IT support to aid with the implementation of Electronic Health Record (EHR) data base initiative is to be made available to program partners and staff to ensure correct system usage of the data system. The users will be trained to utilize the system and create unique identifying code for the data system. IT support will also train users to capture and report live data to be used for reporting and provide monthly reviews to Pinellas County and partners participating in the program.

Other

PINELLAS COUNTY (Applicant)

OTHER		Y1 Cost	Y2 Cost	Y3 Cost	TOTAL EXPENSES	TOTAL MATCH
Healthcare for Homeless (HCH)	\$2,329 per/patient 2022, per 20 patients	\$0	\$0	\$0	\$0	\$139,740
Lift Rental Deposit	10% of 50 annual 4 @ 2,000 for PSH/Boley and 1 @ \$4,000 for community	\$0	\$0	\$0	\$0	\$36,000
TOTALS:		\$0	\$0	\$0	\$0	\$175,740

(In-Kind Match) Healthcare for the Homeless (HCH): Services provided through this program include Clinical Primary Care, Dental Care, Prescription, Substance Abuse and Mental Health treatment, Medication-Assisted Treatment (MAT), and Vision Care. Costs per visit vary greatly depending on services provided. The program serves all homeless patients regardless of their ability to pay. A sliding scale fee discount program is available for individuals under 200% of the Federal Poverty Level.

(In-Kind Match) Lift Rental Deposit/Other Services: Pinellas County will assist TIEH clients with additional services as needed, including SOAR, Workforce development, and permanent housing. This category includes additional County-funded services provided to TIEH clients, as well as staff time for Pinellas County personnel not assigned to this grant who may assist with program activities.

BOLEY (Subrecipient)

OTHER	Description	Y1 Cost	Y2 Cost	Y3 Cost	TOTAL EXPENSES	TOTAL MATCH
Copier Lease	\$75/mo	\$900	\$900	\$900	\$2,700	\$0
Bus Passes	\$11/per 2-3 per client	\$1,650	\$2,250	\$2,250	\$6,150	\$0
Cell Phones/Service	\$60/month per staff, 4 staff	\$2,880	\$2,880	\$2,880	\$8,640	\$0
Staff Training/ Certifications		\$3,000	\$1,000	\$1,000	\$5,000	\$0
Street Outreach	FTE %	\$0	\$0	\$0	\$0	\$75,000
Thrift Store Incidentals	\$100/yr. x 25	\$0	\$0	\$0	\$0	\$7,500
Professional Insurance	\$198,200/yr. @ 3.21%	\$6,808	\$6,364.79	\$6,364.79	\$19,537.58	\$0
TOTALS:		\$15,238	\$13,394.79	\$13,394.79	\$42,027.58	\$82,500

Copier Lease & Maintenance: The copier is used to maintain client files and other required documentation as well as reporting. The maintenance agreement covers the cost of copier toner and general maintenance of the copier.

Client Transportation: includes bus passes, uber ride, etc., so clients can attend meetings and get to their appointments.

Cell Phone/Service: Cell phones will be given to 4 TIEH staff members at a cost of \$60 per month.

Staff Training Costs/Certifications: Each staff member will have access to training classes, or other educational classes leading to certifications, as appropriate with local training providers or education institutions including but not limited to St Petersburg College, Pinellas Technical College, the People of Manufacturing, and others as identified by either CareerSource Pinellas or registered with the Department of Education as an apprenticeship or pre-apprenticeship provider.

Grow Smarter industries will be targeted in the City of St. Petersburg, but in demand job lists will be supplied and used County-wide through Employ Florida and CareerSource Pinellas.

Street Outreach: The TIEH Program staff will initiate street outreach and engagement with individuals at Safe Harbor and neighboring locations in Pinellas County to reach the maximum number of homeless clients as possible. Case Managers will work with each individual client to understand their needs regarding services available through TIEH, and behavioral health treatment options.

Professional Insurance: BOLEY will acquire professional insurance for TIEH program staff.

PCSO (Subrecipient)

OTHER	Description	Y1 Cost	Y2 Cost	Y3 Cost	TOTAL EXPENSES	TOTAL MATCH
Meals	\$1.10 p/clients x 50 clients x 3 meals a day	\$0	\$0	\$0	\$0	\$22,275
TOTALS:						\$22,275

(In Kind Match) Meals: The Pinellas County Sheriff’s Office Pinellas Safe Harbor emergency shelter (Safe Harbor), will provide the TIEH program homeless clients with 3 meals a day for 50 clients while in shelter at Safe Harbor.

Administrative Costs

Costs may not exceed 10% of the total grant award. This cap applies to the sum of all administrative costs, including those of the applicant and any intended subgrantees or Subrecipients.

BOLEY (Subrecipient)

ADMINISTRATIVE COSTS		Y1 Cost	Y2 Cost	Y3 Cost	TOTAL EXPENSES	TOTAL MATCH
Indirect Cost Rate	10% under grant guidelines and indirect cost rate greater than 10% (3.18%)	\$36,364	\$36,364	\$36,364	\$109,092	\$34,690.86
TOTALS:		\$36,364	\$36,364	\$36,364	\$109,092	\$34,690.86

Indirect Cost Rate: This constitutes a 10% administrative rate for expenses that are necessary to the overall operation of the agency, including: grant management; fiscal, personnel, and procurement management; related office services and record keeping, etc.

