Subject Matter Expert Showcase Part 2

Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center

September 24, 2024

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College of Behavioral & Community Sciences
Criminal Justice, Mental Health, and
Substance Abuse Technical Assistance Center

Webinar Agenda

- Welcome, Introductions, and Center Updates
  - Abby Shockley, MPH, CPH, CJMHSA TAC Director
- SME Showcase
  - Kristin Kosyluk, PhD, Assistant Professor, Department of Mental Health Law and Policy, USF
  - Edelyn Verona, PhD, Co-Director, Center for Justice Research and Policy and Professor of Psychology, USF
  - Amanda Sharp, PhD, Behavioral Health and Health Equity Researcher
- Q&A

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Dr. Kristin Kosyluk

Introduction

- Associate Professor of Mental Health Law and Policy at the University of South Florida
- Director of the STigma Action Research (STAR) Lab
- Faculty Affiliate of the Louis de la Parte Florida Mental Health Institute

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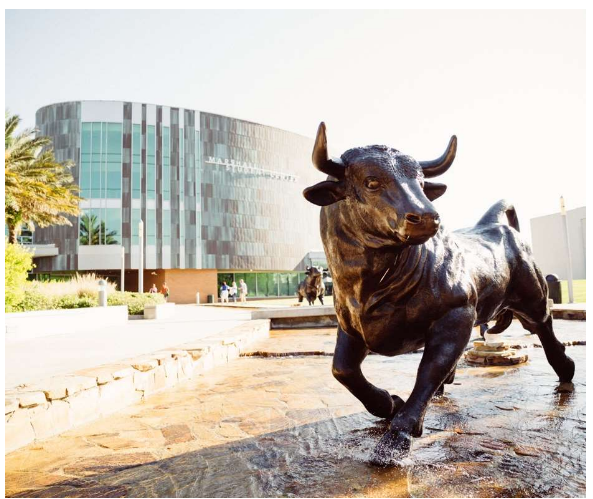
Dr. Kristin Kosyluk

Areas of Expertise



- Developing an Impact Strategy
- Program Evaluation (non-profit and for-profit)
- Understanding and Addressing Stigma
  - Various populations, including people with…
    - Mental Illnesses
    - Substance Use Disorders/Addiction
    - HIV/AIDS
    - Homelessness
    - Other intersecting stigmatized and/or marginalized identities
  - Implementing and evaluating stigma change programs for various target populations. Examples include:
    - Self-Stigma
    - Provider Stigma
    - Affiliate Stigma
- Recovery-Oriented Behavioral Health Services
- Digital Mental Health Interventions (e.g., chatbot technology)
- Research Translation (using research to inform policy and practice)
- Intervention Development and Adaptation
- Grant Writing
- Training on all of the above topics.

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STAR Lab Mission

The mission of the STAR Lab is to conduct community-engaged research in the area of stigma reduction, with a special emphasis on the stigma surrounding behavioral health conditions, which produces findings and identifies actions leading to real world impact.

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Example Community Partnerships

- Cope Notes
- This Is My Brave, Inc.
- Live Tampa Bay
- Crisis Center of Tampa Bay & Suncoast Alliance for First Responders
- The Crossings
- National Alliance on Mental Illness
- National Center for Performance Health/Emotional Vaccines
- Safe and Sound Hillsborough, Family Health and Well-Being Committee
- Florida Children & Youth Board
- Department of Children and Families
- Central Florida Behavioral Health Network
- Tampa Police Department
- Ultimate Medical Academy
- Various USF Offices

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"Working with Dr. Kosyluk on an evaluation of our intervention has provided more clarity and momentum than I anticipated. Clarity in terms of what improvements we can make to our strategy and product roadmap, and momentum in terms of adoption from larger health systems and organizations that feel more confident working with us knowing that sufficient research has been done on the impact of our intervention. I sincerely doubt our company would be where we are today without Dr. Kosyluk's care, expertise, and thorough approach to her work."

~ Johnny Crowder, Cope Notes Founder & CEO

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ORIGINAL ARTICLE

The Impact of a Culturally Meaningful Storytelling Intervention on Stigma and Attitudes About Mental Health Treatment

Kyaien O. Conner, PhD, LSW, MPH, Kristin Kosyluk, PhD,* Jennifer T. Tran, PhD,† Erica Anderson, MS,* Denise Davis-Cotton, EdD, EdS, MA,‡ and Angela M. Hill, PharmD, CRPh§*

Abstract: The fear of being devalued or discriminated against is a salient deterrent to seeking mental health care, especially in communities of color where racial stigma also impacts mental health and perceptions of service utilization. To address this issue, our research team partnered with This Is My Brave Inc to develop and evaluate a virtual storytelling intervention to highlight and amplify the voices of Black and Brown Americans living with mental illness and/or addiction. We utilized a pretest-posttest survey design administered electronically to viewers of the series (n = 100 Black, indigenous, people of color and n = 144 non-Hispanic White). Results indicated that postintervention, scores on public stigma and perceived discrimination measures were significantly reduced. We identified significant interaction effects, such that Black, indigenous, people of color viewers showed a greater rate of improvement on outcomes. This study provides strong preliminary evidence of the impact of a culturally meaningful virtual approach to addressing stigma and improving attitudes about mental health treatment.

Key Words: Stigma, race, mental health, treatment, recovery

(*J Nerv Ment Dis* 2023;00: 00–00)

BACKGROUND

Mental health is essential to physical health and satisfaction. Nearly 44 million US adults (1 in 5) experience mental illness every year and 40,000 die by suicide, of which 90% have a diagnosable psychiatric disorder at the time of their death (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). Black Americans are more likely than Whites to report persistent symptoms of emotional distress and suffer from a higher rate of psychological difficulties (American Psychiatric Association [APA], 2017; US Department of Health and Human Services Office of Minority Health, 2019). The higher incidence of mental distress in the Black community has been associated with prejudice and racism experienced in daily life, lack of access to appropriate and culturally responsive mental health care, and the legacy of historical trauma (Avent Harris, 2021; Monk, 2020; Okazaki, 2009; Wakeel and Njoku, 2021; Williams and Williams-Morris, 2000; Sotero, 2006). Issues related to economic insecurity, disproportionate experiences with violence, criminal injustice, and child welfare further compound these mental health disparities (Garo et al., 2018; Zuvekas and Fleishman, 2008). As the Black community exists at the intersection of racism, classism, and health inequities, their mental health needs are often exacerbated and unfulfilled.

Despite research that suggests that Black Americans are 20% more likely to experience mental illness, only 1 in 3 Black adults who need mental health care receive it each year, which is about half that of non-Hispanic White Americans (Thornicroft, 2008). Research has identified a number of barriers to treatment engagement for African-Americans. In their study to identify the barriers and facilitators of mental health engagement among Black consumers, Ayalon and Alvidrez (2007) found that the most commonly identified barriers were the importance of family privacy, lack of knowledge regarding available treatments, denial of mental health problems, and concerns about stigma, medications, and treatment. Other systemic barriers have also been identified, including cost and lack of insurance and transportation (Ayalon and Alvidrez, 2007; Choi and Gonzalez, 2005). Negative attitudes about mental health treatment have also been identified as a strong barrier to treatment engagement (Conner et al., 2010). In a representative sample of 250 older adults with depression, African-Americans had more negative attitudes toward seeking mental health treatment than their White counterparts. Furthermore, these negative attitudes were strongly and negatively correlated with service utilization (Conner et al., 2010). A meta-analysis of the literature investigating the relationship between mental illness stigma and treatment seeking found stigma to be the number four reported barrier to treatment, with a small to moderate effect on treatment seeking, and found this effect to be more pronounced in racial and ethnic minority communities (Clement et al., 2015). A 2021 systematic review of the literature on cultural aspects of stigma and mental illness in racial and ethnic minority communities corroborates these findings (Misra et al., 2021).

Among the multiple explanations, stigma has been identified as one of the most powerful barriers to mental health care in the Black community (Alvidrez et al., 2008; DeFreitas et al., 2018; Givens et al., 2007; Thornicroft, 2008). Stigma is experienced as perceived public stigma (*e.g.*, fear of being treated differently, being devalued or discriminated against by others due to having a mental illness) and internalized stigma (*e.g.*, feelings of shame, guilt, and diminished self-esteem), which deters people seeking mental health care (Corrigan et al., 2014; Corrigan and Watson, 2002; Rüsch et al., 2005). Unfortunately, research indicates that mental illness stigma is amplified in the Black community (Avent Harris, 2021; Conner et al., 2009; Givens et al., 2007; Rao et al., 2007; Ward et al., 2013). A recent survey suggests that 63% of African-Americans believe that a mental health condition is a personal sign of weakness and that seeking treatment is a last resort, or not an option at all (National Alliance on Mental Illness, n.d.). These beliefs, often culturally specific and based upon a foundation of cultural norms and mistrust, serve to further deter African-Americans from being open about having a mental health challenge and from seeking professional mental health services when needed (Givens et al., 2007; Ward et al., 2013). Culturally relevant strategies to reduce stigma and improve knowledge and attitudes about seeking treatment, which can impact these disparities in service utilization in the Black community, are urgently needed.

