

Program Narrative 1.0 Statement of the Problem - 1.1 Uniform Crime Reporting and/or

Population Served: Pinellas County, Florida, located on Florida's Gulf Coast is home to 933,258 persons residing in the most densely populated of the state's 67 counties. The 2013 Florida Department of Law Enforcement UCR data indicates the overall crime rate in Florida to be 3,627.3 offenses per 100,000 population, with Pinellas County reported to have 4,162.5 offenses per 100,000 population. The Pinellas County Sheriff's Office (PCSO) provides primary law enforcement services to the unincorporated areas, as well as thirteen municipalities that contract for law enforcement services. Countywide detention services are the sole responsibility of PCSO.

1.2 Serious/Violent Crime Challenges: The 2012 *Individuals Use of Multiple Systems and Frequent Flyers* report by (b)(6) University of South Florida (USF), in partnership with the Pinellas County Data Collaborative examined 12 years of administrative data in Pinellas from five systems: Emergency Medical Service, Criminal Justice Information System (CJIS), Health and Human Services, Sixth Judicial Circuit Public Defender Office Jail Diversion, and the Department of Children and Families Substance Abuse and Mental Health Information System (SAMHIS). The report identifies an individual as a "frequent flyer" of a system if they ranked in the 95th percentile of average cost and/or average number of interactions. The report used the SAMHIS data to identify individuals who had substance abuse and mental health illness based on their diagnosis and/or service event use. Analysis revealed that approximately 11% of all individuals in the CJIS had either a mental health (MH) or dual substance abuse/mental health (SA/MH) diagnosis. Of the subjects identified as "frequent flyers" in the CJIS, nearly 25% had a MH or SA/MH diagnosis. **1.3 Specific Crime Problem to be Addressed:** Through the Smart Policing Initiative, PCSO will address the issue of chronic criminal justice offenders with mental health disorders through the Chronic Consumer Mitigation Project. On New Year's Eve 2014,

PCSO received a 9-1-1 call regarding the decapitation of a middle aged woman; investigators later arrested the victim's son for the crime. The son had a criminal history that included arrests for minor offenses, but he also had a history of being involuntarily held and evaluated under Florida's Baker Act. This is a worst case scenario regarding persons involved with both the mental health and the criminal justice systems. This tragedy has brought to the forefront the need for case management/follow-up services for the chronic consumer population. Law enforcement is often called upon to evaluate if a person showing signs of a mental health crisis meets the criteria to be temporarily committed and evaluated under Florida's Baker Act. According to the Florida Department of Children and Families, in 2013 nearly half of all involuntary exams were initiated by law enforcement. Law enforcement officers are not mental health professionals, rather their purpose is to determine if the person presents a danger to themselves or others. Florida's Baker Act requires that within 72 hours of arrival at a designated receiving facility the individual must be released or have a petition filed for involuntary placement. The focus of the services provided is not intended for long term treatment, rather to stabilize the immediate crisis. Once the person is stabilized and released, there is often no further follow up to determine if additional treatment is sought, necessary medication is taken, or referrals for services have been contacted. The 2012 report *Individuals Use of Multiple Systems and Frequent Flyers* indicated of the individuals arrested each year in Pinellas, on average 35.5% were considered "frequent flyers." They were two times as likely to have a substance abuse and/or mental health diagnosis (24.5%) than those who were not identified as "frequent flyers" (11.4%).

1.4 Process Used to Determine Type of Crime Problem: PCSO coordinated with USF's Baker Act Reporting Center (BARC), a collaboration of the Florida Agency for Health Care Administration and USF that receives statewide data on involuntary commitments of the mentally ill or Baker Act

