

Project Narrative Statement of the Problem

Describe the Project’s Geographic Environment: Alachua County is located in North Central Florida with a 2012 estimated population of 251,417. The County Seat is the City of Gainesville, with a population of 124,354. Gainesville is home to the University of Florida, enrolling approximately 50,000 students annually, which presents the county with distinct challenges and opportunities. Comprising approximately 874 square miles, Alachua County is a mix of urban and rural communities with a combined median household income of \$41,373. According to the 2010 U.S. Census report, 24% of its residents live at or below the poverty level which is well above the State average of 15%. According to a report released in May of this year by the Florida Department of Education, the proportion of students who qualified for free or reduced-price lunch in Alachua County public schools during the 2012-13 school year was 52.96 percent — about 14,200 children.

Describe the target population and priority as a community concern: For this project, Alachua County will implement a pre- and post-booking, *Centrally Coordinated Criminal Justice Diversion Program (CC-CJDP)* with a primary focus on adults with high criminogenic risk factors. To accomplish this, we will introduce Centralized Coordination through outreach, assessment and treatment options at the Gainesville Community Innovation (GCI) access point, an integrated, one-stop solution for those addressing a number of social challenges with special emphasis on homelessness. GCI is owned by the City of Gainesville and financially supported by the City and Alachua County. Our data points to a strong need for expanded services to those at high risk of reoffending – particularly adults who are 18-25 who have aged out of the foster care system, and those who have already been involved in the juvenile justice system. Furthermore, research suggests that there continues to be a strong demand for comprehensive services that focus on adults re-entering the community from the Department of Corrections, Alachua County Jail, and Forensic Hospitals, and who are in and out of homelessness. The CC-CJDP will continue to build on the success of Alachua’s first and second round CJMHSAG programs by diverting individuals from the Jail through treatment, outreach and follow-up care.

Describe composition of planning council, number of meetings, strategic plan: The Criminal Justice Mental Health Substance Abuse Grant Planning Committee (CJMHSAGPC), an advisory board created by and reporting to the County Commission, met seven times since July 2012. The advisory committee is the County’s designated planning body, which was appointed in 2007 to provide oversight for the Reinvestment Grant Program. This group continues seminal efforts by Alachua County’s Public Safety Coordinating Council (PSCC), a leader in addressing mental illness among the inmates at the jail. CJMHSAGPC revised the Strategic Plan in May 2013. Its members are:

Commissioner Robert Hutchinson Alachua County Commissioner (Chair)	Michelle Hart-Wilhour, Program Manager, Alachua County Sheriff’s Office
Chief Tony Jones, Gainesville Police Dept.	Lina Catusus, Court Administrator
Jill Wells, Dept. of Juvenile Justice	Maggie Labarta, Ph.D., Director of Community Health Agency
Director of Substance Abuse Agency, Open	Tom Tonkavich, Director of County Court Services
Forrest Hallam, Director, Juvenile Justice	Virginia Seacrist, Family Member

Detention	Community-Based Treatment
Homeless Service Provider, Open	Herbert Helsel, DCF Substance Abuse and Mental Health
Jeanne Singer, State's Attorney Office	Susan Cizmadia, Circuit Administrator DOC
William Wall, Substance Abuse Services Consumer	Cindy Woodruff, Mental Health Services Consumer
Holly Stacey, Ass't. Public Defender	The Honorable Denise Ferrero, County Court Judge
The Honorable James Nilon, Circuit Court Judge	Lina Catusus, Specialty Courts Manager

While very committed to these programs, Alachua County has faced significant budgetary constraints in the past several years. Expanding its successful efforts at pre-booking and jail diversion cannot be accomplished without the assistance offered by this grant.

Justification: Based on the Sequential Intercept Model, the CJMHSAG Planning Committee 2013-2017 Strategic Plan indicates a need to expand services at Intercept 1 (Pre-Booking), Intercept 2 (Jail) and Intercept 3 (Jail Diversion). Based on information from Juvenile Justice, Partnership for Strong Families (PSF, Community Based Care lead agency), and the Gainesville Police Department, there is also a need to target young adults (ages 18-24) who have aged out of foster care and/or are identified through the youth justice system.

Analysis of contributing factors: Young adults who have left the foster care system, and the already limited systems of care that were available to them, are a particularly vulnerable population. Youth who remain in foster care until age 18 are more likely to enter the criminal justice system. A 1991 study of foster care alumni found that one out of four young adults had been in trouble with the law since their discharge from care. Half of these problems were related to drugs and alcohol. A more recent study found that this trend remains constant. Some of these young adults move quickly from the foster care system to the criminal justice system. A 2005 study reported that 30% of the male youth had experienced incarceration by age 19 (Improving Outcomes for Youth, Casey Family Programs, 2008), and that they have high risk for substance abuse, health problems and homelessness and unemployment. (Lenz-Rashid, 2004, Lopez & Allen, 2007).