Evidence-based stigma reduction approaches include education and contact interventions, with research supporting contact-based approaches (*i.e.*, personal interaction with individuals living with a mental illness) as superior at changing mental illness stigma among adults (Corrigan et al., 2012; Corrigan and O'Shaughnessy, 2007). Contact-based interactions involve individuals with mental illnesses sharing their stories

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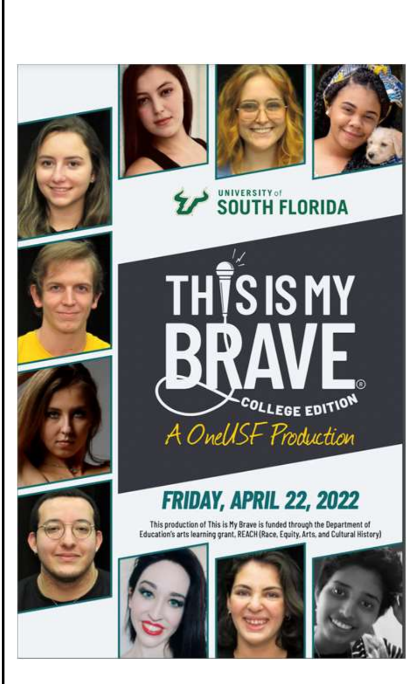
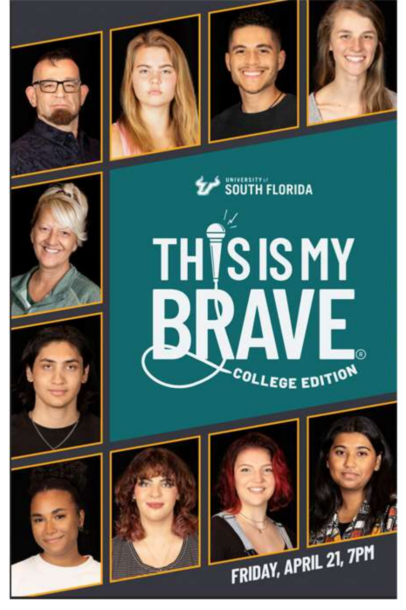
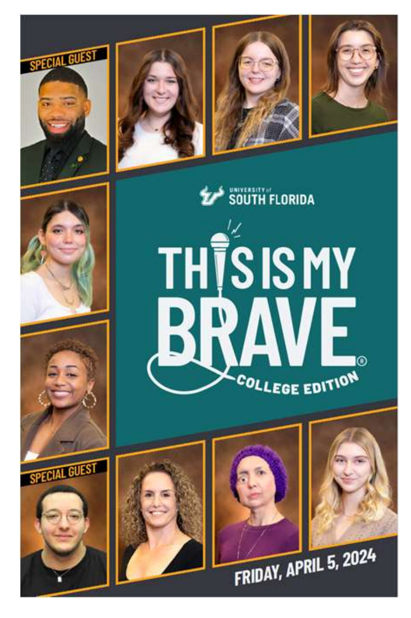
"Dr. Kosyluk's research not only impacts our community, but also our fundraising efforts. Her contributions have significantly advanced our understanding of stigma, as evidenced by the publications she has authored on the topic in peer-reviewed journals. This helps us to secure national sponsorships that sustain us and allow us to continue to make a difference for individuals and communities across the country. Since working with Dr. Kosyluk, This Is My Brave has secured nearly $4M in funding.

~ Erin Gallagher, This Is My Brave Executive Director







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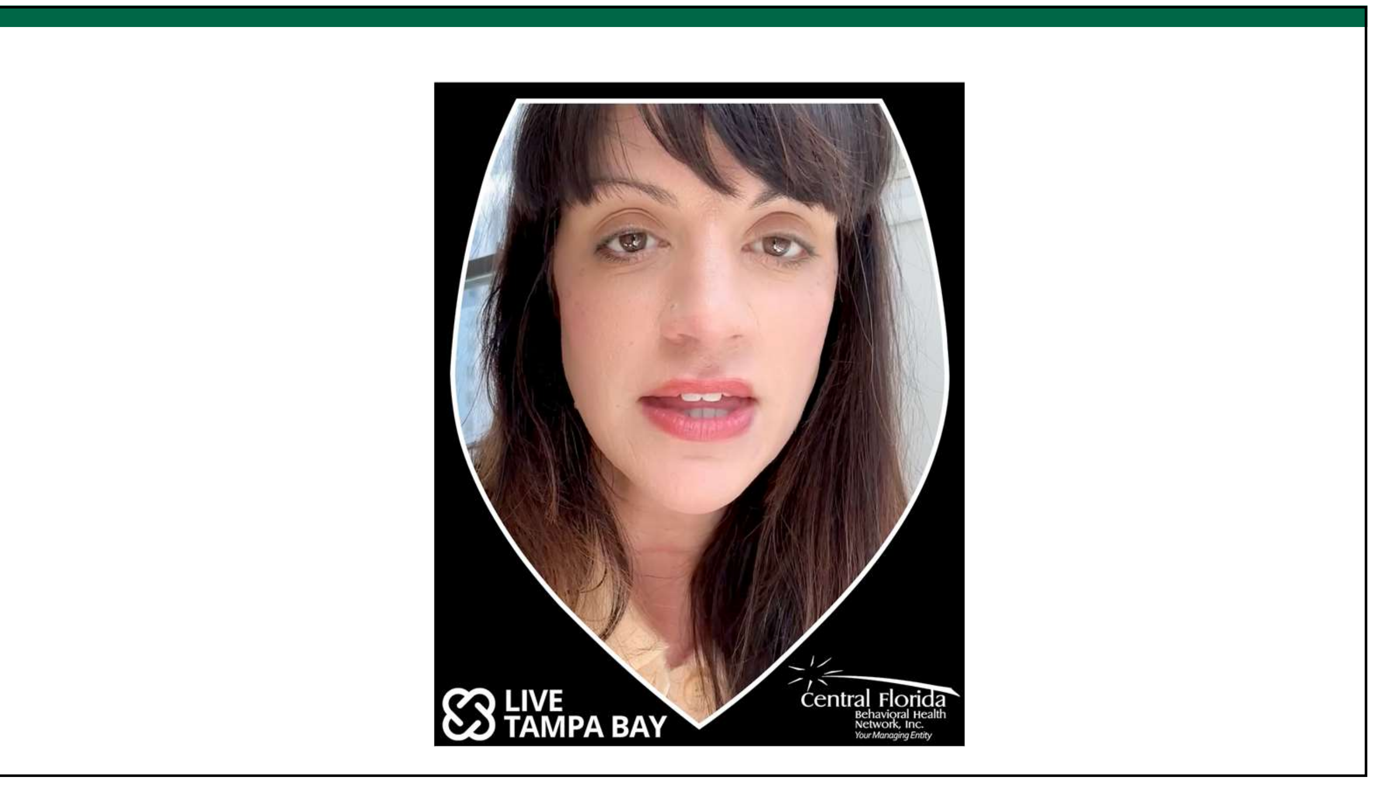

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Funding Acknowledgment

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Measures

Shatterproof Addiction Stigma Index (SASI)

Specific measures within the SASI:

- Public Stigma
- Structural Stigma
- Self-Stigma
- An individuals desire to distance themselves from someone struggling with substance use (SUD)
- Thoughts about the competency of someone with SUDs
- The likelihood that someone with SUDs would reach out to various sources for help
- Knowledge about Naloxone
- Past treatment history
- Attitudes about treatment and medications for Opioid use disorder

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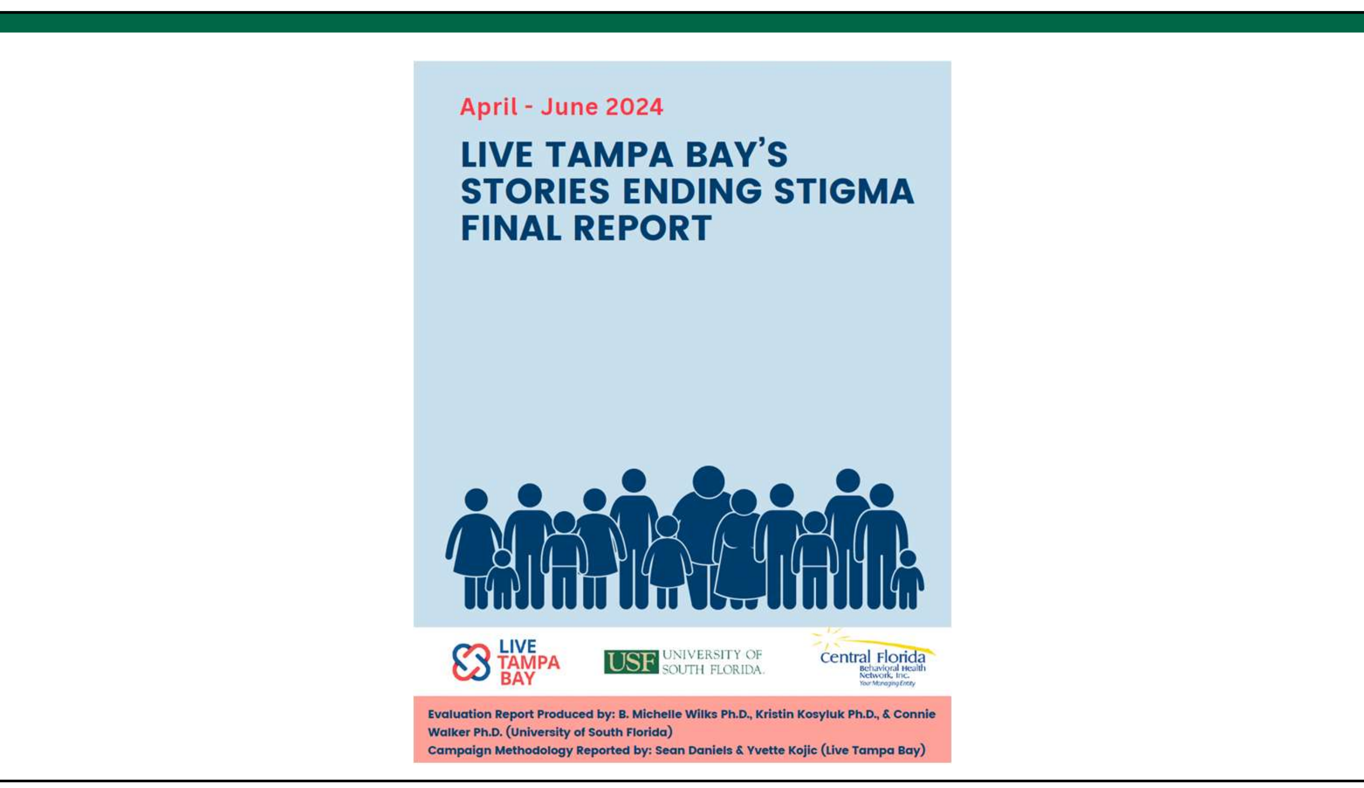

