





were eligible for free/reduced lunch. There are 3,249 uninsured non-elderly (age 0-64) individuals in Alachua County (17.1% of the population).<sup>2</sup> Bradford is challenged by the serious resource shortages and fragmented service systems common in rural areas. For example, there is a shortage in healthcare providers in the county, including providers of behavioral health treatment. According to data from the Robert Wood Johnson Foundation, the ratio of the population to mental health providers is currently 6,713:1, versus 744:1 statewide.<sup>3</sup>

**Target Population and Priority as a Community Concern:**

Within Alachua and Bradford counties, the target population will be inclusive of adults (age 18 or older) who have been identified as having a mental illness, substance use disorder, or co-occurring mental illness and substance use disorders and who are in, or at risk of entering, the criminal justice system. In keeping with local public safety and cost reduction goals, the program will prioritize individuals with chronic mental illness and high criminogenic needs, who are at high risk of recidivism.

Under the proposed implementation and expansion, this focus will include, but will not be limited to, subpopulations for which there are current service gaps as follows:

*Individuals with chronic mental illness who have misdemeanor charges and one or more of the following: 1) have been deemed Incompetent to Proceed; 2) do not meet criteria for mental health court; and/or 3) have high recidivism rates:* There is currently no state funding to address individuals in the above categories who have less serious charges. During the recent Alachua County SIM workshop, stakeholders identified a service gap at Intercept 3 for these misdemeanant populations.<sup>4</sup> There are also general gaps in services in both Alachua and Bradford counties for competent misdemeanants with mental illness and for those with substance use disorders.

*Individuals with chronic mental illness who have been deemed Incompetent to Proceed, but have regained their competency and are released to the community:* There is currently no funding for services once an individual gains competency. However, these individuals typically have chronic mental illnesses with the greatest need for services. Many of the cases are released to the community under no court supervision or released on probation.

*Individuals who have been identified as “high utilizers” of the jails and acute services:* Typically, these individuals are well known by the criminal justice system, as well as by community mental health providers and emergency services. The grant

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<sup>2</sup> WellFlorida Council, “County Health Profiles.

<sup>3</sup> Robert Wood Johnson Foundation “County Health Rankings and Roadmaps,” accessed September 16, 2016, <http://www.countyhealthrankings.org>.

<sup>4</sup> Criminal Justice Mental Health and Substance Abuse Technical Assistance Center at Florida Mental Health Institute, University of South Florida, “Alachua County, Florida: Improving Services for Adults with Mental Illnesses and/or Co-occurring Substance Use Disorders Involved with the Criminal Justice System” (Sequential Intercept Mapping Workshop, May 26, 2016), 8.

will allow the consortium to focus on these individuals and develop specialized and intensive services unique to their needs.

**Analysis of the Current Jail Population:**

In 2015 there were 11,976 arrests in Alachua County (Florida Department of Law Enforcement (FDLE)). The total number of beds in the Alachua County jail is 1,148. With a classification factor of 15%, the optimum number of inmates that can be housed at the jail is 975. The average daily population was at a high of 817 in April 2015 and a low of 751 in July 2015. A recent snapshot for the month of June 2016 indicates an even higher average number of inmates at 855.

In 2015, there were 10,822 bookings; the total number of inmates who remained in the Alachua County Jail after first appearance was 5,925. The demographic summary for 2015 was 53% Black and 46% White. 1% was Other Races/Unidentified, and less than 1% was Hispanic (all races). 76% were male, 24% female. Approximately 41% had misdemeanor offenses, 59% felonies (Alachua County Sheriff's Office (ACSO)).

In Bradford County, there were 1,586 arrests in 2015 (FDLE). Bradford County has a jail capacity of 250. In 2015, there were approximately 1,443 bookings. The demographic summary in 2015 was approximately 77% White and 23% Black. Less than 1% was Hispanic (all races). 71% were male, 29% female (Bradford County Jail Data). For 2016 year-to-date (January 1-August 31), there were 1,022 bookings.

**Screening and assessment process used to identify the Target Population:**

In Alachua County, the Classification Officer conducts the first screening at booking in for early identification of mental illness and/or substance abuse issues. The Classification Officer will then refer the defendant to the CJMHSAG screener at the jail, who is an employee of the Alachua County Sheriff's Office and part of the proposed grant request. The screener will send all referrals to the CJMHSAG Forensic Program Director at Meridian by email the same day. The CJMHSAG Forensic Program Director will review all referrals to determine if the case meets criteria for admission to the Program. If the referral does not meet the basic admission criteria, the individual will be referred to another program if appropriate, and recommendations will be made to the referral sources.

In Bradford County the CJMHSAG Forensic Recovery Specialist will be responsible for all screening for mental health and/or substance abuse for the Forensic program and for monitoring the release status of incarcerated defendants. The Forensic Recovery Specialist will then email referrals to the Forensic Program Director, who will then follow the procedures described above. Because Bradford County lacks a formal early screening process, the Forensic Recovery Specialist will also assist the jail with developing a strategy for implementing an evidence-based screening tool at booking-in. (See also "*Percentage of persons admitted to the jail with mental illness, substance use disorder or co-occurring disorders*" on page 15 for more information.)

After a participant is admitted to the CJMHSAG program, the Forensic Specialist will conduct a complete intake evaluation of the assigned client using Meridian's Forensic Intake process. This process includes the evidence-based **GAINS Reentry Checklist** for assessing the individual's needs across major domains (e.g., housing, medication,

health care, benefits, income, food) and **Historical Clinical Risk Management-20, Version 3 (HCR-20 V3)** for the assessment and management of violence risk. Forensic Team members use evidence-based, person-centered **Motivational Interviewing (MI)** both pre- and post-admission to the program to evaluate an individual's readiness for change, determine program placement and promote retention.

The proposed program will also expand evidence-based screening and assessment with the implementation of the

Because Bradford County lacks a formal early identification process, obtaining data on inmates with mental health and/or substance use disorders can be challenging. **One of the benefits of the consortium will be the addition of a Forensic Recovery Specialist in Bradford to assist the jail with developing a strategy for implementing an evidence-based screening tool at booking-in (e.g., Brief Jail Mental Health Screen).**<sup>5</sup> This implementation will result in both better early screening of inmates and better data for population analysis.

**Analysis of observed contributing factors that affect population trends in the jail:**

In Alachua County, the city of Gainesville's location as the first major city in the center of Florida attracts area prison and jail releases, as well as other high risk populations from Florida and Georgia. The city has a large homeless tent encampment, Dignity Village, which surrounds a one-stop center for services for those experiencing homelessness, known as Grace Marketplace. Dignity Village attracts a significant number of justice-involved individuals who are re-entering the community from the Department of Corrections and jails and who can live at the tent encampment with few restrictions. Calls from the encampment for assistance from local law enforcement and other first responders average over three per day (Alachua County Community Support Services). Earlier in 2016, the Gainesville Police Department assigned two full-time dedicated officers on day shift just to cover Dignity Village and Grace due to the volume of calls.

One of the major contributing factors in Bradford County is the lack of a pretrial monitoring agency. As a result, defendants often have to remain in jail for longer periods. As stated above, the county also has a gap in services for individuals with chronic mental illness and/or substance use disorders who have lesser offenses. Typically, these individuals,

**2016, 92% of the current forensic clients in the community had a medium to high risk score on the HCR-20 V3 assessment for violence risk.** Without targeted interventions to promote a change in criminal thinking and behavior, this population has a very high risk of entering or re-entering the criminal justice system.

