

Florida Department of Children and Families
Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program
Program Status Report
Implementation and Expansion Grants

Grantee Summary				
Grantee's Name		Report Period		
LSF Health Systems (LSFHS)		From:	10/01/2023	To:
Grant Number:	LHZ86			
Report Prepared By		Report Approved By DCF		
Preparer's Name:	Aaron G. Canter-Mason	Approver's Name:	Sean Mathews	
Preparer's Title	Project Coordinator - CJMHSA	Approver's Title	Grant/Contract Manger	
Preparer's Phone:	(904) 710-6918	Approver's Phone:	580-717-4348	
Preparer's Email:	Aaron.CanterMason@lsfnet.org	Approver's Email:	Sean.Mathews@myflfamilies.com	
Date Prepared:	01/16/2024	Date Approved:		

Grant Information			
Amount awarded	\$1,200,000		
Amount of match provided	\$1,244,633		
Award Period	07/12/20	through	06/30/23
Target Population <i>(must select one: shade/bold one)</i>	Juveniles		

Section 1. Detailed Progress Summary

1. Provide an overview of your organization's CJMHSA Reinvestment grant-funded program.

This is a three-year grant funded program in collaboration with the Hernando County Board of Commissioners, that shall expand diversion programs for youth 17 and younger, with mental health, substance use or co-occurring disorders, who are in, or at risk of entering the juvenile justice system. The grant was approved for an extension until December 31, 2023.

2. Provide a detailed report of the goals, objectives, services tasks, and activities performed during the reporting period.

- a) For each reporting period, provide a detailed description of program achievements to-date and progress towards meeting goals and objectives identified in **Section B-3**.

B-2.1 Establish diversion programs and strategies for youth in Hernando County which will increase public safety, avert increased spending on the criminal justice system, and improve the accessibility and effectiveness of treatment services.

Programs are being completed by five different agencies within Hernando County, BayCare, NAMI Hernando, Dawn Center, Hernando Coalition and SpringBrook. The strategies include providing care coordination, wellness recovery action plan family service, teen support groups TTYS, Family Links Group, and developing partnerships with physicians and their organization for promotion of youth mental health and substance abuse integration into their practice.

B-2.2 Create and encourage collaboration among stakeholders in implementing the Strategic Plan and providing ongoing oversight and quality improvement activities.

A partner meeting is held monthly with the community partners and stakeholders. The meeting is to encourage bright spots and open communication amongst the partners. The Project Coordinator provides oversight. The last partner meeting was October 20, 2023.

B-2.3 Promote workforce development through additional trainings that addresses needs identified in the Strategic Plan.

In partnership with USF TAC training have been areas of support have been identified by the partners and will be presented to the Community Meeting for review. USF has also provided training and dates for upcoming training.

- b) For each reporting period, provide a detailed description of each task and associated activities delineated in Section C-1 of the grant agreement. For each task identified, include the completion date, or anticipated date of completion, and discuss any adjustments to timelines outlined in the original grant application.

C-1.1.1 Within ninety days of execution of this Grant Agreement, hire and train the staff specified in Section C-2.1 and C-2.3

C-2.1.1 1.0 FTE Project Coordinator: A Project Coordinator was hired on 08/10/2020.

C-2.1.2 0.06 FTE Project Supervisor: The Project Supervisor has been assigned by LSF Health.

C-2.1.3 0.05 FTE Grant Accountant: The Grant Accountant has been assigned by LSF Health.

C-2.1.4 0.05 FTE Finance Staff: The finance staff has been assigned by LSF Health.

C-1.1.2 Within ninety days of execution, initiate the services specified in Exhibit C1, and continue to provide said services for the duration of this Grant Agreement.

Individualized services started on July 12, 2020, to include but are not limited to Screening, Assessments, Referrals, Youth and Family treatment planning services, Care Coordination Services, Violence Prevention, Family Support Groups, and Youth Support Groups.

C-1.2.1 Within ninety days of execution, execute Memoranda of Understandings, subcontracts, sub-grant agreements or other legally binding mechanisms with the organizations specified in Section C-2.3.

The agreement between LSF Health System and Salvare AKA Dawn Center was signed 07/15/2020. The Dawn Center backed out of the extension of the grant effective 07/31/2023.