Statewide data supports these national trends. The National Youth in Transition Database (NYTD) is an annual survey given to all former foster care youth (ages 18-22). Data from the 2012 Florida report show that of 18-22 year olds: only 7% are employed full time; 14% are employed part-time; only 14% have a 12th grade education and 60% moved two or more times during the prior 12 months. Of 1,821 young adult respondents, 40% had been arrested and 30% spent time in jail, prison or a correctional facility. (DCF/NYTD Spring 2012 Survey Report).

Analysis of Jail population: The design capacity of the Alachua County Jail is 1,148. The Jail has a rated capacity of 976 and a 15% classification factor. Between Dec. 2012 and May 2013 the average daily population was at a low of 855 in March and a high of 983 in December (Alachua County Department of the Jail, June 2013).

Mental Illness and Substance Abuse diagnosis at the Jail: The Department of Court Services conducts interviews of all inmates prior to their first appearance. Interviews conducted between November 2012 and April 2013 show that 23% of adults were arrested for an alcohol violation while only 8% stated they had an alcohol problem; paradoxically, 7% were arrested for an illegal drug incident yet 14% self-report a problem with drugs. About 1.6% self report as having a mental health problem; however, 30.2% of all Jail inmates receive psychotropic

medications for mental illness while incarcerated in Alachua County. The Jail reports that, on any given night, about 57 individuals are homeless. With limited resources, homelessness, mental illness and Jail recidivism are self-perpetuating and expensive.

An analysis of 18 and 19 year olds who are currently incarcerated / recently released from the Alachua County Department of Juvenile Justice (DJJ) facility indicate that 91% committed their first offense by the age of 14. The majority of these young adults were incarcerated due to a felony charge, and 82% experienced a traumatic event(s) in their childhood and/or adolescence.

Description of services currently in the community: Alachua County and partner agencies are in Round Two of CJMSAG funding. In the 2nd round, Alachua expanded its Jail Diversion services and blended forensic diversion, treatment, forensic specialty services (competency restoration, drug and mental health courts), outreach, intervention, peer support and aftercare services into a seamless continuum of services. The County's community-based health partner, Meridian, provides evidence-based treatment options that are gender specific, Moral Reconciliation Therapy targeting those with highest criminogenic needs, and trauma-based treatment. Forensics clients receive therapy for mental illness, substance abuse and co-occurring disorders in the community and, recently, the Jail introduced a reentry program that targets adults with a substance abuse issue.

Brave Overt Leaders of Distinction (BOLD) is a transitional program of the Gainesville Police Department that targets young men ages 18-24 who have been involved in the justice system and have had criminal charges. The goal of the program is to assist these men to receive the training, skills and support to find and maintain employment, housing and healthy relationships. Youth are referred by police officers, probation, and family members. Currently, the program is serving 39 men with workforce training, mentoring, assistance accessing benefits, referrals to health care, and limited transitional housing. Many of these young men have serious mental illnesses and/or substance use disorders, histories of trauma, and have not been able to access treatment.

Description of services lacking in the community and factors that put target population at-risk of reentry: The need for reentry treatment services is noted by the number of referrals Meridian Forensics Program received from the Florida Department of Corrections. In 2012, Meridian received 106 prison referrals from individuals who had a chronic mental illness, however this does not include those reporting a substance use problem. At this time, the County and treatment providers do not have the resources to address the needs of offenders leaving correctional facilities who are high risk for recidivism without community treatment for mental illnesses and substance use disorders.

The Alachua County Coalition for the Homeless and Hungry (ACCHH) showed 1,710 homeless people in Alachua County with 995 of them living on the streets, in cars or in the woods (ACCHH Point-in-Time, Jan. 2013). More than 54% have been homeless for a year or longer and 48% report a disabling condition. Of those who were disabled, 33.2% reported a mental health disability and 23.3% said they were addicted to drugs or alcohol. About 11% of the homeless population are ages 18-24 and about 39.8% of the homeless are Veterans (sheltered and unsheltered). The lack of shelter beds is a worsening problem in Alachua, and the lack of a central point of contact means that homeless individuals and families must travel to multiple sites to get meals, workforce assistance, health care and other supportive services.