Homelessness and lack of supportive housing for individuals being released from jail or discharged from forensic hospitals are among the most prevalent community factors influencing recidivism for the program's target population. Data from the 2015 Point-in-Time Count indicates that in Alachua County, 42.8% of unsheltered individuals (282 persons) reported mental health issues, and 55% (362 persons) reported substance abuse issues. Housing for the target population has been identified as a significant service gap at Intercept 4 (Post-Booking) in the Planning Committee's Strategic Plan and through the SIM workshop.<sup>6</sup>





**Planning council's activities, including the frequency of meeting for the previous 12 months and future scheduling of meetings:**

The CJMHSAG Planning Committee meets formally on a quarterly basis (i.e., 4 times) in the previous 12 months). In 2016 to date, the Committee has met during January, April, and July and has a meeting scheduled for October. Meetings are publicly noticed and Chaired by the County Commission representative or one of the Judges on the Committee, who serves as co-Chair. Participation in meetings has continued to be at or near 100% of the membership. The Planning Committee will continue this quarterly schedule in the future. Members are responsible for reviewing program progress and ensuring implementation of the Strategic Plan. In accordance with the Strategic Plan, Committee members actively participate, most recently in May 2016, in the Sequential Intercept Mapping (SIM) workshops facilitated by the University of South Florida (USF) Florida Mental Health Institute (FMHI), CJMSA Technical Assistance Center.

Subcommittee meetings are also held on a monthly or as needed basis to work on reports, review outcome data, monitor subcontracts, and develop and ratify MOUs. Special Workgroups are convened to address any identified service gaps or implementation issues.

**IMPLEMENTATION AND EXPANSION GRANT PROJECT DESCRIPTION**

**Copy of the existing Strategic Plan:**

A copy of the most recently revised Strategic Plan is included in Attachment 2.

**Strategic Plan Description:**

The Strategic Plan for Alachua County was recently reviewed and updated during August and September, 2016 to reflect the Alachua County Planning Committee's earlier decision to form a consortium with Bradford County. Goals and related objectives were added to expand CJMHSAG services to Bradford County. CJMHSAG Planning Committee members and other the Strategic Plan.8.568 T6(tercept Map 100% of285s 12 months). In 2016 to date, the Committee has met during January, April, and July and has a meeting scheduled for October. Meetings are publicly noticed and Chaired by the County Commission representative or one of the Judges on the Committee, who serves as co-Chair. Participation in meetings has continued to be at or near 100% of the membership. The Planning Committee will continue this quarterly schedule in the future. Members are responsible for reviewing program progress and ensuring implementation of the Strategic Plan. In accordance with the Strategic Plan, Committee members actively participate, most recently in May 2016, in the Sequential Intercept Mapping (SIM) workshops facilitated by the University of South Florida (USF) Florida Mental Health Institute (FMHI), CJMSA Technical Assistance Center.

vehicle or get a driver's license due to their background, and/or do not have the resources to own a car nor to obtain a bicycle.

The Strategic Plan continues the Planning Committee's goal to increase public awareness of the importance of de-criminalizing mental illness by demonstrating the positive outcomes of CJMHSAG diversion efforts. **One of the most significant steps towards this goal began when Alachua County was chosen as one of two Florida counties to participate in the national Stepping Up Initiative.** This initiative was launched in 2015 as a partnership of the Council of State Governments Justice Center, the National Association of Counties, and the American Psychiatric Association Foundation with the common goal of reducing the number of people with mental illnesses in U.S. jails. The revised Strategi

**Project goals, strategies, milestones, key activities and stakeholders responsible for meeting the objectives outlined in RFA Section 2.2.:**

Using the following tasks, strategies and activities, the CJMHSAG program partners will meet the objectives designated by the Department, as well as an additional local objective (Objective 3):

**Overarching Project Goals:**

- 1) *To increase public safety and reduce criminal justice costs in Alachua and Bradford Counties by diverting individuals with mental illness, substance use disorders or co-occurring disorders from the jails or from forensic hospitalization.*
- 2) *To enhance the accessibility to comprehensive, evidence-based treatment and recovery support services for individuals with mental illness and/or substance use disorders who are in, or are at risk of entering, the criminal justice system.*

<b>Objective #1:</b>		Establish programs and diversion initiatives that address the above goals within three (3) months of the final Grant Agreement.		
	<b>Task/Strategy</b>	<b>Activities</b>	<b>Responsible Party/Parties</b>	<b>Milestone(s)</b>
1.1	Establish MOUs with all participating entities to implement and enhance programs and diversion initiatives for the Target Population	Review and update existing MOU with current partners and add new Bradford partners	Program Director (Meridian) Current Planning Committee Members Bradford County Sheriff's Office and County Administration	Signed MOU with all consortium partners by start date of the new grant cycle (anticipated April 1)

<b>Objective #1:</b>	Establish programs and diversion initiatives that address the above goals within three (3) months of the final Grant Agreement.			
	<b>Task/Strategy</b>	<b>Activities</b>	<b>Responsible Party/Parties</b>	<b>Milestone(s)</b>
1.2	Provide directly or by agreement an information system to track individuals during their involvement with the program and for at least one year after discharge	Collaboration with Circuit 8 Court Administrator for collection of arrest and jail days data for Alachua and Bradford County  Access data through LINDAS Clerk of the Court System		

<b>Objective #1:</b>		Establish programs and diversion initiatives that address the above goals within three (3) months of the final Grant Agreement.		
	<b>Task/Strategy</b>	<b>Activities</b>	<b>Responsible Party/Parties</b>	<b>Milestone(s)</b>
1.3	Implement strategies that support the goals and objectives of the proposed project (see RFA Section 3.8.5.3.4)	<p>Implement specialized responses by law enforcement (CIT, MHFA, Trauma Informed Criminal Justice Responses training; Co-responder program initiative with Gainesville Police Department)</p> <p>Provide services in the Mental Health Court and Felony Forensics Specialized courts</p> <p>Work at all pre and post booking intercepts to provide specialized diversion services for the target population</p> <p>Provide intensive case management from screening in the jail through transition to the community</p> <p>Facilitate easy and timely access to evidence-based treatment (individual, group), psychiatric services and medication management</p>	<p>Program Director Gainesville PD Alachua County Sheriff's Office Bradford County Sheriff's Office</p> <p>Court Services Forensic Specialist (Meridian)</p> <p>Forensic Specialist (Meridian)</p> <p>Forensic Specialist (Meridian)</p> <p>ARNP (Meridian) Forensic Recovery Specialist (Meridian)</p>	<p>Implement specialized responses within 2 months of the start date of the new grant cycle (anticipated by June 1, 2016)</p> <p>Screen 800 individuals and admit 330 program participants by end of each grant year</p>

<b>Objective #1:</b>	Establish programs and diversion initiatives that address the above goals within three (3) months of the final Grant Agreement.			
	<b>Task/Strategy</b>	<b>Activities</b>	<b>Responsible Party/Parties</b>	<b>Milestone(s)</b>
		Partner with community programs to prevent high-risk populations from criminal justice system involvement (Gainesville Police Department BOLD Program, Co-responder Program)	Gainesville PD North Central Florida Alliance for the Homeless and Hungry Grace Marketplace	Key partnerships in place at time of