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Outcome	Campaign Evaluation	Parallel RCT	Implications
Problem Recognition/Treatability	↑	↑	Facilitating Help-Seeking
Causal Attributions (Bad Character/Moral Failing)	↑	↓ *	Blame → Withholding Help Shame
Public Stigma	↓	↓	Stereotypes → Prejudice → Discrimination
Desired Social Distance	↓	↓ *	Proxy of Discrimination Builds Recovery Capital/Recovery
MOUD Stigma	↓	↓ *	More likely to provide/receive MAT
Naloxone Knowledge	↑	N/A	Overdose Death Prevention
Treatment Knowledge/Attitudes	↑	↑	Facilitating Help-Seeking
Self-Stigma	↓	↓ *	Promotes Recovery
Structural Stigma		↓	Removes Barriers to Recovery

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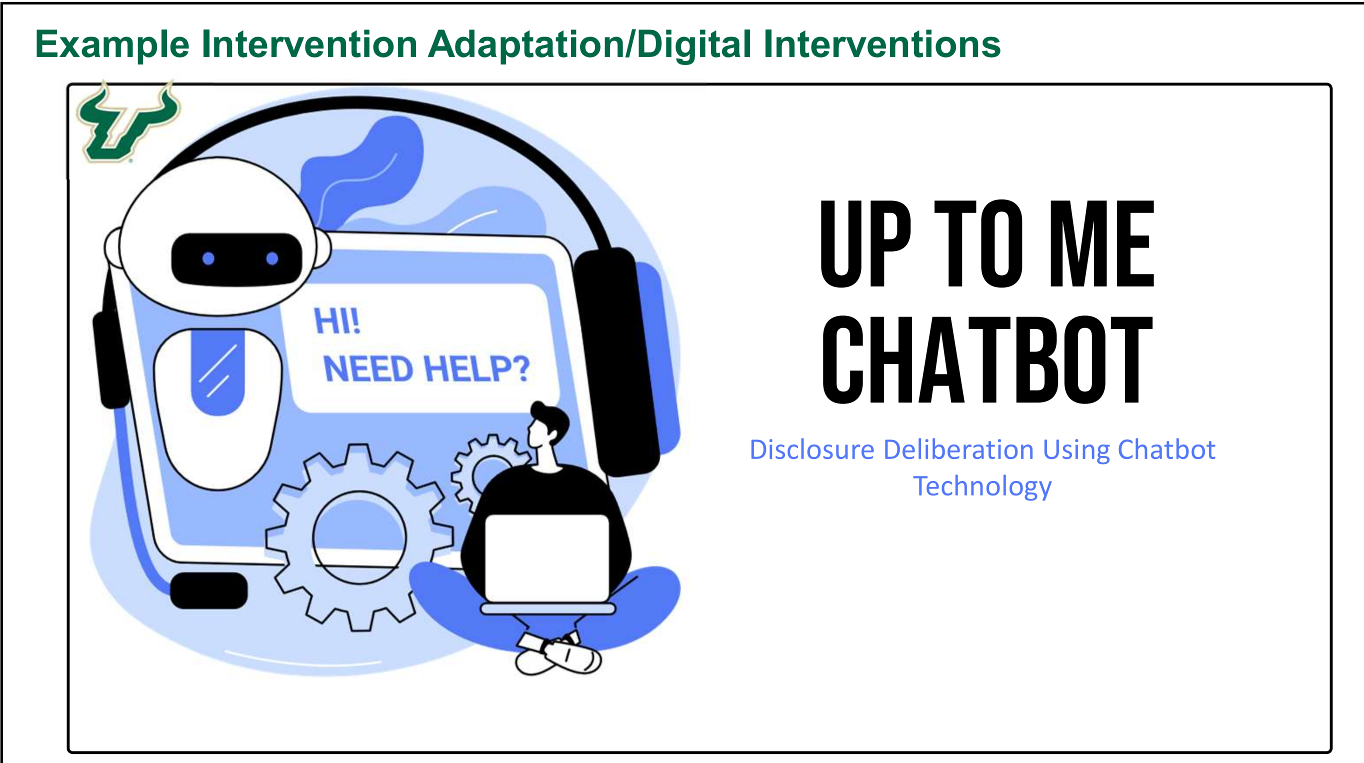
Example Intervention Adaptation/Digital Interventions



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Funding Acknowledgment

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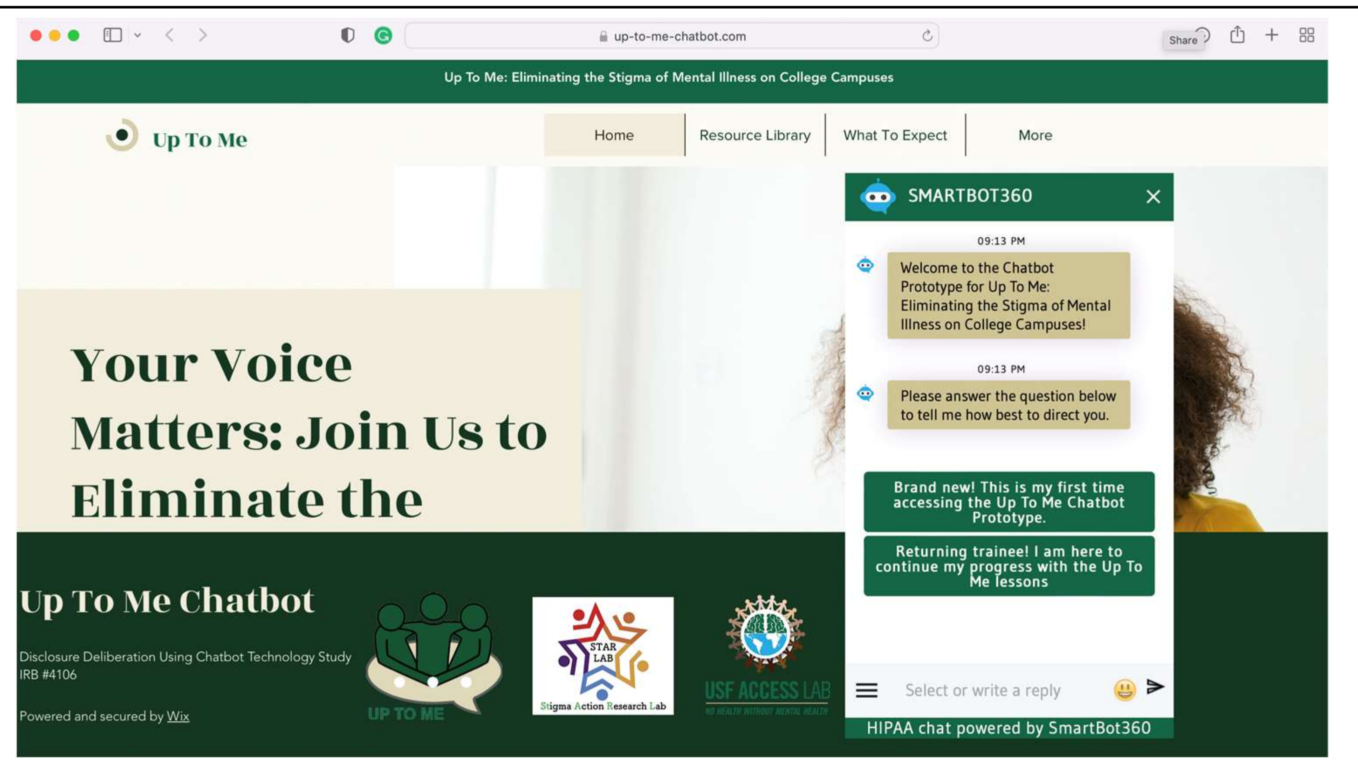