Examinations. USF's BARC produces the Annual Report of Baker Act Data for the state. The *Summary of 2013 Data* indicates the total number of Baker Act involuntary exam initiations on a statewide level was 171,744 with Pinellas County accounting for 10,286. Baker Act examinations increased significantly more than the population of the state between the years of 2002 and 2013. While Florida's population age 5 and over increased approximately 15%, the number of Baker Act involuntary examinations increased by more than 70% during this same period. Through coordination with the BARC, three years of Pinellas County Jail admissions were correlated with Baker Act involuntary examinations for the period 7/1/2011 through 6/30/2014. This analysis revealed of the 235 individuals with more than 15 jail bookings for the period, one third (n=79) had at least one involuntary mental health exam initiation, with the average number being four exams. ***2.0 Project Design/Implementation - 2.1 Describe Project Activities Linked to Meaningful Measureable Outcomes:*** If awarded, the Chronic Consumer Mitigation Project will provide system intervention in several ways. The first aspect of the program will increase the number of patrol deputies trained in the Memphis Model of the Crisis Intervention Team (CIT). According to the University of Memphis' CIT Center, CIT has been recognized as a best practice by the National Alliance on Mental Illness (NAMI), Department of Justice, and the Substance Abuse and Mental Health Services Administration (SAMHSA). Through CIT training, deputies are provided the tools and skills to divert persons in mental health crisis away from jail into a more appropriate mental health setting. Currently, approximately 332 or 71 % of the 465 patrol deputies, PCSO's first responders, have less than 3 years of law enforcement experience. Through this funding, PCSO will provide CIT training to approximately 180 law enforcement deputies, significantly increasing the number of PCSO first responders with CIT training. PCSO will use the agency's Florida licensed psychologist, (b)(6)

(b)(6) (resume attached) to coordinate and provide two training classes per year for the 36 month project. In addition, PCSO will provide CIT training to the Communication Center's call takers in years two and three of the project. This training will equip call takers with the knowledge and skills necessary to handle calls involving persons with mental health issues, as well as make the determination to dispatch a CIT trained deputy to a call. PCSO will use grant funds to hire two Mental Health Navigators (Navigators), requiring a valid Mental Health Counselor License (LMHC) or Clinical Social Worker License (LCSW), to work with persons identified as chronic consumers of PCSO resources for both arrests and Baker Act initiations. One of the Navigators will also serve as Project Director to ensure that performance measurement data is accurately captured and reported to the researcher in a timely fashion. Both Navigators will work to replicate the success of Houston Police Department's Chronic Consumer Stabilization Initiative (CCSI) in Pinellas. Approximately 70% of the consumers of Houston's CCSI program have reduced their police contacts and emergency detentions by 50%. The job duties of the Navigators will include coordination of services to this population, providing assistance to deputies at scenes involving mental health related issues, and networking with the local mental health collaborative. Coordination will include: assistance in identifying benefits eligibility; connecting individuals with community partners to provide necessary mental health services; and following up to ensure any existing barriers to treatment are mitigated. The Navigators will work as a liaison for the mentally ill to promote their mental health well-being, with the goal of reducing their law enforcement contacts but maintain public safety. Through these efforts, PCSO would like to replicate Houston's success and recognize a cost savings through the reduction of staff hours spent on these calls as well as costs of incarceration. PCSO will provide the Navigators with SAMHSA's SSI/SSDI (Supplemental Security Income/Social

Security Disability Insurance) Outreach Access and Recovery (SOAR) training. The SOAR process will assist in connecting individuals with benefits available to them in a significantly shorter timeframe. These benefits can assist with access to housing and mental health treatments they otherwise could not afford, working toward a successful diversion from the criminal justice system. SOAR has increased approval rates on initial applications for benefits from approximately 10-15% to 65% for individuals who are homeless or are returning to the community from institutions and have a mental illness and/or co-occurring substance use disorder or other medical impairment. **2.2 Goals, Objectives, Performance Measures:** The overarching goal of this project is to reduce the number of law enforcement contacts/arrests, over previous years, for those persons identified as chronic consumers, having coinciding and/or multiple mental health and criminal justice involvement. In order to accomplish this goal, this project will have sub-goals to include: increase law enforcement first responder's and call-taker's knowledge of mental health issues and increase the synchronization between PCSO/law enforcement and community mental health and social service providers toward this effort. Objectives of the project will be: provide CIT training to law enforcement and call takers and provide follow-up services to those persons identified as a chronic consumer. Performance measures will include after the implementation of the project: tracking the number and type of arrests for those persons identified as a chronic consumers; provide two CIT training classes for PCSO's first responders for each year of the project and one CIT training class for call-takers in year two and three; track the total number of successful completions for the CIT training; hire two licensed mental health workers—Navigators; track the number of contacts/attempted contacts and services provided to those persons identified as chronic consumers.