<b>Objective #2:</b>		Create and encourage collaboration among key stakeholders in implementing and providing ongoing oversight and quality improvement activities of the proposed project.		
	<b>Task/Strategy</b>	<b>Activities</b>	<b>Responsible Party/Parties</b>	<b>Milestone(s)</b>
2.2	Assess progress of the project based on established timelines and review attainment of goals	<p>Participation in Sequential Intercept Mapping (SIM) by all members of the Planning Committee</p> <p>SIM presented to stakeholders annually</p> <p>Monthly Progress Reports by the Program Director</p> <p>Quarterly Progress Reports reviewed by the Planning Committee</p> <p>Quarterly Program Status Reports submitted to the Department and the Planning Committee based on timeline established by Department</p> <p>Submission of Final Program Status Report</p>	<p>Planning Committee</p> <p>Program Director (Meridian)</p> <p>Executive Program Support Staff (Meridian)</p> <p>Program Director (Meridian)</p> <p>Alachua County Board of County Commissioners</p> <p>Bradford County Board of County Commissioners</p>	<p>Completion of SIM annually by the end of each year of the 3-year grant period</p> <p>Approval of progress reports by the Planning Committee at the end of each quarter of the grant year</p> <p>Approval of the Final Program Status Report by the Board of County Commissioners at the end of the 3-year grant period</p>

<b>Objective #2:</b>		Create and encourage collaboration among key stakeholders in implementing and providing ongoing oversight and quality improvement activities of the proposed project.		
	<b>Task/Strategy</b>	<b>Activities</b>	<b>Responsible Party/Parties</b>	<b>Milestone(s)</b>
2.3	Make necessary adjustments to implementation activities, as needed	<p>Planning Committee Review to address any identified progress issues</p> <p>Appointment of special Workgroup(s) by Planning Committee to address findings/service gaps</p>	Planning Committee	



<b>Objective #3:</b>	Increase access to coordinated care, person-centered treatment and recovery support services for the target population.
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**Objective #3:**

**Planning Committee ongoing involvement and partner communication throughout the lifetime of the project:**

The CJMHSAG Planning Committee will formally meet quarterly to review progress, as well as ensure that the Strategic Plan goals and objectives are being implemented. Meetings will be publically noted and convened by the Committee Chair. To support the decision-making process, partner items will be added to the meeting agenda at any time during the quarter and voted on provided there is a quorum. Citizen/organizational comments will be considered as part of the decision-making process.

The Criminal Justice Liaison (Alachua County in-kind position) and CJMHSAG Forensic Program Director will serve as liaisons to the Committee. The Criminal Justice Liaison will assist in coordinating the meeting activities and work product associated with the Planning Committee. The CJMSAG Executive Program Support Staff member, with oversight of the CJMHSAG Program Director, will be responsible for collecting and reporting performance and outcome data to the Planning Committee. The members of the Planning Committee will also continue to be active participants in the SIM workshops. The results of the SIM will be shared with Committee members and other community and regional stakeholders.

Additionally, subcommittee meetings will be held on a monthly or as needed basis to review and work on outcome data, reports, subcontracts and other monitoring and evaluation functions. Special interagency workgroups will also be appointed and meet monthly as needed to address any service gaps and challenges identified by the Committee. Examples of past workgroups include CJMHSAG Housing strategy, Transportation and more.

The existing CJMHSAG Planning Committee has continued to be very active with participation at or near 100% of the membership each quarterly meeting during the entire grant cycle. With the addition of Bradford County members, the new consortium Planning Committee will be essential in ensuring that expansion and implementation is progressing across both counties. The consortium committee will bring together county and regional representation to ensure that common goals are met, while recognizing the unique needs of each area.

**Plan to screen potential participants and conduct tailored, validated needs-based assessments:**

As summarized previously, the Classification Officer in Alachua County conducts the first screening at booking in to identify mental illness and/or substance abuse issues. The Classification Officer will then refer the defendant to the CJMHSAG screener at the jail, who is an employee of the Alachua County Sheriff's Office and a contracted employee of this grant request. The screener will send all referrals to the CJMHSAG Forensic Program Director at Meridian by email the same day. The Program Director will review all referrals to determine if the case meets criteria for admission to the Program. If the referral does not meet the basic admission criteria, the individual will be referred to another program if appropriate (e.g., Veteran's Administration, Agency for Persons with Disabilities, Court Services, residential substance abuse treatment), and recommendations will be made to the referral sources.

The Forensic Program Director will notify the defense attorney by email if the defendant is eligible to be in the program and monitor the attorney's response. If the participation in the program is a condition of release, the Forensic Specialist will go to the jail and complete re-entry (transition) planning with the inmate. The Forensic Specialist will also complete re-entry planning with defendants who are to be released but are not court ordered to the program based on notification by the jail screener.

In Bradford County, the CJMHSAG Forensic Recovery Specialist will be responsible for all screening for mental health and/or substance abuse for the Forensic program and for monitoring the release status of incarcerated defendants. The Forensic Recovery Specialist will then email referrals to the Program Director, who will follow the procedures described above.

CJMHSAG staff will also conduct screenings for the consortium counties at the Office of the Public Defender, Office of the State Attorney, Court Services Office, and at the Courthouses. On-Site screening will be provided for walk-in referrals at Meridian offices in Bradford and Alachua counties.

Forensic Team members use evidence-based, person-centered **Motivational Interviewing (MI)** to engage individuals both pre- and post-release in order to explore ambivalence to change and to promote program retention. MI encourages clinicians to meet participants where they are in a non-judgmental and non-adversarial style with respect to their demographics, literacy level, sexual identity and/or disability.

Upon assignment of a case, the Forensic Specialist will conduct a complete intake evaluation using Meridian's Forensic Intake process, which incorporates the evidence-based **GAINS Reentry Checklist** and **Historical Clinical Risk Management-20, Version 3 (HCR-20 V3)**. The GAINS Reentry Checklist and HCR-20 V3 will be done at admission, discharge, quarterly and at any change in client status. The GAINS checklist assesses for the individual's needs across the major domains (e.g., housing, medication, health care, benefits, income, food), and the HCR 20 V3 is used for the assessment and management of violence risk.

The proposed program will expand evidence-based assessment by implementing the **Risk-Need-Responsivity (RNR)** tool. Recommended by SAMHSA, this tool was chosen for its focus on identifying individuals with mental illness and co-occurring disorders who also have medium to high risk factors for recidivism. The RNR targets an individual's criminogenic risks (antisocial attitudes, values and beliefs) and the most effective interventions to address these needs. Research shows that working on both criminogenic and non-criminogenic needs produces better outcomes, especially those related to recidivism, for incarcerated individuals with mental illness. A 2010 study (Morgan, Fisher, Duan, Mandracchia) of adult offenders with mental illness reported the following: 1) 66% had belief systems supportive of a criminal life style (based on the Psychological Inventory of Criminal Thinking Scale (PICTS); 2) when compared to other samples, male offenders with mental illness scored similar or higher than non-mentally disordered offenders; and 3) on the Criminal Sentiments Scale-Revised, 85% of men and 72% of women with mental illness had antisocial attitudes, values and beliefs that

were higher than incarcerated samples without mental illness.<sup>8</sup> The RNR helps identify these attitudes, values and beliefs and assists with decision support at the client, forensic program and court system levels through three components:

1. “R” - Risk factors: The RNR helps the forensic staff identify individuals who have the highest risks. The RNR increases efficacy and reduces costs by focusing the most intensive interventions on higher risk individuals. Research has shown that low risk individuals may not improve or may get worse with intensive interventions.<sup>9</sup> Major risk factors identified are antisocial/pro-criminal attitudes; pro-criminal associations; temperamental and anti-social personality patterns; a history of antisocial behavior; family criminality; low levels of personal, educational, vocational or financial success; low levels of prosocial activities; and substance abuse.
2. “N” – Need: The RNR helps the forensic staff assess what to target for change in the client, i.e., their needs and issues causing them to become incarcerated, so that the forensic team interventions can be focused on these needs. Unlike other assessment tools, the RNR emphasizes two types of need: criminogenic needs, which are primarily attitudes, peer associations, personality, substance abuse, and non-criminogenic needs, which are primarily mental illness, self-esteem, discipline, and physical activity.
3. “R” – Responsivity: The RNR helps identify the cognitive-behavioral interventions designed to decrease anti-social behaviors and increase prosocial behaviors. Examples of cognitive-behavioral interventions include Thinking for a Change, Strategies for Self-Improvement and Change, and Reasoning and Rehabilitation.