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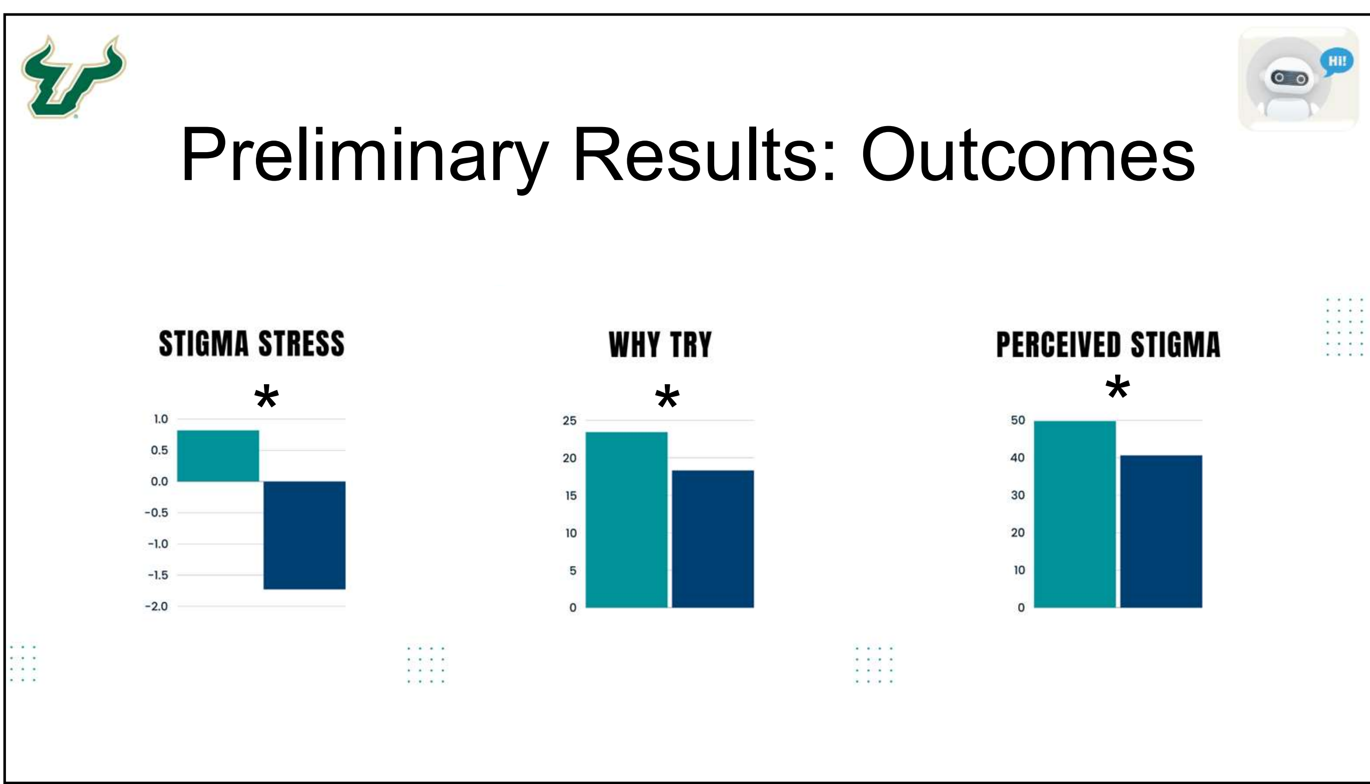

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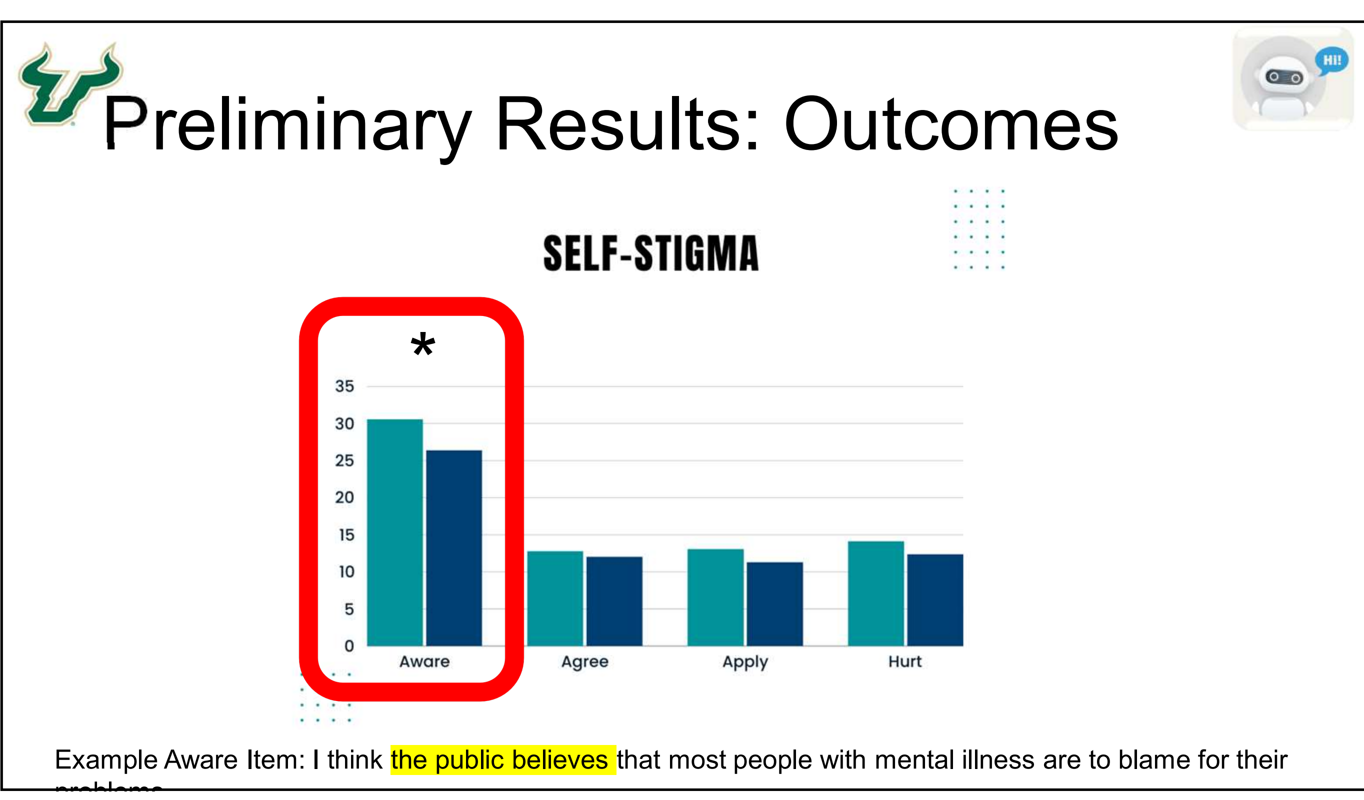

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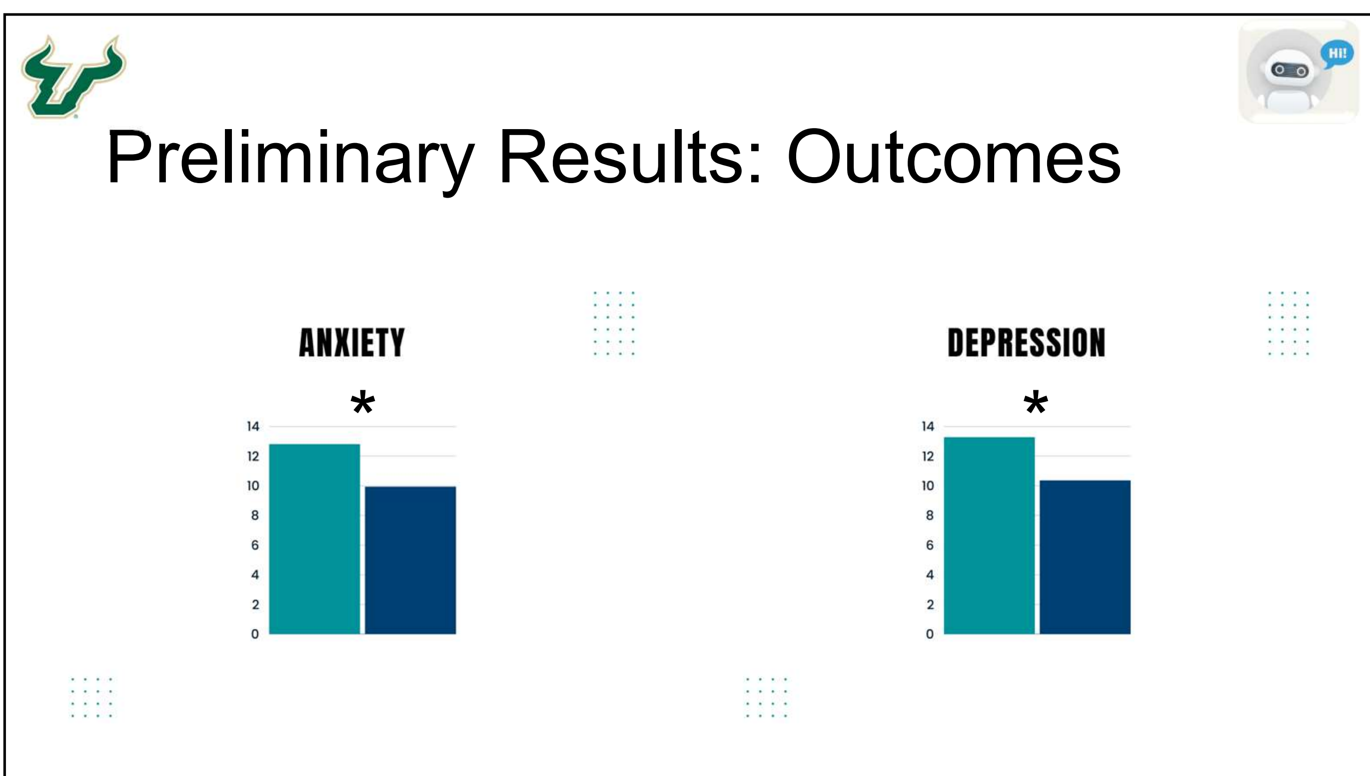

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PRELIMINARY RESULTS: BOT ACCEPTABILITY

Item	Mean	SD
The Up To Me chatbot is appealing to me.	3.24	1.14
This Up To Me chatbot meets my approval.	3.38	1.16
I welcome using the Up To Me chatbot.	3.67	1.02
I will use a chatbot like this in the future.	3.14	1.15