2.3 Qualifications of SPI Research Partner, Prior Experience with "Action Research"

Including Work with LE and Other CJ Partners The Chronic Consumer Mitigation Project will partner with (b)(6) (resume attached), Research Assistant Professor at USF's Department of Mental Health Law and Policy. Notable among his research activities, (b)(6) recently served as research partner on a FY11 BJA Second Chance Act Adult Mentoring Grant and is currently research partner for a FY14 BJA SMART Supervision grant. He has collaborated to develop quantitative and qualitative reporting templates and measures used to capture DOJ's mandatory performance measures and other supplementary data. (b)(6) will lead the research component with support by (b)(6) an experienced researcher with a PhD in statistics. Combined, (b)(6) and (b)(6) have over 27 years of experience conducting mixed methods (i.e., qualitative and quantitative) community- and corrections-based action research projects that created vibrant researcher/administrator partnerships and leveraged data to inform program operations. Both (b)(6) and (b)(6) have widely disseminated their research findings: (b)(6) has produced 59 peer-reviewed publications, 67 technical reports, and 121 professional presentations. ***2.3.1 Describe Role/Responsibility of Research Partner:*** (b)(6) and (b)(6) will be responsible for the development of reporting templates for use by PCSO staff to capture DOJ's mandatory performance measurement data and supplementary data, monitoring data submission by PCSO on a regular basis to examine outcomes, and provide assistance with refining the project implementation. ***2.3.2 Describe/Provide Evidence of Types and Quality of Data Sources Available to Conduct Appropriate Analysis:*** PCSO's report management system (RMS) provides detailed data for offense, incident and supplemental reports taken. Subject data is built into the system and can be related to one or many reports. This data will allow PCSO analysts and the research partner the ability to determine the number and types of contacts for specified individuals. Additionally, PCSO has the Jail Information Management System (JIMS)

which houses data on inmates of the Pinellas County Jail. PCSO personnel have access to external law enforcement sensitive databases, such as the Criminal Justice Information Services (updated to Odyssey), Florida Crime Information Center (FCIC), and National Crime Information System (NCIC). Data from these systems can supplement individual subject data from RMS. **3.0 Capabilities/Competencies - 3.1 Capabilities to Implement Project and Competencies of Staff:** PCSO has a long and successful history of managing grants from such agencies as the U.S. Department of Education, U.S. Department of Health and Human Services, and the U.S. Department of Justice. Both PCSO's Grants Administration Section staff and its Fiscal Affairs' grant accountants meet with grant project staff regularly to ensure that objectives are being met, and spending is in accordance with funders' regulations. PCSO agency audits, as well as grant-specific programmatic and financial audits, are consistently exemplary. PCSO has been involved in providing CIT training as part of a collaborative, community effort for the past fifteen years. Pinellas County Sheriff Bob Gualtieri is committed to addressing issues related to persons with mental illness. His leadership in this area was recognized at the 2014 CIT International Conference where he was awarded Sheriff of the Year for his efforts. Additionally, PCSO operates Safe Harbor, a cost-effective shelter and service headquarters for the criminal justice involved homeless, many of whom have mental health and/or substance abuse problems. In January 2014, Safe Harbor was presented an Iris Award by Pinellas County's NAMI. The Iris Award is presented to community members/organizations that have made significant contributions to improve the lives of persons with mental illness. Safe Harbor clients are provided a safe environment in which to access the services necessary to get back on their feet. **3.2 Describe/Demonstrate Crime/Criminal Intel Analysis Capacity:** All of PCSO's Investigative Analysts are Florida Department of Law Enforcement certified. Investigative

Analysts are responsible for crime analysis products, such as flash bulletins, crime pattern alerts, and series reports. Additionally, PCSO's Strategic Planning Division personnel are responsible for the agency's statistics. Data is compiled from organizational components, agency databases, and other sources. The flow of information and analyses from the Strategic Planning Division to the Sheriff and command staff facilitates accurate and timely decision making. **3.3 Describe**

Previous LE Activities that Include Research Partners and Report Results of Those Efforts:

PCSO recently completed a multiyear cooperative agreement with the Community Oriented Policing Services (COPS) Office (#2009-CK-WX-K014) that provided a unique opportunity to explore the capabilities of facial recognition for law enforcement investigative and operational purposes. Through this funding PCSO, conducted focused projects to test and evaluate facial recognition technology capabilities. The primary goal of this project was the development and delivery of law enforcement best practices. PCSO served as a law enforcement test bed, working alongside the COPS Office, law enforcement partners and other government agencies to enhance and deliver law enforcement promising practices, techniques and technology applications for integration with the Department of Defense and Department of Homeland Security in efforts to better fight terrorism and threats against the US. The project brought together partner agencies that otherwise might not have collaborated based on geographic distance, jurisdiction, functional area and/or level of government. The PCSO has made facial recognition technology available not only to its own members, but also other law enforcement and federal agencies. **4.0 Plan for**