The agreement between LSF Health Systems and BayCare Behavioral Health was signed 08/03/2020.

The agreement between LSF Health Systems and Hernando Community Coalition was signed 07/15/2020.

The agreement between LSF Health Systems and Health – Tech Consultants was signed on 07/15/2020.

The agreement between LSF Health Systems and NAMI Hernando was signed on 07/15/2020.

The agreement between LSF and SpringBrook Hospital was signed for 07/01/2022.

C-2.3.1 5th Circuit Court for services provided by 1.0 FTE Court Program Specialist.

The 5th Circuit Court withdrew from the grant prior to the start of the grant in June 2020 due to the COVID pandemic 2020.

C-2.3.2 BayCare Behavioral Health, Inc. for services provided by 1.0 FTE Care Navigator; BayCare has hired a full time Care Navigator who was previously employed with BayCare and transition to the grant when it stated in July 2020, and a part time peer support specialist was hired on 05/02/2021.

C-2.3.3 Dawn Center for services provided by 0.5 FTE Violence Prevention Advocate.

The Dawn Center has hired a Violence Prevention Advocate, which left 09/2020, on 10/2020 a new advocate Kelly Hoyt has been hired. Kelly Hoyt left Dawn Center on 03/31/2022 and Jessica Coughlin is filling in interim, a new person has been selected for the position and will start May 9th. Al'Janae Anthony is the current Violence Prevention Advocate. The Dawn Center backed out of the extension of the grant effective 07/31/2023.

C-2.3.4 Hernando County Coalition for services provided by 0.04 FTE Subcontracted Grant Activities Coordinator.

The Grant Activities Coordinator has been hired. The grant activities coordinator was previously working at Hernando Coalition and started this position July 2020.

C-2.3.5 National Alliance on Mental Illness (NAMI) for services provided by 0.5 FTE Peer Specialist/Youth and Family Advocate.

The Peer Specialist has been hired by NAMI. Please see listing below for updated peer specialists.

Ashley Green 8/12/19-2/27/21

Vera "Vik" Wiggins 2/4/21-2/17/22

Jessica Cruz 11/1/21-12/20/21

Isaiah Haddon 1/10/22-03/31/2023

Gloriahna Babler 3/7/22-present

Tia-Maria Bernardo 04/01/2023 - Present

C-2.3.6 Health-Tech Consultants Inc., providing 98 hours of program evaluation annually. Health-Tec consultants are currently working with LSF Health for program evaluation.

C-1.2.2 Within ninety days of the execution, implement an Information System to track persons served during their involvement with the program for at least one year after their discharge from the program as outlined in the Grantee's application addressing:

Response to C-1.2.2.1 – C-1.2.2.2

*A tracking sheet was designed by the LSF evaluators and is in use. Please see the attachment titled **Hernando CJMHSA Grant Tracking**.*

C-1.2.3 Conduct quarterly meetings of the Public Safety Coordinating Counsel to review the following.

Response to C-1.2.3.1 – C-1.2.3.9

The PSCC Meeting is being held on a quarterly basis. The previous meeting discussions included but were not limited to, updates on the CJMHSA grant, adult strategic planning, adult SAMH drug court, Agency data, concerns and trends within the community, and new concerns, transportation plans and Opioid task force. Upcoming meetings will include CJMHSA grant data as it is available. See attached minutes from the meeting held on.

C-1.3 To support the objective in Section B-2.3, the Grantee shall promote workforce development through additional trainings that addresses needs identified in the Strategic Plan. To achieve this outcome, the Grantee shall provide the workforce development services listed below as stated in the Grantee's application:

*C-1.3.1 Identify 10 local primary care providers to participate in mental health and substance use promotions annually; 44 physicians' offices have completed the Safe Rx/Opioid and You are not Alone initiatives. Please see the attachment titled **Hernando CJMHSA Grant Tracking**.*

*C-1.3.2 Identify 10 local primary care providers to participate in prescription medical and opiate prevention activities annually; 44 physicians' offices have completed the Safe Rx/Opioid and You are not Alone initiatives. Please see the attachment titled **Hernando CJMHSA Grant Tracking**.*

*C-1.3.3 Provide training on Integrating Behavioral Health with Primary Care to 10 local primary care providers annually; 44 physicians' offices have completed the Safe Rx/Opioid and You are not Alone initiatives. Please see the attachment titled **Hernando CJMHSA Grant Tracking**.*

C-1.3.4 Provide 2 trauma trainings for criminal justice professionals in program year one, and 1 annually in program years' two and three.