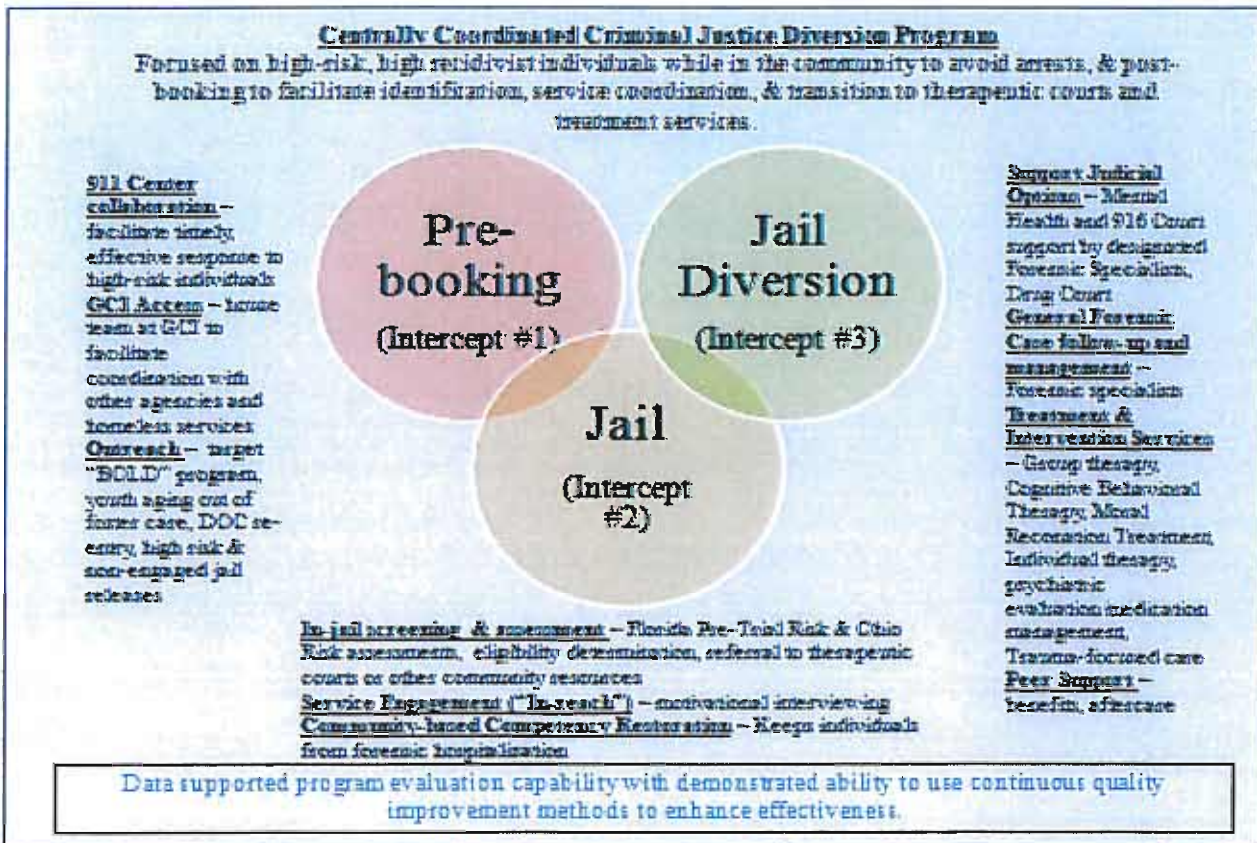
Admits to forensics hospitals: Inmates who are admitted to the State forensic treatment facilities for competency restoration receive services which are primarily focused on resolving

their immediate legal needs. Once competency is restored, individuals are discharged from state treatment facilities and usually returned to jails where they are rebooked and incarcerated while waiting for their cases to be resolved. A sizable number of individuals experience a worsening of symptoms while waiting in jail, and some are readmitted to state facilities for additional treatment and competency restoration services. During a 12 month period, the Forensics Team completed 46 competency restorations in both the community and the Jail.

Between May 2012 and April 2013, there was an average of 32.5 people per month in forensic hospitals who were referred by Judges from Judicial Circuit 8. The average hospital days per client were 97.5 with a total of 6,349 bed days for the 12 month period. The current turn-around for discharges from hospital back to the Jail is about six weeks.

