

Department of Children and Families
Criminal Justice, Mental Health, and
Substance Abuse Reinvestment Grant

RFA#: 2324-011



Hernando County Implementation Grant

Respectfully Submitted by the
Hernando County Board of County Commissioners

Tab 1: Cover Page

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:	Hernando County Youth and Adult Diversion Program Implementation	
County(ies):	Hernando County	
Preferred Project Start Date:	05/01/2024	
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:	Hernando County Board of County Commissioners	
Contact Name & Title:	Michelle Miller, Grant Writer	
Street Address	15470 Flight Path Drive	
City, State and Zip Code:	Brooksville, FL 34604	
Email:	MLMiller@hernandocounty.us	
Phone:	(352) 754-4020 ext.24159	
ADDITIONAL CONTACT		
Participating Organization Name:	Hernando County Board of County Commissioners	
Contact Name & Title:	Veda Ramirez, Director of Housing and Supportive Services	
Street Address	621 W. Jefferson Street	
City, State and Zip Code:	Brooksville, FL 34601	
Email:	VRamirez@hernandocounty.us	
Phone:	(352) 540-4338	
FUNDING REQUEST AND MATCHING FUNDS		
	Total Amount of Grant Funds Requested	Total Matching Funds
Program Year 1	\$400,000.00	\$586,963.72
Program Year 2	\$400,000.00	\$586,963.72
Program Year 3	\$400,000.00	\$586,964.72
Total Project Cost	\$1,200,000.00	\$1,760,892.16
CERTIFYING OFFICIAL		
Certifying Official's Signature:		
Certifying Official's Name (printed):	Jeffrey Rogers, P.E.	
Title:	Hernando County Administrator	
Date:		

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Tab 3: Statement of Mandatory Assurances

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.	

Tab 4: Commitment of Match Donation Forms and Match Commitment Summary Report

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

TO: (name of county) Hernando County Board of County Commissioners

FROM: (donor name) BayCare Behavioral Health, Inc.

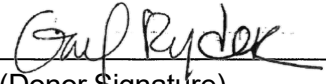
ADDRESS: 7809 Massachusetts Avenue, New Port Richey, FL 34653

The following space, equipment, 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 5/01/2024 to 4/30/2027 .

Description and Basis for Valuation (See next page)

<u>Description</u>	<u>Value</u>
(1) <u>InKind – fees/program income</u>	<u>\$200,020.00</u>
(2) _____	\$ _____
(3) _____	\$ _____
(4) _____	\$ _____
	TOTAL VALUE <u>\$200,020.00</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.

<u></u>	<u>02/26/2024</u>		
(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 \$ _____
 (2) Number of months donated during the contract _____
 Value to the project [b.(1) X b.(2)] \$ _____

2. Title passes to the County:

Depreciation

- a. Cost of Fair Market Value (FMV) at acquisition (excluding land) \$ _____
- b. Estimated useful life at date of acquisition _____ yrs.
- c. Annual depreciation (a./b.) \$ _____
- 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.) \$ _____

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 \$ _____
or
 - b. Annual value to project (not to exceed 6 2/3% X 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 = \$ _____
2. Volunteer -- Comparable annual salary \$ _____
 Annual Salary Number of hours 2080 X to be provided = \$ _____

Other - client fees that are in excess of the cost of service based on third party reimbursement or full fee; excludes Medicaid = \$200,020.

Appendix I - MATCH SUMMARY
(for the entire grant period)

Date - __02/27/2024_____

County - __Hernando_____

Type of Grant - __Implementation_____

Match Requirement Percentage - _____100%_____

Total Match Required for the Grant \$ _1,200,000.00_____

Match Committed:

Cash	\$ _____
In-Kind	\$1,760,892.16
Total	\$1,760,892.16

Comments:

_In-kind contribution is a combination of efforts from the lead agency (Hernando County) and our partner agencies, including Baycare Behavioral Health, The Fifth Judicial Circuit Court and the Hernando County Sheriff's Office. _____

Prepared By __Michelle L. Miller, Grant Writer_____

Approved By _____

Tab 5: Statement of the Problem

Approach

No one should go to prison because they do not have access to mental health services. Many times, inmates are also mental health patients; they suffer from depression, anxiety, substance abuse and psychotic disorders. Hernando County seeks to enhance collaborative partnerships with the judicial, criminal justice and mental health sectors to provide resources to divert youth and adults with substance abuse and mental health conditions from incarceration and provide greater benefits to the target population and the community for the short and long term.

Needs Assessment

Adult Incarceration Trends

Hernando County continues to have higher rates of incarceration than the State of Florida average rate. In 2023, the Hernando County rate was 3.1 per 1,000 persons, versus the rate of 2.4 statewide. The incarceration trends for the County since 2014 are demonstrated in the table to the left, showing a trend upward from 2014, with the decline in both statewide and County-level corresponding to the COVID-19 pandemic. Hernando County's average daily inmate population is 594 persons. Approximately 44% of the current adult jail population has been determined to have some form of mental illness.

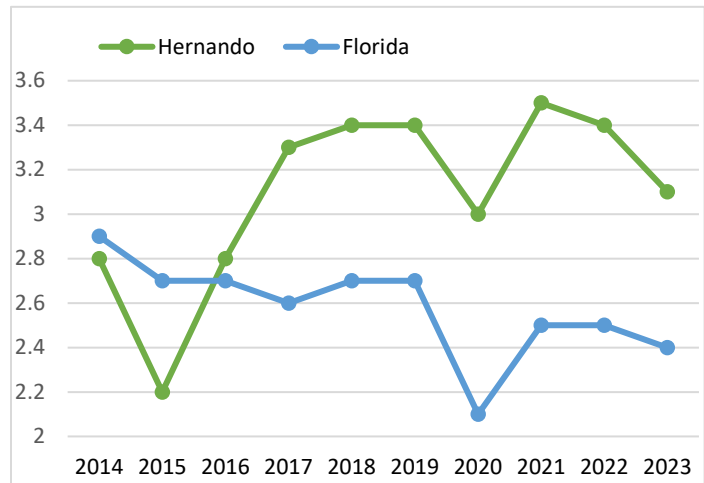


Figure 1: Adult Incarceration Rate Trends, 2014-2023 (Florida Department of Corrections, 2024)

Youth Incarceration Trends

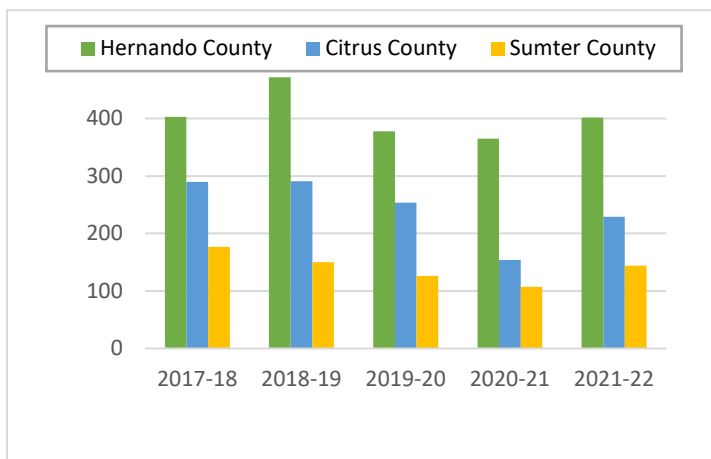


Figure 2: Juvenile Incarceration Rates, Hernando, Citrus and Sumter, 2017-2022

Youth incarceration rates have been consistent since 2017; however, total juvenile arrests are consistently higher than surrounding counties. In 2021-22, the total number of Hernando County youth incarcerated was 402, compared to 229 in Citrus and 144 in Sumter. While diversion programs have been in place in Hernando County, the youth arrest rate (2/1000 persons) is still significantly higher than Citrus (1.44/1000 persons) and Sumter (1/1000 persons) (Department of Juvenile Justice, 2023).

Agency Capacity

Hernando County has a history of addressing mental health, substance abuse and other re-occurring disorders since 2017, with the approval of the initial CJMHSA Adult Strategic Plan. Subsequently, in 2018, the CJMHSA Youth Strategic Plan was approved. In 2020, The County, through Lutheran Services of Florida, received the CJMHSA implementation/expansion grant for youth programs.

The Hernando County Adult CJMHSA Reinvestment Grant has the following Vision, Mission Statement and Values to address the needs of the target population:

- **Vision:** Individuals with behavioral health disorders receive the treatment and support they need to live well and contribute positively to their community.
- **Mission Statement:** To reduce the involvement of adults with behavioral health disorders in the criminal justice system.
- **Values:** Person-centered, involvement of families, friends, care givers, allies, and the community.

The CJMHSA Youth Strategic Plan includes a vision, mission statement and values to address mental health and substance abuse issues, reduce behavioral health issues, increase school attendance, and divert youth from the criminal justice system.

- **Vision:** Youth with behavioral health issues receive the support and care they need to thrive in both their school and community.
- **Mission Statement:** Reduce the number of youths involved in the juvenile justice system in Hernando County through increased opportunities in the system of care addressing the behavioral health needs of youth and their families.
- **Values:** Person-centered, strength-based strategies involving parents, caregivers, families, and Geographic, Environmental and Socioeconomic Factors

From 2020-2023, the County, LSF and its service partners implemented strategies to expand diversion programs for youth 17 and under with mental health substance abuse or co-occurring disorders, who are in or at risk of entering the juvenile justice system. The strategies included providing care coordination, wellness recovery action plan, family services, teen support groups, Family links Group and developing partnership with physicians for the promotion and awareness of youth mental health and substance abuse integration into their practice. As a result, the grant served 134 youth and only three (3) of those youth were arrested in the following year after being enrolled.

The grant provided a new service of care coordination to youth involved or at risk of being involved with the criminal justice systems and have a co-occurring substance abuse and or mental health disorder. This care coordination's goal is to reduce interaction with law enforcement and provide more intensive services for the youth and make navigation easier for family to access services. Through this service, primary care physicians received training and understanding of mental health and substance abuse issues in youth.

The County seeks to expand the care coordination initiative and implement similar services to our adult population upon law enforcement initial contact and while involved with the mental health and drug courts.

Geographic environment

Hernando County was established in 1843 and is the 5th smallest county in total land area at 473 square miles. Now known as Florida's Adventure Coast, our freshwater rivers and springs, state forests and preserves and Gulf waters provide opportunities for many land and water adventures for residents and tourists. The County is the geographic center of the state and is located on the central-west coast of Florida. The City of Brooksville, the only incorporated city in the County, is the county seat and is rich in history and traditions.

Environmental and Socioeconomic Factors

According to the Community Health Status Assessment completed in May 2023, Hernando County residents identified the following as the most important factors that contribute to a healthy community: 1. Access to health care; 2. Low crime/safe neighborhoods; 3. Affordable housing; 4. Job Opportunities for all level of education; 5. Availability of first responders; 6. Access to convenient, affordable and nutritious foods; 7. Clean environment; 8. Affordable goods and services; 9. Awareness of health care and social services; 10. Residents engaging in healthy behaviors. Not only do these factors contribute to overall wellness; creating a healthy and sustainable environment opens pathways that reduce physical and mental illness and substance abuse.

The top three health issues Hernando County residents identified to be addressed in the County as major impediments to a healthy community are Substance Abuse, Mental Health, and Homelessness. These health issues are important to recognize as Hernando County is federally designated as a Mental Health Professional Shortage Area, as well as a Primary Health and Dental Health Professional Shortage Area and a Medically Underserved Area/Population (Florida Department of Health in Hernando County, WellFlorida Council, 2023).

Mental Health and Substance Abuse

Hernando County has consistently had a higher rate of mental health hospitalizations, with the Hernando County rate being 11.7 hospitalizations per every 1,000 persons versus the State of Florida rate of 8.9 per 1,000 persons. While these rates have been decreasing since 2017 in both Hernando County and statewide, this factor is still a significant concern based on resident survey results indicating the health care gaps in Hernando County. These issues were a common theme throughout the entire Community Health Status Assessment. Survey respondents recognized that substance abuse was a prevailing problem in the community (40.1% of residents classified it as a priority problem), and mental health problems were also identified as a priority problem (30.4% of respondents.) Mental health and substance abuse often go hand in hand and lead to behavioral health issues. Survey respondents ranked drug abuse as the number one priority item and having the greatest impact on overall health (Florida Department of Health in Hernando County, WellFlorida Council, 2023).

Barriers to Healthcare

When asked what barriers they have in receiving adequate health care, including dental, primary care and mental health/substance abuse, survey participants identified the following key indicators: 1) Dental care is cost prohibitive, and many residents do not have adequate dental insurance. 2)It is difficult to get an appointment with a primary care physician, and in some cases finding providers that are available or take resident insurance plans can be a challenge. 3)Mental health and substance abuse providers are difficult to schedule appointments with, difficult to find providers that are local, and in many cases, providers are cost prohibitive due to gaps in insurance coverage.

Almost two-thirds (62.5%) of survey respondents indicated that mental and behavioral health care/counseling services are difficult to obtain in Hernando County; this is followed by substance abuse services, which 44.6% of respondents identified as being difficult to obtain (Florida Department of Health in Hernando County, WellFlorida Council, 2023)

Mental Health in Youth

Students in Hernando County experience childhood trauma at a higher rate than the state average. The most common trauma children in Hernando County experience are their parents being separated or divorced. This is closely followed by mental illness or substance abuse in the home (up to 40%) and having an incarcerated household member (35%). With many students experiencing more than one of these. In addition, a high percentage of Hernando youth experience emotional or physical neglect, against higher rates than the state average. Over one quarter (25%) of Hernando County students have been exposed to at least four adverse childhood experiences.

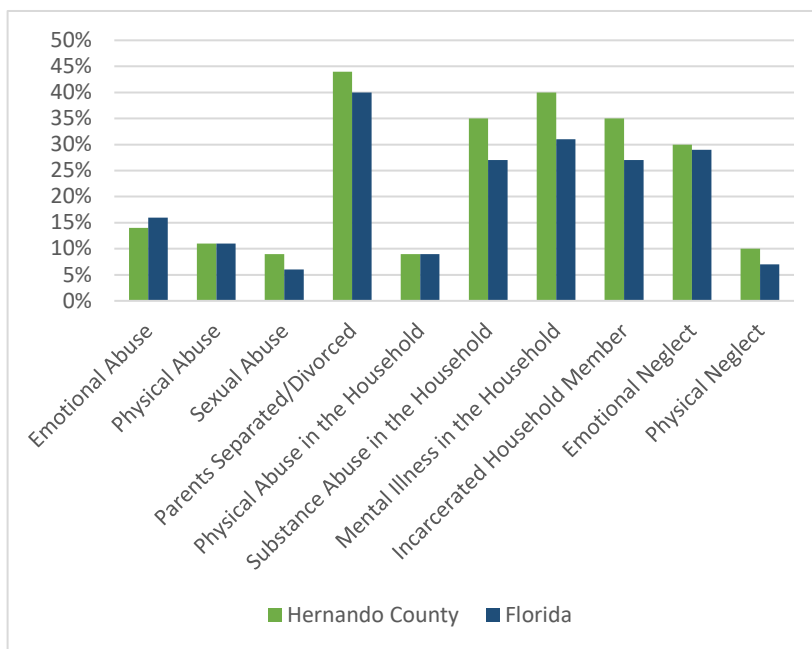


Figure 3: Students experiencing childhood trauma, Hernando County, and the State of Florida (Florida Department of Health in Hernando County, WellFlorida Council, 2023)

This data is telling due to the relationship between childhood trauma and mental health. In 2022, the percentage of Hernando County youth that indicated they felt sad or hopeless for two or more weeks and stopped doing usual activities was 32.6%. That percentage increased 8.3% over numbers in 2014. Additionally, 14.7% of students reported actively engaging in self-harm to relieve depression or anxiety (Florida Department of Health in Hernando County, WellFlorida Council, 2023). The relationship between traumatic experiences and mental illness is established in adolescence and can lead to depression and suicidal ideation in adulthood.

Hernando County students with a high level of trauma report higher substance abuse rates than those that have not. Specifically, students with high levels of trauma are twice as often to drink alcohol, three times as likely to black out from alcohol use, twice as likely to use marijuana, and almost three times as likely to vape nicotine.

Mental Health in Black Individuals and Communities

Systemically, Black Americans choose not to seek mental health treatment due to cultural stigmas. This has been demonstrated as part back as Martin Luther King, Jr., who has been reported to have bouts of severe depression during his life. Black Americans consistently ignore mental illness and refer to it as being tired or being stressed. The systemic barriers to mental health treatment are built on this foundation, creating a culture of mistrust, and misunderstanding for the Black American community (Mass General Brigham McLean, 2023).