1= Completely Disagree, 5= Completely Agree

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PRELIMINARY RESULTS: UTM (HOP) ACCEPTABILITY

Item	Mean	SD
The Up To Me program is appealing to me.	4.05	0.67
This Up To Me program meets my approval.	41.0	0.83
I welcome using the Up To Me program.	4.24	0.77
I like this Up To Me program.	3.90	0.89
I will use this Up To Me program in the future.	3.76	0.89

1= Completely Disagree, 5= Completely Agree

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PRELIMINARY RESULTS: BOT SATISFACTION

Item	Mean	SD
Duration - Length of time it took to complete the three lessons via chatbot delivery.	3.52	1.17
Flow - sequence of messages, smooth delivery of messages, etc.	3.19	1.17
Pacing - timing between messages	3.43	1.08
Warmth/Empathy/Personability	3.62	1.12

1= Very Dissatisfied, 5= Very Satisfied

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INTERVENTION FORMAT PREFERENCES

Item	Mean	SD
I would have preferred to participate in the Up to Me program in person.	3	2.9
I would have preferred to participate in the Up to Me program online in real-time (live) with a human facilitator.	1	1.0
I would have preferred to participate in the Up to Me program using a hybrid format of both live sessions and the chatbot.	10	9.7
None of the above. I prefer to participate in the Up to Me program using the chatbot only.	7	6.8

1= Very Dissatisfied, 5= Very Satisfied

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Dr. Edelyn Verona

Introduction

- PhD, Clinical Psychology, Licensed in FL
- Professor of Psychology at University of South Florida
- Co-Director of the USF Center for Justice Research and Policy

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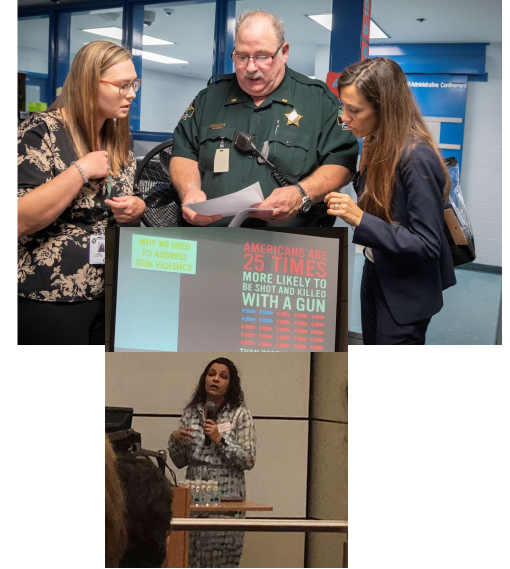
Center for Justice Research and Policy (CJRP)

Led by Dr. Bryanna Fox and Dr. Edelyn Verona

Hosts an interdisciplinary team of scholars and practitioners focused on the study of crime, violence, and ***criminal and social justice policy***.

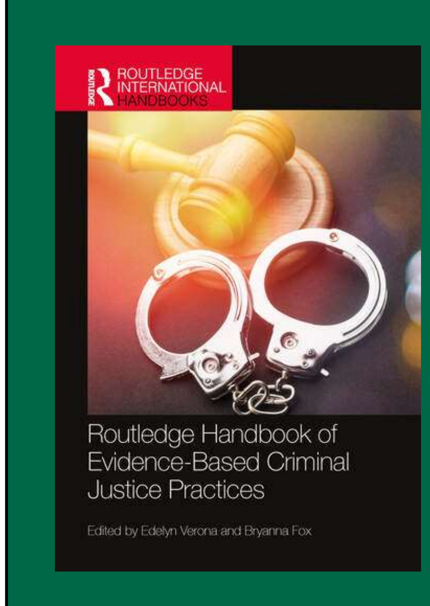
Action and Policy-Oriented Missions

- Use rigorous research to:
  - Prevent crime and violence
  - Reform policing
  - Reduce mass incarceration
  - Increase equity in the justice system
  - Improve outcomes for justice-involved people



CJRP Leadership Team

Name	Affiliation	Focus
Freddy Barton	Director, Hillsborough Safe & Sound	*Violence Prevention, Reentry, Community Engagement*
Jonathan Bethard	Anthropology / CAS	*Missing Persons, Forensic Anthropology, Racial Bias*
Major David Dalton	Clearwater Police Department	*Crime Prevention, Evidence-Based Policing*
Chae Jaynes	Criminology / CBCS	*Reentry, Employment, Offender Decision-Making*
Micah Johnson	Mental Health, Law, & Policy / CBCS	*Substance Misuse, Violence Prevention, Juvenile Justice*
Karen Liller	Public Health / Public Health	*Gun Violence, Victimization, Public Health Activism*
Capt. Paul Lusczynski	Tampa Police Department	*Gun Violence, Crime Prevention, Opioids*
Major Jeff Peake	Pasco Sheriff's Office	*Evidence-Based Policing, Crime Prevention, SNA*
Khary Rigg	Mental Health, Law, & Policy / CBCS	*Drug Prevention, Community-Based Interventions*
Joan Reid	Criminology (St. Pete) / CBCS	*Human Trafficking, Public Health, Sexual Victimization*
Christine Ruva	Psychology (Sarasota) / CAS	*Jury Decision-Making, Eyewitnesses, Courts*
Jason Wilson	Internal Medicine / USF Health	*Emergency Medicine, Gun Violence & Opioid Prevention*
Robin Ersing	School of Public Affairs /CAS	*Disaster Recovery, Community Resilience*



Shameless Plug

[Routledge Handbook of Evidence-Based Criminal Justice Practices]

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CJRP Activities

Research

Engage in interdisciplinary research and in practitioner collaborations to solve real-world problems

Implement and evaluate justice policies & programs: reentry, mental health, policing, juvenile justice

Education & Training

Administer workshops and trainings

Mentor next generation of researchers and practitioners

Develop training opportunities for students

Community Outreach & Consultation

Learn from the boots on the ground and consult with other professionals

Inform the public, disseminate research in accessible ways

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Dr. Edelyn Verona

Areas of Expertise

Intersection of psychology and crime/criminal justice

- Translational Research:
  - Mental health and personality disorders
  - Predictors of violence, crime or justice involvement (individual, community, and structural pathways)
- Intervention and Prevention:
  - Adapting interventions in correctional settings
    - Dialectical Behavior Therapy
    - Use of trainees and paraprofessionals
  - Reentry programs and recidivism
- Program Implementation and Evaluation
  - Collaborations with community and agency partners
  - Methods consultation and data analyses
  - Grant writing
- Policy Work
  - Criminal justice reform
  - Gun violence prevention policy
- Mentoring in research and clinical practice

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Translational Research

Risks & Needs

Characterize justice-involved individuals on relevant sociodemographic, psychological and criminological risk factors

- Mental health, adversity, head injury, substance use, personality
- Identify needs

Intervention and Prevention

Map risk and needs to recidivism and inform reentry

- Design rehabilitative jail programming
- Inform reentry planning and facilitate post-release services

USF JAIL REENTRY PROJECT

5-year grant funded by National Institute of Justice (NIJ)
In collaboration with Pasco County Jail and BayCare

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Intervention and Prevention

USF JAIL REENTRY PROJECT

Goal 1: Implement in-custody (DBT program) and post-release services (reentry planning/service connection) to address individual risks and needs

Goal 2: Evaluate the in-custody and post-release services, individually and in combination

- Using 4-group randomized controlled trial (RCT): control, pre-release services only, post-release services only, combined services
- Examine changes prior to release & 1-year/36-month post-release (recidivism, but also other outcomes)

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USF JAIL REENTRY PROJECT
In-Custody Treatment

While in custody, give them tools they can use to later navigate challenges of reentry

The intervention must be:

Brief	Skills-based	Accessible	Tailored to needs & risks

Dialectical Behavior Therapy (DBT) Skills Group

ELSEVIER

Available online at www.sciencedirect.com
ScienceDirect
Cognitive and Behavioral Practice xxx (2024) xxx–xxx

Cognitive and Behavioral Practice
www.elsevier.com/locate/cabp

Adapting a Dialectical Behavior Therapy Skills Group Within a Jail Setting: Implementation Challenges and Considerations

Edelyn Verona, *University of South Florida, Tampa, and Center for Justice Research & Policy, University of South Florida*
Julia B. McDonald, Lauren F. Fournier, Meaghan E. Brown and E. Elisa Carsten, *University of South Florida, Tampa*

Over 12 million admissions into local jails are logged each year, for charges ranging from misdemeanor traffic violations to felony homicide. Compared to people incarcerated in prisons, those held in jails face quicker community reentry, elevated reincarceration rates, overcrowding, and few opportunities to participate in programming. People caught in this cycle often experience many contextual and personal barriers, which include difficulty regulating their emotions, refraining from aggressive and impulsive behaviors, and communicating effectively. Dialectical Behavior Therapy (DBT) has been put forth as a promising evidence-based approach that is particularly well-suited to address the risks and needs of jail populations. By helping incarcerated individuals balance the "dialectic" between acceptance of the present (e.g., coping with current incarceration) and preparation for future change (e.g., planning for community reentry), DBT can help individuals gain coping skills that are directly related to preventing reoffending. This paper describes our research team's adaptation of a DBT skills group in a jail setting, feasibility and attrition data, and challenges and lessons learned. We highlight the value of adapting treatments in underserved settings, working closely with community partners to align goals and overcome logistical challenges, and ensuring flexibility of implementation. We believe that our experiences can provide practical insights and recommendations for both scholars and practitioners within the field.