The training on DV/SV response to law enforcement on 4/16/2023 through 4/23/2023. Please see attachments.

- c) List your program's MOUs or other legally binding agreements that were executed for this program (indicate the parties, when it was executed, purpose) and add to this list each reporting period as appropriate.

Provider / Collaborator	Date	Purpose
BayCare	08/03/2020	Provide care coordination, incidental funding
SpringBrook	08/01/2020 / 07/01/2022	Provide in-kind space for BayCare and NAMI to access youth baker acted. Provide a additional staff time to ensure that effective linkages are made for follow-up care with community-based providers who will follow-up with the child upon return to their home community
NAMI	07/15/2020	WRAP services, and Family Support Groups
Dawn Center	07/15/2020 – 07/31/2023	Provide anti violence groups and trainings to teens and adults including professionals
Health Tech	07/15/2020	Provide evaluation services to LSFHS CJMHSA grant
Hernando Coalition	07/15/2020	Works with local primary care providers – pediatricians and those serving youth to provide training on Integrated Behavioral Health with Primary Care

- d) List your program's partners and collaborators (add to the list each reporting period as new collaborators emerge).

Partner/Collaborator	Purpose:
BayCare	Referrals, Assessments, Care Coordination

Dawn Center (ended 07/31/2023)	Anti-Violence Prevention groups
NAMI	WRAP services, family support groups, teen support groups.
Hernando Coalition	Physician collaboration for substance abuse and mental health programs
SpringBrook Hospital	Intake from LEO for Baker Acts of youth, assessments, and transportation of youth to CSU

3. Provide a detailed summary of the achievements to-date in meeting the Administrative Tasks identified in **Section C-2** of the Grant Agreement. For all subcontractor(s) identified in **Section C-2.3**, provide an electronic copy of the executed subcontract(s).

C-2.1 Staffing and C-2.2 Professional Qualifications: *LSFHS staff funded through the grant include Project Coordinator Aaron G. Canter-Mason who provides oversight and execution of the grant, serves as a liaison between LSFHS and the partner agencies, and ensures communication and sharing among the partners. Aaron has 16 years of child welfare experience to include 4 years of oversight and monitoring.*

C-2.3 Subcontractors: *LSFHS has subcontracted with five agencies to provide services for this grant. BayCare will provide the care navigator for care coordination, The Dawn Center is providing a prevention advocate, the Hernando Coalition is proving a grant activities coordinator, NAMI is providing a peer specialist / youth and family advocate and Health-Tec is the grant evaluator.*

4. Describe any barriers or challenges faced by your program during this reporting period and the strategies implemented to address them. Also, describe significant barriers that remain, if any.

Due to restrictions of outside staff going into school and after school programs, extra marketing practices are being employed. School attendance records have been difficult to obtain due to work from home measures, and lack of staffing in schools. A request has been made with the school board. The grant is currently working with the USF TAC to address the performance measure of school attendance.

5. List evidence-based, best, and promising practices used in your program including assessment or screening instruments and tools.

The GAIN-SS assessment tool is being utilized for screening clients into the program with domains such as internalizing disorders, externalizing disorders, substance disorders, and crime/violence.

6. Describe the composition of your Planning Council membership, in compliance with F.S. 394.657(2) (a), and complete Appendix A, located at the end of this document. **(Note: this form must be updated when there is a change in Planning Council members).**

a) Describe any difficulties you have had in filling these membership positions.

There are several absences from the quarterly meetings, The meetings were previously held via video conferencing for COVID but as of July 2022 have resumed in person. There have been community member positions that have been difficult to fill due to lack of want for participation. Members of the PSCC meetings have been requested to ask their clients to be a participate in the meetings. We are still asking to fill the primary user of substance abuse services.

- b) Describe the activities of the Planning Council, such as meeting frequency and types of collaboration efforts.

The PSCC meetings were held on a quarterly basis and have been held via video conferencing due to COVID restrictions, but as of July 2022 have resumed in person. The meetings have a standing data communication for each quarter from community resources, including both Adult and Youth data on arrests and baker acts, and homelessness from jail. The status of the CJMHSA grant is discussed and data will be shared when available.

