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CJMHSA Reinvestment Grant Program Analysis Summary Report

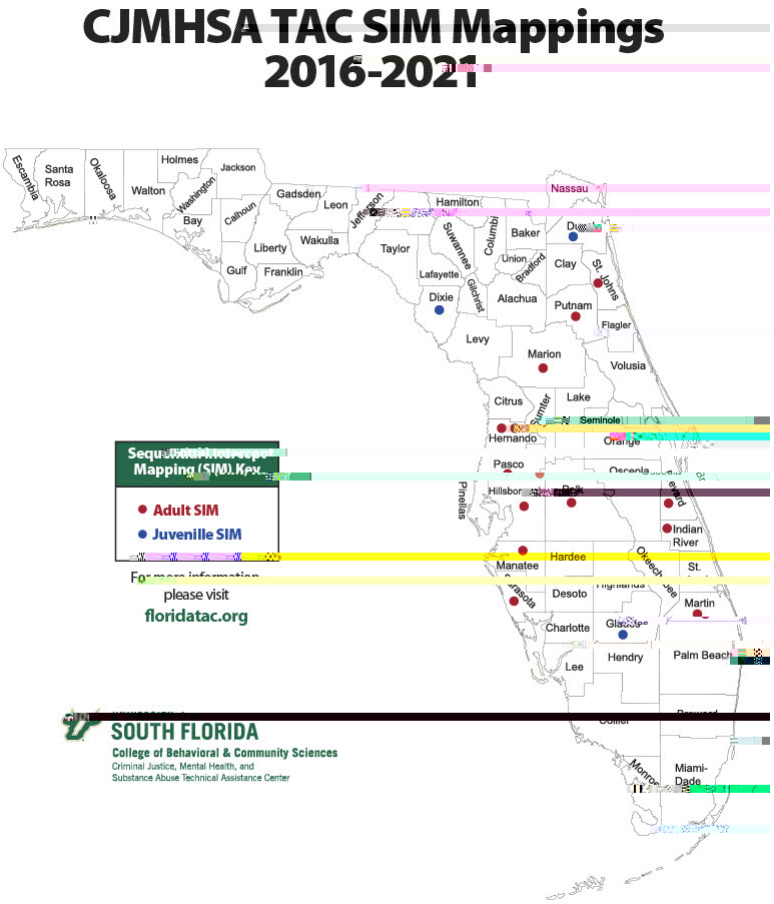
CJMHSA TAC Summary

The Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center (herein referred to as CJMHSA TAC), is established in Section 394.659, F.S. to support training and technical assistance

This model builds on collaboration between the criminal or juvenile justice and behavioral health systems and highlights points of access to intercept individuals as they enter and advance through the criminal/juvenile justice systems.

Moreover, the model helps to identify critical decision-makers who can authorize diversion and movement away from the justice system and into treatment; and delineates essential partnerships among mental health, substance use, law enforcement, pretrial services, courts, judges, schools, jails, community corrections, social services, people with lived experience and others. The CJMHSA TAC facilitates SIMs across the State of Florida and makes adaptions to the model based on the community in which they are mapping. Over the course of the last 5 years, the CJMHSA TAC conducted 17 SIMs in more than 16 grantee communities (**Figure 2.**) During the mapping, workshop participants are introduced to evidence-based practices across the intercepts and the two-day mapping concludes with an action planning session to identify priority areas and create objectives and action steps to address gaps illuminated throughout the mapping workshop.

Figure 2. CJMHSA TAC SIM Mappings 2016 - 2021



Many planning grantees convene a SIM workshop to assist with the development of their strategic plan. Implementation and expansion grantees also often update their initial SIM as systems change and

resources evolve. Most recently, the SIM has been adapted as a promising tool for identifying opportunities for screening, treatment, diversion, and overdose education to address opioid users at risk

Training and Technical Assistance

While SIM workshops are a major focus of technical assistance for the CJMHSA TAC, grantees also have access to a robust menu of additional training and technical assistance topics (**Appendix A**). These services range from topic-specific trainings on issues related to best-

Figure 5. Top 5 Technical Assistance Areas

Figure 5. depicts the top 5 areas of technical assistance delivery between 2016 and 2021. These include SIMs and SIM related events (24), community and recovery supports (11), strategic planning (11), behavioral health treatment best practices (7), and crisis response (5). These needs broadly align with statewide and national trends in behavioral health, with increased focuses on peer and community-based services and development of robust crisis response systems. The CJMSHA TAC menu of services is presented in **Appendix A**, titled CJMHSA TAC Technical Assistance and Training Menu.