Each year, more than 12 million Americans are booked into local jails for crimes ranging from misdemeanor traffic violations to felony homicide, with more than 740,000 people held in these facilities at any given time (Turney & Conner, 2019; Zeng, 2020). By comparison, about 575,000 individuals are admitted to prisons in the United States every year (Minton & Zeng, 2016). Unlike prisons, jails house those who are awaiting trial, have yet to be convicted of a crime, … 2001; Zeng, 2020). As a result, the rate of jail reincarceration is substantially elevated, even compared to prison populations. For many, jail seems to be a "revolving door," with one in every four (~four million) individuals released being rearrested within the same year (Baillargeon et al., 2009; Sawyer & Wagner, 2023). Hence, the gains to be made from evidence-based policies that reduce incarceration, improve reentry outcomes, and stem recidivism are especially large

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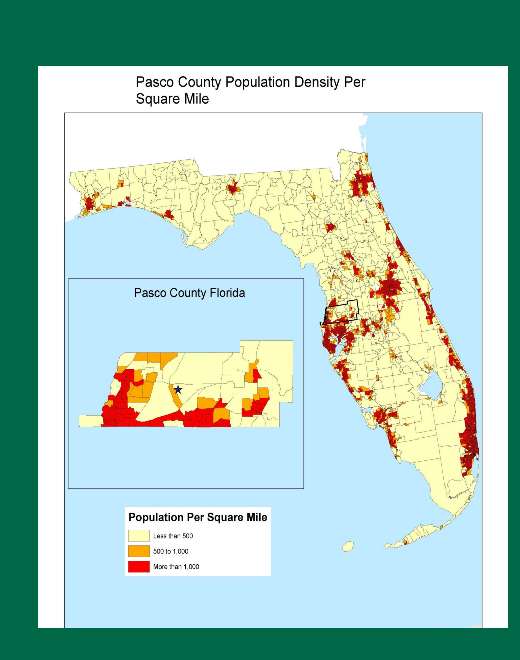

USF JAIL REENTRY PROJECT

Post-Release Services

- Reentry Planning session before release
- Connection to services facilitated by BayCare Behavioral Health case worker following release (behavioral health, therapy, housing support, childcare, social services)
- Our team maintains contact throughout one year to monitor and provide support
- Evaluating the 1-year outcomes – recidivism, risks and needs

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Program Implementation and Evaluation

Alternative Crisis Responder Model

Community Assistance and Life Liaison (CALL) program

- Diverts non-crime crisis calls (e.g., mental health, substance use, youth disorderly) to civilian navigators without police presence
- Police still responds to non-crime calls if excluded from CALL for safety reasons

CJRP contracted to conduct equity evaluation

- Is program doing what intended and in an equitable way?
- Are services accessible to those in diverse communities?
- Acceptability by stakeholders (community, officers, team members, clients)

Recently applied for grant to conduct outcome evaluation

- Are more individuals diverted from criminal justice involvement, reduced arrests, reduced police responses to social welfare calls, and decreased use of 911?

Funded by Foundation for a Healthy St. Petersburg

In collaboration with St. Petersburg Police Department (SPPD) and Gulf Coast Jewish Family and Community Services

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Policy Work

Gun Violence Prevention

Extreme Risk Protection Order (ERPO) implementation project

ERPOs provide a civil court option for temporary removal of firearms from individuals at risk of suicide or violence

Aims

Describe how ERPO is being implemented in several counties in Florida and Maryland	Examine the perspectives of implementers (e.g., law enforcement), impacted communities, and prior respondents to ERPO	Develop and pilot an Implementation Strategy centering on just and equitable implementation of ERPO

3-year grant funded by Centers for Disease Control (CDC)
In collaboration with Johns Hopkins University Center for Gun Violence Solutions

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Dr. Amanda Sharp

Introduction

- MPH, PhD, Behavioral Health and Health Equity Researcher

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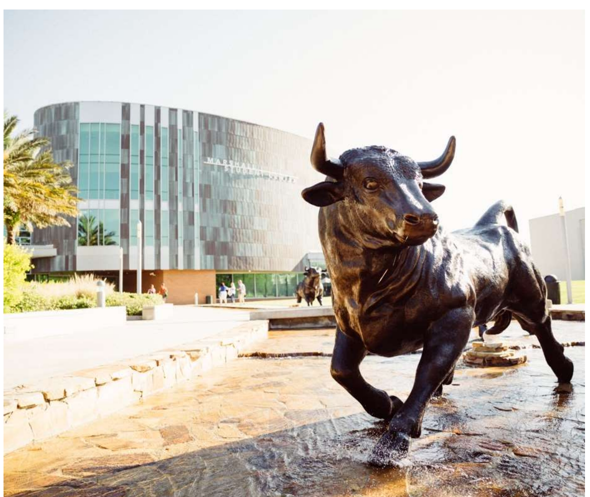
Dr. Amanda Sharp

Areas of Expertise



- Motivational Interviewing
- Person-Centered Care
- Patient and Practitioner Engagement
- Harm Reduction
- Medication for Opioid Use Disorder
- SUD Policy and Systems of Care

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ACTIVITY

What Does Motivate People?

- Think of supervisors, relatives, teachers, coaches, counselors, clergy who:
  - Elicited a negative response in you, shut you down, did NOT motivate you
  - Helped you gain confidence, empowered you, motivated you
- What are common traits or characteristics for each group?

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"I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel."
- *Maya Angelou*

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Behavior Change Is Hard:

What do you know you 'should' be doing…*but you're not?*

Eating more fruits & vegetables

Managing weight better

Exercising 30 minutes a day

Getting 8 hours of sleep a night

Taking a medication

Other?

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Behavior Change Science

- Values Theory → Priorities & values
- Health Belief Model → Pros & Cons
- Self Perception Theory → Verbalizing benefits
- Social Cognitive Theory → Self-efficacy
- Transtheoretical Model → Stages of change
- Self-Determination Theory → Drive for autonomy
- Patient Activation Model → Activation

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Patient Activation

Judy Hibbard, PhD

"Give a man a fish and you feed him for a day. Teach a man to fish and you feed him for a lifetime."

- Chinese Proverb

Knowledge/ Skills

Activation

Empowerment

Confidence

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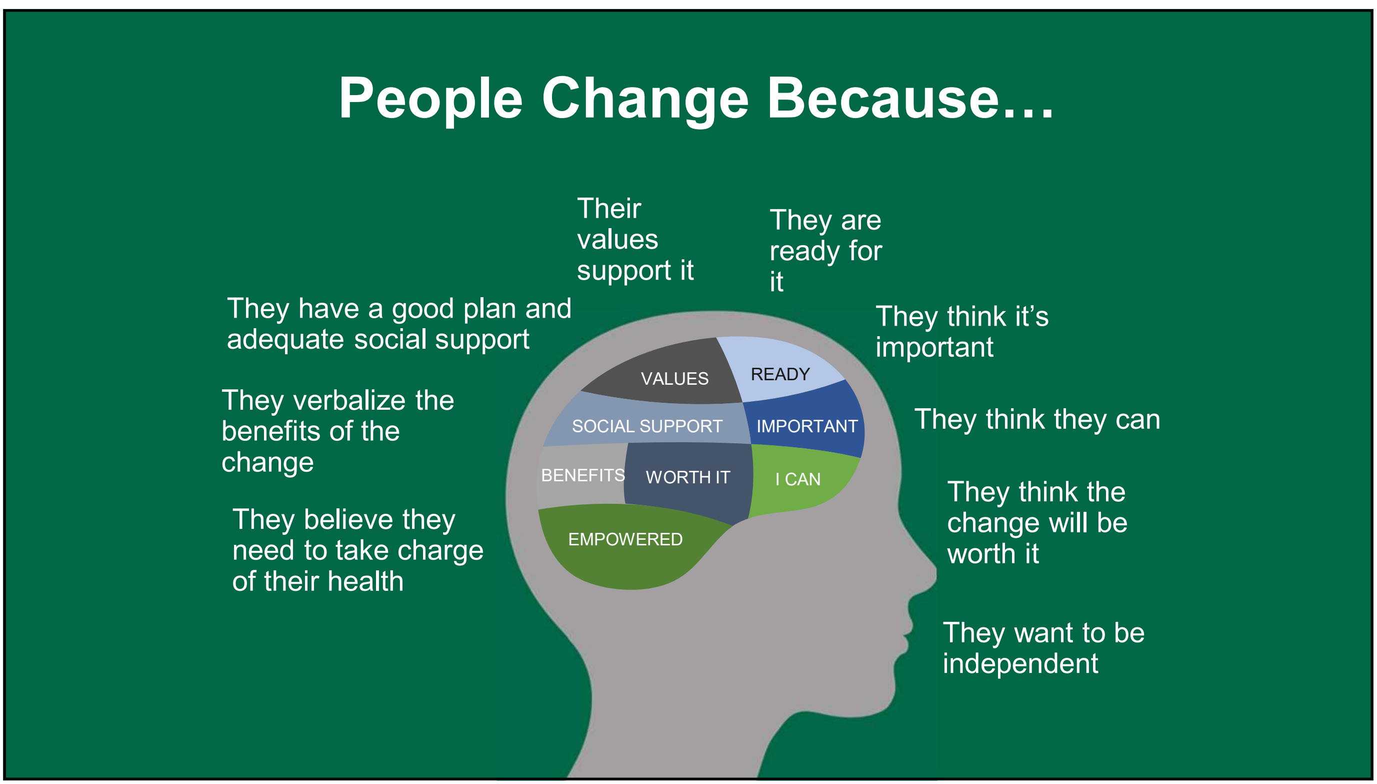