- c) Provide the date that your planning council met during this reporting period and a brief description of the agenda.

The PSCC meeting was held on April 21, 2023. The topics included Call to order and introductions, review, and approval of minutes, CJMHSA grant update, SAMSHA Drug Court, Transportation Plan, Adult strategic plan, Agency reporting of Data, Trends, and Concerns, and new concerns. See attached meeting minutes.

Section 2. Deliverables

1. Provide a detailed summary of the progress achieved in meeting the deliverable requirements outlined in **Exhibit D** of the Grant Agreement.

Reporting Period	D-2.1 Individuals Enrolled	D-2.2 Participating Primary Care Professionals Trained
Quarter 1 July – Sept 2020	9	0
Quarter 2 October – December 2020	12	13
Quarter 3 January – March 2021	14	0
Quarter 4 April – June 2021	28	0

Reporting Period	D-2.1 Individuals Enrolled	D-2.2 Participating Primary Care Professionals Trained
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Quarter 1 July – Sept 2021	16	0
Quarter 2 October – December 2021	20	7
Quarter 3 January – March 2022	19	9
Quarter 4 April – June 2022	16	0

Reporting Period	D-2.1 Individuals Enrolled	D-2.2 Participating Primary Care Professionals Trained
Quarter 1 July – Sept 2022	18	1
Quarter 2 October – December 2022	15	4
Quarter 3 January – March 2023	20	12
Quarter 4 April – June 2023	16	0

Reporting Period	D-2.1 Individuals Enrolled	D-2.2 Participating Primary Care Professionals Trained
NCE Q1 July – Sept 2020	15	2
NCE Q2 October – December 2020	13	4

- Using the Performance Measures for Acceptance of Deliverables in **Section D-4.** of the grant agreement, complete the Service Summary Tables below.

Service Summary Tables

PROGRAM YEAR 1										
Service Target	YR1 Annual Program Target	Program Lifetime Target	Number of Participants Served							
			1 st Quarterly Reporting Period	2 nd Quarterly Reporting Period	3 rd Quarterly Reporting Period	4 th Quarterly Reporting Period	Program YR1 Total to Date	% of Program YR1 Target Achieved to Date	Program Lifetime Total to Date	% of Lifetime Target Achieved to Date
			<i>July – September 2020</i>	<i>October – December 2020</i>	<i>January- March 2021</i>	<i>April – June 2021</i>	<i>July – June 2021</i>	<i>July 2020 – September 2020</i>	<i>July – September 2020</i>	<i>July – September 2020</i>
D-2.1 <i>Individuals Enrolled</i>	50	150	9	12	14	28	63	126%	63	42%
D-2.2 <i>Participating Primary Care Professionals Trained</i>	10	30	0	13	0	0	13	130%	13	43%

PROGRAM YEAR 2										
Service Target	YR2 Annual Program Target	Program Lifetime Target	Number of Participants Served							
			1 st Quarterly Reporting Period	2 nd Quarterly Reporting Period	3 rd Quarterly Reporting Period	4 th Quarterly Reporting Period	Program YR2 Total to Date	% of Program YR2 Target Achieved to Date	Program Lifetime Total to Date	% of Lifetime Target Achieved to Date
			07/01/2021 - 09/30/2021	October 2021 – December 2021	January – March 2022	<Insert Quarterly Reporting Period Dates>	July 2021 – June 2022	July 2021 – June 2022	July 2020 – June 2022	July 2020 – June 2022
D-2.1 Individuals Enrolled	50	150	17	19	20	17	73	106%	136	89%
D-2.2 Participating Primary Care Professionals Trained	10	30	0	7	9	0	16	160%	29	97%

PROGRAM YEAR 3										
Service Target	YR3 Annual Program Target	Program Lifetime Target	Number of Participants Served							
			1 st Quarterly Reporting Period	2 nd Quarterly Reporting Period	3 rd Quarterly Reporting Period	4 th Quarterly Reporting Period	Program YR3 Total to Date	% of Program YR3 Target Achieved to Date	Program Lifetime Total to Date	% of Lifetime Target Achieved to Date
			<i>July – September 2022</i>	<i>October – December 2022</i>	<i>January – March 2023</i>	<i>April – June 2023</i>	<i>July -June</i>	<i>July - September 2022</i>	<i>July 2020-July 2023</i>	<i>July 2020-July 2023</i>
D-2.1 <i>Individuals Enrolled</i>	50	150	18	17	21	18	74	138%	208	135%
D-2.2 <i>Participating Primary Care Professionals Trained</i>	10	30	1	4	12	0	17	100%	46	153%