Grantee Testimonials

The 5 grantee testimonials below are from the comments section of the CJMHSA TAC satisfaction surveys disseminated at the conclusion of each formal technical assistance event.

Figure 8. Grantees Served Over Contract Period

Grantee	Technical Assistance Topics
BayCare Behavioral Health (Pasco County) (LHZ67)	SIM
Broward Behavioral Health Coalition (LHZ62)	SIM follow-up
Centerstone of Florida (Manatee County) (LHZ80)	SIM
Centerstone of Florida (Sarasota County) (LHZ47, LHavio0	
	SIM
	SIM
	SM work
	Interviewing (beginner), Motivational Interviewing
	SM, pare
	Commur Crisis Int
	SIM, Pee
	SIM, Sup
	Strategic planning (2 events)
	Co-occurring disorders, SBIRT
	Supported Employment, Supportive Housing
[redacted]	[redacted]
[redacted] 38 (m)-	Co-occurring disorders, Crisis Intervention Teams

Impact on Behavioral Health and Justice Systems

While the CJMHSA TAC provides ongoing support and guidance to grantees, the Center is not responsible for implementation of grant program services. However, the statewide scope of the Center enables the CJMHSA TAC to track grant impacts and trends among grantee communities. The CJMHSA TAC is continuously exploring opportunities to enhance grantee assessment of progress towards core performance measures and regularly reviews grantee reports to identify promising practices to share with DCF and among grantees. The summaries below provide general information on key impacts of the Reinvestment Grant Program, and where possible, examples of CJMHSA TAC guidance and engagement for each is provided.

Grantees are required to submit performance measures and quarterly progress reports that describe progress towards contractual obligations and grant goals. Key highlights of these achievements include 1) enhanced collaboration, 2) avoidance of cost, 3) improved access to services, and 4) reduced arrests and admissions to state mental health treatment facility.

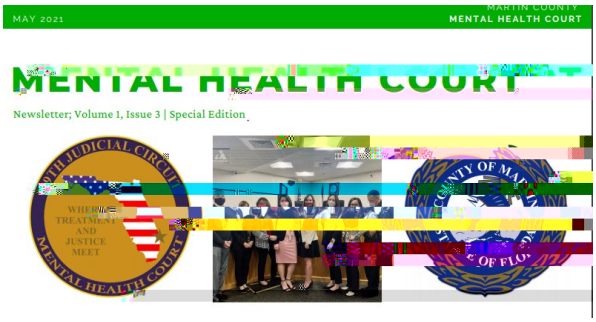
1) Collaboration

Many of the grant agreements include collaboration in their grant objectives. For instance, Polk County (LHZ77) strived to encourage collaboration among key stakeholders. As a part of their technical assistance through the CJMSHA TAC, they collaborated on an Opioid Response Planning initiative where relevant stakeholders convened their planning group to identify assets, gaps, and strategies to address opioid use among Polk County residents. Their collaboration furthered their goals to address this target

cost avoidance. The Hillsborough Forensic ImpACT Team Expansion (H-FITE) (LHZ98) diversion program was serving 22 clients in year 2 and the CJMHSA TAC recommended they track detailed event data for each participant such as jail days, emergency room visits, and Baker Act examinations. For each of these events, Hillsborougr A

Grantees also develop innovative ways to keep stakeholders engaged and aware of available resources, through the use of newsletters (**Figure 11.**) and standing meetings to maintain collaborative relationships developed through the grant program.

Figure 11. Martin County Mental Health Court Newsletter



Common Themes Across Grantees

The CJMHSA TAC's statewide scope enables the Center to apply a comparative lens to grantee programs and understand lessons learned and share challenges and opportunities across grantee programs. While each community is unique, systemic challenges can be consistent among grantees. The CJMHSA TAC identifies common themes across grantees and where possible, offers high-level solutions that can be adapted by communities to meet their specific needs. The chart below (**Figure 12.**) outlines the most common themes and suggested solutions that communities can explore to take steps to address them.