Health Inequities

Health Equity is when each person has a just and reasonable opportunity to attain his or her best possible health. Health inequities are commonly caused by conditions such as where people are born and where they live, work and play. (Centers for Disease Control and Prevention, 2023), (Prevention Institute, 2024). Health inequities include income and poverty, food insecurity, barriers to healthcare and housing instability.

These health inequities not only provide background information on what some of the factors are that surround an individual with mental health or substance abuse; they are also critical concerns that contribute to and increase mental health and substance abuse issues which can ultimately lead to increased incarceration rates.

Food Insecurity

Hernando County residents face higher rates of food insecurity among than the state percentage, with 24.3% of children in Hernando County having limited or uncertain access to adequate food (US Department of Health and Human Services, Office of Disease Prevention and Health Promotion, 2023). Children in Pre-K, Kindergarten and Elementary School all have higher rates of eligibility for free or reduced lunch than the state average; however, a lower rate of children in Hernando County are being served than are eligible. Food insecurity is closely tied with mental health concerns, where individuals can feel stress and anxiety over having a lack of food options or feeling deprived of certain foods. Food insecurity has been linked to major depressive symptoms all over the world (Candice A. Myers, 2020).

Housing Instability

Housing instability, through either poor physical conditions or cost burden, contributes to harmful mental health conditions. In addition, this housing instability contributes to a lack of necessary health care for both mental and physical health. In Hernando County, there is a significant number of cost-burdened households across every income bracket. Area Median Income (AMI) is defined as \$72,700.00 as Hernando County is part of the Tampa-Clearwater-St. Petersburg Metropolitan Statistical Area for housing purposes; however, as demonstrated below, many Hernando County residents make well below that amount (Florida Housing Finance Corporation, 2024).

Housing Cost Burden

Income Level	30%	30.01-50% (Cost Burdened)	Greater than 50% (Severely Cost Burdened)
30% AMI or Less	2,474	1,521	5,931
30.01-50.01% AMI	5,926	4,010	2,306
50.01-80% AMI	13,102	3,835	692
80.01-100% AMI	9,171	1,033	90
Greater than 100% AMI	2,9731	834	117

Figure 4: All Households, Cost Burden by Income, 2021 Estimate (Shimberg Center for Housing Studies, University of Florida, 2024)

Homelessness

Individuals with poor mental health are more susceptible to the main factors that lead to homelessness, including poverty, withdrawing from society, and the potential of being harmed either physically or mentally. Additionally, experiencing homelessness can also lead to increased mental health concerns. Homelessness leads to stress and anxiety, which can amplify previous concerns and encourage harmful practices (Canadian Observatory on Homelessness, 2024).

According to the 2022 Point in Time Homelessness Count, Hernando County had 112 homeless residents. This number is consistent with the rest of the counties within the Mid-Florida Homeless Coalition, all ranking in the second quartile of counties, except for Sumter County that reported 13 homeless persons (Florida Department of Health, Division of Public Health Statistics and Performance Management, 2023).

Although Hernando County experiences the same rate of homelessness as other counties in the coalition, it has a less developed homeless infrastructure network to provide housing and wraparound services for homeless individuals, leaving many of their needs unmet.

Analysis of Current Jail Population

Screening and Target Process

Both the adult and teen incarcerated populations were evaluated to determine the appropriate target population for the proposed program.

Adult Arrest Data

Hernando has a higher rate of incarceration, inmate admission and inmate recidivism than the state average, as indicated by the table below.

Incarceration Data	Hernando County Rate	State of Florida Rate
Rate of Incarceration	3.5/1000 persons	2.5/1000 persons
Rate of Inmate Admission	126.3/1000 persons 19+	104.0/1000 persons 19+
Rate of Inmate Recidivism	28.1% within 36 months	Check Tables 56-58 Technical Appendix

Figure 5: Comparison of Incarceration Data – Hernando County and State of Florida (Florida Department of Health in Hernando County, WellFlorida Council, 2023)

Juvenile Arrest Data

According to the Florida Department of Juvenile Justice, juvenile arrests increased 4% from FY2020-2021 to FY2021-22, to a total of 330 juvenile arrests in FY22.

An analysis of youth arrests over the past three years shows a trend in the most frequent offenses committed by Hernando County youth. When evaluating the offenses that occur on school grounds, the most frequent offense remains assault/battery. Total school-related offenses increased 29% from FY2020-21 to 2021-22 (Department of Juvenile Justice, 2023).

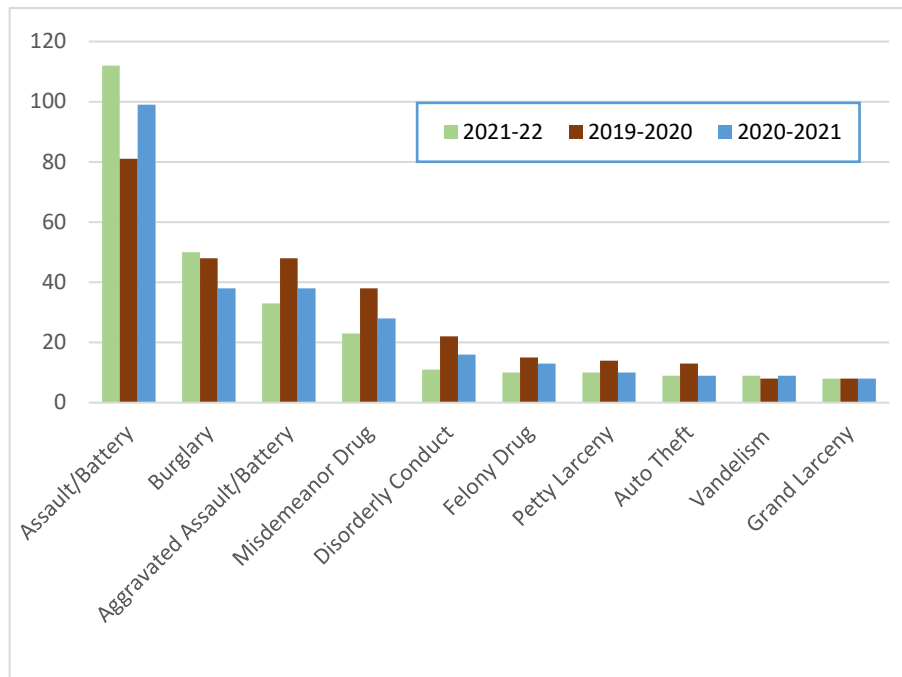


Figure 6: Most frequent youth arrest offenses, FY2019-2022

Population with Co-Occurring Disorders, Mental Illness or Substance Abuse

Police are often the first and only agency to respond to a mental health crisis. In 2022, approximately 41% of the jail population (equaling 216 inmates) were determined to have some sort of mental health or substance abuse disorder.

As part of the 2017 Hernando County Criminal Justice Mental Health and Substance Abuse Planning Grant Needs Assessment, inmate data was collected. The number of inmates booked who stated they had received treatment for a mental health disorder climbed to 1,406. There were 3,453 in substance abuse programs while in jail in 2016 and the percentage of inmates receiving psychotropic medications is 17.86 percent. Hernando County Jail sent 20 inmates to state hospitals. Caring for mentally ill inmates and those with substance dependency has a major impact on the operations and resources of the jail.

In 2020, 1,073 drug arrests were made in Hernando County, leading to a rate of 558.3 arrests per 1,000 population, a rate of 166.9 arrests per 1,000 population higher than the state average. Among adults, the rate of drug arrests is 1.69 times that of the state; however, the most significant difference is found among juvenile

arrests, with Hernando having triple the juvenile drug arrest rate than the state average (Florida Department of Health in Hernando County, WellFlorida Council, 2023).

In the Hernando County jail, medications are only twice a day; some medications must be administered at different times or more frequently than offered by the jail, creating issue with mental health sustainability. Additionally, long term inpatient treatment is not available for mental health and substance abuse. When services are available, the jail does not have resources to provide them to all inmates that may need them (Florida Department of Health in Hernando County, WellFlorida Council, 2023).

Factors that contribute to population trends

According to the Hernando County Sheriff's Office, the most prevalent factors contributing to incarceration include mental health and substance abuse disorders, homelessness, a lack of a high school education, including basic literacy skills, and a lack of basic life and work skills, including employment history, social skills, cooking, cleaning, and hygiene.

Additionally, the National Institute of Health reports that between 40-80% of incarcerated youth have at least one diagnosable mental health disorder. The most common mental health conditions affecting incarcerated youth include major depression, persistent depression, and manic episodes), psychotic disorders, anxiety disorders, disruptive behavior disorders and substance abuse disorders (Underwood & Washington, 2016).

Specific Factors Placing Population At-Risk for of Entering or Re-Entering System

According to the Prison Policy Initiative, incarceration can increase symptoms of mental illness, long after someone is released. These mental health concerns can lead to increased recidivism rates, as not only will formerly incarcerated individuals have to find housing and employment, but they may also have to find mental health treatment.

Between December 2022 and November 2023, the Florida Department of Juvenile Justice placed 214 youth in correctional programs. Of those youth placed, 72% (155) were placed in diversion programs, 21% were placed on probation, 5% were placed in non-secure commitment and 1% were placed in secure commitment. Of the 214 youth offenders placed, 179 received optimum placement. The DJJ determined that over three-quarters of the youth placed demonstrated a low risk of re-offense.

Even with the low likelihood of recidivism based on individual youth experiences, there is a very high potential for youth with incarcerated parents to inherit certain social behaviors that would encourage that youth to commit future crimes and maintain the criminal mindset as established in adolescence (Encyclopedia.com, 2018). As 35% of Hernando County students report having at least one incarcerated parent, the transmission of this mindset to the next generation is significant without early intervention, education, family and community support and partnerships among agencies to divert impacted youth to promote more positive outcomes.

Projected Number of Individuals to be Served

It is projected that 250 individuals will be served by programs associated with this implementation grant – 100 adults and 150 youth.

Need Justification

These needs were contained in the Youth and Adult Criminal Justice, Mental Health and Substance Abuse Strategic Plans and used to developed associated Goals, Objectives, and Tasks to assist the target population.

Youth Goal	Adult Goal	Need Addressed
Goal 6: Increase cross-system collaboration of community and school systems including behavioral health prevention, intervention and treatment service providers, primary health care providers, social service agencies (housing, etc.) and law enforcement in Hernando County to ensure services are no duplicated and to continually improve the system of care.	Goal 1: Increase collaborative partnerships through data sharing and MOUs and identify possible funding opportunities.	Reducing health inequities by sharing information and providing wraparound services for target population.
Goal 1: Increase prevention initiatives that raise awareness of youth behavioral health issues including identifying signs and symptoms and improving negative and incorrect misconceptions.	Goal 2: Increase community awareness and education efforts in CHMHTSA issues.	Increase cross-system collaboration of community including behavioral health prevention, intervention and treatment service providers, primary health care providers, social service agencies (housing, etc.) law enforcement in Hernando County initiate service call and follow up until enrolled
Goal 3: Increase support for Hernando County youth, families, and professionals to address behavioral health issues and further personal and professional development to decrease youth involvement with the juvenile justice system.	Goal 4: Establish a Substance Abuse Mental Health (SAMH) continuum of care in Hernando County	Establish a system where youth and adults with mental health and substance abuse conditions are considered for treatment services and intervention prior to criminal justice involvement.

Figure 7: Strategic Plan Justification for Need

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Tab 6: Project Design and Implementation

Description of Planning Council or Committee

The Public Safety Coordinating Council was established in 2017 as an outcome from the approval of the CJMHSA Adult Strategic Plan.

Statutory Compliance

The Hernando County Public Safety Coordinating Council complies with Section 394.657(2)(a), Florida Statutes. The listing of members and their designated role is listed below:

Representatives Required by Statute

Representative Role	Representative Name/Agency
The State Attorney's Office	William Gladson, State Attorney, Or Designee
The Public Defender's Office	Mike Graves, Public Defender, Or Designee
A Circuit Court Judge	Judge Daniel B. Merritt, Jr., Chief Circuit Judge 5 th Judicial Circuit or Designee
A County Court Judge	Judge Kurt Hitzemann, Chief County Judge Or Designee
The Chief Correctional Officer/Sheriff	Hernando County Sheriff's Office
The State Probation Circuit Administrator	Susan Cizmada, Circuit Administrator, Or Designee Samuel Flynn
Court Administration	Johnathan Lin, Trial Court Administrator or Designee
A County Commissioner	Jerry Campbell, Commissioner or Designee Facilitator – Veda Ramirez
The director of County probation or pretrial intervention program	Randall A. Story, Office Manager or Designee
A Local Substance Abuse Program	BayCare Behavioral Health, Sandra Marrero, MSM Clinical Manager /Gina Gonzalez or Designee/ Sarah Turner
A Community mental health agency	BayCare Behavioral Health, Sandra Marrero, MSM Clinical Manager /Gina Gonzalez or Designee/ Sarah Turner
The substance abuse program office and the mental health program office of the Department of Children and Families	LifeStream Designee
A primary consumer of mental health services	Mental Health Consumer
A primary consumer of substance abuse services	Stephanie McCann
A family member of a primary consumer of community-based treatment services	Tina Kinney, Executive Director NAMI Hernando
An area homeless program or a supportive housing program.	Mid-Florida Community Services
The Department of Juvenile Justice Detention Facility	Irma Terry Marion County Juvenile Detention Superintendent or Designee
The chief probation officer of the Department of Juvenile Justice	Randy Reynolds, Chief Probation Officer or Joe Berry, Supervisor/Designee

Figure 8: Public Safety Coordinating Council Membership Listing – Statutory Compliance

In addition to the persons required by statute, additional representatives from community and county organizations actively participate and support the goals of the PSCC.

Additional Representatives

Agency Name	Representative Name
Hernando County Fire Rescue	Director of Public Safety/Fire Chief, Paul Hasenmeier or Designee
Pasco/Hernando Workforce Board	Brenda Gause, Director of Operations or Designee
Florida Department of Health in Hernando County	Health Officer or Designee
Additional Member – Hernando Community Coalition	Tresa Watson, Director, or Designee
Premier Community Health Group	Joseph Resnick or Designee
SpringBrook	Merci Estevez or Designee
Domestic Violence Center	Shannon Sokolowski, Executive Director, or Designee

Figure 9: Additional PSCC Agency Representation

Performance Capability

The Public Service Coordinating Council meets quarterly, with the last meeting held on October 20, 2023. The meetings held over the last 12 months as well as key takeaways are as follows:

Meeting Date	Key Takeaways
October 21, 2022	<ul style="list-style-type: none"> • Co-Responder Program Successes in Gainesville and Pasco County for consideration • Discussion of transportation plan updates for youth Baker Act patients • Treatment for Alzheimer’s/dementia patients coming through criminal justice system. • Mobile Response Team utilization and how to increase communication with Baycare through the program. • Identification of training programs for re-entry post-incarceration • Identification of housing needs for individuals on probation. • Increasing communication Baker Act and substance abuse concerns.
January 20, 2023	<ul style="list-style-type: none"> • Information needed to assist youth and know where services should be assigned. • Programs or services needed for clients to transition or overcome psychological medication or testing positive while going through withdrawals for individuals going into jail. • Fentanyl is the biggest problem at the state prison; also causing an issue by being laced into other drugs. Bridge program with Baycare to provide services and reduce consistent dispatch to same households for drug overdoses. • Start re-entry coalition/task force to address community re-entry needs. • Identified staffing needs for Baycare for licensed therapists. • High numbers of activity from the mental health docket. Ensuring information coming from mental health facilities is accurate and available. • NARCAN utilization and fentanyl testing trips – pros and cons
April 21, 2023	<ul style="list-style-type: none"> • Continued discussion on addressing individuals with dementia and/or traumatic brain injury in the criminal justice system, including coordination with Department of Children and Families on State Hospital admittance and discharge. • Coordination between HCSO and Baycare for wellness recovery action planning. • Concerns with release of inmates from the state prisons with substance abuse issues. Working on re-entry programming.

	<ul style="list-style-type: none"> • Bridge program and relationships with hospitals for substance abuse assistance
July 21, 2023	<ul style="list-style-type: none"> • HCSO gaining insight on incorporating wrap around services with community policing program. • Recognized need for updated sequential intercept mapping. • Homelessness plaguing those on probation.
October 2023	Meeting minutes will not be available until approved at the January 2024 meeting

Figure 10: PSCC Meeting Dates – October 2022 - Present

The Public Service Coordinating Council meets quarterly, the last Friday of the month. Meeting dates for 2024 are scheduled for January 26, April 26, July 26, and October 25.