Upon assignment, the Forensic Recovery Specialist, who is trained in diagnosing mental health, substance abuse and co-occurring disorders, will also conduct a Biopsychosocial Evaluation using *Essentia*<sup>TM</sup>, Meridian’s electronic medical record system. *Essentia*<sup>TM</sup> includes evidenced based assessment tools used throughout Meridian. This Biopsychosocial assessment is trauma focused, client centered, and co-occurring using strength-based approaches. It allows users to document in real time, as well as review historical data in the system. The medical record also has the capacity to track inpatient psychiatric admits/discharges, appointment compliance and data for status updates to stakeholders. The GAINS Reentry Checklist and the HCR-20 V3 have been integrated into the *Essentia*<sup>TM</sup> system.

The screening and assessment process will gather information required to develop fully-

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<sup>8</sup> R.D. Morgan, R. D., W.H. Fisher, N. Duan, J.T. Mandracchia., & D. Murray, “Prevalence of Criminal Thinking among State Prison Inmates with Serious Mental Illness,” *Law and Human Behavior*, 34, no. 4, (2010) : 324–336, doi:10.1007/s10979-009-9182-z.

<sup>9</sup> Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, “Emerging Issues in Behavioral Health and the Criminal Justice System,” accessed September 11, 2016, <http://www.samhsa.gov/criminal-juvenile-justic/behavioral-health-criminal-justice>.

informed treatment plans, e.g., the individual's demographics; housing, pre and post arrest; food, clothing, utilities, phone, transportation; family, children; healthcare, insurance, ability to pay for treatment and services; mental health, substance abuse; functional skills, literacy, problem solving; income; and legal status, as well as criminogenic risks. Within one week of the Biopsychosocial Evaluation, the Forensic Recovery Specialist, in collaboration with the Forensic Specialist and with active input from the client, will develop a treatment plan. The treatment plan will be updated every three months. The Biopsychosocial will be updated before each treatment plan is developed or upon changes in client status. Depending on the plan identified, clients will be referred to treatment/counseling and/or to a Forensic Specialist for case management/support services.

Peer specialists will augment care through mentoring, advocacy and follow-up. In addition to the clinical assessment, clients may be staffed with the State Attorney and Public Defender for participation in therapeutic courts and other diversion programs that can result in dismissal of charges upon successful completion of treatment.

**How the program will coordinate care to increase access to mental health, substance abuse and co-occurring treatment and support services and ancillary social services:**

To facilitate participant access to treatment, recovery support and ancillary social services, the CJMHSAG program will implement a care coordinated, multidisciplinary team approach. This approach will promote stabilization of high-need, high-risk participants by coordinating all treatment and related services with the participant rather than simply providing service linkages and having participants navigate separate and complex service systems. Providing care coordination, the Forensic Diversion Team will facilitate transition to individualized and integrated community-based services, which the participant can maintain over a longer period of time. As a result, the participant remains stabilized and recidivism is prevented. Care coordination is supported through frequent communication with all stakeholders in the client's recovery (e.g., the client, family member when available, service providers, the courts, attorneys, peer specialists, etc.), including, but not limited to, weekly multi-disciplinary case staffings.

If the screening and assessment described above indicate a need for outpatient services, then both the Forensic Specialist and Forensic Recovery Specialist will work as a team with other community stakeholders to provide integrated Forensic case management and treatment services on an intensive outpatient level. Evidence based models implemented include, but may not be limited to, APIC, Motivational Interviewing, Moral Reconciliation Therapy®, Cognitive Behavioral Therapy and Trauma-Informed Therapy (see *"Intensified Transition Services While in Jail"* on page 39 and *"Linkages to Community-based, Evidence-based Treatment Programs"* on page 41 for more information on these models.) As part of the Forensic Team, the Psychiatric Advanced Registered Nurse Practitioner (ARNP) will assess the need for medication as part of the treatment of the person's mental illness or substance use disorder.

If the screening and assessment indicate that inpatient services are required, the Forensic Specialist will facilitate admission of the client into a residential treatment setting. When indicated, the Forensic Team will refer clients to other Meridian

programs, such as crisis stabilization, residential treatment, detox

homelessness and have a medical impairment, mental illness, and/or a co-occurring substance use disorder. Because of this experience, Meridian has been able to expedite benefits for eligible consumers. The Benefits Coordinator and relevant Forensic Team staff will be SOAR trained and responsible for screening applicants for benefits, preparation of new and reinstatement applications and managing benefit applications that are in progress. The SOAR process will be initiated while participants are in jail and followed up by the CJMHSAG staff when inmates are released.

**Healthcare:** Research has shown that the target population of individuals with chronic mental illness or co-occurring disorders also experience high rates of comorbid physical disorders, including chronic conditions such as cardiovascular disease, diabetes, and respiratory disease.<sup>10</sup> The very nature of serious mental illness and substance use disorders also makes self-management of chronic health conditions more challenging for individuals. Because of these challenges, along with lack of access, lack of insurance, trauma and other factors, individuals will often seek healthcare services only when in crisis and followed up 30 days after release. (p. 65) (0-19.51 -1g 0 ma39 TTD.001022 Tw( as rf9i5sease.)Tour-1.1e



year one of the proposed program, which will be dedicated to reviewing and presenting housing models and innovative programs appropriate for the target population. The members of the committee will also coordinate resources with existing and new housing partners, including the Alachua County Neighborhood Stabilization Program; the North Central Florida Alliance for the Homeless and Hungry; the Alachua and Gainesville Housing Authorities; and Meridian's Supportive Services for Veteran Families (SSVF) program and HUD properties. The Planning Committee and its partners will continue to actively pursue additional funding for housing initiatives.

**Vocational/Employment Services:** Forensic staff will work in partnership with CareerSource North Central Florida for vocational and employment supports, including programs designed for individuals who have been incarcerated. The program will assist CJMHSAG clients with accessing CareerSource training opportunities for meaningful employment, e.g., CareerSource's STEM Ready program, a U.S. Department of Labor funded program providing training, internships and job placement assistance in STEM careers within the region; CareerSource scholarships for unemployed or



**Strategies to Serve the Target Population:**

The CJMHSAG program will include the strat

this type of evidence-based model as a new diversion option, a priority focus area identified during the most recent SIM workshop.<sup>13</sup>

**Specialized Diversion Program (Intercepts 1-5):**

Monitoring also occurs when the Forensic Diversion Team coordinates with monitoring agencies, including Court Services (pretrial and misdemeanor probation) and Department of Corrections Probation (felon probation). Often, the Team makes recommendations to the courts for orders that target interventions addressing the participants' high reoffender risks, including criminogenic and non-criminogenic needs.