Pinellas County - DCF TIEH

Proposed Budget

Grant Fiscal Year	Cost	Amount	Year 1 Grant	Y1 Match	Year 2 Grant	Y2 Match	Year 3 Grant	Y3 Match
F. Contract								
Boley								
Personnel								
Vice President	\$ 80,000.00	0.25	\$ 20,000.00		\$ 21,600.00		\$ 21,600.00	
Director of PSH ICM Team (Vacant - Proj Dir	\$ 70,000.00	0.50	\$ 35,000.00		\$ 36,400.00		\$ 36,400.00	
Peers (1 part-time)	\$ 33,280.00	1.00	\$ 33,280.00		\$ 33,945.60		\$ 33,945.60	
Intensive Case Manager(s)	\$ 55,000.00	2.00	\$ 110,000.00		\$ 112,200.00		\$ 112,200.00	
Total Personnel		# of FTE's 3.00	\$ 198,280.00		\$ 204,145.60		\$ 204,145.60	
Fringe		22.00%	\$ 36,300.00		\$ 44,592.61		\$ 44,592.61	
Local Travel (Max \$.445/mile)	\$ 0.445	8,220	\$ 3,658.00		\$ 3,658.00		\$ 3,658.00	
Laptops/Computer equipment/cell phones	\$ 1,135.00	4	\$ 4,540.00		\$ -		\$ -	
Office Supplies (Copy paper, pens, binders, folder, standard office supplies)	\$ 260.00	12	\$ 3,120.00		\$ 900.00		\$ 900.00	
EHR (leasing)	\$ 250.00	12	\$ 3,000.00		\$ 1,200.00		\$ 1,200.00	
IT Support	\$ 8,000.00	666.67	\$ 8,000.00		\$ 1,500.00		\$ 1,500.00	
Cell Phones Service	\$ 720.00	4	\$ 2,880.00		\$ 2,880.00		\$ 2,880.00	
Staff Training/Certifications	\$ 3,000.00		\$ 3,000.00		\$ 1,000.00		\$ 1,000.00	
Copier Lease	\$ 75.00	12	\$ 900.00		\$ 900.00		\$ 900.00	
Bus Passes	\$11/per x 2-3 per client		\$ 1,650.00		\$ 2,250.00		\$ 2,250.00	
Professional Insurance	\$ 198,280.00	3.21%	\$ 6,808.00		\$ 6,364.79		\$ 6,364.79	
Subcontract - PEMHS								
Equivalent Position - LMHC - salary	\$ 75,000.00	1	\$ 75,000.00		\$ 77,250.00		\$ 77,250.00	
Fringe (22%?)	\$ 16,500.00		\$ 16,500.00		\$ 16,995.00		\$ 16,995.00	
Subtotal Direct Costs			\$ 363,636.00		\$ 363,636.00		\$ 363,636.00	
Indirect Costs (10%)		10.00%	\$ 36,364.00		\$ 36,364.00		\$ 36,364.00	
SubTotal Boley			\$ 400,000.00		\$ 400,000.00		\$ 400,000.00	
Total Contractual			\$ 400,000.00		\$ 400,000.00		\$ 400,000.00	
G. Construction								
Not Applicable			\$ -		\$ -		\$ -	
			\$ -		\$ -		\$ -	
H. Other								
Not Applicable			\$ -		\$ -		\$ -	
			\$ -		\$ -		\$ -	
I. TOTAL DIRECT CHARGES			\$ 400,000.00		\$ 400,000.00		\$ 400,000.00	
J. INDIRECT CHARGES								
TOTAL:			\$ 400,000.00	\$ 400,000.00	\$ 400,000.00	\$ 400,000.00	\$ 400,000.00	\$ 400,000.00
			\$ -		\$ -		\$ -	

Match: Pinellas County will be working with its grant partners to identify match in support of the program at 100% of the requirement by identifying other services that will benefit the clients, supervision and oversight of the program, County staff for fiscal and programmatic oversight, value of County health plan services rendered to clients, office space at the proposed site location and other areas to be identified.

<u>PCSO Match</u>	
4 Social Workers @ 25% of time	\$ 93,989.00
WestCare Substance Use Counselor	\$ 60,051.00
Meals - \$1.10 per client x 50 clients x 3 meals a day	\$ 7,425.00
	<u>\$ 161,465.00</u>
<u>HS County Match</u>	
Project Director FTE % (15% DR + Fringe - \$19.48/hr*.15)	\$ 19,309.68
Building (County Owned)	\$1,912.50
Management Analyst for Grant Admin (25% FTE = \$15.61/hr x .25)	\$23,238.70
LIFT rental Deposit (10% of 50 annual - 4 @ \$2,000 for PSH/Boley and 1 @ \$4,000 for community)	\$ 12,000.00
Health Program Costs/Client (\$2329 total cost per patient 2022)x 20 patients	\$ 46,580.00
	<u>\$ 103,040.88</u>
<u>Boley Match</u>	
Street Outreach FTE %	\$ 25,000.00
HMIS (Y1 - \$450/pp (set up and annual fee) and \$300 renewal annually)	\$ 2,000.00
Housing Voucher 4@ \$1,220/mo each	\$ 58,543.50
Thrift Store Incidentals Voucher (\$100/year x 25)	\$ 2,500.00
Indirect cost rate greater than 10% (3.18%)	\$ 11,563.62
	<u>\$ 99,607.12</u>
<u>PEMHS</u>	
Chief Clinical Director	\$ 35,887.00
Total Proposed Match	<u>\$ 400,000.00</u>
	<u>\$ 400,000.00</u>
	\$ (0.00)