Strategic Plan

Description of Strategic Plan

Hernando County has successfully developed strategic plans for both youth and adult target populations, the Goals, Strategies and Actions of which are included below.

Youth Strategic Plan

The Criminal Justice, Mental Health, Substance Abuse Reinvestment Grant Youth Strategic Plan was completed on October 31, 2018. The target population for the plan were youth under the age of 17 in Hernando County with mental health, substance abuse or co-occurring disorders who are in, or at risk of, entering the juvenile justice system. The plan focused on identifying signs and symptoms of behavioral health issues and providing services for early intervention, as well as coordinating with the school system and community to connect youth to appropriate services to reduce school delinquency and participating in the juvenile justice system.

The plan identified the following service models to enhance the system of care in Hernando County for the targeted youth population, including specialized response by law enforcement agencies, new court programs, including pre-trial services and specialized dockets, specialized diversion programs, linkages to community-based, evidence based treatment programs for the target population, and community services and programs designed to prevent high-risk populations from becoming involved in the criminal or juvenile justice system.

The Youth Strategic Plan goals were identified as follows:

- **Goal 1:** Increase prevention initiatives that raise awareness of youth behavioral health issues including signs and symptoms and improving negative and incorrect misconceptions.
- **Goal 2:** Increase intervention activities in Hernando County for youth behavioral health to prevent youth involvement in the juvenile justice system due to untreated symptoms and disorders.
- **Goal 3:** Increase support for Hernando County youth, families, and professionals to address behavioral health issues and further personal and professional development to decrease youth involvement with the juvenile justice system.
- **Goal 4:** Reduce the number of Hernando County youth who enter the juvenile justice system due to untreated behavioral health issues by providing care management and follow up services from certified specialists.
- **Goal 5:** Divert youth who are arrested due to a behavioral health issue to appropriate services to prevent further involvement in the juvenile justice system.
- **Goal 6:** Increase cross-system collaboration of community and school systems including behavioral health prevention, intervention and treatment service providers, primary healthcare providers, social service agencies (housing, etc.) and law enforcement in Hernando County to ensure services are not duplicated and to continually improve the system of care.

Hernando County Criminal Justice, Mental Health, Substance Abuse Reinvestment Grant (CJMHSARG) Youth Strategic Plan- Goals, Objectives, and Tasks

3 Year Timeframe- estimated 6/1/2019 to 6/30/2022

Goal #1: Increase **prevention** initiatives that raise awareness of youth behavioral health issues including identifying signs and symptoms and improving negative and incorrect misconceptions.

Objective #1:	<i>Increase awareness of behavioral health issues through partnerships with primary care providers including pediatricians, specialists, clinics, etc. who treat youth and their families through social norming campaign and information dissemination.</i>			
	Task	Performance Measure	Lead Person or Organization	Projected Completion Date
1.1	<i>Identify local primary care providers (including pediatricians, specialists, clinics, etc.) to participate in you're not alone mental health promotion and substance use prevention social norming campaign by promoting materials in their office and distributing educational information to their patients.</i>	<i>Annual goal of 10 healthcare partners per year for 3 years with signed agreements of participation. Quarterly participation measured by number of offices promoting messaging including brochures, fact cards, flyers, airing PSAs in wait rooms.</i>	<i>Hernando Community Coalition- Overseen by Executive Director, Tresa Watson</i>	<i>5/31/2022 Quarterly reporting from 6/1/19 to 5/31/22- 8/30, 11/30, 2/28, 5/31</i>
1.2	<i>Identify local primary care providers to participate in prescription medication and opiate prevention by discussing dangers with youth, risks for babies, and distributing informational packets and Rx safe disposal kits to parents and caregivers.</i>	<i>Annual goal of 10 healthcare partners per year for 3 years with signed agreements of participation. Quarterly participation measured by number of offices airing PSAs in wait rooms, number of Rx packets distributed, and informational kits provided.</i>	<i>Hernando Community Coalition- Overseen by Executive Director, Tresa Watson</i>	<i>5/31/2022 Quarterly reporting from 6/1/19 to 5/31/22- 8/30, 11/30, 2/28, 5/31</i>
1.3	<i>Work with local primary care providers- pediatricians and those serving youth, local clinics, etc. to provide training on Integrating Behavioral Health with Primary Care.</i>	<i>Annual Goal of 10 trained healthcare professionals per year for 3 years measured by sign-in sheets turned in quarterly for reporting.</i>	<i>Hernando Community Coalition- Overseen by Executive Director, Tresa Watson</i>	<i>5/31/2022 Quarterly reporting from 6/1/19 to 5/31/22- 8/30, 11/30, 2/28, 5/31</i>

Goal #2: Increase **intervention** activities in Hernando County for youth behavioral health to prevent youth involvement in the juvenile justice system due to untreated symptoms and disorders.

Objective #1:		<i>Utilize early intervention screening tools that identify symptoms early and increase linkages for youth to appropriate services and supports.</i>		
	Task	Performance Measure	Lead Person or Organization	Projected Completion Date
1.1	<i>Purchase the Early Intervention Screening tool for mental health and substance use- the GAIN Short Screener (SS) for use in Hernando County Schools and corresponding web platform and participate in web-based training.</i>	<i>System active and training completed within 3 months of award measured by certificate.</i>	<i>Hernando County Schools- Overseen by Supervisor of Exceptional Student Services, Jill Kolasa</i>	<i>9/30/2019</i>
1.2	<i>Utilize the Early Intervention Screening tool for mental health and substance use- the GAIN Short Screener (SS) in Hernando County Schools and corresponding web platform to generate reports for district personnel with results and recommendations for services if needed.</i>	<i>Goal of 5 new users per month (during school year) until accessible by all school personnel who conduct screens or end of 3-year project period. Quarterly performance measured by the number of schools using screener system, number of screeners utilizing system, number of students who received screener, number of students who were recommended for service referrals.</i>	<i>Hernando County Schools- Overseen by Supervisor of Exceptional Student Services, Jill Kolasa</i>	<i>5/31/2022 Quarterly reporting from 6/1/19 to 5/31/22- 8/30, 11/30, 2/28, 5/31</i>
1.3	<i>Purchase the Early Intervention Screening tool for mental health and substance use- the GAIN Short Screener (SS) for use in Hernando County primary care facilities and corresponding web platform and participate in web-based training.</i>	<i>System active and within 3 months of award. (Certified GAIN user in staff)</i>	<i>Hernando Community Coalition- Overseen by Executive Director, Tresa Watson</i>	<i>9/30/2019</i>
1.4	<i>Utilize the Early Intervention Screening tool for mental health and substance use- the GAIN Short Screener (SS) in Hernando County primary care facilities and corresponding web platform to generate reports for referrals to behavioral health services.</i>	<i>Goal of 10 primary care facilities per year for 3 years. Additional community agencies as identified will be offered access, such as For Each 1 Reach 1 Mentoring Program. Quarterly progress measured by active users, number of patients who received screener, and number of referrals to behavioral health services.</i>	<i>Hernando Community Coalition- Overseen by Executive Director, Tresa Watson</i>	<i>5/31/2022 Quarterly reporting from 6/1/19 to 5/31/22- 8/30, 11/30, 2/28, 5/31</i>

Objective #2:		<i>Increase intervention outreach that promotes linkages for youth to appropriate services and supports in the community.</i>		
	Task	Performance Measure	Lead Person or Organization	Projected Completion Date
2.1	<i>Update the Hernando Cares Behavioral Health Resource Guide printed booklet, slides for waiting rooms, and on-going updates to hermandocares.org.</i>	<i>Announcements to service providers for resource updates sent twice per year for 3 years. Updated printed versions produced twice per year. Ongoing website management and updates with new submissions/changes.</i>	<i>CJMHSA Applicant, Project Coordinator</i>	<i>5/31/2022 Website on-going. Quarterly reporting from 6/1/19 to 5/31/22- 8/30, 11/30, 2/28, 5/31</i>
2.2	<i>Oversee distribution of the Hernando Cares Behavioral Health Resource Guides to schools, agencies, organizations, for wide scale reach.</i>	<i>Quarterly performance reporting includes edition tracking, number of distribution locations, number of guides distributed</i>	<i>CJMHSA Applicant, Project Coordinator</i>	<i>Quarterly reporting from 6/1/19 to 5/31/22- 8/30, 11/30, 2/28, 5/31</i>
2.3	<i>Work with local primary care providers- pediatricians and those serving youth, local clinics, etc. to distribute Hernando Cares Resource Guides to patients of youth and their families.</i>	<i>Goal of 10 healthcare partners per year with signed agreements of participation to offer guides at location.</i>	<i>Hernando Community Coalition- Overseen by Executive Director, Tresa Watson (can provide copies as part of Goal 1.)</i>	<i>5/31/2022</i>

Objective #3:		<i>Divert youth who would be receiving out of school suspension to alternative programming to reduce chance of further isolation from students and their parents from the school, decrease chance of arrest, and teach conflict resolution and life skills.</i>		
	Task	Performance Measure	Lead Person or Organization	Projected Completion Date
3.1	<i>Enter MOU with Hernando County School District to provide support for the ALTOSS- alternatives to out of school suspension programming.</i>	<i>MOU signed within 1 month of award. Program staffed by within 3 months of award.</i>	<i>Hernando County Schools- Overseen by Supervisor of Exceptional Student Services, Jill Kolasa</i>	<i>6/30/2019 8/31/2019</i>
3.2	<i>The Hernando County Schools will implement ALTOSS- alternatives to out of school suspension programming for Hernando students who violated school district policy. The program will teach restorative practices combined with coping skills and conflict resolution while a student participates.</i>	<i>A maximum of 20 students per day- goal of 1,500 students per year (less than half of current rate per year).</i>	<i>Hernando County Schools, Jill Kolasa and ALTOSS Committee</i>	<i>5/31/2022 Quarterly reporting from 6/1/19 to 5/31/22- 8/30, 11/30, 2/28, 5/31</i>
3.3	<i>Project partners that offer evidenced-based or research-based practices and programming will assist with alcohol and other drug education, anger management, conflict resolution, addressing trauma, skill building and additional needs as appropriate.</i>	<i>Number of classes/groups provided, number of students served provided quarterly.</i>	<i>Hernando Community Coalition, BayCare Behavioral Health, Dawn Center, NAMI Hernando, LifeStream</i>	<i>5/31/2022 Quarterly reporting from 6/1/19 to 5/31/22- 8/30, 11/30, 2/28, 5/31</i>

Goal #3: Increase support for Hernando County youth, families, and professionals to address behavioral health issues and further personal and professional development to decrease youth involvement with the juvenile justice system.

Objective #1:		<i>Provide educational and supportive groups for youth and their families with mental health issues who are in or at-risk of entering the juvenile justice system.</i>		
	Task	Performance Measure	Lead Person or Organization	Projected Completion Date
1.1	<i>Hire a Part-time Youth and Family Support Coordinator to provide support to families of at risk youth referred by partners including Hernando County Schools and the Mental Health/Drug Court. This position will be filled by a Certified Recovery Peer Specialist</i>	<i>Part-time position filled. Documented by NAMI Hernando hiring procedures and start date.</i>	<i>NAMI Hernando- Overseen by Executive Director Tina Kinney</i>	<i>8/30/2019</i>
1.2	<i>Work with families to help access the services and supports that will help their child reach their recovery goals. Develop a crisis plan and a wellness recovery action plan (W.R.A.P.) with families and youth.</i>	<i>Serve 3 families per quarter beginning 10/1/2019. Measured by sign in sheets and completed WRAP & Crisis plans</i>	<i>NAMI Hernando- Overseen by Executive Director Tina Kinney</i>	<i>5/31/2022 Quarterly reporting from 6/1/19 to 5/31/22- 8/30, 11/30, 2/28, 5/31</i>
1.3	<i>Provide NAMI Family Support Group for families with youth identified with mental illness to facilitate a better understanding of mental illness, increase coping skills, empower participants to become advocates for their family members and gain the support of peers experiencing like situations.</i>	<i>Provide 1 group per month beginning 10/1/2019. Measured by sign in sheets including number of meetings and participants served reported quarterly.</i>	<i>NAMI Hernando- Overseen by Executive Director Tina Kinney</i>	<i>5/31/2022 Quarterly reporting from 6/1/19 to 5/31/22- 8/30, 11/30, 2/28, 5/31</i>

Objective #2:		<i>Provide education and supportive services/ groups for victims and witnesses to family violence.</i>		
	Task	Performance Measure	Lead Person or Organization	Projected Completion Date
2.1	<i>Hire a Trauma Support Advocate to coordinate youth groups and/or counseling services with treatment providers, schools, the courts, law enforcement, and/or probation officers and determine connections and locations.</i>	<i>Part-time position filled. Documented by Dawn Center hiring procedures and start date.</i>	<i>Dawn Center- Overseen by Community Engagement Coordinator, April Johnson</i>	<i>8/30/2019</i>
2.2	<i>Provide trauma support for teens to address behavioral issues due to victimization or witnessing violence through education and coping skills.</i>	<i>2 groups per week reaching 20 to 40 kids per week reaching at least 1,000 persons per year. Measured by: Number of groups, number of participants, locations, participants evaluations or outcomes</i>	<i>Dawn Center- Overseen by Community Engagement Coordinator, April Johnson</i>	<i>5/31/2022 Quarterly reporting from 6/1/19 to 5/31/22- 8/30, 11/30, 2/28, 5/31</i>

Objective #3:		Provide education for community professionals who interact with youth and families with behavioral health needs to increase understanding and support networks.		
	Task	Performance Measure	Lead Person or Organization	Projected Completion Date
3.1	Provide Training for school personnel addressing behavioral health and community professionals providing services to youth on addressing trauma among youth who were victims of abuse, witnesses to abuse, and/or removed from the home due Household Violence, Intimate Partner Violence, and Family Violence Threatens Child.	10 trainings per year reaching 250 professionals per year- including 3 providers trainings, 2 district school staff trainings, and 5 individual school staff trainings. Number of trainings, Numbers trained, Number of agencies trained	Dawn Center- Overseen by Community Engagement Coordinator, April Johnson	5/31/2022 Quarterly reporting from 6/1/19 to 5/31/22- 8/30, 11/30, 2/28, 5/31
3.2	Provide 2 Trauma Trainings for Criminal Justice Professionals in the first year of award. In year 2 and 3, one training will be held for any new staff and additional trainings can be scheduled if needed.	Measured by sign in sheets- number of trainings, Numbers trained, Number of agencies trained reported upon training.	Hernando Community Coalition- Overseen by Trainer, Sue Carrigan	2 by 5/31/20 1 by 5/31/21 1 by 5/31/22

Goal #4: Reduce the number of Hernando County youth who enter the juvenile justice system due to untreated behavioral health issues by providing care management and follow-up services from certified specialists.

Objective #1:		Reduce waitlist for child psychiatry and increase individual and family services for Hernando County youth.		
	Task	Performance Measure	Lead Person or Organization	Projected Completion Date
1.1	Hire a Care Navigator to support youth and families seen by Board Certified Child Psychiatrist including follow-up.	Hire part-time position within 3 months of award. Documented by BayCare Behavioral Health hiring procedures and start date.	BayCare Behavioral Health, Overseen by Clinical Manager, Sandra Marrero	8/31/2019
1.2	Care Navigator will follow-up to ensure medication protocols are being followed, possible side effect warnings are being monitored, and new patients (or those in need) are receiving counseling through BayCare, the Schools, or private practice provider and link youth and families to additional support services- utilize High Fidelity Wrap Around model.	Measured by number of patients and/or family served, number of service linkages reported quarterly.	BayCare Behavioral Health, Overseen by Clinical Manager, Sandra Marrero	5/31/2022 Quarterly reporting from 6/1/19 to 5/31/22- 8/30, 11/30, 2/28, 5/31
1.3	Two Staff (Case Navigator and Case Manager) will attend the High-Fidelity Wrap Around Training Institute in the first year of award- 4 Days of Intensive Training Leading to Competency Based Practitioners.	Certificates provided upon completion from Institute for 2 staff members.	BayCare Behavioral Health, Overseen by Clinical Manager, Sandra Marrero	11/30/2019

Objective #2:		Develop a formal process for reach youth who have been involuntarily committed for a mental health or substance abuse issue and are returning to Hernando County and their families.		
	Task	Performance Measure	Lead Person or Organization	Projected Completion Date
2.1	<i>Hire a Youth Behavioral Health Follow-Up Specialist to provide follow-up and ensure service linkage for youth returning to Hernando County upon release of Baker Act/Marchman Act.</i>	<i>Part-time position filled within 3 months. Documented by Hernando County Sheriff Office hiring procedures and start date.</i>	<i>Hernando County Sheriff's Office- Overseen by Captain Harold J. Hutchinson Jr.</i>	8/31/2019
2.2	<i>Youth Behavioral Health Follow-Up Specialist will ensure all returning youth are no longer in crisis and if identified that they are, will follow proper protocol of the Hernando County Sheriff's Office.</i>	<i>Number of youth screened for crisis reported quarterly.</i>	<i>Hernando County Sheriff's Office- Overseen by Captain Harold J. Hutchinson Jr.</i>	5/31/2022 <i>Quarterly reporting from 6/1/19 to 5/31/22- 8/30, 11/30, 2/28, 5/31</i>
2.3	<i>For returning youth no longer in crisis, the Youth Behavioral Health Follow-Up Specialist will meet with the youth and family to determine service needs and link to school and community providers, as well as SROs.</i>	<i>Number of youth follow-ups, Number of family meetings, number of service referrals, number of successful linkages (youth and or family receiving services/supports) reported quarterly.</i>	<i>Hernando County Sheriff's Office- Overseen by Captain Harold J. Hutchinson Jr.</i>	5/31/2022 <i>Quarterly reporting from 6/1/19 to 5/31/22- 8/30, 11/30, 2/28, 5/31</i>

Goal #5: Divert youth who are arrested due to a behavioral health issue to appropriate services to prevent further involvement in the juvenile justice system.