PROGRAM YEAR – NCE								
Service Target	NCE Annual Program Target	Program Lifetime Target	Number of Participants Served					
			1 st Quarterly Reporting Period	2 nd Quarterly Reporting Period	Program NCE Total to Date	% of Program NCE Target Achieved to Date	Program Lifetime Total to Date	% of Lifetime Target Achieved to Date
			<i>July – September 2022</i>	<i>October – December 2022</i>	<i>July -Sept</i>			
D-2.1 <i>Individuals Enrolled</i>	25	175	15	13	28	112%	238	136%
D-2.2 <i>Participating Primary Care Professionals Trained</i>	5	35	2	4	6	40%	52	148%

Section 3. Performance Measures and Outcomes

1. Describe the methodology(ies) used to collect data and track progress on admissions, completions, discharge, assessments, services received, and outcomes of individuals being served. Reportable outcomes include but are not limited to arrests, rearrests, services, program completion, receipt of benefits, employment, housing, etc. Data anomalies and additional methodology information can be noted directly into the Excel spreadsheet, Appendix B, Reinvestment Grant Performance Measure Data Table.

BayCare has utilizes an EHR system for their clients. They are also completing an excel data sheet which has the youth being served, youth that were sent for referrals, follow ups needed, discharged youth, and baker acts. Health-Tec the evaluators for the grant have created a excel spread sheet for tracking year 1-3 for stable housing, benefits, and school attendance.

2. Complete the Reinvestment Grant Performance Measure Data Table (Appendix B).

See Attachment

3. Using the Performance Evaluation Methodology in **Section E-2.** of the grant agreement, provide the actual percentage for the Performance Measures specified in **Section E-1.** In addition, provide the actual numbers used in the Performance Evaluation Methodology to derive at the performance measure percentages.

See Attachment

Section 4. Technical Assistance

Explain what collaboration, if any, you have had with the Florida Mental Health Institute's Technical Assistance Center (TAC). In accordance with **Section C-2.4**, Technical Assistance Requirements, of the Grant Agreement, provide a summary and documentation, if applicable, demonstrating that the following requirements were met:

1. Primary contact information for the Grantee and each of its subcontracted or subgrant award partners was provided to the TAC within 10 business days after execution of the Grant Agreement;

All contact information was provided to USF TAC

2. Participation in one annual county level technical assistance needs assessments conducted by the TAC and list the three priority areas that you identified in the survey.

The technical needs assessment was completed for the following areas.

1. Sequential Intercept Mapping follow-up
2. Transportation Plan review and recommendations
3. Cost effectiveness, cost offset, or cost avoidance methods

3. Participation in one annual on-site technical assistance visit conducted by the TAC and submit a sign in-sheet for all participating individuals.

The annual meeting was held with USF TAC on May 13, 2023

4. Participation in quarterly program-wide conference calls scheduled by the TAC for all Grantees under the Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant Program. Submit a list of individuals who participated in the quarterly conference call; and

The project coordinator for LSF, Katelind Melendez USF TAC, Beth Holland USF TAC, Dr. Scott Young USF, and Abigail Shockley USF.

5. Provided program reports and summary service data as requested by the TAC.

The project coordinator provided information to USF TAC to the TAC team.

Section 5. Sustainability

Describe actions and/or steps taken that will lead to sustainability upon the completion of the grant funding.

LSFHS, partners, and stakeholders are utilizing multiple meetings such as the PSCC quarterly meeting, and the CJMHSA Grant monthly meeting and LSFHS staff including the project manager are included on other local committee meetings to share data and promote the use of the CJMHSA grant. Currently there are two partners that have committed to their program continuing for three years from alternative funding sources, NAMI Hernando, Hernando Coalition, and BayCare. The Dawn Center was not able to provide information.