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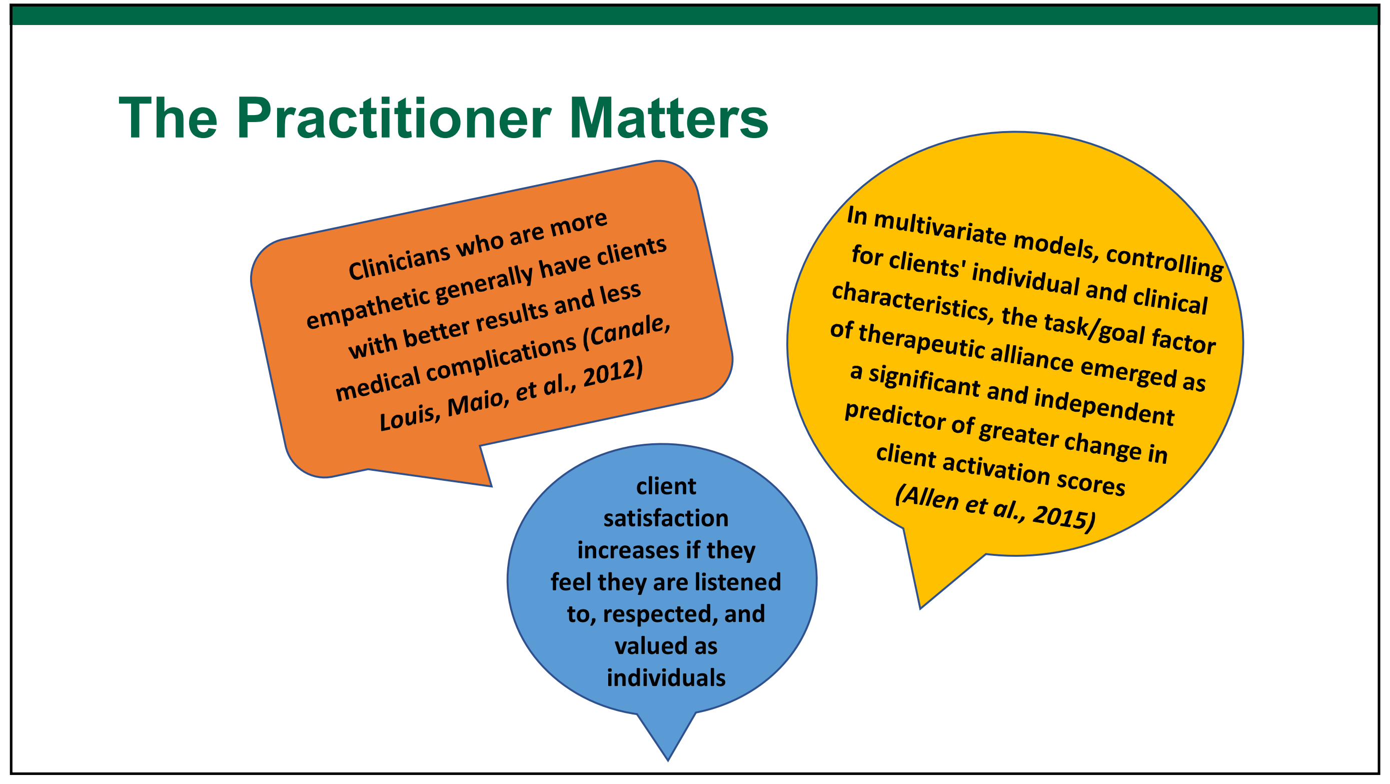

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What Can We Do to Help?
Motivational Interviewing

"A collaborative, goal-oriented method of communication with particular attention to the language of change. It is intended to strengthen personal motivation for and commitment to a change goal by eliciting and exploring an individual's own arguments for change."
- Miller & Rollnick, 2013

"Only health coaching approach to be fully described and consistently demonstrated as causally and independently associated with positive behavioral outcomes"
- Butterworth, Linden & McClay, 2007; Olsen & Nesbitt, 2010; Wolever, et al., 2013

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Harm Reduction Across the Continuum

- Supports people, helping prevent injury, infectious disease transmission, and death.
- Meets people where they are and promotes any positive change.
- Supports multiple pathways to recovery.
- Addresses social determinants of health and focuses on increasing protective factors.

Harm Reduction Saves Lives

- Reference: https://www.samhsa.gov/find-help/harm-reduction

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Developing Harm Reduction (and Person-Centered) Oriented Systems

SAMHSA Principles of Harm Reduction

SAMHSA Principles of Harm Reduction	Existing Best Practices
Assist, not direct	Patient Centered Care
Provide support without judgement	
Provide many pathways to well-being across the continuum of health and social care	
Connect with community	
Value practice-based evidence and on-the-ground experience	Trauma-informed care
Practice acceptance and hospitality	
Cultivate relationships	
Promote safety	
Engage first	Motivational Interviewing
Prioritize listening	
Respect autonomy	
Work toward systems change	Advocacy

SAMHSA Harm Reduction Framework. Accessed: https://www.samhsa.gov/sites/default/files/harm-reduction-framework.pdf

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MOUD Expansion Through Improved Policy

Mainstreaming Addiction Treatment (MAT) Act	Medication Access and Training Expansion Act (MATE)
Removed the DATA-2000 Waiver to prescribe buprenorphine	Requirement for a non-recurring, 8-hour training on SUD for practitioners applying for registration from the DEA
Lifted caps on number of patients who can be treated; removes counseling and reporting requirements	Met through addiction board certification, as part of or post-healthcare professional degree training

Implementation of MAT and MATE requires close collaboration and coordination between the Department of Justice/Drug Enforcement Administration, and Health and Human Services/SAMHSA

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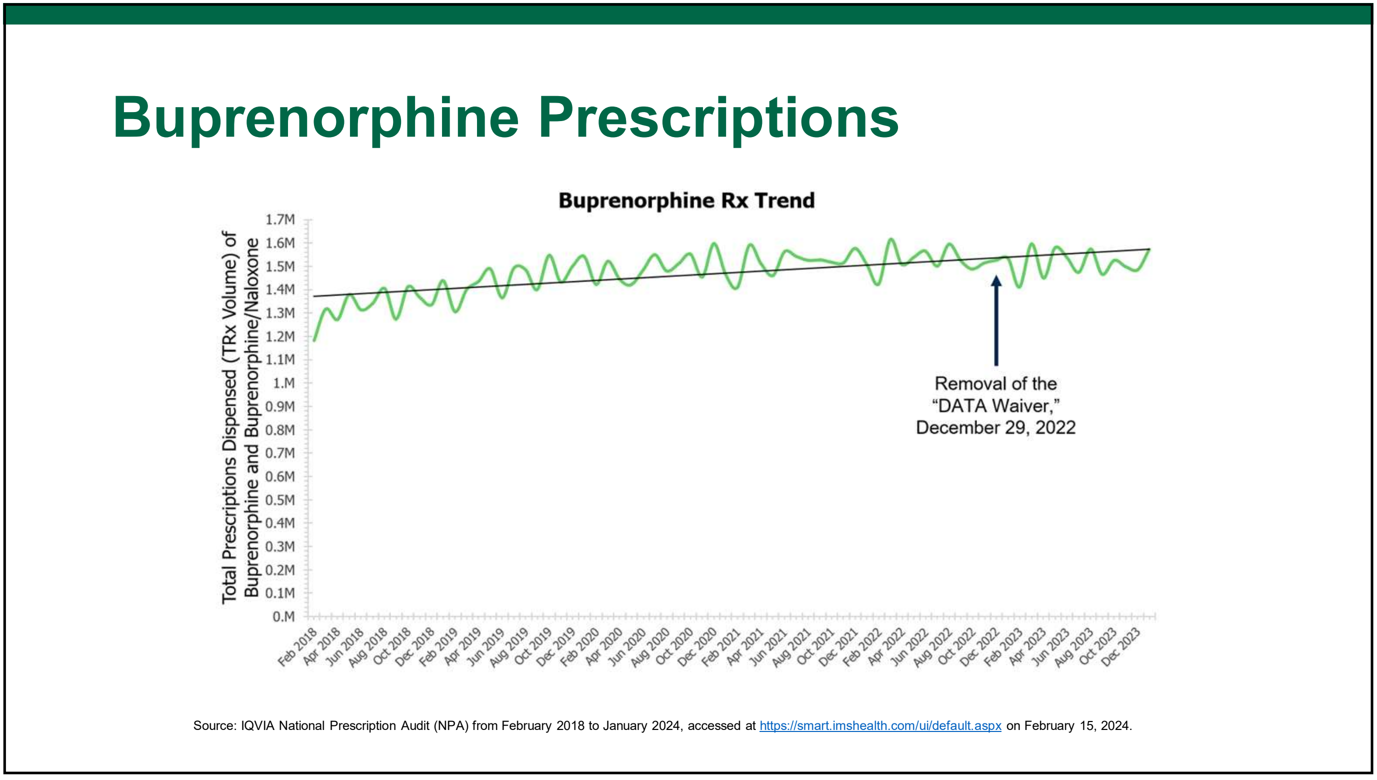