Objective #1:		Develop a Juvenile Delinquency Drug Court and Mental Health Court for Hernando County youth that places sanctions on youth and families to receive services.		
	Task	Performance Measure	Lead Person or Organization	Projected Completion Date
1.1	<i>Hire a Court Program Specialist I- County Funded position - court case management staff for the purposes of a Mental Health Court and Juvenile Delinquency Drug Court for Hernando County youth.</i>	<i>Job posted, candidates interviewed, position awarded within 3 months. Documented by Fifth Judicial Circuit hiring procedures and start date.</i>	<i>Fifth Judicial Circuit- Overseen by Chief Deputy Court Administrator, Todd J Tuzzolino</i>	8/31/2019

1.2	Oversee case monitoring, tracking and coordination (including program data collection and reporting for program monitoring and evaluation) associated with Mental Health Court and Juvenile Delinquency Drug Court.	Documentation of numbers served, number of community service hours; number of Journal and education assignments completed, number of speakers and mentors and number and type of referrals reported quarterly.	Fifth Judicial Circuit- Overseen by Chief Deputy Court Administrator, Todd J Tuzzolino	5/31/2022 Quarterly reporting from 6/1/19 to 5/31/22- 8/30, 11/30, 2/28, 5/31
1.3	Work with MH/SA court to provide substance abuse and mental health treatment services based on assessed need (assessments, evaluations, outpatient treatment, medication-assisted treatment, counseling, behavioral therapies, case management, recovery support/aftercare) and/or referral to residential/inpatient care if needed. Assist with court set up upon award.	MOU between BayCare Behavioral Health and Project applicant signed in first month of award. Number of referrals to services, type of services provided, number served by service type will be reported quarterly.	BayCare Behavioral Health, Overseen by Clinical Manager, Sandra Marrero *Working with Court Program Specialist	6/30/2019(MOU) 5/31/2022 Quarterly reporting from 6/1/19 to 5/31/22- 8/30, 11/30, 2/28, 5/31
1.4	Identify Drug Testing services for MH/SA court to provide drug testing instruments, equipment, and lab costs, including Gas Chromatography/Mass Spectrometry (GC/MS) confirmations through procurement process.	MOU/Service contract between Fifth Judicial Circuit and service provider within 3 months of award.	Fifth Judicial Circuit- Overseen by Chief Deputy Court Administrator, Todd J Tuzzolino	8/31/2019
1.5	Provide Drug Testing services for MH/SA court to provide drug testing instruments, equipment, and lab costs, including Gas Chromatography/Mass Spectrometry (GC/MS) confirmations.	Quarterly reporting of number of tests provided.	Fifth Judicial Circuit- Overseen by Chief Deputy Court Administrator, Todd J Tuzzolino	5/31/2022 Quarterly reporting from 6/1/19 to 5/31/22- 8/30, 11/30, 2/28, 5/31
1.6	Identify Ancillary Service providers to support MH/SA court referrals for bus passes for transportation, life-skills training, anger management, issues awareness training, recovery support, and other services, as needed. - NAMI, DAWN Center, BayCare, etc,	# of additional providers who support court participants; # of referrals to services by type, # of service completions provided upon completion of services.	Fifth Judicial Circuit- Overseen by Chief Deputy Court Administrator, Todd J Tuzzolino	Services identified as needed throughout project period ending 5/31/2022

Goal 6: Increase cross-system collaboration of community and school systems including behavioral health prevention, intervention, and treatment service providers, primary healthcare providers, social service agencies (housing, etc.) and law enforcement in Hernando County to ensure services are not duplicated and to continually improve the system of care.

Objective #1:		<i>Ensure project organization and collaboration</i>		
	Task	Performance Measure	Lead Person or Organization	Projected Completion Date
1.1	<i>Lead applicant of CJMHSARG implementation project hire Project Coordinator to oversee project administration, resource sharing, and reporting to the Department of Children and Families per grant requirements.</i>	<i>Full-time position hired within 30 days of award.</i>	<i>CJMHS Implementation Applicant</i>	<i>6/30/2019</i>
1.2	<i>Develop and sign CJMHSARG implementation grant joint MOU that includes all project partners agreeing to project participation, collaboration, and sharing non-identified data quarterly to monitor and track project performance.</i>	<i>Signed MOU</i>	<i>CJMHS Implementation Applicant and All partner agencies to sign</i>	<i>6/30/2019</i>
1.3	<i>Develop and sign interagency agreements for data sharing adhering to HIPPA and security/privacy/confidentiality issues related to client specific records to assist partners in best serving youth and families.</i>	<i>Signed Data Sharing Agreements/MOUs for agency partners that will need to share client-specific information that do not have a current MOU.</i>	<i>CJMHS Implementation Applicant -Needed partners</i>	<i>8/31/2019</i>
1.4	<i>Project Coordinator will provide data collection tools/format for all partners and will collect quarterly with dates that align with grant reporting requirements.</i>	<i>Format for data collection/tool provided to each partner based off items in Goals 1 through 5. Quarterly data collection provided by partners to Project Coordinator for report compiling.</i>	<i>CJMHS Implementation Applicant -All partner agencies</i>	<i>7/31/2019 Quarterly reporting from 6/1/19 to 5/31/22- 8/30, 11/30, 2/28, 5/31</i>

Objective #2:		<i>Provide project partners opportunities to share resources, meet as a team, or with youth and families served in collaborative environments.</i>		
	Task	Performance Measure	Lead Person or Organization	Projected Completion Date
2.1	<i>Project Coordinator will collect specific services available through the partner agencies as part of the project and provide detailed list to ensure all parties remain aware of available services and connect any youth or their families in need to appropriate services and supports. This will include a resource "map" to show how the services can be accessed and who can access.</i>	<i>Initial list developed within first 3 months of award. Updated throughout project as agencies report changes.</i>	<i>CJMHS Implementation Applicant -All partner agencies</i>	<i>7/31/2019 Updates provided as changes occur through 5/31/2022.</i>
2.2	<i>Representatives from participating agencies will attend quarterly Public Safety Coordinating Council meetings to report project progress to the Council on data collected and any needed announcements, successes, or barriers.</i>	<i>PSCC meeting sign in sheets; meeting records-collected quarterly by Project Coordinator.</i>	<i>CJMHS Implementation Applicant -All partner agencies</i>	<i>6/30/2019</i>

2.3	<i>Project partners involved with a youth who has been Baker Acted will meet upon the direction of the Hernando County Sheriff's Office Youth Behavioral Health Follow-Up Specialist to discuss services being provided up to Baker Act and fill gaps based off determined needs upon return to Hernando County. Partners may differ based on the youth and their family, but possible team members include school counselor, school resource officer, Court program specialist, probation officer, therapist, family therapist, healthcare professional. All involved parties must have interagency agreements signed based on privacy and confidentiality laws.</i>	<i>Meeting will be called as needed throughout the project period and measured by the number of meetings held, number of clients served, number of partner agencies.</i>	<i>Hernando County Sheriff's Office- Overseen by Captain Harold J. Hutchinson Jr. CJMHSA Implementation Applicant, Project Coordinator to assist if needed</i>	<i>5/31/2022 Quarterly reporting from 6/1/19 to 5/31/22- 8/30, 11/30, 2/28, 5/31 provided as occur.</i>
2.4	<i>Project partners who have been or will be assigned to provide services to youth whose parent/guardian has contacted the Baker Act Resource Team to meet with school and/or community professionals will attend the in-person staffing to help inform the parent/guardian on how they will help provide services.</i>	<i>Project Coordinator will provide Baker Act Resource Team with contact information and assist with organization as needed. Partners will be called as needed by the Baker Act Resource Team. Any staffing attended will be reported quarterly based on numbers of youth/parents/guardians served.</i>	<i>CJMHS Implementation Applicant, Project Coordinator to assist if needed -All partner agencies</i>	<i>5/31/2022 Quarterly reporting from 6/1/19 to 5/31/22- 8/30, 11/30, 2/28, 5/31 provided as occur.</i>

Objective #3:		<i>Increase partnerships within Hernando County among professionals working in the system of care.</i>		
	Task	Performance Measure	Lead Person or Organization	Projected Completion Date
3.1	<i>Increase collaboration with school system mental health and substance use professionals and community professionals in the system of care to share information and resources to better support youth and families in need and reduce burden on school system staff and increase access to youth and parents for community partners, etc.</i>	<i>Brainstorming session with practical ways collaborations can increase measured by sign in sheet.</i>	<i>CJMHS Implementation Applicant -Hernando County School Board or District Staff -Interested service providers who have been properly screened by schools</i>	<i>5/31/2020</i>
3.2	<i>Host a summit of prevention coalitions, agencies, providers, and committees working to better the emotional, behavioral, and physical health of children and families and learn ways prevention agencies across the health spectrum can support each other and increase family involvement.</i>	<i>Summit of public health prevention professionals measured by sign in sheet, number of participants, number of agencies.</i>	<i>CJMHS Implementation Applicant -Prevention professionals in CJMHSA can assist/PGG can assist.</i>	<i>5/31/2021</i>

Figure 11: CJMHSA Hernando County Youth Strategic Plan

Plan Implementation

In 2020, Hernando County, through Lutheran Services of Florida, received the CJMHSA implementation grant for youth programs. The primary targets for the implementation grant were to reduce the number of youth baker acted, increase the availability of mental health and substance abuse services in Hernando County, increase coordination among service providers and the juvenile justice system, and enable youth and their families to receive wraparound services to long-term recovery and success.

The program was a success, meeting and/or exceeding all program delivery service targets. Program year one saw 63 individuals enrolled in programs and 13 participating primary care physicians trained. These numbers increased to 71 and 16 respectively in program year 2 and remained consistent in program year 3 with 69 individuals served and 17 trained professionals. Lifetime targets achieved by the end of program year three were 135% of service target for individuals enrolled and 153% of participating primary care professionals trained (Lutheran Services of Florida, 2023).

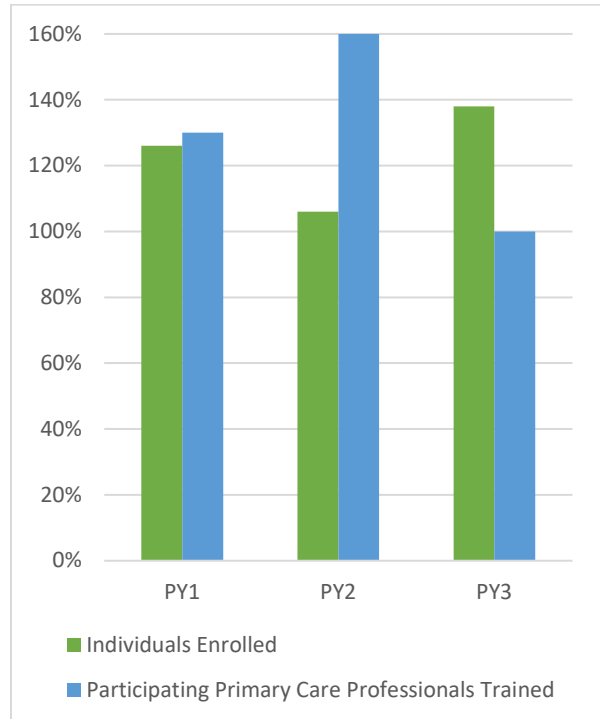


Figure 12: Percentage of Program Year Target Achieved by Program Year

Adult Strategic Plan

Initial Plan Development

Hernando County was awarded the Criminal Justice Mental Health Substance Abuse (CJMHSAs) Reinvestment Planning Grant in 2017 to develop a strategic plan to divert adults with substance abuse and mental health challenges from the criminal justice system. The strategic plan identified key resources, gaps in services and opportunities within the existing behavioral health, law enforcement and court systems. Critical issues that were identified included: data sharing, external funding, and memorandums of understanding among agency partners, community awareness and education, re-entry planning post-incarceration, a substance abuse and mental health continuum of care in Hernando County, and housing options.

Common gaps that were identified as part of the strategic intercept modeling included:

- Lack of a comprehensive public transportation system in Hernando County.
- Lack of available services if uninsured.
- Lack of transportation options post-treatment if located outside of the County.
- Lack of treatment facility for women with mental health and substance abuse disorders.
- Lack of public education on services available in the County.
- Lack of diversion programs for individuals with mental health and substance abuse.
- Lack of available mental health data for judiciary at first appearance/arraignment hearing.
- Lack of discharge planning for individuals in the detention center.
- Lack of case management during re-entry transition.
- Lack of stable, long-term housing options for those with mental health and/or substance abuse problems;

Goal #1: Increase collaborative partnerships through data sharing and MOUs and identify possible funding opportunities.

Objective #1:		<i>Share data among community providers addressing CJMHSA</i>			
	Task	Performance Measure	Lead Person or Organization	Projected Completion Date	STATUS
1.1	<i>Identify specific data and/or indicators and the source of the data to be collected, shared, and reported on an ongoing basis.</i>	<i>At least five indicators (and sources of the data) will be identified.</i>	LEAD: Kareen Ver Helst, LSF Health Systems Collaborating Agencies: Hernando County Health and Human Services; Hernando Community Coalition; Mid Florida Homeless Coalition; Hernando County Sheriff's Office; BayCare Behavioral Health, Inc.; LifeStream Behavioral Center, Inc.; Springbrook Hospital	September 30, 2017	Complete. Refer to "Data Collection, Sharing, and Reporting" document.
1.2	<i>Determine any restrictions on the sharing of the data.</i>	<i>A list of restrictions or barriers.</i>	LEAD: Kareen Ver Helst, LSF Health Systems Collaborating Agencies: Hernando County Health and Human Services; Hernando Community Coalition; Mid Florida Homeless Coalition; Hernando County Sheriff's Office; BayCare Behavioral Health, Inc.; LifeStream Behavioral Center, Inc.; Springbrook Hospital	September 30, 2017	Complete. Issues identified include central data storage system that protects confidentiality and is accessible to various parties with criminal justice and health and human service agencies serving Hernando County residents.
1.3	<i>Provide updated HIPAA training in order to overcome misconceptions and barriers to information sharing and collaboration.</i>	<i>HIPPA training conducted documented by sign in sheets or certificates.</i>	LEAD: Kareen Ver Helst, LSF Health Systems	December 31, 2018	<i>Pending:</i> reviewing resources on CJMHSA TAC's website at www.floridatac.org
1.4	<i>Present recommendations to the PSCC and key stakeholders to address data collection, data sharing, and data reporting by contract deadline (10/31/17).</i>	<i>Recommendations for data collection, sharing and reporting made to the PSCC documented by meeting minutes.</i>	LEAD: Kareen Ver Helst, LSF Health Systems Collaborating Agencies: Hernando County Health and Human Services; Hernando Community Coalition; Mid Florida Homeless Coalition; Hernando County Sheriff's Office; BayCare Behavioral Health, Inc.; LifeStream Behavioral Center, Inc.; Springbrook Hospital	October 31, 2017	Complete. Report shared on October 20, 2017.