Project Design and Implementation

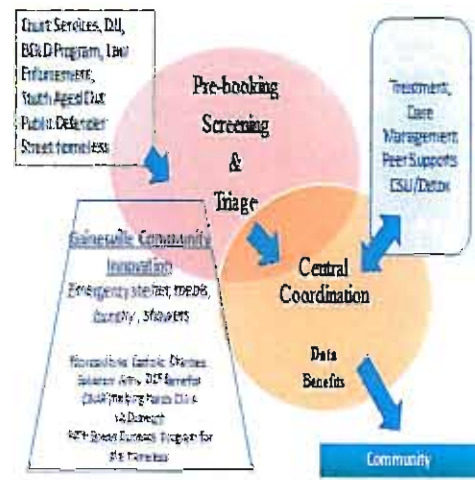
For this project, the CJMHSAG Planning Committee reviewed the Program outcomes from Round Two of CJMHSAG funding. Data was collected from 278 participants who were enrolled in Forensics Programs between June 1, 2010 and May 31, 2011. For the 12 months following enrollment, more than half (61%) of the participants had fewer arrests. At the 24 month benchmark 254 (91%) of the individuals in the Forensic Program had fewer arrests. On average, participants spent 25 fewer days in jail in year one of participation, and 47 in the second year despite having transitioned to non- forensic programs. Given the effectiveness of the current treatment, case management, and outreach strategies, the Planning Committee will augment its current program to focus attention on improving Central Coordination through specialized outreach, and by incorporating high risk individuals prior to arrest into the program.



Based on need, the target populations include the homeless, youth aged out of foster care, the Department of Juvenile Justice, and young adult men in BOLD - those who frequently are unable to access mental health and substance use disorder treatment. Alachua County will implement a **Centrally Coordinated Criminal Justice Diversion Program (CC-CJDP)**.

The CC-CJDP is a dynamic system that pulls together all components of the Forensics Program. At the core of the system coordination activities are the Forensics Director and the Data Specialist. With an effective, multi-directional communication process already in place between the Jail, Courts, Treatment and specialty services, this project will bring into play those in the community at greatest risk of arrests, re-arrests and/or hospitalization due to mental illness or co-occurring disorders. A Forensics Outreach Specialist, whose primary function will be speedy screening and triage, will serve as the conduit between the community, forensic programs, and ancillary supports. Our partners – Alachua County Sheriff’s Office, Gainesville Police Dept. and their BOLD participants, Court Services, DOC, DJJ, Alachua County Homeless Coalition, hospitals – will have a point-person to receive their referrals.

Coordination will be expanded with the Gainesville Community Innovation (GCI) site. The City of Gainesville has purchased a large piece of property from the State DOC. Gainesville and the DOC finalized the purchase agreement on November 19th, 2013. The property, formerly known as the Gainesville Correctional Institute, is being renovated and rehabbed, and is zoned to serve as a One-Stop Center that will offer a myriad of services with a focus on homeless intervention and prevention services. The immediate priorities are homeless day services (meals, showers, mail, laundry), soon to be followed by a 70 bed emergency shelter. A full-time Forensics Specialist will be located at the GCI. The GCI is an ideal home for the Forensics Specialist.



Because GCI will have day services and meals within a safe environment, the Specialist can easily screen and then triage in the adjacent offices. Individuals with the highest risk for long-term justice involvement are often homeless and/or need the essential services that will be offered at GCI. It is a greater incentive to engage in treatment and recovery services when participants can get their meals, do their laundry and apply for employment at the same site where they meet with their counselor or case manager. Having a Forensic Specialist on-site will ensure speedy assessments and linkage to the appropriate program.

Referrals received from DJJ, PSF, and Dispatch will enter through the Forensics Outreach Specialist or through direct referral to the Forensics Director. If they are referred to the Outreach Specialist, she will do the initial screening and if the Director receives the referral she will assign the person to an in-reach Forensics Specialist.

Based on the initial screening, the Specialist may triage for further assessments and placement in one of the Forensic Programs. When indicated, the person may be referred to a clinic for health care, DCF for SNAPs, Medicaid or other benefits, VA outreach, housing (transitional and permanent), Catholic Charities for emergency food and financial assistance, and

other services. Since these partners will all be co-located at the GCI, the Specialist can easily walk a participant to her/his next appointment.

The Forensics Director directs all activities of Central Coordination. Referrals that come to her from the Forensics Outreach Specialist are assigned to an appropriate team member – Forensics Counselors, Specialists who provide care management and/or Peer Specialists. Working closely with Ms. Vail is the Benefits/Data Coordinator (to be hired). Information is captured from multiple points – Jail, Courts, law enforcement, Community – and client-level information is recorded by the Forensics Team. Evaluation is ongoing, and quarterly reports are made to the CJMHSAGPC.