Collecting Data for Performance Measures: If funded, within the first month of the project Drs. Young and Lee will collaborate with project staff to design and implement grant reporting templates and measures, and assist with preparation of materials for timely entry into the reporting system. The project will be data-driven, with data gathered and monitored on an

ongoing basis in order to assist with project start-up, examine outcomes, and refine the intervention's implementation when needed. Specific data collection strategies will include conducting interviews and surveys with program staff and collaborators; acquiring administrative data (e.g., arrests, jail/prison days, receipt of mental health treatment and supportive services); reviewing project records; having program staff populate templates that capture performance measure and supplementary data; and taking notes during regularly scheduled in-person and teleconferenced meetings. If funded, a more detailed impact evaluation plan will be developed within 180 days that describes in greater detail the quantitative (e.g., survival analyses, Kruskal-Wallis test, repeated measures ANCOVA) and qualitative (e.g., content analysis) analyses that will be performed to monitor processes and outcomes. Upon conclusion of the project, the USF researchers will submit a final comprehensive report describing the project's implementation, outcomes, and costs. Aside from procedures to be outlined in the impact evaluation plan, program effectiveness will also be assessed according to the OJP mandatory performance measures as well as program development, implementation, and outcome goals and performance measures such as those outlined in the table below.

Program Development Goals	Data Source(s)	Performance Measures
Identify & engage collaborators	List of project collaborators, collaborator subcontracts	# identified & engaged; # subcontracts executed
Collaboratively develop Action Plan within 180 days of award	Collaboratively developed action plan	Submission of Action Plan to BJA within 180 days of award
Flesh out & extent the Impact Evaluation Plan	Evaluation report detailing the impact evaluation plan	Submission of Impact Plan to BJA within 180 days of award
Implementation Goals	Data Source(s)	Performance Measures
Implement the updated impact evaluation plan	Interim evaluation reports	Submit eval reports analyzing results; # steps implemented
Enhance LE knowledge of effective strategies/tactics to work with offenders with mental health problems	Project records	# trainings; # staff receiving trainings
Implement intervention	Program records, reporting templates	# participants enrolled; # having contact with LMHC
Implement data monitoring plan	MOUs and other arrangements in place; interviews, surveys; administrative data analysis	# arrangements in place; # data collection activities conducted; submission of interim eval reports

Link participants to needed services	List of service providers offering assistance in program records documenting referrals & service receipt	# receiving referrals; # receiving services
Outcome Goals	Data Source(s)	Performance Measures
Reduce arrests	Arrest data, reporting templates	# participants arrested
Reduce jail admissions	Jail data, reporting templates	# participants incarcerated
Save taxpayer dollars	Cost-Benefit analysis based on admin data, project records, reporting & local costs	Submission of final evaluation report that includes cost analysis
Reduce court dockets for offenders with mental health problems	Court administrative data, program records, reporting	# participants with court hearing; # court hearings
Increase participant benefits enrollment	Program records, reporting templates	# participants enrolled in benefits (e.g. SSI/SSDI)

4.1 Measuring Project Performance: Project performance will be continually monitored by Drs.

Young and Lee through reporting templates that will be developed during the action planning phase of the project. PCSO staff will capture the performance measurement and supplementary data for submission to the research partners for analyses. **4.2 Who Will Collect Data:** A

collaboration between components of PCSO to include the Navigators, Grants Administration, and Strategic Planning Division. **4.3 Responsible for Performance Measures:** PCSO Grants

Administration staff will coordinate communication between the agency and the research partner to ensure timely capture, submission and subsequent analyses of performance data. **4.4 How**

Information Used to Guide/Evaluate the Impact of Program: Data captured by PCSO will be reviewed and analyzed on a quarterly basis to provide regular feedback regarding the project's impact. Regularly scheduled in-person or teleconference meetings will be held to discuss project impact and provide an opportunity for discussion regarding any revisions that may need to be

made to the project. **4.5 Process to Report Implementation Findings:** (b)(6) and (b)(6) will develop specific quantitative and qualitative measures during the action planning phase that will be captured and reported, at minimum, quarterly by PCSO staff. Upon project completion, (b)(6)

(b)(6) and (b)(6) will complete and submit a final comprehensive report to PCSO and BJA detailing the project's implementation, outcomes, costs, and lessons learned.