Objective #2:		<i>Execute three MOUs between agencies addressing CJMHSA to determine data sharing guidelines to improve cross-system collaboration.</i>			
	Task	Performance Measure	Lead Person or Organization	Projected Completion Date	STATUS
2.1	<i>Coordinate development and execution of the minimum three MOUs that facilitate the CJMSA Reinvestment Grant objectives by contract deadline.</i>	<i>A minimum of three signed MOU's.</i>	LEAD: Kareen Ver Helst, LSF Health Systems	July 31, 2017	Complete. LSF and 4 Partners: 1. Springbrook Hospital 2. Mid-Florida Homeless Coalition 3. LifeStream Behavioral Center 4. BayCare Behavioral Health
2.2	<i>Assess need for additional MOUs between key agencies.</i>	<i>Discussed and resolved by Public Safety Coordinating Council Meeting by January 31, 2018.</i>	LEAD: Kareen Ver Helst, LSF Health Systems	June 30, 2018	

Objective #3:		Explore available external funding to support CJMHPA efforts			
	Task	Performance Measure	Lead Person or Organization	Projected Completion Date	STATUS
3.1	Research external funding sources (local, state, national).	Relevant funding opportunity summaries for identified priorities are presented to the PSCC for review at least one month prior to deadline documented by LSF records and meeting minutes.	LEAD: Kareen Ver Helst, LSF Health Systems Collaborating Agencies: Public Safety Coordinating Council	Ongoing	LSF Health Systems was awarded 2017 CJMHPA Reinvestment grant YOUTH planning grant beginning 11/2107. LSF presented information on applying for CJMHPA Implementation grant on 11/17/2017.
3.2	Identify the grant cycles for (BJA, NIH, SAMHPA, and FL/DCF).	Develop list of cycles by agency.	LEAD: Kareen Ver Helst, LSF Health Systems Collaborating Agencies: Public Safety Coordinating Council; Hernando Community Coalition	Federal: December 31, 2017 and ongoing thereafter State: March 31, 2017 and ongoing thereafter	FEDERAL: Complete. BJA- https://www.bja.gov/funding.aspx or Office of Justice Programs- Appear to have opportunities from January through June- https://ojp.gov/funding/Explore/CurrentFundingOpportunities.htm SAMHPA- Typical year begins October ends July. https://www.samhsa.gov/grants NIH- Opportunities provided year-round based off agency and appropriations. https://grants.nih.gov/grants/oer.htm
3.3	Identify lead applicants, partners, and sources of match for upcoming opportunities.	Lead applicant, partners and sources of match for the top 2 priorities for funding to be identified by January 31, 2018.	LEAD: Kareen Ver Helst, LSF Health Systems Collaborating Agencies: Public Safety Coordinating Council	March 31, 2018 and ongoing thereafter	

Goal #2: Increase community awareness and education efforts in CJMHPA issues.

Objective #1:		Raise community awareness and provide education regarding substance use and mental health to specific target audiences in Hernando County			
	Task	Performance Measure	Lead Person or Organization	Projected Completion Date	STATUS
1.1	Identify the various target audiences.	Three target audiences will be identified.	LEAD: Tina Kinny, NAMI Collaborating Agencies: 211 operated by United Way; Public Safety Coordinating Council; Dawn Center; Mid Florida Homeless Coalition; LSF Health Systems	November 30, 2017	Complete. 1. Jail Population 2. Probation 3. Community at large

1.2	Identify key messages for each audience (for example, educate family members on ex-parte orders and the Marchman Act).	3 Key messages developed– one for each target audience.	LEAD: Tina Kinny, NAMI Collaborating Agencies: 211 operated by United Way; Public Safety Coordinating Council; Dawn Center; Mid Florida Homeless Coalition; LSF Health Systems	July 31, 2018	
1.3	Develop corresponding strategies for each audience/ key message.	A strategy for each target audience/ message with implementation plan for each strategy (3 strategies).	LEAD: Tina Kinny, NAMI Collaborating Agencies: 211 operated by United Way; Public Safety Coordinating Council; Dawn Center; Mid Florida Homeless Coalition; LSF Health Systems	December 31, 2018	
1.4	Showcase the resources that are already available.	A list of strategies to implement showcasing existing resources.	LEAD: Tina Kinny, NAMI Collaborating Agencies: 211 operated by United Way; Public Safety Coordinating Council; Dawn Center; Mid Florida Homeless Coalition; LSF Health Systems; Hernando Community Coalition	December 31, 2018	HCDC- Resource Information for Released Inmates. Hernando Cares Resource Guide updated quarterly for Behavioral Health Resources. HCC is creating slides for jail and probation offices at request of HCDC.

Objective #2:		Improve collaboration between alliances and coalitions			
	Task	Performance Measure	Lead Person or Organization	Projected Completion Date	STATUS
2.1	Provide updates from key community meetings to the Public Safety Coordinating Council (PSCC).	Updates on CJMHSA provided by key partners and documented in PSCC meeting minutes or records.	LEAD: Tina Kinny, NAMI Collaborating Agencies: 211 operated by United Way; Public Safety Coordinating Council; Dawn Center; Mid Florida Homeless Coalition; LSF Health Systems; Hernando Community Coalition	October 20, 2017 and ongoing.	Ongoing

Objective #3:		Train providers in best practices			
	Task	Performance Measure	Lead Person or Organization	Projected Completion Date	STATUS
3.1	Identify the need for and areas of training (Motivational Interviewing, Trauma-Informed Training).	1. Identify 3 priority areas for provider trainings. 2. Identify the funds necessary to train community providers.	1. LEAD: Tina Kinny, NAMI 2. LEAD: Karen Ver Helst, LSF Health Systems	1. March 31, 2018 2. June 30, 2018	
3.2	Train community providers in areas of identified need.	Host trainings documented by training certificates and sign-in-sheets.	LEAD: Lesley Hersey, LSF Health Systems	June 30, 2018 and annually thereafter	
3.3	Host an annual Mental Health Summit to provide education, share best practices, and increase awareness.	Plan & implement an annual Mental Health Summit.	LEAD: Lesley Hersey LSF Health Systems and Tina Kinny, NAMI	October 30, 2017 and annually thereafter.	First Summit Held October 4, 2017.

Objective #1:		<i>Expand discharge planning in the Hernando County Detention Center (county jail)</i>			
	Task	Performance Measure	Lead Person or Organization	Projected Completion Date	STATUS
1.1	<i>Develop discharge planning resources.</i>	<i>List of planning resources.</i>	LEAD: Lt. James Johnson, Hernando County Detention Center Collaborating Agencies: Wendy Maynard, Consumer; Dawn Center; Mid Florida Homeless Coalition; BayCare Behavioral Health, Inc.; People Helping People	September 15, 2017	Complete. HCDC- Resource Information for Released Inmates updated.
1.2	<i>Identify a designated discharge planner at the detention center.</i>	<i>A job description and salary study will be developed and provided by April 30, 2018.</i>	LEAD: Lt. Johnson, Hernando County Detention Center Collaborating Agencies: Dawn Center; Mid Florida Homeless Coalition; BayCare Behavioral Health, Inc.; People Helping People	April 30, 2018.	
1.3	<i>Connect individuals exiting the detention center with community resources.</i>	<i>Discharge planner utilizes lists of community resources and partner networks to link individuals with available community resources including housing and employment resources such as Restoration Center (when it opens), Jericho Road and Vincent Academy.</i>	LEAD: Lt. Johnson, Hernando County Detention Center Collaborating Agencies: Dawn Center; Mid Florida Homeless Coalition; BayCare Behavioral Health, Inc.; People Helping People	June 30, 2018	
1.4	<i>Implement additional resources identified as gaps within the county to assist inmates being released.</i>	<i>As additional resources are identified include in discharge planning.</i>	LEAD: Lt. Johnson, Hernando County Detention Center Collaborating Agencies: Dawn Center; Mid Florida Homeless Coalition; BayCare Behavioral Health, Inc.; People Helping People	June 30, 2019	

Objective #2:		<i>Implement SOAR (SSI/SSDI)</i>			
	Task	Performance Measure	Lead Person or Organization	Projected Completion Date	STATUS
2.1	<i>Disseminate contact information regarding all SOAR initiatives.</i>	<i>Identify who is doing SOAR and contact information.</i>	LEAD: Carl Falconer, LSF Health Systems Collaborating Agencies: NAMI; Vincent Academy; Kids Central; Jericho Road Ministries; Restoration Center	February 28, 2018	In progress- request for information has been sent.
2.2	<i>Evaluate the need for a SOAR Dedicated Processor to this population.</i>	<i>Evaluation completed.</i>	LSF Health Systems; NAMI; Vincent Academy; Kids Central; Jericho Road Ministries; Restoration Center	April 30, 2018	

2.3	Determine funding sources available for a SOAR Dedicated Processor to this population.	Identify and apply for funding for a SOAR Dedicated Processor.	LEAD: Carl Falconer, LSF Health Systems Collaborating Agencies: NAMI; Vincent Academy; Kids Central; Jericho Road Ministries; Restoration Center	May 31, 2018	
2.4	Provide SOAR training.	SOAR training to be provided to discharge planner, Women's Resource Center and People Helping People.	LEAD: Carl Falconer, LSF Health Systems Collaborating Agencies: NAMI; Vincent Academy; Kids Central; Jericho Road Ministries; Restoration Center	June 30, 2018	
2.5	Increase SOAR applications for individuals exiting the detention center and track outcomes through SAMHSA's Online Application Tracking System.	Applications will be made available to inmates at the Detention Center.	LEAD: Carl Falconer, LSF Health Systems Collaborating Agencies: NAMI; Vincent Academy; Kids Central; Jericho Road Ministries; Restoration Center	June 30, 2018	

Goal #4: Establish a SAMH Continuum of Care within Hernando County.

Objective #1:		Identify evidence-based screening and assessment tools			
	Task	Performance Measure	Lead Person or Organization	Projected Completion Date	STATUS
1.1	Research SAMHSA screening and assessment tools and determine tools for each particular intercept.	Visit the CJMHS TAC website— www.floridatac.org and go to Document Evidence-Based Practices- NREPP.	LEAD: Karen Rogers, LifeStream Behavioral Center Collaborating Agencies: DCF; BayCare Behavioral Health	February 16, 2018	In progress.
1.2	Present screening and assessment tool recommendations to the Public Safety Coordinating Council for consensus on utilization.	3 identified screening and assessment tools.	LEAD: Karen Rogers, LifeStream Behavioral Center Collaborating Agencies: DCF; BayCare Behavioral Health)	March 31, 2018	
1.3	Identify lead POC within intercepts (various agencies) to partner with.	Identified persons/positions at agencies identified.	LEAD: Karen Rogers, LifeStream Behavioral Center Collaborating Agencies: DCF; BayCare Behavioral Health	March 31, 2018	
1.4	Provide training on identified screening and assessment tools to leads / agency POCs at each intercept.	3 training sessions provided on identified tools.	LEAD: Karen Rogers, LifeStream Behavioral Center Collaborating Agencies: DCF; BayCare Behavioral Health	June 31, 2018	
1.5	Work with leads from each intercept to develop an implementation plan and measure for target participants.	Developed implementation steps and corresponding measures.	LEAD: Karen Rogers, LifeStream Behavioral Center Collaborating Agencies: DCF; BayCare Behavioral Health	December 31, 2018	

Objective #2:		<i>Explore funding opportunities and logistics for a Central Receiving System (CRS) in Hernando County</i>			
	Task	Performance Measure	Lead Person or Organization	Projected Completion Date	STATUS
2.1	<i>Explore CRS models.</i>	<i>Visit & Interview lead contact at one CRS to review outcomes and logistics.</i>	LEAD: Karen Rogers, LifeStream Behavioral Center Collaborating Agencies: DCF; BayCare Behavioral Health	<i>July 31, 2018</i>	
2.2	<i>Determine availability of state funding.</i>	<i>Document research collected.</i>	LEAD: Karen Rogers, LifeStream Behavioral Center Collaborating Agencies: DCF; BayCare Behavioral Health	<i>July 31, 2018</i>	

Objective #3:		<i>Explore funding and partnerships for adding residential treatment services in the county to prevent residents from going out of the county for services.</i>			
	Task	Performance Measure	Lead Person or Organization	Projected Completion Date	STATUS
3.1	<i>Research treatment models and funding sources utilized by other CJMHSR Reinvestment Grantees.</i>	<i>Collect information from 3 additional grantees.</i>	LEAD: Karen Rogers, LifeStream Behavioral Center Collaborating Agencies: DCF; BayCare Behavioral Health, Inc.; Hernando Community Coalition	<i>February 28, 2018</i>	Lesley and Kareen reached out to Leah Vail Compton in Alachua County who has been awarded the criminal justice reinvestment grant and is willing to come speak and present to the Hernando PSCC on what they have done with their implementation grant.
3.2	<i>Participate and partner with community stakeholders in planning for MDT staffing for Behavioral Health related cases to confirm partnerships necessary.</i>	<ol style="list-style-type: none"> <i>Attend and participate in Homeless Coalition committee to become familiar with all residential resources and needs to prevent residents from going out of county for services.</i> <i>Identify Designated SOAR processors in county to increase access to SSI/SSDI.</i> 	LEAD: Karen Rogers, LifeStream Behavioral Center Collaborating Agencies: Joelle Aboytes (DCF); Sandra Marrero (BayCare Behavioral Health, Inc.)	<i>November 30, 2017 February 28, 2018</i>	1. Participation in Hernando County Baker Act Subcommittee with the goal of: Create a Multidisciplinary Team dedicated to supporting youth who have experienced a Baker Act. Members of this MDT will include community partners and family members of the youth. The MDT will identify community resources that will support the youth and family thereby reducing need for future Baker Acts.
3.3	<i>Explore and apply for funding from BJA, GOV and county in addition to private grants that meet program criteria.</i>	<i>Completed application for funding.</i>	<i>Lead applicant identified for each grant.</i>	<i>June 30, 2018 and ongoing thereafter</i>	

Objective #4:		<i>Explore service models for diversion programs at Intercept 1.</i>			
	Task	Performance Measure	Lead Person or Organization	Projected Completion Date	STATUS
4.1	<i>Explore use of Smart 911 system.</i>	<i>1. Reach out to SMART 911 system to inquire how municipalities can acquire. 2. Host a presentation of SMART 911 system to PSCC</i>	<i>LEAD: Karen Rogers, LifeStream Behavioral Center Collaborating Agencies: DCF; BayCare Behavioral Health</i>	<i>November 30, 2017 July 31, 2018</i>	<i>1. Complete- different packages available. DCF has reached out to contacts in Alachua, Lake, and Collier Counties to learn more.</i>
4.2	<i>Research other CJMHSR Reinvestment Grantees' successful diversion programs.</i>	<i>Collect information from 3 additional grantees.</i>	<i>LEAD: Karen Rogers, LifeStream Behavioral Center Collaborating Agencies: DCF; BayCare Behavioral Health</i>	<i>January 31, 2018</i>	<i>In progress. CTI training information collected. DCF has requested information from Alachua, Lake, and Collier Counties.</i>
4.3	<i>Provide relevant trainings and presentations to enhance skills of partner agencies and community members.</i>	<i>1. Offer a minimum of 5 AMHFA classes to Hernando County Community. 2. Increase the number of CIT trained HCSO staff to 75%. 3. Review and consider the usage of kiosks for MH screens and present information to PSCC. 4. IMPOWER will present at upcoming Community Alliance meeting to discuss tele-health.</i>	<i>1. LEAD: Tina Kinny, NAMI; Sandra Marrero, BayCare Behavioral Health, Inc.; Tresa Watson, Hernando Community Coalition 2. LEAD: Hernando County Sheriff's Office 3 and 4 LEADS: LifeStream Behavioral Center; DCF; BayCare Behavioral Health, Inc.</i>	<i>1. 12/17/17 2. 12/31/18 3. 6/30/18 4. 6/30/18</i>	<i>1. Complete through HCC, BayCare, and NAMI</i>

Goal #5: Increase linkages and availability of temporary and long-term safe housing opportunities.