Describe elements of the Centralized Coordination, (goals, objectives, strategies) and responsible agencies for each objective.

GOAL: The overarching goals of CC-JDP are to increase public safety and divert individuals with mental illness or substance abuse from the Jail or forensic hospitalization.		
Objective	Tasks & Strategies	Responsible Party(s)
Objective 1: Create a Centralized Coordination Project within eight months of the execution of the MOU.	Establish a MOU with all participating law enforcement agencies (city, county, local municipalities) outlining the transportation plan, roles and responsibilities of each party. Strategy: LE meets to determine how to process referrals from GPD/ACSO (non-engaged, high-risk releases)	Tom Tonkavich, Sheriff Sadie Darnell, GPD Chief Tony Jones or designees
	Establish a MOU with the local Homeless Coalition outlining planning strategies and available housing alternatives (e.g. low demand, veterans, transitional, permanent, etc.) in the community. Strategy: Attend Coalition meetings, serve on GCI Advisory Board, contribute to ACCHH community resource directory	Theresa Lowe, Executive Director ACCHH; Tom Tonkavich, Meridian staff
	Hire and train relevant staff, including peer specialists for adult services or self-help recovery-oriented supports. Establish a collaborative relationship between the CCP, law enforcement, judicial personnel, families, and consumers of substance abuse and mental health services, and substance abuse and mental health providers. Strategy: Provide training on and off-site for community partners	Leah Vail, Director Forensics Services; Tom Tonkavich, Alachua County
Objective 2: Assure that individuals and entities who will be working with the Target Population are adequately trained to identify/deliver recovery-	Train law enforcement and other community partners (i.e. 211/911 dispatchers, jail or schools). Strategy: Create mechanism to flag addresses @ 911 Center (with client consent) based on MI, health, disability to assist first responders, TRAIN: GPD, ACSO and other LE in CIT. Provide Mental Health First Aid for all 911 Call Center Staff, and other community partners.	Dr. Steve Pittman, COO Meridian, Leah Vail, Meridian MH First Aid Team, CIT Team
	Engage families and other natural supports to reduce the likelihood of subsequent crises. Strategy: Involve National Alliance on Mental Illness (NAMI) at the GCI Center and with the Public Safety Council.	Peer Specialists, Outreach Staff

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Objective	Tasks & Strategies	Responsible Party(s)
oriented services.		
Objective 3: Increase access to MH/SA treatment or prevention services for program participants identified as the Target Population	Create information system to identify those individuals who receive Program services and how they will be followed for at least one year. Strategy: Continue and augment current information system with data tracking; train Data Specialist (new position).	Leah Vail, Data Specialist (to be hired)
	Work with the agencies involved in the Centralized Coordination Project to assure that individuals receive coordinated SA/MH services, identify payer sources, and ways to improve early identification. Strategy: Outreach to young adults in the GPD BOLD program; accept DJJ referrals for youth aging out; Collaborate with Partnership for Strong Families (PSF) to reach youth aging out of foster care.	Leah Vail, Meridian Access Center
Objective 4: Increase public safety by reducing the number of arrests for the Target Population	Demonstrate that there is an active and updated Strategic Plan for the Program in the community and that the Planning Council meets on a regular basis to implement elements of the plan. Strategy: Continue the quarterly scheduled meetings of the CJMHSAGPC, and inter-agency work group meetings at least monthly in first 6 months of the project. Council member participation in GCI advisory board.	Commissioner Robert Hutchinson, Chair Membership of CJMHSAGPC Leah Vail
	Provide individuals with interventions associated with reduced criminal justice recidivism in the Target Population. Strategy: Continue protocols using EPBs for screening, assessment. Individual and group treatment options are person-centered, solution focused including MRT, CBT, MI, APIC, GAINS reentry checklist, Trauma Focused (Seeking Safety), SOAR	Leah Vail, Forensic Team Members
	Have available, directly or by agreement, a system to track arrests of individuals prior and subsequent to their involvement with the Program for at least one year. Strategy: Continue coordination between Forensics Team, Court Services, Jail and community partners.	Data Specialist, Jail, Court Services; Specialty Courts
Objective 5 Increase Central Coordination through co-location of Forensics	Install Forensic Team members at GCI to provide treatment, screening, outreach, and SOAR. Offer on-site access at GCI for FloridaWorks, VA, DCF, housing referrals, benefit coordination. Increase access to emergency housing, food, medical care and clothing.	Leah Vail, Team Members Director, GCI (TBD)
	Provide on-site screening for all individuals who are referred to the program. Eligible and enrolled clients will	Leah Vail, Forensic Team

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Objective	Tasks & Strategies	Responsible Party(s)
Programs at the GCI One-Stop	receive on site assessment, treatment and case management. Other individuals will be referred to community partners.	