Section 6. Additional Information

1. Describe the effect the grant-funded initiatives have had on meeting the needs of adults and/or juveniles who have a mental illness, substance abuse disorder, or co-occurring disorder and include a discussion of the following:

- a) The impact of the grant-funded program on expenditures of the jail, juvenile detention center, and prison (e.g., decreased numbers, fiscal estimates).

In 2020 the average cost to detain a youth offender was \$588 per day, or \$214,620 per year.

Total Youth enrolled in Care Navigation- 240 with 83% of youth discharged successfully

Arrest decrease at 1 year follow up- 19%

- b) The impact of the grant-funded program on the reduction of forensic commitments to state mental health treatment hospitals or children's state hospitals/treatment centers (if population served includes juveniles)

The approximate cash cost for a youth inpatient stay is \$2200 per day and depending on insurance approximately \$750 - \$985 a day.

Total Youth enrolled in Care Navigation- 240 with 83% of youth discharged successfully

Baker Act decrease at 1-year follow up- 60%

- c) The impact the grant-funded program has had on the number and type of individuals detained (detention and/or jail) and incarcerated (prison) (e.g., change in numbers detained, change in types of charges of detainees).

The average cost of incarceration is \$250 per day in Florida.

Total Youth enrolled in Care Navigation- 240 with 83% of youth discharged successfully.

Arrest decrease at 1 year follow up- 19%

2. Describe the impact the grant-funded program has had on the availability and accessibility of effective community-based services.

The grant is providing a new service of care coordination to youth involved or at risk of being involved with the criminal justice system and have a co-occurring substance abuse and or mental health disorder to reduce interaction with law enforcement and provide more intensive services for the youth and make navigation easier for the family. The second impact is to provide primary care physicians with training and understanding of mental health and substance abuse issues in youth. Added programs for group sessions for youth and families.

3. Describe the impact that your local matching funds has had on meeting and furthering the goals and objectives of your CJMHSA Reinvestment grant program (level of additional services and capacity served as a result of local matching funds).

Our providers are able to utilize these local funds to offset costs that they incur against the grant program but otherwise could not bill as these costs would cause them to over-run their budget.

Section 7. Source Documentation

Attach an appendix of the source documentation, described in **Section C-2.5.3.** of the Grant Agreement, documenting the tasks and associated activities performed during the report period. Label the source documentation to easily identify the related task and activity (For example, label the MOUs as “**C-2.5.3.1. for task C-1.1.1.**”).

**APPENDIX A
CRIMINAL JUSTICE, MENTAL HEALTH &
SUBSTANCE ABUSE REINVESTMENT GRANT
PLANNING COUNCIL**

PLEASE PRINT

STATE ATTORNEY OR DESIGNEE William Gladson
or Designee

PUBLIC DEFENDER OR DESIGNEE -
Mike Graves or Designee

CIRCUIT COURT JUDGE
Judge Daniel B. Merritt, Jr or Designee

COUNTY COURT JUDGE
Judge Kurt Hitzemann or Designee

POLICE CHIEF OR DESIGNEE
Sheriff Nienhuis Captain Cameron, IV

SHERIFF OR DESIGNEE
Sheriff Nienhuis Captain Cameron, IV

STATE PROBATION CIRCUIT ADMINISTRATOR
Susan Cizmada or Designee

LOCAL COURT ADMINISTRATOR
Johnathan Lin or Designee

COUNTY COMMISSION CHAIR
Jerry Campbell or Designee

COUNTY DIRECTOR OF PROBATION

LOCAL SUBSTANCE ABUSE TREATMENT
DIRECTOR Dr. Candall

COMMUNITY MENTAL HEALTH AGENCY
DIRECTOR – Sandra Marrero

DCF - SUBSTANCE ABUSE PROGRAM OFFICE
REPRESENTATIVE – Joelle Aboytes

PRIMARY CONSUMER OF MENTAL HEALTH
SERVICES – Open

PRIMARY CONSUMER OF SUBSTANCE ABUSE
SERVICES – Stephanie McCann

PRIMARY CONSUMER OF COMMUNITY-BASED
TREATMENT FAMILY MEMBER – Tina Kinney

AREA HOMELESS PROGRAM REPRESENTATIVE
Barbara Wheeler

DJJ - DIRECTOR OF DETENTION FACILITY
Irma Terry

DJJ – CHIEF OF PROBATION OFFICER
Randy Reynolds