Objective #1:		<i>Effectively utilize available funding to increase quality housing options for the target population (adults with substance use, mental health, or co-occurring disorders who are involved with or at risk of involvement in the criminal justice system).</i>			
	Task	Performance Measure	Lead Person or Organization	Projected Completion Date	STATUS
1.1	<i>Provide training and education on ways to secure funding for affordable housing.</i>	<i>Training and education on ways to secure funding for affordable housing provided by December 31, 2017.</i>	<i>LEAD: Mid Florida Homeless Coalition Collaborating Agencies: LSF Health Systems; Jericho Road Ministries; Vincent Academy; CareerSource; Hernando County Housing Authority (SHIP funds); Restoration Center</i>	<i>December 31, 2017</i>	<i>Complete. Affordable Housing Funding Presentation by LSF Health Systems at PSCC Meeting- July 21, 2017</i>

1.2	Conduct an assessment of the types of housing and demand for housing specific to the target population in Hernando County.	The Point in Time survey will be conducted and reported by March 31, 2018.	LEAD: Mid Florida Homeless Coalition Collaborating Agencies: LSF Health Systems; Jericho Road Ministries; Vincent Academy; CareerSource; Hernando County Housing Authority (SHIP funds); Restoration Center	March 31, 2018	
1.3	Develop an inventory of housing appropriate for the target population.	Inventory completed by July 31, 2018.	LEAD: Mid Florida Homeless Coalition Collaborating Agencies: LSF Health Systems; Jericho Road Ministries; Vincent Academy; CareerSource; Hernando County Housing Authority (SHIP funds); Restoration Center	July 31, 2018	
1.4	Inventory of housing will be assessed for gaps and a plan to address gaps will be developed.	Gaps will be identified and plan to address gaps developed.	LEAD: Mid Florida Homeless Coalition Collaborating Agencies: LSF Health Systems; Mid Florida Homeless Coalition; Jericho Road Ministries; Vincent Academy; CareerSource; Hernando County Housing Authority (SHIP funds); Restoration Center	October 31, 2018	
1.5	Research and make recommendations to the PSCC for support opportunities for housing (employment, life skills, job readiness)	Recommendations to be presented to the PSCC.	LEAD: Mid Florida Homeless Coalition Collaborating Agencies: LSF Health Systems; Jericho Road Ministries; Vincent Academy; CareerSource; Hernando County Housing Authority (SHIP funds); Restoration Center	December 31, 2018	

Figure 13: CIMHSA Adult Strategic Plan

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Plan Update

The CJMHSA Adult Strategic Plan was updated in 2022 to reflect the current mental health and substance abuse conditions in Hernando County, implementation status of plan objectives and provide additional barriers to plan implementation.

Through strong partnerships with human services and criminal justice agencies, the foundation of the strategic plan was laid after its initial adoption in 2017. This foundation included the identification of the target population, goals and objectives and key partners. Target audiences included the jail population, those individuals on probation and the community at large. Messaging was developed to educate the community and family members on the mental health and criminal justice process, and strategies on sharing that information were also compiled, utilizing the National Association for Mental Illness, United Way 211, and partner agencies, all of whom are part of the Public Service Coordinating Council.

As the strategic plan was being updated, impediments to its successful implementation were identified. These included developing a centralized data storage system that would enable access to agencies within the criminal justice and health and human services sectors to share information and maintain confidentiality, consolidating data into one dashboard, provider training.

The plan identified key objectives and tasks to be included in future implementation grant applications. These were primarily focused on discharge planning, developing a continuum of care for substance abuse and mental health, and the implementation of SOAR initiatives for individuals with physical disabilities.

Next Steps: Youth and Adults

Through the youth implementation grant and the identification of the barriers to complete implementation of adult mental health and substance abuse interventions, it became apparent that the next step for Hernando County is to develop a comprehensive approach for both age groups. This will provide additional supports for youth whose family lives may be challenging due to substance abuse or mental health issues and will also assist adults to reduce multigenerational behaviors by providing resources for the entire family unit. It is also apparent that substance abuse and mental illness do not occur in a vacuum, and providing resources for the entire family unit will provide exponentially greater benefits than those identifies as objectives with this grant proposal.

Project Design and Implementation

Project Goals, Strategies, Milestones, and Key Activities

The proposed project includes an overarching goal with associated objectives and tasks to ensure program effectiveness.

Project Goal: Reduce youth and adults arrested and incarcerated by providing programs that divert individuals with substance abuse and/or mental health considerations that will assist them in receiving appropriate treatment and lead to long-lasting recovery.

Objective	Task	Agency	Timetable
Establish or Expand Diversion Programs	Continue implementation of alternative court programs for teens and adults that meet eligibility criteria. Expand teen existing mental health diversion program to eligible adults using the same partners currently in place for teen program. Establish an adult civil citation program for eligible offenses.	Hernando County, Fifth Judicial Circuit, Baycare, NAMI Hernando, Public Defender's Office, State Attorney's Office	Immediately upon grant award through the grant period.
Collaboration	Utilize existing Public Service Coordinating Council to coordinate with partner agencies on reviewing program data, making recommendations on program improvements, discuss opportunities or agencies to be involved, discuss education and outreach needs.	Hernando County in conjunction with partner agencies, including Baycare, NAMI Hernando, the Public Defender's Office, State Attorney's Office, Fifth Judicial Circuit, the Hernando County Sheriff's Office, Premier Community Healthcare, and others.	3 months after grant award.
Improve Performance Measurement Outcomes and Quality Assurance Initiatives	Utilize program coordinator to evaluate program data received from partner agencies against program performance measures, coordinate with agency partners to evaluate and enhance programs to meet grant targets.	Hernando County as lead agency will conduct the program evaluation in conjunction with its contracted consultant and will discuss programmatic needs with individual partner Agencies.	Continuous program evaluation

Figure 14: Project Objectives, Tasks and Timetable

Planning Council Involvement

The Public Safety Coordinating Council will continue to meet quarterly to provide guidance, technical assistance, and support for the implementation of these programs. The PSCC will also be the entity to review performance measure data and ensure that performance goals are being met.

Agency and Organization Involvement

Participating agencies shall be required to participate in the quarterly PSCC meetings to continue to receive funding through the CJMHS grant period. As part of this attendance, the agencies shall be required to provide milestone reporting data as identified below, discuss successes and pitfalls of the programs, and make any recommendations to the PSCC for the overall success. This data will then be reviewed by the Program

Coordinator proposed for the lead agency, that will evaluate the programs and associated results and will make recommendations to each individual agency in between PSCC meetings to improve or enhance program effectiveness. In addition, partner agencies shall coordinate together to develop individual care plans for the population served and provide services across agency boundaries to ensure successful outcomes. Specifically, the National Association for Mental Illness in Hernando County (NAMI) will attend court hearings for juveniles needing assistance that are not supported by family members; Baycare and NAMI will have professionals in the jail system to assist with conducting individual analyses and providing services; the Hernando County Sheriff's Office will coordinate with the Fifth Judicial Circuit and make recommendations for those individuals suitable for alternative court programs, and many others.

Participant Screening Process

Participants entering the continuum of care proposed through this implementation grant will be screened by the initial service provider in accordance with their specific care requirements. Participants in the diversion programs as provided through the Fifth Circuit Court are screened to ensure that they meet appropriate state sentencing criteria. The applicant can either be referred by their defense attorney, a partner agency such as the National Association for Mental Illness or Baycare, can be referred by the Court itself based on eligibility criteria, or referred by the presiding criminal judge if deemed an appropriate candidate. Participants entering the program through Baycare will receive an individualized care plan for approximately a 3-month timeframe to address short term care needs. Long-term care will be coordinated with either Baycare programs or other service providers if deemed necessary through the short-term care process.

Facilitating Care Coordination

Participants in the court diversion program are part of a larger continuum of care as provided by agencies within the County. NAMI and other peer support programs are involved in the jail, providing support services for inmates with substance abuse issues. These agencies can make referrals to diversion programs available through the court system. Program benefits that are part of the participant's individual care plan are continued to be made available through Baycare and peer support agencies, even after the participant has completed the plan requirements. The end goal is to have participants get in recovery and stay in recovery for the long-term with the appropriate supports to encourage them and hold them accountable.

Law Enforcement Assessment and Implementation

The Hernando County Sheriff's Office is an integral part of the implementation of the CJMHSA grant. The Sheriff's Office ensures that deputies address any calls with a mental health component needing HCSO assistance. Additionally, the HCSO is coordinating with the alternative court system, Baycare, the Public Defender and the State Attorney to expand the mental health court process in place for youth offenders to eligible adult offenders.

Recovery Support

Recovery Support Specialists and Peer Support shall be incorporated throughout the entire continuum of care as presented with this application. Baycare has licensed mental health therapists that are involved through proactive treatment plans, while going through the court system through referrals from the Department of Juvenile Justice and/or the Alternative Court System, and while incarcerated through involvement in the jail and juvenile detention centers. The National Association for Mental Illness provides for peer support through community initiatives and groups and has programs available while individuals are incarcerated. Through this process, recovery support will be utilized to avoid traditional criminal justice processes and provide resources for long-term recovery.

Strategy Description

The goals identified in this grant application will be implemented through the following strategies, action items and measurable objectives.

Strategy Name	Service Description	Action Item	Measurable Objective
Mental Health Assistance at First Response	Deputies that receive calls to address mental health crises will be trained to provide services and coordinate with the court system and Baycare Behavioral Health as necessary.	<ul style="list-style-type: none"> Reduce the number of residents with co-occurring mental health issues that are incarcerated. 	<ul style="list-style-type: none"> The number of residents (adults and youth) served by mental health deputies. The number of residents (adults and youth) diverted from incarceration to mental health programs.
Expand Fifth Judicial Circuit Alternative Courts	Utilize existing partnerships with the Fifth Judicial Circuit, Baycare, the Hernando County Sheriff's Office, the Public Defender and the State Attorney's Office to expand mental health evaluations and alternative court processes for adults entering the criminal justice system.	<ul style="list-style-type: none"> Increase the successful long-term recovery for residents processed through the alternative court system. 	<ul style="list-style-type: none"> The number of residents (adults and youth) who successfully complete alternative court programs. The difference in recidivism between residents (adults and youth) processed through traditional court system versus alternative courts.
Individualized Care Planning	Provide individualized short-term therapy and peer support for the youth and adult population through Baycare and NAMI Hernando	<ul style="list-style-type: none"> Increase the number of residents that participate in community programs to prevent incarceration or criminal activity. Increase the number of residents that successfully complete individual treatment programs to reduce Baker Acts, arrest, and recidivism. 	<ul style="list-style-type: none"> The number of program participants (adults and youth). The reduction in recidivism in program participants (adults and youth) compared to population that does not participate. Successful placement in housing (adults or adult caretakers for youths within programs), workforce, etc., based on individual care plans.
Teen Court	Utilize Teen Court System to assist teens with substance abuse and mental health issues to divert them from the criminal justice system.	<ul style="list-style-type: none"> Increase community awareness of mental health programs. Increase family and community support for individuals experiencing a mental health or substance abuse crisis. 	<ul style="list-style-type: none"> Number of teens that successfully complete teen court program. Difference in arrest and recidivism rate between teens completing program and those that do not. Reduction in Baker Acts for youth due to program.

Figure 15: Strategy Descriptions

Performance Measures

To ensure program effectiveness, Hernando County has developed the following data collection process, performance measures and targets.

Data Collection Process

Partner Agencies shall be required to submit performance measurement data by the 10th day of each month and Hernando County will validate and submit the data to DCF by the 18th of each month.

To ensure accurate and timely collection and reporting of the required data, Hernando County will:

- Hire a Project Coordinator who is experienced in coordinating data collection and reporting; and to review performance data and make recommendations on program changes to further benefit target population and hold monthly data/evaluation meetings with project partners.
- Provide training to new providers on the DCF SAMH data system.
- Ensure that provider contracts tie payment of invoices to performance evaluation criteria.

Prior to implementation, the County will work implementation partners to review each entity's data collection capabilities, electronic medical record systems and other data collection and reporting tools to ensure that all data elements necessary for formative and summative analysis and reporting are captured with an appropriate frequency and level of detail. The County will create a Spreadsheet to merge electronic data from each partner to enable the team to review progress data for each program participant and report on all required performance measures. This information will be included in evaluation reports to the Department.

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Performance Measures and Targets

The program effectiveness will be determined by the performance measures and targets listed below.

Issue	Performance Measures	Target	Methodology/Source of Data
Arrest and Recidivism	Percent of arrests or re-arrests while enrolled in the program	Reduce the number of arrests or re-arrests by 15% between those enrolled in the program and those who are not.	Review total arrest and re-arrest data as received from Department of Corrections, Hernando County Sheriff's Office, Department of Juvenile Justice against the program participant data; evaluate the total arrest and recidivism rate for differences.
	Percent of arrests or re-arrests within one year of program completion.	Reduce the number of arrests or re-arrests by 15% between those who completed the program and those who did not.	
Housing	Percent of program participants not residing in a stable housing environment at program admission who reside in stable housing within 90 days of program admission	Increase the number of participants in stable housing by 15%.	Review self-reporting survey responses as received versus initial assessments to determine increase in participants in stable housing.
	Percent of program participants who reside in a stable housing environment one year after program completion.	Increase the number of participants in stable housing by 15%	
Employment	Percent of program participants not employed at program admission who are employed full or part time within 180 days of admission	Increase the number of participants employed part of full time by 15%	Review self-reporting survey responses as received versus initial assessments to determine increase in participants that are employed full or part time.
	Percent of program participants who are employed full or part time one year after program completion	Increase the number of participants employed part of full time by 15%	
State Mental Health Treatment Facilities	Reduce the number of individuals admitted to state facilities.	Decrease the number of individuals admitted to state facilities by 15%.	Review state mental health facility admittance records pre-program initiation and evaluate every quarter to determine program success.
Baker Acts	Reduce the number of youth and adults admitted to hospital facilities via Baker Act.	Reduce the number of youth and adults admitted via Baker Act by 15% annually.	Review Baker Act admittance records pre-program initiation and evaluate every quarter to determine program success.

Issue	Performance Measures	Target	Methodology/Source of Data
Social Service Programs	Percent of eligible program participants not receiving social service program benefits (i.e., Medicaid, Social Security, food stamps) that are receiving those benefits within 90 days of program admission.	Increase the number of eligible program participants enrolled in social service programs by 15%	Review Department of Children and Families, Social Security Administration, Veterans Affairs, and other social service agency documentation to validate successful enrollment.
	Percent of eligible program participants who maintain their social service program benefits one year after program completion.	Increase the number of eligible program participants maintaining social service program benefits by 15%	

Figure 16: Program Performance Measures

Capability and Expertise

Capability and Experience of Applicant and Partner Organizations

Hernando County has been working in cooperation with partner agencies and organizations on the development of strategies and resources to assist individuals with substance abuse and mental health concerns since 2017. Since then, the County, through its cooperation with Lutheran Services of Florida and the agencies involved with the Public Services Coordinating Council, has developed Criminal Justice, Mental Health and Substance Abuse strategic plans for youth and adults within the community. Most recently, in 2020, funds were received to implement strategies to reduce youth involved in the criminal justice system.

The Hernando County Sheriff's Office interacts with citizens suffering from every aspect of Mental Health. This can be as simple as providing information of resources to attempting to de-escalate someone in full crisis.

The National Institute for Mental Illness, Hernando County currently employs a full-time Youth Peer Support Specialist to implement new interventions, treatment, and recovery support services for youth ages 17 and under with mental health and/or substance abuse disorders who are at risk or are involved with the criminal justice system in Hernando County.

Baycare Behavioral Health is the largest full-service, community-based health care system in the Tampa Bay and has a proven track record of success with mental health and substance abuse diversion programs in Hernando County. Baycare Behavioral Health provides a full range of comprehensive services for mental health and addiction issues tailored to meet the needs of children, adults, and families.

The Hernando County Treatment Courts play a critical role in the successful diversion programs in Hernando County. With a proven track record of 69 program admissions from 5/22-5/23, and successful implementation of a \$397,000/year SAMHSA grant, Hernando County Treatment Courts possess the experience and expertise to deliver impactful rehabilitation and fiscal responsibility. Their staff consistently meet performance expectations, demonstrating effectiveness in guiding individuals towards positive outcomes.

Resources

The proposed project has the financial and operational support of Hernando County and its partner Agencies. The match commitment for this grant application is \$1,760,891.92, as detailed in Tab 9.

Roles and Functions

The lead agency (Hernando County), family members and advocates, and our partner agencies all have critical roles in the success of the programs presented in this application.

Anticipated Role of Lead Agency

Hernando County will be responsible for the management of the overall program, communication with the Department of Children and Families and partner agencies and ensuring program effectiveness and performance. In addition to the overall program management, Hernando County will also monitor the data received by the partner agencies to ensure that program targets are being met and that program recipients are receiving the most impactful results possible.

Anticipated Role of Family Members and Advocates

Family members and advocates will be involved in all aspects of the process, as the program is designed to not only assist the individual needing treatment, but the entire family dynamic as necessary for long-term recovery. Advocates will be invited to participate in peer support and individualized care plans, and as part of the plan development, overall family needs will be evaluated to determine what wraparound services may be necessary.

Staff Roles and Responsibilities

Lead Agency

Hernando County is proposing to hire the following position through the County’s standard hiring process. A complete job description shall be developed, and positions shall be advertised both internally and externally to determine the most appropriate candidates.