Project's key stakeholders and Planning Council's role in accomplishing project objectives: Alachua County has demonstrated collaborative approaches to addressing the needs of those with mental illnesses or substance use disorders in our community. Since 1998, the Public Safety Coordinating Council (PSCC) has been addressing jail overcrowding and exploring alternatives to incarceration by quickly identifying the need to divert those with mental illnesses and substance use disorders. In 2007 the County Commission established the CJMHSAGPG to promote the development of services and serve as the committee for the Criminal Justice Re-Investment Grant. The Committee includes the stakeholders required under CS/CS/HB 1477.

CJMHSAGPC is currently led by County Commissioner Robert "Hutch" Hutchinson and Judge Denise Ferrero and includes the leadership of the Sheriff's Office, the Gainesville Police Department, the State Attorney's Office, and the Public Defender's Office, CEO of Meridian (community based mental health and substance abuse provider), National Alliance on Mental Illness (NAMI), DCF Northeast Region, and Alachua County Court Services. Currently, there are two consumer members (William Wall and Cindy Woodruff) who regularly attend planning meetings, offer advice, and participate in strategic planning. The CJMHSAGPC is excited about the opportunity to increase involvement with the VA, Gainesville Community Innovation and the Homeless Coalition. The Homeless Coalition has agreed to develop a MOU for this project that defines its role and coordination plan (letter of commitment attached).

Communication: This history of effective community collaboration among all stakeholders establishes a strong foundation for the Centrally Coordinated CJDP and will continue as the leadership team meets quarterly to review outcomes, and progress towards achieving the program goals. With the additional emphasis on Pre-Booking, and to keep all of Program components running tightly, CC-CJDP will form a workgroup of key staff members to work on coordination and related systemic issues. As a means of monitoring progress and evaluating outcomes, the Work Group will meet monthly during the first six months, and quarterly in years 2 & 3. Members of the Work Group will include direct service staff from the Forensics Team, Court Services programs, GCI staff, Jail, GPD (BOLD) and DJJ. The Work Group will share information with the CJMHSAGPG, and will keep the Homeless Coalition abreast of program changes and procedures.

Describe plan to screen potential participants and need-based assessments. Provide substantive description of criteria used to screen and what it measures, and scoring protocol for entrance and citation. Screenings will be completed during several entry points within the continuum. For individuals who are in the Community and at high risk of recidivism, the Forensics Specialist will do an initial screening in the community. When appropriate, the referrals will be channeled to the Forensics Director, Leah Vail. Ms. Vail and her clinical team members use Motivational Interviewing (MI) to assess an individual's readiness for change and to determine Program placement.

All adults entering the judicial system receive an initial screen prior to first appearance. The screeners include questions about mental health, substance use, housing status and

employment. Depending on the needs-based questionnaire, individuals may be referred to the CC-CJDP for an in-depth assessment and placement.

For individuals residing in the Jail, the Assessment Specialist does in-depth interviews. She uses Motivational Interviewing to conduct these assessments, and information is gathered using *Essentia*, Meridian's Electronic Health Record. The assessment tool provides a thorough bio-psychosocial assessment - domains include health history, mental status, addictions, treatment history, family and social environments, legal status, living situation, Activities of Daily Living (ADL scale), education and employment history, and immediate risk of danger to self or others. *Essentia* allows the forensics team to access and share real-time information. Staff can input diagnoses, develop and modify treatment plans, and create goal plans that are client-focused.

Depending on the treatment/goal plan identified during the assessment, clients are referred to treatment/counseling or one of the Forensics Specialists for case management. The Peer Specialists will augment care through mentoring.