See the sections immediately following for more information on Diversion services provided.

**Intensified Transition Services While in Jail (Intercept 3):**

CJMHSAG was designed to provide a seamless transition into treatment for the target population starting in the jail. Intensive case management starts from screening in the jail to advocating in court, release to the community and into appropriate treatment with the goal of eliminating "red tape" and long delays for the participant. Through coordination with the program ARNP, psychiatric services and medications are available and monitored as needed.

CJMHSAG implements the evidence-based transition planning model APIC (Access, Plan, Identify, Coordinate), which was designed specifically for a jail population with co-occurring disorders. Meridian will continue to train all Forensic Specialists in the APIC model.

A critical element of the APIC model is ensuring that the plan for transition considers special needs related to culture, primary language, age, and gender, so that participants are linked with accepting and supportive services and compatible peer groups. Within the model, engaging the participant to assess his or her own needs is also key to

	for treatment and services; mental health, substance abuse; functional skills, literacy, problem solving; income; legal
<b>Plan for the treatment and services required to address the inmate's needs</b>	Based on data gathered, plan for short-term and long-term needs, including the critical period immediately following release (e.g., housing and other basic needs, medication, healthcare) Learn from inmate what has worked/not worked in past transitions, seek family input as is possible. Initiate benefits process for eligible inmates
<b>Identify required community and correctional programs responsible for post-release services</b>	1) Improve safety by allowing communication and multidisciplinary case management and release planning 2) Enable treatment providers to communicate continuing plan referrals between agencies.
<b>Coordinate the transition plan to ensure implementation and avoid gaps in care with community-based services</b>	Provide administrative oversight of the assessment and planning process to assure information is routinely collected and translated into practical transition

Implementation of the APIC model is further supported by the program's use of the GAINS Reentry Checklist, which assesses for needs within the principle domains identified by the APIC (e.g., r

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Forensic Specialists will assist the court and attorneys in both Alachua and Bradford

information and advocacy, including attending court and/or court

provide any assistance

with Courts, Drug

. The CJMHSAG

provide outreach services

**Linkages to Community-based, Evidence-based Treatment Programs (Intercept 4):**

Meridian provides person-centered, community based and solution focused treatment to CJMHSAG participants as determined by assessment. Treatment options include a range of evidence-based mental health and/or substance abuse interventions (individual

the Gainesville Police Department, which provides assistance to young men who have been involved in the juvenile or criminal justice systems.

As stated above, the Forensic Team will also implement the pilot co-responder team at high emergency response areas in Alachua County: the downtown Gainesville area and Dignity Village/Grace Marketplace.

As part of the consortium strategies, the Forensic Team and CJMHSAG Planning Committee members will work with the program's Bradford partners and other area stakeholders to identify prevention opportunities for Bradford County.

## **PERFORMANCE MEASURES**

### **Description of the process for collection of performance measurement data and any other state or local outcome data to measure project effectiveness:**

Data collection for the program will continue to be a collaborative effort among Meridian, the 8<sup>th</sup> Judicial Circuit, Court Services, the Jails and the other key program partners for information such as arrest and number of jail days. These partners have had procedures in place to capture data for their forensics programs for nine years. Data in support of performance measures and program progress will be reported to the CJMHSAG Forensic Program Director. The CJMHSAG Forensic Program Director and Executive Program Support Staff person will have the responsibility of consolidating from these sources and preparing monthly, quarterly and final reports, which will be reviewed and approved by the Planning Committee. Planning Committee Subcommittees may be formed to assist with data collection and reporting.

The Meridian Electronic Medical Record (EMR), *Essentia* , captures all client level data, including demographics, assessments, treatment and service plans, medical history, social supports, payor source, income, education, criminal history, and forensic hospital and acute services history (CSU, detox). The EMR has been augmented to track clients participating in the CJMHSAG grant program, including the ability to track appointment compliance and data for status updates to the court system and access to other services received by CJMHSAG participants. The EMR also assists with discharge planning and tracks individuals for follow-up. The GAINS Reentry checklist and the HCR-20 V3 are also integrated into the EMR. Because the Forensics Team members have access to each record, participant records can be updated quickly. The trained Executive Program Support Staff person, with the oversight of the Forensic Program Director, will be able to run reports on EMR data at any interval.

Data collection will be done in a confidential manner as specified in established policies and procedures. Meridian and the members of the consortium are committed to ensuring the confidentiality of protected health information and will provide appropriate measures to ensure the integrity and confidentiality of that information against any reasonably anticipated threats or hazards to its security integrity, unauthorized use and disclosure. All new and existing Meridian staff, interns and volunteers receive mandatory training related to the Health Insurance Portability and Accountability Act (HIPAA) and other relevant issues and Federal and state standacollTc-.0004 Tul



a password protected file on a password protected computer with adequate firewalls and security as defined by standards and regulations. Workstations will be positioned away from public view or screen protected to ensure confidentiality. Information collected for reports will not contain identifiable information on program participants.

The specific data collection methodology for each performance measure is further detailed in the tables that follow.

**Proposed targets and methodologies to address the measures specified in RFA Section 2.4.2:**

The table below shows the data collection and tracking methodology and benchmark targets for the required performance measures.

<b>Required Program Performance Measures</b>		
<b>Performance Measure</b>	<b>Methodology to Report</b>	<b>Proposed Target</b>
1. Percent of arrests or re-arrests among Program participants while enrolled in the Program	Data compiled using LINDAS system through Clerk of the Circuit Court and the FLCCIS; new arrests/re-arrests are recorded in Meridian database	65% of Program

<b>Required Program Performance Measures</b>		
<b>Performance Measure</b>	<b>Methodology to Report</b>	<b>Proposed Target</b>
4. Percent of Program participants who reside in a stable housing environment one year following Program discharge	Housing status recorded in Meridian EMR on admission; self-report for historical data; monitoring of treatment plan while in program; tracked in Meridian's Forensic database  Quarterly follow-up after discharge by Peer Specialist to include current housing status; recorded in Meridian's Forensic database	65% of those participants not residing in stable housing at Program admission will report living in a stable housing environment one year after Program admission.
5. Percent of Program participants not employed at Program admission who are employed full or part time within 180 days of Program admission	Self-report for historical data; monitoring of treatment plan while in program; tracked in Meridian Forensic database	A minimum of 50% of those participants not employed at Program admission and who are not receiving disability or have a disability case pending will be employed full or part time within 180 days of admission.
6. Percent of Program participants employed full or part time one year following Program discharge	Self-report for historical data; monitoring of treatment plan while in program; tracked in Meridian Forensic database  Quarterly follow-up after discharge by Peer Specialist to include participant's current employment status; recorded in Meridian's Forensic database	A minimum of 50% of those participants not employed at Program admission and who are not receiving disability or have a disability case pending will be employed full or part time one year following Program discharge.