Figure 12. Themes & Suggested Solutions

Common Challenges	Suggested Solutions
Data sharing	Establish MOUs, universal release forms, collaboration with managing entity, HIPAA vs. 42 CFR Part 2 trainings.
Silos	Consider exploring collaborative funding proposals, establishing formal MOUs/agreements, formalizing boundary spanner relationships, explore shared-staff arrangements.
Lack of Supportive Housing Options	Explore state and national funding opportunities, leverage American Rescue Plan dollars, leverage flexible funding opportunities for housing resources, expand partnerships with homeless outreach and shelter agencies, explore HUD funding opportunities.
Increased Interest in Police Mental Health Co-Responder (PMHC) Models	Consider different approaches for PMHC programs, pursue BJA funding, conduct outreach to PMHC models across the State of Florida, assess readiness to implement PMHC, align with existing mobile crisis response services in community.

Common Challenges	Suggested Solutions
Sustainability Concerns	Pursue partial funding from county/courts to support grant-funded positions, shift funding sources towards grant conclusion

This report was prepared by the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center and sponsored by the Florida Department of Children and Families Contract # LH289.

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Appendix A: Menu of Technical Assistance Services

Our menu of technical assistance topic areas has changed and evolved over the course of the 5 years based on our subject matter expert expertise, and emerging best practices. The menu is updated periodically. **Figure A1** presents the current menu of technical assistance and training options, offered to grantees in the technical assistance needs assessment survey disseminated to each grantee at **o**n-ddbendioeicsat e .

Appendix B: Quarterly Updates

Through the course of the 5 years, per C-

A

Scott Young, Ph.D., Data and Evaluation Expert

Scott Young, Ph.D., is a Research Associate Professor in the Department of Mental Health Law and Policy. Dr. Young has master's degree in Clinical Psychology and Management Information Systems (MIS) and earned his Ph.D. in Clinical Psychology. Combining his interests in both MIS and psychology, Dr. Young has received and worked on grants and contracts using behavioral healthcare administrative data sets to examine homelessness, mental health, and substance use policy issues, and he has also collaborated on corrections- and community-based behavioral health treatment evaluations at the system-, agency-, and program-levels. The bulk of Dr. Young's recent research examines alternatives to incarceration for drug offenders and implementation of low demand housing models based on harm reduction principles for homeless individuals who cannot, or will not, cease substance use.

Mark Engelhardt, M.S., MSW, LCSW (Retired)

Mark A. Engelhardt, MS, MSW, ACSW was the Director of Florida's Criminal Justice, Mental Health and Substance Abuse Technical Assistance Center (CJMHSA TAC) at USF from 2013 until his retirement in 2019 and the Associate Director in 2008 at the inception of the CJMHSA TAC until assuming the role as Director. Mr. Engelhardt was also a Faculty Research Associate in the Department of Mental Health Law and Policy at USF for 18 years. His experience include 14 years as a non-profit treatment provider/executive, 11+ years as a regional state administrator of substance abuse and mental health

State and National Subject Matter Experts

The subject matter experts presented in **Figure C2.** and **Figure C3.** were engaged in training and technical assistance events between 2016 and 2021. The areas of expertise provided below are not an exhaustive list. Rather, it is a sample of expertise for each of the subject matter experts.

Figure C2.

Subject Matter Expert	Areas of Expertise
Nev Jones, Ph.D.	Peer support, problem-solving courts, Supported Employment/Education, SIM, Trauma-Informed Care for CJ Professionals, early intervention in psychosis, coordinated specialty care, youth and young adult mental health,
Kristin Kosyluk, Ph.D.	Mental health stigma, Recovery-Oriented Systems of Care, Screening and risk assessment tools, CIT, Assertive Community Treatment Teams, Early intervention in psychosis, Motivational Interviewing, Supported Employment, Supportive Housing, evaluation methods, performance measure guidance,
Monica Landers, M.A., MSW	Police mental health co-responder models, evaluation, Children's System of Care, juvenile justice
Eryka Marshall, M.A.	SIM, Trauma-Informed Care for CJ Professionals