Role	Level of Effort	Primary Responsibility
Project Coordinator	100% - 1 FTE	Responsible for overall project management and coordinating with the Department of Children and families and the Public Services Coordinating Council on all program requirements. Collects, reports on, and analyzes program data to assess public safety, recidivism and access to services and supports. Review performance data and make recommendations on program changes to further benefit target population and hold monthly data/evaluation meetings with project partners.

Figure 17: Lead Agency Roles and Responsibilities

Partner Agencies

The below partner agencies have been selected by Hernando County based on their commitment to assisting individuals with mental health and substance abuse concerns. Each of these agencies has a proven track record of success in Hernando County and has committed to continuing their partnership with the County through the expansion of these services.

Agency	Position to be Funded	Level of Effort	Strategic Plan Goal
Baycare	Care Navigator	100%	Youth Goal 6: Increase cross-system collaboration of community and school systems including behavioral health prevention, intervention and treatment service providers, primary health care providers, social service agencies (housing, etc.) and law enforcement in Hernando County to ensure services are no duplicated and to continually improve the system of care. Adult Goal 1: Increase collaborative partnerships through data sharing and MOUs and identify possible funding opportunities.
	Recovery Support Specialist	50%	
Fifth Judicial Circuit Court	Court Program Specialist 1	100%	Youth Goal 1: Increase prevention initiatives that raise awareness of youth behavioral health issues including identifying signs and symptoms and improving negative and incorrect misconceptions. Adult Goal 2: Increase community awareness and education efforts in CHMHA issues.

Figure 18: Partner Agency Roles and Responsibilities

Evaluation and Sustainability

As a criminal justice diversion project, the central component of the project’s effectiveness will be monitoring youth and adult arrests and Baker Acts during and after the interventions, and assessing the extent to which program participants received appropriate behavioral health services and supports.

Recidivism data will be collected in a variety of ways including data from the Sheriff’s Office, the Department of Juvenile Justice, the CCIS data system and through staff’s direct work with program participants. Partners will

develop protocols for assessing the impact that the project's behavioral health screening, assessment, referral, and care coordination activities have on engagement in appropriate behavioral health services.

Data sources for the evaluation activities will include, but not be limited to the following:

- Criminal justice and treatment information (e.g., Medicaid claims and utilization data, DCF integrated services data, Baker Act data, arrests, and hospitalizations)
- Basic court-related information (e.g., caseload, demographics of clients, referral processes and eligibility screening tools)
- Treatment-related information (e.g., assessments made by mental health providers, volume of specialized services available and utilized, priority status of clients, Medicaid, and private insurance enrollment of clients)

Incarceration Expenditures

Incarceration has been identified as a societal economic burden resulting from unmet mental health needs. Diversion programs, peer support, alternative court systems, and re-entry programming will provide necessary mental health support for the target population that will reduce initial arrest and recidivism and thus reduce the total cost to Hernando County for these services. The indirect effects of mental health services will also decrease incarceration expenditures. Members of the target population that will receive mental health and substance abuse treatment will also have opportunities for housing placement, employment training and assistance and other wraparound services that will increase their contribution to society.

Methodology to Measure Defined Outcomes and Corresponding Savings/Averted Costs

The proposed project is being implemented through the coordination of several organizations, formally through subcontracts, and informally through in-kind supports and partnerships. Successful implementation will necessitate effective communication and collaboration among the project partners. Protocols will be developed to assess the collaborative functioning of the implementation team as well as the perception of external community stakeholders, such as members of the PSCC. This process will be conducted by the County and will include the review of work papers such as meeting minutes, interviews with implementing partners and key community stakeholders and through participant observation at project meetings. Periodic feedback will be provided to the PSCC and partner entities so that any necessary adjustments can be made to the team's communication methods and coordination activities.

Hernando County and its implementation partners will be responsible for collecting, reporting, and analyzing program data to assess public safety, recidivism and access to services and supports as detailed in the performance measures section. Reviewing formative project data will be a key component of the project team's regular meetings and will afford the opportunity to adjust data collection methods, program strategies and the coordination approaches utilized with the program participants.

As noted in the performance measures section, an initial analysis of each partner's existing data collection forms, protocols and electronic medical records systems will be conducted to identify any necessary enhancements and to determine how best to merge the data sets from each partner for formative analysis. Project partners will review and adopt appropriate policies and information sharing practices to ensure the confidentiality of participants throughout the evaluation process.

Impacts of Cost Savings on Mental Health Services

The reduction in incarceration and recidivism for the target population will allow those funds to be diverted to more proactive programs for mental health and substance abuse. The goal of this program is long-term recovery through effective treatment, peer support and wraparound services.

State Facilities

The implementation of early intervention programs and interagency coordination will reduce the number of individuals placed in state mental health facilities. This is due in part to eligibility of funds to pay for necessary medical expenditures (insurance deductibles and supplies), recognition of non-violent offenders' needs for individualized services over incarceration and reducing the social stigma of mental health and substance abuse programs for the target population.

Sustainability

By the end of the 36-month program period, partners will have determined the activities to be continued, know the cost for continuing those activities, and have a funding strategy that will realistically support the activities on an ongoing basis. Many of the tasks and activities outlined in this program require initial expenditures for materials and training; however, after the three-year program, they will be able to be maintained at a lower cost. Some of the positions, such as the Project Coordinator position, may become a line item in the Hernando County Housing and Supportive Services budget, pending the availability of funds. Program partners will identify funding strategies, which may include committing their own resources, to sustain the program long term. Partners and project staff will continue to seek out support and new resources and identify more efficient ways to achieve impact.

Tab 7: Detailed Project Timeline

Hernando County has developed the following project timeline to implement the project goal below.

Project Goal: Reduce youth and adults arrested and incarcerated by providing programs that divert individuals with substance abuse and/or mental health considerations that will assist them in receiving appropriate treatment and lead to long-lasting recovery.

RFA Objective	Need to be Addressed	Milestone	Timeline	Data Collection/Dissemination Plan
Objective 1: Establish or Expand Diversion Programs	Establish a system where youth and adults with mental health and substance abuse conditions are considered for treatment services and intervention prior to criminal justice involvement.	Schedule Project Kickoff Meeting	Within one month of grant award	Project Meeting Minutes and Action Register to be distributed by lead agency.
		Revise existing Memorandums of Understanding to establish Hernando County as lead agency	Within one month of grant award	Memorandums of Understanding to be approved by lead and partner agencies and distributed to all partners upon full execution.
		Establish data collection system and provide training to ensure appropriate data is collected from partner Agencies.	Method to be established within one month of grant award, with training to occur within 30 days thereafter.	Data collection process to be provided to agency partners for review and comment. Final data collection standard operating procedure to be distributed at PSCC meeting.
		Recruit Project Coordinator to manage project and evaluate data.	Recruitment to begin immediately upon notification of grant award.	Project Coordinator to be hired through standard Hernando County human resources procedures.
		Coordinate project partners to increase access to alternative court programs for eligible adults and teens.	Coordination to continue at the first PSCC meeting post grant award and to continue at each PSCC meeting thereafter. Additionally, partner agencies will be encouraged to coordinate with one another as necessary to ensure most productive outcomes for individuals.	Utilize PSCC meetings to discuss ways to increase access to the alternative court systems.

RFA Objective	Need to be Addressed	Milestone	Timeline	Data Collection/Dissemination Plan
Objective 2: Collaboration	Increase cross-system collaboration of community including behavioral health prevention, intervention and treatment service providers, primary health care providers, social service agencies (housing, etc.) law enforcement in Hernando County initiate service call and follow up until enrolled	Develop individual care management plans for each individual participating in diversion programs.	Care management template to be reviewed at first PSCC meeting after grant award.	PSCC meetings are to be used to discuss program strategies, obstacles, and successes among partner Agencies.
		Develop and distribute program flow chart to promote effective program coordination and leveraging of resources.	Program flow chart to be developed by Project Coordinator for review by all agencies at first PSCC meeting after hire.	The PSCC meetings will be used to review the program flow charts and provide feedback to the lead agency and other partner Agencies.
		Monitor participant engagement and retention to meet project objectives.	To begin immediately upon fully executed MOUs and implementation of programs.	Partner agencies shall oversee providing pre- and post-program surveys to participants to validate program success in accordance with Program Evaluation criteria.
Objective 3: Improve Performance Measurement Outcomes and Quality Assurance Initiatives	Reducing health inequities by sharing information and providing wraparound services for target population.	All service providers entering required data by the 10th of each month.	Within one month of grant award.	Data to be submitted to the lead agency for review and dissemination.
		Hernando County Project Coordinator to validate data received to ensure that project objectives are being met.	Immediately upon hire.	Hernando County Program Coordinator to collect information by the 10 th of each month as submitted by the partner Agencies.
		Quarterly evaluation to be sent to DCF to ensure program compliance.	By the end of the first quarter after grant receipt.	
		Sequential Intercept Mapping updated to ensure that most important community needs are being met through program deliverables.	To be updated simultaneously with grant application	SIM modeling to be utilized to ensure that most critical needs are identified and addressed through grant programs.

Figure 19: Detailed Project Timeline

Tab 8: Letters of Commitment

February 21, 2024

Mr. Jeffrey Rogers, P.E., County Administrator
Hernando County, FL
5470 Flight Path Drive | Brooksville, FL 34604

Re: Letter of Commitment-Hernando Criminal Justice, Mental Health ad Substance Abuse (CJMHS) Reinvestment Grant-Implementation Policy

Dear Mr. Rogers:

I am pleased to provide this letter of commitment in support of the CJMHS Reinvestment Implementation Grant submitted by the Hernando County Government. BayCare Behavioral Health (BCBH) is committed to participating in the collaborative implementation of proven interventions treatment and recover support services or youth with mental health and/or substance use disorders who are at risk or are involved with the criminal justice system in Hernando County.

BCBH is one of the largest and most comprehensive mental health and substance use treatment centers in Florida. As the long-standing Community Mental Health Center in Hernando County, and with over 35 years of experience, BCBH has a clinical service array that includes ambulatory, residential, and inpatient specialty programs for adults and children. This service array includes counseling, inpatient, and outpatient psychiatry services, residential, crisis stabilization, community-based recovery programs, school-based programs, intensive in-home services, and case management services.

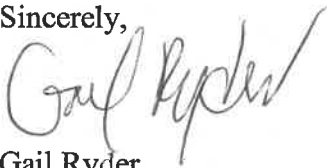
As part of this effort, BayCare Behavioral Health commits to:

- Hiring and training a Care Navigator and Peer Recovery Specialist who will assist with identifying youth at risk and or involve I the criminal justice system; expedite access to screening and treatment; reduce barriers to treatment' encourage engagement I services; provide coordination of care within the continuum of community; and provide family education regarding systems of care.
- Collecting and reporting monthly required program data in compliance with the Department of Children and Families SAMH data reporting system.
- Collecting and tracking additional data as needed to facilitate the evaluation of the project's goals and objectives.
- Participating in the regular review and update of the strategic plan.

- Participating in the development of Memorandum of Agreement (MOA) to ensure seamless coordination for youth and families served.
- Tracking and reporting on a quarterly basis the in-kind match committed per the signed match commitment form.

We appreciate the opportunity to work together as a community to contribute to the health and wellbeing of our youth and effectively divert those at risk from the juvenile justice system. Should you need additional information, please do not hesitate to contact me at 727-754-9284.

Sincerely,

A handwritten signature in cursive script that reads "Gail Ryder". The signature is written in black ink and is positioned above the printed name.

Gail Ryder

Vice President, BayCare Behavioral Health



Hernando County Sheriff's Office

P.O. BOX 10070 – BROOKSVILLE, FL 34603-0070 FAX 352 796-0493 PHONE 352 754-6830

Mr. Jeffrey Rogers, P.E.
Hernando County Administrator
15470 Flight Path Drive
Brooksville, FL 34604

Re: Letter of Commitment – Criminal Justice, Mental Health, Substance Abuse Implementation and Expansion Grant

Mr. Rogers:

The Hernando County Sheriff's Office is pleased to provide this letter of commitment to show our support for the programs and services presented in your grant application to the Department of Children and Families.

The Hernando County Sheriff's Office is committed to serving the citizens and providing assistance for those suffering from mental health crisis and drug and alcohol addiction. The Hernando County Sheriff's Office responds to all calls for service regarding mental illness where our assistance is requested. We are committed to working in conjunction with our community partners to ensure that proper evaluations and treatment are provided. Additionally, the Sheriff has committed to coordinating with the Fifth Judicial Circuit, Alternative Courts Program, to redirect eligible youth and adults to alternative programs available throughout the County in lieu of incarceration. This coordination will involve Baycare Behavioral Health, the Courts, the Sheriff and the National Association of Mental Illness in Hernando County to reduce incarceration rates for individuals with mental health and substance abuse conditions and increase the availability of resources for the same.

The Hernando County Sheriff's Office is committed to continuing to serve on the Public Service Coordinating Council and provide valuable data on Baker Act and incarceration rates for the target population and coordinate with the other partner agencies to ensure successful program implementation.

Sincerely,

A handwritten signature in black ink, appearing to read "Matt Lillibridge", is written over a white background.

Sgt. Matt Lillibridge
HCSO Community Policing Unit

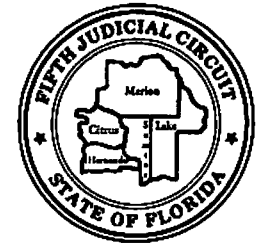


STATE OF FLORIDA

FIFTH JUDICIAL CIRCUIT

ADMINISTRATIVE OFFICE OF THE COURTS

CITRUS, HERNANDO, LAKE, MARION, AND SUMTER COUNTIES



Daniel B. Merritt, Jr.
Chief Judge

Jeffery K. Fuller
Trial Court Administrator

2/21/2024

Jeffrey Rogers, P.E., County Administrator
15470 Flight Patch Drive
Brooksville, FL 34604

Re: Letter of Commitment – Hernando Criminal Justice, Mental Health, and Substance Abuse (CJMHS) Reinvestment Grant – Implementation Category

Dear Mr. Rogers,

I am pleased to provide this letter of commitment in support of the CJMHS Reinvestment Grant being submitted to Hernando County Government. We are committed to participating in the continued intervention and recovery support services for adults and youth with mental and/or substance use disorders who are involved with the criminal justice Treatment Courts in Hernando County.

Court Administration has proudly administered Treatment Courts in Hernando County since 2001 and excited at the opportunity for funding to promote recovery in this population. The Youth portion of our efforts will focus on non-violent offenders with varying degrees of substance use disorders (SUD), Mental Health Issues, Co-Occurring, or other Behavioral Health problems. This program will be available to juvenile offenders between the ages of 13 and 17. The adult portion will focus on non-violent offenders with a qualifying sentencing score of under 60 points with the same SUD and mental health issues. The program assures that participants are closely supervised and have access to treatment, helping to ensure positive results. The financial impact of this partnership will increase access to these services and help eliminate the socioeconomic barriers to success.

As part of this effort, Court Administration commits to:

- Providing program coordinators for Youth Court and Adult Treatment Courts who will also act as a liaison between stakeholders, providers, and the courts. These positions will update the staffing team prior to court dates and maintain data on the progress of each participant to make recommendations based on said progress with the input of team members.
- Collecting and reporting, monthly, required program data in compliance with the Department of Children and Families SAMH data reporting system. Collecting and tracking additional data as needed to facilitate the evaluation of the project's goals and objectives.
- Participating in the regular review and update of the strategic plan.
- Tracking and reporting on a quarterly basis the in-kind match committed per the signed match commitment form.

We appreciate the opportunity to work together to contribute to the health and well-being of our adult and youth citizens.