<b>Required Program Performance Measures</b>		
<b>Performance Measure</b>	<b>Methodology to Report</b>	<b>Proposed Target</b>
7. Percent of Program participants the Grantee assists in obtaining social security or other benefits for which they may be eligible but were not receiving at Program admission	Benefits Coordinator (Alachua) or Recovery Specialist (Bradford) tracks 1) number of applications/re-certifications prepared 2) benefits received by applicants; recorded in internal database	65% of those Program participants determined to be eligible for social security or other benefits have received SSI/SSDI through the SOAR process.
8. Percent of Program participants diverted from a State Mental Health Treatment Facility	Clinical records in Meridian EMR,; recorded in Meridian Forensic database	45% of total eligible participants will be diverted from Forensics hospital admissions.

**Additional proposed performance measures unique to the tasks outlined in the application, including proposed targets and methodologies:**

The table below lists the additional performance measures proposed by the consortium and the related methodology and benchmark targets.

<b>Proposed Performance Measures</b>		
<b>Performance Measure</b>	<b>Methodology to Report</b>	<b>Proposed Target</b>
9. Percent of Program participants receiving increased access to comprehensive community-based behavioral health services	Clinical records in Meridian EMR, and internal Meridian database measured one year post admission compared to one year pre-admission	50% of Program participants reporting having received increased access to comprehensive community based behavioral services one year past admission to the program
10. Percent of increase in the number of officers receiving CIT and/or MFHA training	Alachua County CIT Coordinator training logs and Meridian training logs	20% increase in officers trained annually

<b>Proposed Performance Measures</b>		
<b>Performance Measure</b>	<b>Methodology to Report</b>	<b>Proposed Target</b>
11. Percent of decrease in the number of jail bed days for target population demonstrating reduced spending in criminal justice	Monthly report based on LINDAS and FLCCIS data pre and post admission	60% reduction in jail days 1 year past admission to the program

**CAPABILITY AND EXPERIENCE**

**Capability and experience of the Applicant and other participating organizations, including law enforcement agencies, to meet the objectives detailed in the RFA:**

**Meridian Behavioral Healthcare, Inc.** is a private not-for-profit corporation that has provided quality and affordable behavioral health care for the past 44 years. Serving predominantly a 10-county area in North Central Florida, Meridian’s services are community-based, person-focused, and designed to be congruent with the demographics and cultural and linguistic needs of those served. Meridian is licensed by the Florida Department of Children and Families, the Agency for Health Care Administration, and the Drug Enforcement Agency to provide a full range of co-occurring enhanced services, including crisis stabilization and detox; psychiatric treatment and medication management; and in-patient, residential, and outpatient mental health and substance use disorder treatment services. In Alachua County, Meridian also provides a primary care clinic focused on integrated care for those with co-occurring physical disorders and mental illness. Additionally, Meridian provides supportive services for specialty populations through veterans’ programs, supportive housing, family services and supported employment. Meridian works collaboratively with Lutheran Services Florida, the Managing Entity, to ensure that services are integrated within the area’s coordinated system of care and that licensure and other requirements are in place. Meridian’s programs, including the criminal justice diversion component of outpatient services, are accredited by the Council for Accreditation of Rehabilitation Facilities (CARF). Meridian participates in over 90 local coalitions, faith-based organizations, local government advisory boards, and civic groups within North Central Florida. This participation allows the organization to adapt quickly to changes in community culture and environment. As the certified lead agency for this project, Meridian has broad expertise in forensics programming and a successful history working with Alachua, Bradford and surrounding counties to further forensics initiatives. The Meridian Forensic Program employs an experienced, professional staff, which provides outreach, intervention, case management/care coordination, peer specialists, recovery support services and treatment for justice involved individuals with mental illness and/or substance abuse disorders. The Forensic Program also includes specialized services, such as Court Advocacy. Additionally, the Forensic Program works collaboratively across 10 North Central Florida counties to provide services for individuals with mental illnesses who have been deemed Incompetent to Proceed or Not Guilty by Reason of Insanity by the criminal court. The Meridian Forensic Team has

been a primary partner in the Alachua County's CJMSA Reinvestment Grant program since it was first implemented in 2008 and in its subsequent expansions. The organization has extensive experience and the clinical and administrative capacity to manage complex state, federal and county grants and contracts. Meridian's Finance and Accounting Department has the ability to work with and oversee expenditure-based, grant, capitated, and fee-for service contracts. Meridian's administrative departments routinely manage performance based contracts with funding entities and subcontractors, and have the experience and capacity to submit invoices, report services and outcomes and monitor subcontracts.

**Alachua County** has consistently demonstrated collaborative approaches to addressing the needs of those with mental illnesses or substance use disorders, including justice involved individuals. Since 1998, the Public Safety Coordinating Council (PSCC) has been addressing jail overcrowding and exploring alternatives to incarceration, quickly identifying the need to divert those with mental illnesses and substance use disorders. In 2005, it created the Mental Illness Work Group (MIWg), with key stakeholders to bring forward a comprehensive plan to address that need. Using MIWg as a platform for further program planning, in 2007 the County Commission established the CJMHSAG Planning Committee to promote the development of services and serve as the committee for the CJMHSAG program. Working in close partnership with NAMI and Lutheran Services Florida, the County has provided funding and other support to assist in promoting awareness and increasing services for those with mental

The

Because of consistent positive outcomes and stakeholder involvement, CJMHSAG has been recognized on the local, state and national level, as shown in the examples below:

Recognized in the Alachua County Stepping Up Initiative as a critical component towards the decriminalization of mental illness

Recognized as providing critical services for the success of Alachua County specialty courts: Felony Forensics and Mental Health Court

Recognized by the Florida Mental Health Institute, University of South Florida as a county program with long-term positive stakeholder relationships aiding in the SIM and implementation of any gap needs

Recognized at the Academy of Criminal Justice Sciences Annual Meeting as an effective program

Recognized by the national SAMHSA GAINS Center for providing “How Trauma Informed Improves Criminal Justice Responses” training to over 1,200 people

**Availability of resources for the proposed project:**

CJMHSAG is a highly valued program by law enforcement and other area stakeholders who are willing to invest personnel and other resources for the project. The proposed project will benefit from the consortium’s investment in services and personnel through both in-kind (\$ 471,417) and cash match (\$1,130,000).

Meridian’s value-added services, such as Crisis Stabilization, Detoxification, Opioid Treatment Program, Partial Hospitalization Program, Psychiatric Services, Medication Management and integrated Primary Care are available for forensic clients by referral as needed. Program resources also inclCaret and

supportive housing partner Perspectives; and the Meridian Housing Specialist position and HUD housing programs. The program will also collaborate with NAMI and the Florida Suicide Prevention Coalition for participant education and support.

**Anticipated role of advocates, family members, and responsible partners:**

The CJMHSAG Planning Committee includes a family member, a primary consumer of mental health services and a primary consumer of substance abuse services, who play a key role in proposing and approving CJMHSAG strategies, including the implementation and expansion initiatives in this application. Family members and consumers participated in the most recent SIM workshop. Family members/partners will continue to play significant planning and evaluation roles for the proposed program.

**Recovery Oriented Services** are a priority for the CJ





**Benefits Coordinator** (100% effort): The Benefits Coordinator will be SOAR trained and responsible for screening applicants for benefits, preparation of new and reinstatement applications and managing benefit applications that are in progress. Alachua County will staff this position as an in-kind to the project.

**Psychiatric Advanced Registered Nurse Practitioner (ARNP)** (20% effort): The ARNP will provide services that assist referred clients with their psychiatric and substance use disorder needs. This position is supervised by Meridian's Medical Director, a Board Certified psychiatrist. The ARNP will have access to Meridian's sample medication and pharmaceutical assistance programs to ensure access to critical medication.