In addition to MI, the Counselors and Forensics Specialists use, based on the clients individual needs and goals, evidenced-based modalities including Cognitive Behavioral Therapy (CBT) and Moral Reconciliation Therapy and Trauma Focused Care. These best practices have demonstrated successes for the population. As a clinical practice for promoting behavior change among criminal justice populations **Motivational Interviewing (MI)** has been identified as central to treatment responsiveness (Harper & Hardy, 2000; Scott, 2008; McMurrin, 2009). A meta-analysis of **CBT** found it to be more effective in reducing further criminal behavior than any other therapeutic intervention (Landenberger, N.A., and M. Lipsey, 2005). CBT is an effective community-based treatment, and addresses a host of problems associated with criminal behavior. **Moral Reconciliation Therapy® (MRT)** is a systematic, individual or group treatment with a cognitive-behavioral approach that combines elements from a variety of psychological traditions to progressively address ego, social, moral, and positive behavioral growth. MRT has been found to decrease re-arrests and re-incarceration, and is listed on SAMHSA's National Registry of Evidence-based Programs and Practices. **Trauma Focused** screening and treatment recognizes that a high percentage of justice-involved women and men have experienced serious trauma throughout their lifetime. This may challenge a person's capacity for recovery and pose significant barriers to accessing services, often resulting in an increase risk of coming into contact with the criminal justice system. The trauma-based therapy, Seeking Safety, is used by the Forensics Counselors in group settings. Research has shown it to be effective in treating both women (J. Morrisey, 2005) and men who have substance use or co-occurring disorders.

Psychiatric services (ARNP) and medication management are available to individuals whose stabilization and recovery require medication.

The Team Case managers will provide community-based case management. Services will include coordination with the Courts, legal aid, housing providers, job training and employment and community-based supports that encourage recovery.

How will MH and co-occurring substance abuse treatment services be made available, and experience providing co-occurring services. All participants will be assessed by a CC-CJDP clinician who is trained in diagnosing mental health and/or co-occurring disorders. *Essentia*TM, Meridian's Electronic Health Record, incorporates screening and Intake tools designed to assess co-occurring disorders and assess the needed level of care. The CC-CJDP staff will initiate individual treatment plans and group therapy. When indicated, participants may be referred to residential treatment or detox. The Forensics Counselors and

Specialists are all trained in co-occurring recovery treatments including the APIC Model. APIC - Assess, Plan, Identify and Coordinate (Osher et al 2002) is an evidence-based tool used specifically to assist offenders with co-occurring disorders who are entering the community from the Jail. Meridian services have been at the co-occurring enhanced level for some years, and our staff and services are designed to address both diagnostic groups in a single, seamless system of care from outreach to residential.

Target number to be screened and enrolled. For this project, we anticipate screening 700 individuals and enrolling 280 participants into CC-CJDP annually. Individuals are eligible for services regardless of their diagnosis – CC-CJDP accepts participants who have mental illness, substance abuse and/or co-occurring disorders.

Coordination of ancillary social services: Community partners who have agreed to provide staff and services at GCI are: Veterans Administration outreach services; employment including job search assistance and training (FloridaWorks); a safety-net clinic offering medical and health care services (Helping Hands Clinic); access to behavioral health care services (Meridian); on-site applications for food stamps, Medicaid and other benefits (DCF), and; on-site location drop off childcare for parents utilizing other on-site services. Future plans include organic farming to supply the commercial kitchen located on the facility, recreational activities, and camping. The CC-CJDP budget includes funding to assist clients with transportation, clothing, and other immediate needs.

Two Public Housing Authorities provide some disability housing for individuals and families. The PHAs are active in the homeless coalition, and both Gainesville and Alachua PHA provide permanent housing for homeless individuals with mental illness or substance use disorders. Although this housing is limited, the coordination between service providers and the Housing Authorities ensure that all units stay occupied, and that the residents receive the supports they need to maintain independence.

For this project, a (SSSI/SSDI) Outreach, Assistance and Recovery (SOAR) trained Benefits Coordinator will assist clients to access federal benefits. While all of the forensic team members are SOAR trained, a dedicated Coordinator will devote time to assisting with applications, gathering health history information, and act as liaison with the Social Security Administration and Legal Aid. Additional assistance through the SOAR-trained Court Services' Benefits Coordinator, will expand the pool of those clients applying for benefits.

When indicated, Forensics Staff will refer clients to other Meridian Programs such as intensive case management, detox, residential treatment, psychiatric evaluation, supportive housing or crisis stabilization. Sometimes, the transfer to another program will follow completion of the Forensics program to assist with transition and aftercare. When clients need crisis stabilization or more intensive interventions, the Forensics Team works closely with other clinicians to monitor progress, review treatment plans.

Describe the strategies law enforcement uses to identify and respond to incidents involving mentally ill offenders: Both the Alachua County Sheriff and the Gainesville Police Chief have agreed to develop an MOU that establishes the role of law enforcement for central coordination (letters of commitment attached). Currently, Alachua County offers three CIT trainings annually. An additional goal for this project is to assist the 9-1-1 Call Center in augmenting their program to "tag" addresses of individuals who may need mental health stabilization or crisis intervention services. The program provides deputies and first responders with critical information so they can respond in the most effective and efficient manner. Participation in the program would be strictly voluntary – a participant would sign a release-of-

information for the CC-CJDP team, Meridian CSU, Shands Vista (psychiatric hospital) or FACT Team to alert the 9-1-1 center registry of mental health special needs.