Sincerely,

Daniel B. Merritt Jr.,
Chief Judge, Fifth Judicial Circuit, FL

- | | | | | |
|--|---|--|--|---|
| <input type="checkbox"/> Citrus County Courthouse
110 N. Apopka Avenue
Inverness, FL 34450
(352) 341-6700
(352) 341-7008 FAX | <input type="checkbox"/> Hernando County Courthouse
20 N. Main Street
Brooksville, FL 34601
(352) 754-4402
(352) 754-4235 FAX | <input type="checkbox"/> Lake County Courthouse
P.O. 7800/550 W. Main Street
Tavares, FL 32778
(352) 253-1604
(352) 253-1630 FAX | <input type="checkbox"/> Marion County Judicial Center
110 N.W. First Avenue
Ocala, FL 34475
(352) 401-6701
(352) 401-7883 FAX | <input type="checkbox"/> Sumter County Courthouse
215 E. McCollum Avenue
Bushnell, FL 33513
(352) 569-6950
(352) 569-6985 FAX |
|--|---|--|--|---|

Tab 9: Budget and Budget Narrative

Comprehensive Line-Item Budget – Applicant and Subcontractors

Table A: Line-Item Budget Applicant			
	Grant Funds Requested	Matching Funds and Other In-Kind Contributions	
		Funding	Source of Funds
Salaries:	\$158,808.00	\$98,928.00	Hernando County
Fringe Benefits:	\$90,877.20	\$17,397.00	Hernando County
Equipment			
Staff Travel:			
Supplies:	\$3,000.00		
Other:	\$66,253.00		
Consultant Services:	\$75,000.00		
Consultant Supplies:			
Subcontracted Services: (Total ALL subcontract services)	\$806,061.00	1,644,567.16	
Administrative Cost:	0.00		
Total:	\$1,200,000.00	1,760,892.16	
Total Project Cost:	2,960,892.16	= Grants Funds Requested + Matching Share	
Match Percentage:	146.70%	= Match / Total Project Cost	

Figure 20: Comprehensive Line-Item Budget – Lead Agency

Table B: Line-Item Budget Subcontracted Services*			
	Grant Funds Requested	Matching Funds and Other In-Kind Contributions	
		Funding	Source of Funds
Salaries:	\$325,963.00	\$1,315,914.72	Hernando County Sheriff's Office, County/ Judiciary Match
Fringe Benefits:	\$114,504.00	\$125,032.44	Hernando County/ Judiciary Match
Equipment	\$1467.00		
Staff Travel:	\$5,403.00		
Supplies:	\$183,720.00	\$3,600.00	Hernando County/ Judiciary Match
Other:	\$135,000.00	\$200,020.00	Baycare Fees
Consultant Services:			
Consultant Supplies:			
Administrative Cost:	\$40,004.00		
Total:	\$806,061.00	\$1,644,567.16	
Total Project Cost:	\$2,450,628.16	= Grants Funds Requested + Matching Share	
Match Percentage:	200%	= Match / Total Project Cost	

Figure 21: Comprehensive Line-Item Budget – All Subcontracted Services

Fifth Judicial Circuit Budget (All Years)

Table B: Line-Item Budget Subcontracted Services*			
	Grant Funds Requested	Matching Funds and Other In-Kind Contributions	
		Funding	Source of Funds
Salaries:	\$ 118,434.00	\$240,445.80	Hernando County/Judiciary
Fringe Benefits:	\$61,584.00	\$125,032.44	Hernando County/Judiciary
Equipment			
Staff Travel:	\$3,000.00		
Supplies:	\$183,000.00	\$3,600.00	Hernando County/Judiciary
Other:			
Consultant Services:			
Consultant Supplies:			
Administrative Cost:			
Total:	\$366,018.00	\$369,078.24	
Total Project Cost:	735,096.24	= Grants Funds Requested + Matching Share	
Match Percentage:	100%	= Match / Total Project Cost	

Figure 22: Fifth Judicial Circuit Budget

Baycare Behavioral Health Budget (All Years)

Table B: Line-Item Budget Subcontracted Services*			
	Grant Funds Requested	Matching Funds and Other In-Kind Contributions	
		Funding	Source of Funds
Salaries:	\$223,697.00		
Fringe Benefits:	\$57,043.00		
Equipment	\$1,467.00		
Staff Travel:	\$2,403.00		
Supplies:	\$720.00		
Other:	\$0.00	\$200,020.00	Fees
Consultant Services:	\$0.00		
Consultant Supplies:	\$0.00		
Administrative Cost:	\$0.00		
Total:	\$0.00	\$200,020.00	
Total Project Cost:	\$640,063.00	= Grants Funds Requested + Matching Share	
Match Percentage:	50%	= Match / Total Project Cost	

Figure 23: Baycare Behavioral Health Budget

Hernando County Sheriff's Office Budget (All Years)

Table B: Line-Item Budget Subcontracted Services*			
	Grant Funds Requested	Matching Funds and Other In-Kind Contributions	
		Funding	Source of Funds
Salaries:		\$1,075,468.92	Hernando County Sheriff's Office
Fringe Benefits:			
Equipment			
Staff Travel:			
Supplies:			
Building Occupancy:			
Consultant Services:			
Consultant Supplies:			
Administrative Cost:			
Total:			
Total Project Cost:	\$1,075,468.92	= Grants Funds Requested + Matching Share	
Match Percentage:	1000%	= Match / Total Project Cost	

Figure 24: Hernando County Sheriff's Office Budget

Grant Funds Requested – Lead Agency

Personnel

Hernando County is proposing to manage the Criminal Justice Mental Health and Substance Abuse grant utilizing the two positions below. Both positions are proposed to be fully funded through the CJMHSA grant.

Position Title	Position Description	Cost Per Year	Total Cost
Program Coordinator	Responsible for overall project management and coordinating with the Department of Children and families and the Public Services Coordinating Council on all program requirements.	\$52,936.00	\$158,808

Figure 25: Hernando County Personnel Needs

Fringe Benefits

This position eligible for benefits including FRS.

- Subtotal per year: \$30,292.80
- Total cost over 3 years¹: \$90,877.20

Supplies

- Office Supplies – Approximately \$600/year
- Laptop computer/related accessories for Project Coordinator in year 1 only, estimated at \$1,500.

¹ For purposes of the grant fringe budget, the lower cost for both medical and dental have been budgeted. If the individual selected opts for a higher level of insurance coverage, the County will submit a budget amendment to address the increased cost.

Other

- \$66,253.00 has been set aside for other and miscellaneous expenses not yet specifically identified as part of the grant application. These funds will be specifically categorized in quarterly reports if awarded.

Consultant Services

- Consultant Services in the amount of \$75,000.00 have been budgeted to assist Hernando County with completing program evaluation and ensuring that the goals, objectives, and program criteria are being met.

Total Grant Funds Requested – Lead Agency: \$393,939.00

Grant Funds Requested - Contracted Services

A summary of the grant funds requested for contracted services is listed below. Details on the specifics for each agency

Partner Agency Requests

Provider Name	Total Amount Requested over Life of the Grant
Court Administration, Fifth Judicial Circuit	\$366,018.00
Baycare Behavioral Health Services	\$440,043.00
Total	\$806,061.00

Figure 26: Partner Agency Budgetary Requests

Total Grant Funds Requested: \$1,200,000.00

Contracted Services Narrative

The objectives and performance measures associated with this grant would not be possible without the support of Hernando County’s partner Agencies. The contracted services identified by these agencies with their associated costs are listed below.

Court Administration

Budget Line Item	Cost Per Year	Total Cost
Salaries	\$39,478.00	\$118,434.00
Fringe	\$20,5258.00	\$61,584.00
Travel/Mileage	\$1,000.00	\$3,000.00
Operating Supplies & Expenses	\$61,000.00	\$183,000.00
Total Grant Request	\$122,006.00	\$366,018.00

Figure 27: Court Administration Budgetary Needs

- **Salaries**
 - The Court Program Specialist 1 is requested to be fully funded by this grant application and will be responsible for coordinating all services to assure treatment, social services, housing, education etc. is provided to each participant in a timely and effective manner. They will also ensure that the participants meet the criteria for incentives, phase advancement and graduation from the program and advocate for appropriate sanctions that meet the best practice guidelines of problem-solving courts. They will also maintain drug court program files, perform data analysis, monitor quality, to identify improvements and prepare evaluation reports as required. The Court Program Specialist will also complete intake assessments on each accepted participant, as well as report their progress to the staffing team and the Judge. The Annual Salary Rate for this position is \$39,478.00 at 100% level of effort for each year: at a total of \$118,434.00 for the 3 years.

- **Benefits Fringe**
 - The annual Fringe Benefit for the Court Program Specialist 1 will be at a rate of 52% of the annual salary which includes FICA taxes, Medicare, Retirement Contributions, Health Insurance and Workers Compensation. The annual Fringe Benefits will be \$20,528.56 annually for each year; at a total of \$61,584.00 for the 3 years.
- **Travel/Mileage**
 - The Court Program Specialist will need to attend local meetings, project activities, and circuit trainings. Local travel rate is based on organizational policies/procedures for privately owned vehicles at a reimbursement rate of \$0.625/mile for a maximum of 1,600 miles per year for a total of \$1,000.00 annually.
- **Operating Supplies & Expenses**
 - *Educational Supplies:* Evidenced Based Youth Instructional Videos related to the prevention and education of youth. These videos will pertain to Mental Health, Substance Use Disorder, Distracted Driving, and Driving Under the Influence. Related educational supplies and workbooks will be purchased at a cost of \$4,000.00 annually.
 - *Drug Screening Devices and Confirmed Results:* Hernando County Treatment courts utilize an 11-panel urine test at \$11.98 per test. This includes the addition on a \$2.00 add on to include fentanyl. For youth and in some instances when a urinalysis is not appropriate for various reasons, oral swab tests are used at \$16.50 per test. Other costs included in the current Redwood/Abbott contract include \$10.00 for problem specimens, which includes samples being too small to test, or labeling issues. In instances where the number of specimens is below the required 5 for free shipping, costs may be incurred as well.
 - **Annual Total, Operating Supplies and Expenses: \$61,000**

Baycare

Budget Line Item	Cost Y1	Cost Y2	Cost Y3	Total Cost
Salaries	\$72,373.00	\$74,544.00	\$76,780.00	\$223,697.00
Fringe	\$18,455.00	\$19,009.00	\$19,579.00	\$57,043.00
Equipment	\$1,467.00			\$1,467.00
Travel	\$801.00	\$801.00	\$801.00	\$2,403.00
Supplies	\$240.00	\$240.00	\$240.00	\$720.00
Other	\$38,435.00	\$38,238.00	\$38,036.00	\$114,709.00
Administrative	\$13,177.00	\$13,283.00	\$13,544.00	\$40,004.00
Total	\$144,948.00	\$146,115.00	\$148,980.00	\$440,043.00

Figure 28: Baycare Budgetary Needs

- **Salaries** (Based on Personnel Detail for projected staffing pattern)
 - Care Navigator: dedicated program personnel with a 100% level of effort. Connect youth and families, at risk or involved in the criminal justice system, to treatment and recovery support services both within and outside of the BayCare Behavioral Health continuum of services as determined by the individual needs of the child and family. \$47,715 annual salary.
 - Recovery Support Specialist: dedicated program personnel with a 50% level of effort. Provide support and maintain ongoing engagement in wellness and recovery for individuals at risk or involved in the criminal justice system. \$19,427 annual salary.
- **Benefits Fringe**
 - Budgeted at provider rate of 25.50%. Fringe includes FICA, Retirement, Health Insurance, Dental Insurance, Life Insurance, Workers Compensation Insurance and Unemployment Compensation. Health,

FICA, and Workers Comp budgeted amounts make up much of the total budgeted amount. Total Benefits Fringe: \$17,121.

- **Travel/Mileage**
 - Budgeted at 100 miles per month X 1.5 FTE x 12 months x mileage rate of .445/mile. Total Travel Mileage: \$801.
- **Operating Supplies & Expenses**
 - *Equipment* – HP laptop and docking station \$1,467 x 1st year only: \$1,467.
 - *Operating Supplies & Expenses* includes postage, printing, office supplies, and educational supplies @ \$20 x 12 months: \$240.
- **Other Expenses**
 - Participant support funds to assist with housing, transportation, alternative therapies, and education and job placement to eliminate barriers to treatment and maintain recovery gains. Total Other Expense: \$45,000.
- **Administration**
 - 10%: \$5,904.

In-Kind Match Narrative

The Hernando County application is supported by a significant in-kind contribution by our partner Agencies. The details on each agency’s contribution are listed below.

Court Administration

Budget Line Item	Cost Per Year	Total
Salaries	\$80,148.40	\$240,477.00
Fringe	\$41,677.48	\$125,002.44
Operating Supplies & Expenses	\$1,200.00	\$3,600.00
Total	\$123,026.08	\$369,078.24

Figure 29: Court Administration In-Kind Contribution

- **Salaries**
 - The current Court Program Specialist 1 for Hernando Youth Court will dedicate 30% of her time to assisting with the participants and all aspects of the program including assisting in the training of staff and volunteers as well as assisting with the participants in the program. The annual salary at 30% of the FTE for the current Youth Court Program Specialist 1 is **\$11,843.40 for each year; at a total of \$35,560.20 for the 3 years.**
 - The current part time Court Program Assistant will dedicate 50% of their time to assisting the Court Program Specialist 1 with data entry as well as any other clerical services needed to assist with the efficiency of the program. They will assist with measuring outcomes and with providing support to both the Court Program Specialist 1 and the participants in the program. The annual salary at 50% for the Current Court Program Assistant is **\$16,120.00 for each year; at a total of \$48,360.00 for the 3 years.**
 - The current Court Program Specialist III supervises all treatment court staff and programs. This Dedicates 100% of their time to operating and maintaining these programs. The annual salary at 100% for the current Court Program Specialist III is **\$52,185.60 for each year; at a total of \$156,556.80 for the 3 years.**
- **Fringe**
 - The annual Fringe Benefit for the current Full Time Youth Court Program Specialist 1 will be at a rate of 52% of the annual salary which includes FICA taxes, Medicare, Retirement Contributions, Health

Insurance and Workers Compensation. The Annual Fringe Benefits In-Kind Match will be **\$6,158.57 for each year; at a total of \$18,475.71 for the 3 years.**

- The annual Fringe Benefit for the current Court Program Assistant will be at a rate of 52% of the annual salary which includes FICA taxes, Medicare, Retirement Contributions and Workers Compensation. The Annual Fringe Benefits In-Kind Match will be **\$8,382.40 each year; at a total of \$25,147.20 for the 3 years.**
- The annual Fringe Benefit for the current Court Program Specialist III will be at a rate of 52% of the annual salary which includes FICA taxes, Medicare, Retirement Contributions and Workers Compensation. The Annual Fringe Benefits In-Kind Match will be **\$27,136.51 each year; at a total of \$81,409.53 for the 3 years.**
- **Operating Supplies & Expenses**
 - **Office supplies** and postage needed for the day-to-day operation of the program, at a rate of \$100.00 per month, for a **total of \$1,200.00 annually.**

Total In-Kind Contribution, Fifth Judicial Circuit Alternative Courts: \$369,079.44

Baycare:

Budget Line Item	Cost Per Year	Total
Other Expenses	\$66,674.00	\$200,020.00

Figure 30: Baycare In-Kind Contribution

- **Other Expenses**
 - Client fees that exceed the cost of service based on third party reimbursement or full fee; excludes Medicaid. **Total In Kind = \$200,020.**

Hernando County Sheriff's Office

Budget Line Item	Cost Per Year	Total
Deputy Salary	\$358,489.64	\$1,075,468.92

Figure 31: Hernando County Sheriff's Office In-Kind Contribution

- **Salaries**
 - Hernando County Sheriff's Office Deputy Salaries include those Hernando County Sheriff's Office deputies that are responsible for handling all mental health-related cases. Four deputies are assigned to work these cases for the Sheriff's Office. Each individual deputy salary is \$89,622.41.

Hernando County (Lead Applicant)

Budget Line Item	Cost Per Year	Total
Salaries	\$32,976.00	\$98,928.00
Fringe	\$5,799.00	\$17,397.00
Total	\$38,775.00	\$116,294.00

Figure 32: Lead Applicant In-Kind Contribution

- **Salaries**
 - **The Housing and Supportive Services Director** will be responsible for the supervision, management, and deliverables of the grant. The Data Analyst will report directly to the Housing and Supportive Services Director, who will also work together to prepare, schedule speakers, research best practices, training, and facilitate the County's Public Safety Coordinating Council. The Housing and Supportive Services Director will also coordinate and works with Department of Children and

Families and the managing entity r. The Housing and Supportive Services Director will dedicate 20% of her time to the grant. The Annual salary \$103,604 @ 20% of the FTE for in kind match is \$20,720.00 and \$62,162.00.00 for the 3 years.

- **The Administrative and Financial Coordinator** will be responsible for ensuring timely collection and reporting of information to Department of Children and Families. They will also ensure that provider contracts tie payment of invoices to monthly reporting requirement. They will plan and schedule meeting locations, draft and disseminate agenda, assist with the coordination of speakers, draft minutes for meeting associated with the grant, and any other administrative task of the grant and meetings associated with the grant, like the Public Safety Coordinating Council. The Administrative and Financial Coordinator will dedicate 25% of the FTE salary to the grant. The annual salary of the position in the amount of \$49,025 @ 25% of the FTE is \$12,256.00 and \$36768.00 for 3 years.

- **Fringe**

- The total Fringe Benefit for the Housing and Supportive Services Director will be \$7,717.00.
- The total Fringe Benefit for the Administrative and Finance Coordinator will be \$9,647.00.