**Admission Coordinator/Screeners** (100% effort): This individual will complete release plans for incarcerated defendants meeting the criteria for this project and assist the Program Director with placement into the correct services. This position works closely with the Courts, Public Defender's Office and Program Director. The Admission Coordinator/Screeners is a contracted employee of the Alachua County Jail and is based at the jail. This individual has experience in screening and referring inmates.

**Criminal Justice Liaison (.50% effort):** The Criminal Justice Liaison, Stuart Wegener, will monitor financial activities related to the CJMHSAG program. Duties will include oversight of monthly invoices submitted to Alachua County for payment associated with the County cash match and in-kind expenses for the grant. The Liaison will also be engaged in coordinating the meeting activities and work product associated with the CJMHSAG Planning Committee, including implementation of the newly adopted Sequential Intercept Mapping (SIM) Plan of Action. Mr. Wegener is a veteran (6 year) employee of the Alachua County Court Services Department with a myriad of roles, including grant management/writing and supervisory responsibilities within the Administrative Support Staff Division of the Department. Mr. Wegener has provided oversight, monitoring and coordination of the CJMHSAG Grant 3, including staffing of the CJMHSAG Planning Committee, and serves on behalf of Alachua County as the liaison to the Department of Children and Families for all grant reporting activities. Alachua County will staff this position as an in-kind to the project.

**Executive Program Support Staff (100% effort):** This staff member will be responsible for the collection of data and program reporting, as well as other administrative duties with the oversight of the Program Director. Qualifications include a Bachelor's degree and two years of related experience in a similar position. An Associate degree and four years of related experience may substitute for a Bachelor's degree.

**Vice President** (10% effort): The Vice President supervises the Program Director and serves as a program liaison with Executive Management.

**Lieutenant, Bradford Sheriff's Office (.50% effort):** The Bradford County Sheriff's Lieutenant will be responsible for working with the Forensic Recovery Specialist to coordinate and implement services in the jail, including screening, assessment and referral. This position will also assist with the collection of identified CJMHSAG population data. Bradford County will staff this position as an in-kind to the project.

All CJMHSAG staff members will receive ongoing training, including training in evidence-based models as is relevant to their jobs (HCR-20 V3, GAINS Re-entry Checklist, APIC, Mental Health First Aid, SOAR, Trauma-Informed Responses and Sequential Intercept Model).

Meridian's executive, fiscal and quality improvement teams will contribute to program management, administration and coordination. Jail and Court Services staff will contribute by providing referrals, status monitoring, coordination of services and release planning.

## **EVALUATION AND SUSTAINABILITY**

### **Evaluation:**

The program will collect data using a variety of quantitative and qualitative methods. All data will be analyzed and reported in various monthly and quarterly reports. These reports will be used to identify trends and will assist in ongoing program planning and implementation. The grant incorporates support staff to assist the CJMHSAG Program Director with collecting and reporting data for decision making by the Planning Committee, the lead agency and other stakeholders. All reports will be reviewed and approved by the Planning Committee. Quarterly and final reports will also be submitted to and reviewed by the Department in accordance to the Department's timeline.

See "Performance Measures" on pages 42-46 for detailed information on the data collection process and the specific methodology for each measure. In summary, the process for collecting performance measure data will be as follows:

*Public Safety and Recidivism Measures:* 1) Data on the percent of arrests/rearrests among program participants while enrolled in the program and within one year following admission will be collected through the LINDAS system through the Clerk of the Circuit Court, through the FLCCIS (for Bradford County) and Meridian Forensic database. 2) Data on the percent of participants diverted from a State Mental Health Treatment Facility is tracked through clinical records in Meridian's EMR and recorded in Meridian Forensic database. 3) Data on the percent of increase in the number of officers receiving CIT or MFHA training is recorded and tracked through the Alachua County CIT Coordinator training logs and Meridian training logs. 4) Percent of increase in the number of jail bed days for the target population is compiled in a monthly report based on LINDAS and FLCCIS data pre and post admission.

*Access to Services and Supports:* 1) Data on the percent of participants without stable housing who obtain stable housing at 90 days after admission and one year following discharge will be obtained from the Meridian EMR at admission, monitored through self-report and the individual's treatment plan and tracked in Meridian Forensic database. 2) Data on the percent of participants not employed who are employed within 180 days after admission and one year following discharge will be monitored through self-report and the individual's treatment plan and tracked in Meridian Forensic database. 3) Data on the percent of participants assisted in obtaining social security or other benefits for which they may be eligible but were not receiving at admission is tracked by staff and recorded in an internal database. 4) Data on the percent of participants receiving increased access to behavioral health services is obtained from the Meridian EMR and

internal Meridian database at one year post admission and compared to one year pre-admission.

Additionally, the program will measure stakeholder support through Planning Committee Meeting Minutes and attendance, workgroup and subcommittee logs and attendance, the addition of new community partnerships as logged by the Program Director and through Planning Committee survey. Participation in the annual SIM workshops will also be logged.

Stakeholder service satisfaction and service coordination will be collected through survey. This past year the Planning Committee developed an annual survey, via SurveyMonkey, measuring their satisfaction with services provided at each point in the local criminal justice system continuum. Participant service satisfaction will be measured and input gathered through survey, interview and focus groups.

The results of the evaluations will be used to monitor the program's outcomes and effectiveness and ensure that 1) effectiveness and efficiency are maintained within the program; 2) progress on the program objectives and outcomes is communicated to the Planning Committee and the public; and 3) ongoing quality improvement is promoted.

The Planning Committee will develop a plan to address any performance measures/program outcomes that are below the targeted goal, and program design will be reviewed to ensure fidelity to the implementation plan. The Planning Committee will designate subcommittees/workgroups to further address issues and challenges as needed.

**The effect of the proposed project on the Target Population related to the budget of the jail:**

By reducing the number of jail days for clients who are better served by community based care, the proposed program will also reduce jail expenditures. An estimate of future cost savings can be made by looking at a past data sample for the period April 2013 through March 2014.

A preliminary cost savings analysis based on the period compares the costs of incarceration for clients one year prior to their admission into the Alachua County CJMHSAG program and one year after their admission into the program. Clients spent a total of 12,544 days in jail in the one year period prior to their admission, but only 5,737 days in jail in the one year period after their admission. Therefore, for participants admitted into the program, there was a noticeable decline in the number of days jailed.

At an estimated \$84 per day for “standard” jail (Alachua County blended rate for all inmates’ costs) and an estimated \$125 per day for psychiatric inmates (based on data from Miami-Dade County in 2006), the program is clearly bending the curve on future costs. Based on the reduction of jail days and the daily cost figures, the CJMHSAG program saved between \$571,788 and \$850,875 in averted jail costs.