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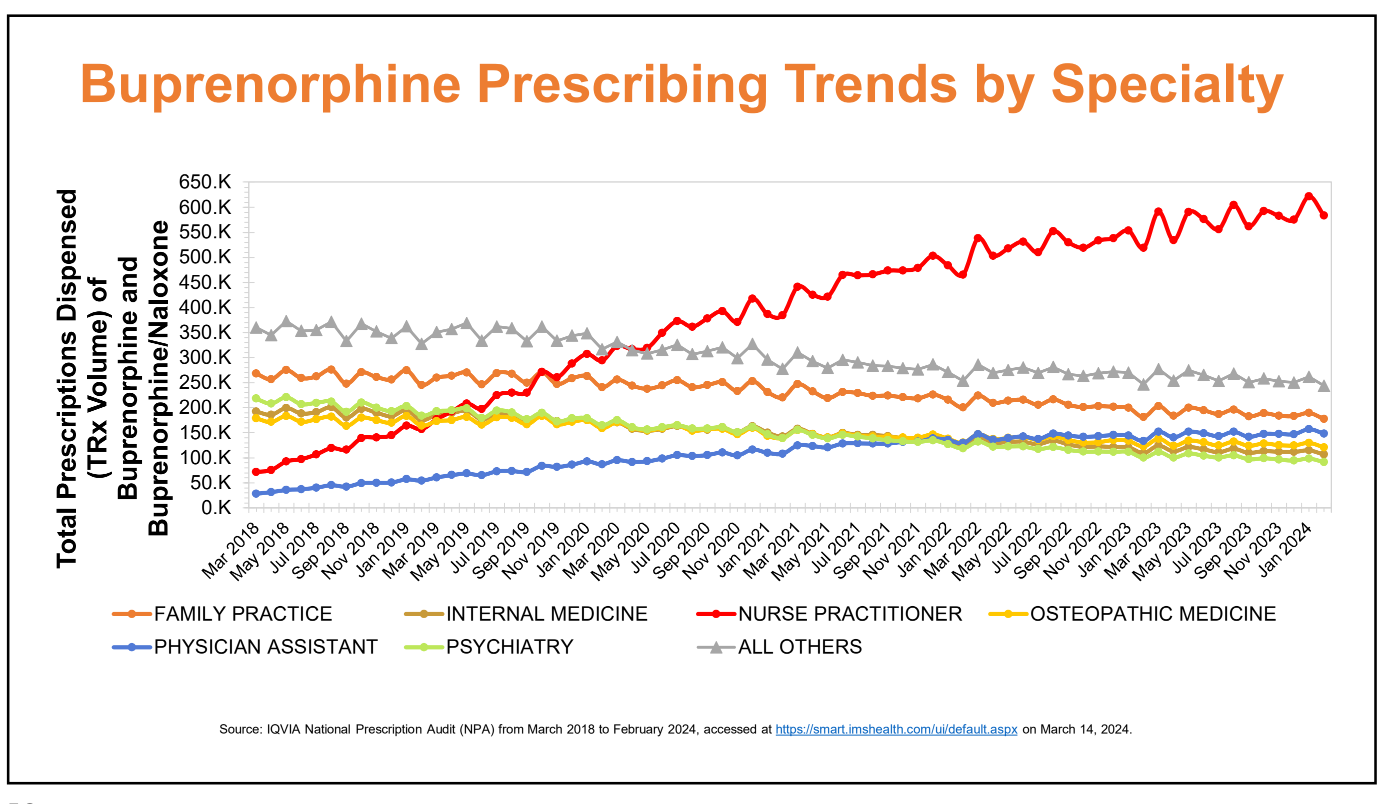

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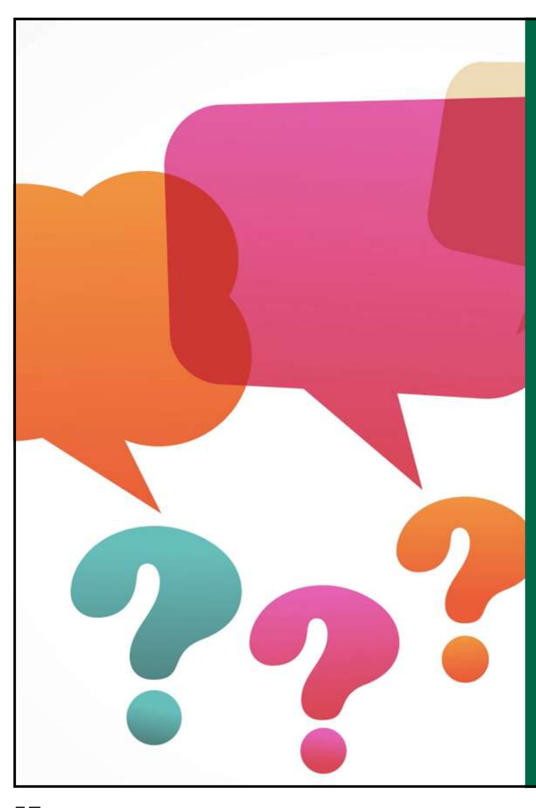

The Paradox of Change

"When a person feels accepted for who they are and what they do, no matter how unhealthy, it allows them the freedom to consider change rather than needing to defend against it."
- Steve Berg-Smith

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Technical Assistance (TA) Overview

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TA Needs Assessment Survey

- TA Needs Assessment Survey disseminated in July 2024
- In process of connecting with grantees to schedule TA
- Menu and TA request form available on our website

TECHNICAL ASSISTANCE

- Grant application preparation and review
- Strategic planning
- Sustainability planning
- Target population needs assessments and gap analysis
- Document review
- Asset mapping
- Data analysis and collection
- Relationship building, community partnership assessment
- Best practice guidance
- Program development
- Peer-to-peer learning collaboratives and discussion facilitation

TRAINING SERVICES

The CJMHSA TAC provides single and multi-day training options on a variety of best practices and topics related to the target populations and services of the DCF Reinvestment Grant Program. The training list below is non-exhaustive and only demonstrative of most commonly requested topics. If your grant program has a specific training need that is not identified in this list, please contact the TAC.

General Program and Grant Management

- Grant development and planning for pursuing external funding
- Grant management, oversight, and sustainability approaches
- Building strategic partnerships
- Systems development, integration, and assessment for grant/program planning

Service and Practice Specific

Systems

- Sequential Intercept Mapping (SIM)
- Sequential Intercept Mapping follow-up
- CJMHSA Planning Council membership and roles
- Transportation Plan review and recommendations
- Juvenile justice systems development
- Children's Systems of Care
- Cost effectiveness, cost offset, or cost avoidance methods
- Evaluation methods
- Developing and supporting recovery-oriented systems of care
- Addressing stigma across systems and programs

Early Intervention/Prevention

- Screening and risk assessment tools and strategies
- Crisis Intervention Teams (CIT)
- Mobile Crisis Models
- Assertive Community Treatment (ACT) Teams
- Jail diversion strategies
- Early intervention in psychosis

Treatment and Intervention Services

- Motivational Interviewing (MI)
- Integration of physical and behavioral health services
- Confidentiality (HIPAA and 42 CFR Part 2)
- Best Practices for the use of Medication Assisted Treatment (MAT)
- Co-Occurring Disorders and Service Delivery
- Central Receiving Facilities (Baker Act and Marchman Act)
- Forensic Intensive Case Management (FICM)
- Problem-solving courts (Mental Health Court, Drug Court, Marchman Court, Juvenile Drug Court, etc.)
- Addressing impacts of opioid and other substance use

Reentry and Recovery

- Permanent Supportive Housing and Housing First Principles
- Supported Employment
- Discharge and transition planning (APIC)
- Enhancing the use of peers and peer services
- Care coordination and coordination of complex care management (closed loop referrals, warm handoffs, follow-up methods)

METHODS OF SERVICE: PROJECT-SPECIFIC OR ONE-TIME

- On-site, in person
- Telephonic
- Virtual meeting, video conferencing

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Technical Assistance Engagements

On-site engagements (in your community)

Off-site / virtual engagements

Cadre of TA areas tailored to grantee needs

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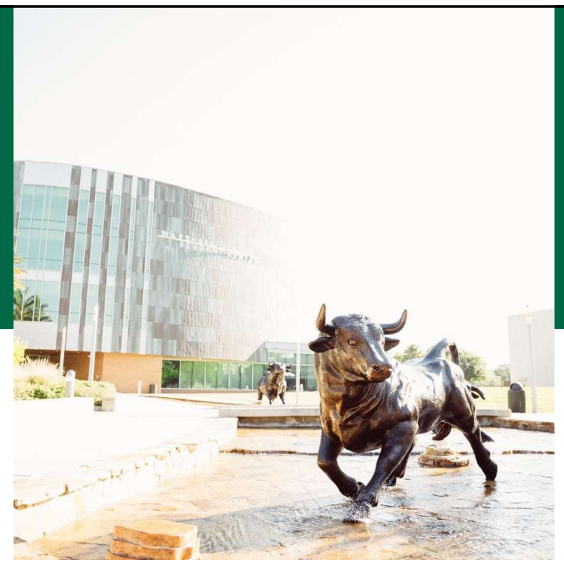
Questions?

What's next?

- Booking TA into 2025
- Working on our FY23-24 Annual Legislative Report



Thank you!

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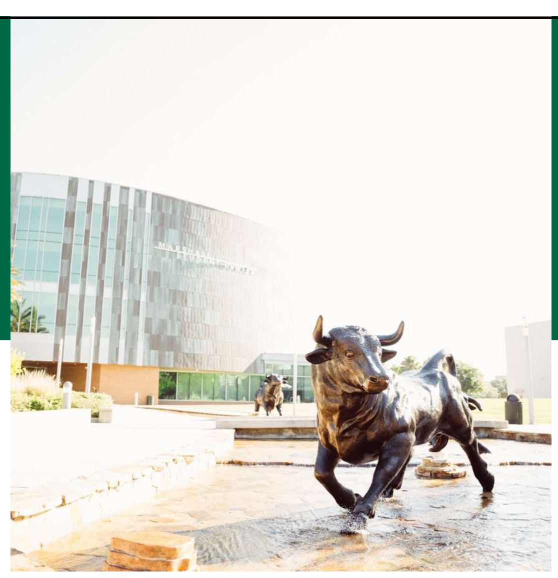

CJMHSA TAC Website
www.floridatac.org

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