**How the cost savings or averted costs will sustain or expand the treatment services and supports needed in the community:**

Research has shown that individuals with mental illnesses tend to have longer jail stays and are at higher risk of re-arrest and incarceration than those without mental illness. Local jails spend two to three times more on adults with mental illnesses and co-occurring disorders, yet returns on this investment related to the individual’s recovery and to public safety are minimal.<sup>17</sup> CJMHSAG’s success at diverting individuals with mental illness, substance use disorder or co-occurring mental illness and substance use disorders from jail has allowed Alachua County to re-invest the cost savings into enhancing and sustaining local systems of care for the target population. **The proposed program will focus on improving recidivism outcomes to promote public sector cost savings for the consortium counties. Implementation of the new RNR tool, for example, will maximize efficiency by tying risk and need to type and level of care.** By taking a “community” approach over incarceration, programs such as CJMHSAG save taxpayers money, thereby increasing buy-in for sustainability of services and furthering local and state efforts to re-invest into mental health and

**How the proposed initiative will reduce the number of individuals judicially committed to a state mental health treatment facility:**

The Forensic Team will work collaboratively within Alachua and Bradford counties to provide services for individuals with mental illnesses who have been deemed Incompetent to Proceed or Not Guilty by Reason of Insanity by the criminal court under FS916. All participants under FS916 will receive case management and services with the goal of diverting eligible participants from State Forensic Hospital admission. The

mental health services. Strategies include, but are not limited to, continuing with the Alachua County Stepping Up Initiative, as well as developing a schedule of educational presentations, trainings and public activities to enhance public awareness in both Alachua and Bradford Counties.

Sustainability will be supported by the combined resource development experience of CJMHSAG partners who have effectively leveraged funding from a variety of public and private sources to serve the target population. The effectiveness of the CJMHSAG program has played a major role in recent federal and private funding awards. For example, in 2015 Meridian obtained a multi-year SAMHSA Offender Reentry Program grant and a family foundation grant to support forensic clients without transportation. Meridian was also successful in leveraging community-wide resources to obtain federal funding for Veterans services. In accordance with the Strategic Plan, Planning Committee members or other stakeholders will apply for a mini





YEAR 1	1	2	3	4	5	6	7	8	9	10	11	12	
Hire/Train new Forensic Diversion and Executive Program Support Staff (program uses existing staff for most positions)  Date(s): hiring and orientation training completed by April 1, 2017	X												CJMHSAG Program Director
Provide ongoing training for Forensic Diversion Team on evidence-based engagement and treatment models (MI, MRT, etc.)  Date(s): ongoing April 1, 2017-March 31, 2018	X	X	X	X	X	X	X	X	X	X	X	X	CJMHSAG Program Director
Complete annual staff and partner training of evidence-based screening and assessment tools  Date(s): April – May, 2017	X	X											Forensic Specialists Forensic Recovery Specialists Benefits Coordinator (Court Services) Jail Screener (ACSO)
Finalize data collection and information system to track individuals during program involvement and for at least one year after (by start date of grant cycle)  Date(s): by start date of program – April 1, 2017	X												CJMHSAG Program Director Circuit 8 Court Administrator Clerk of the Court

YEAR 1	1	2	3	4	5	6	7	8	9	10	11	12	
Review and update referral procedures Date(s): by start date of program – April 1, 2017	X												Planning Committee Workgroup

Cross-train criminal justice partners on referral process

Date(s): April-May, 2017 and six months into grant cycle (September 2017)

YEAR 1	1	2	3	4	5	6	7	8	9	10	11	12	
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Implement screening and assessment of

<b>YEAR 1</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	
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Meridian Behavioral Healthcare: RFA06H16GS1

YEAR 1	1	2	3	4	5	6	7	8	9	10	11	12	
Complete quarterly progress report Date(s): anticipated July 15, 2017; October 15, 2017, December 15, 2017, April 15, 2018 or as designated by Department				X				X				X	Executive Program Support Staff CJMHSAG Program Director
Complete quarterly financial report Date(s): anticipated July 15, 2017; October 15, 2017, December 15, 2017, April 15, 2018 or as designated by Department				X				X				X	Meridian Finance Department
Participate in SIM analysis by end of each grant year to include Bradford County Date(s): by end of year 1 (March 31, 2018)												X	Consortium Planning Committee members CJMHSAG Program Director Other area stakeholders

Activity	Milestones (Months in Grant Year)												Responsibility
YEAR 2	1	2	3	4	5	6	7	8	9	10	11	12	
Community Outreach and Engagement: Alachua and Bradford counties (ongoing) Date(s): ongoing April 1, 2018-March 31, 2019	X	X	X	X	X	X	X	X	X	X	X	X	CJMHSAG Program Director
Provide ongoing training for Forensic Diversion Team on evidence-based engagement and treatment models (MI,	X	X	X	X	X	X	X	X	X	X	X	X	CJMHSAG Program Director

YEAR 2	1	2	3	4	5	6	7	8	9	10	11	12	
MRT, etc.)  Date(s): ongoing April 1, 2018-March 31, 2019													
Complete annual staff and partner training of evidence-based screening and assessment tools  Date(s): April – May, 2018	X	X											Forensic Specialists Forensic Recovery Specialists Benefits Coordinator (Court Services) Jail Screener (ACSO)
Collaborate with consortium stakeholders (state attorney, law enforcement, jail staff, etc.) to share information/resources for target population  Date(s): April 1, 2018 and ongoing through March 31, 2019	X	X	X	X	X	X	X	X	X	X	X	X	Consortium Planning Committee Members Other key stakeholders
Implement specialized responses by law enforcement (CIT, MHFA, Trauma Informed Criminal Justice Responses, Co-responder Program with Gainesville Police Department)  Date(s): April 1, 2018 and ongoing through March 31, 2019	X	X	X	X	X	X	X	X	X	X	X	X	CJMHSAG Program Director Alachua County Crisis Services Gainesville PD Alachua County Sheriff's Office Bradford County Sheriff's Office



YEAR 2	1	2
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Meridian Behavioral Healthcare: RFA06H16GS1

YEAR 2	1	2	3	4	5	6	7	8	9	10	11	12	
Date(s): anticipated July 15, 2018; October 15, 2018, December 15, 2018, April 15, 2019 or as designated by Department													CJMHSAG Program Director
Complete quarterly financial report				X				X				X	Meridian Finance Department
Date(s): anticipated July 15, 2018; October 15, 2018, December 15, 2018, April 15, 2019 or as designated by Department													
Participate in annual SIM analysis by end of each grant year													

Date(s): by end of year 1 (March 31, 2019)



<b>YEAR 3</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>		
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YEAR 3	1	2	3	4	5	6	7	8	9	10	11	12	
Date(s): ongoing monthly April 2019-March 2020													
Conduct expansion and sustainability Discussions/Planning Date(s): quarterly based on program start date			X			X			X			X	Consortium Planning Committee Members
Complete quarterly medical record case audits to measure fidelity of the EBPs Date(s): quarterly based on program start date			X			X			X			X	CJMHSAG Program Director
Complete weekly clinical case staffing Date(s): weekly beginning April 2019 and ongoing through March 31, 2020	X	X	X	X	X	X	X	X	X	X	X	X	CJMHSAG Program Director
Complete internal monthly reports of Progress/Performance Date(s): April 2019 and ongoing through March 31, 2020	X	X	X	X	X	X	X	X	X	X	X	X	Executive Program Support Staff CJMHSAG Program Director
Complete quarterly progress report and presentation to CJMHSAG Planning Committee Date(s): anticipated July 15, 2019; October 15, 2019, December 15, 2019, April 15, 2020 or as designated by Department			X			X			X			X	Executive Program Support Staff CJMHSAG Program Director

YEAR 3	1	2	3	4	5	6	7	8	9	10	11	12	
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Complete quarterly financial report

Date(s): anticipated July 15, 2019; October 15, 2019, December 15, 2019, April 15, 2020 or as designated by Department