Plan to offer LE agencies additional training: The Alachua County Sheriff's Office is interested in training the 9-1-1 Call Center staff to be better equipped for calls involving mental health emergencies. The CC-CJDP Program will offer Mental Health First Aid - a 12-hour, evidenced based community education program. Participants are trained to identify, understand, and respond to signs of mental illness. Those who take the course (law enforcement, first responders, teachers, clergy, etc.) to certify as Mental Health First Aiders learn a 5-step action plan encompassing the skills, resources and knowledge to help an individual in crisis connect with appropriate professional, peer, social, and self-help care. Meridian has been providing MH First Aid to community partners for four years, and has six trainers on staff.

Capability and Experience

For more than 30 years, Alachua County has demonstrated a commitment to collaborative efforts to address important criminal justice system challenges, including those presented by persons with mental illnesses or substance use disorders. A broad series of program policy, planning and service initiatives has been put into place by local criminal justice agencies and treatment providers, under the leadership of the Public Safety Coordinating Council in 1998 (PSCC) and expanding after the creation of the Criminal Justice Mental Health Substance Abuse Grant Planning Council (CJMHSAGPC). PSCC workgroups first applied the Sequential Intercept Model (SIM) to identify and prioritize system gaps and implement solutions to reduce recidivism and increase the efficacy of incarceration alternatives. Alachua County was among the first two in the state to have misdemeanor Mental Health Courts and the first to have a specialized felony 916 Court. Collaborative efforts have since established a strong foundation which launched a Forensics Diversion Team in 2007 and enhanced services by successfully blending the Diversion and Specialty Teams in 2010. The teams involve the collaboration of all criminal justice system participants, probation, treatment, DCF and consumer advocates.

The County's capability in this regard has been evident in the work of CJMHSAGPC and its partner agencies to successfully launch and carry out both Reinvestment initiatives during the last five years and to plan for this new cycle. Since project inception, CJMHSAGPC has been fully engaged in regular monitoring, oversight and direction of the project. The focused efforts of CJMHSAGPC and the agencies involved in Forensics Diversion have constructed a solid framework for the partners to expand to a Centrally Coordinated CJDP. This team was highlighted in the *Detailed Summary of Presentations from the 2012 Justice Summit & Pre-Summit Meetings* (Center for Smart Justice, Florida Tax Watch).

Experience of the MI/SA Provider (Meridian): Alachua County has a long and successful history of contracting with Meridian to provide behavioral services, and Meridian has developed broad expertise in forensics programming. As the lead service provider for this project, Meridian's programs – including the criminal justice diversion component of our outpatient services – are accredited by the national Council for Accreditation of Rehabilitation Facilities (CARF), and is licensed by the 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 crisis stabilization and detox, psychiatric treatment and medication management, in-patient, residential, and outpatient mental health and substance use disorder treatment services. Meridian also targets specialty populations through supportive housing, family services, and supported employment and, most recently, planning for a Jail Diversion for Veterans. As active participants in the Homeless Continuum of Care, Meridian provides

transitional Housing for the Homeless, PATH Outreach for persons living on the street with mental illness, and permanent Supportive Housing through a partnership with the Gainesville Housing Authority. Meridian uses an Electronic Health Record for Forensics Diversion, thus enhancing data capabilities. Meridian has a 41 year history of managing state, federal and county contracts and demonstrated clinical and administrative capacity and strength. With regard to this grant, Meridian's experience in offering seamless transition across levels of care, ability to bill numerous payer sources, and to aggregate and analyze outcome data are critical to project effectiveness. Meridian has maintained data that documents the effectiveness of these services for each cohort admitted annually to the program, with data that compares 12 months pre-admission and 12 and 24 months post-admission to the program.

Experience and Commitment of Law Enforcement: The Alachua County Sheriff's Office has been an integral part of efforts that divert people with mental illness from the Jail and the Court systems. Sheriff Sadie Darnell is a member of the PSP\CC and her deputies participate in CIT training. For this project, Sheriff Darnell sees the opportunity to increase training for front-line staff. Meridian will offer Mental Health First Aid training to the 9-1-1 Call Center staff. This training will assist staff to identify and respond to emergencies when there is a potential mental health crisis, and to pull in deputies who have been through CIT Training.

Gainesville Police Chief Tony Jones is also active in strategic planning and implementation of CJMHSAG. His officers participate in CIT training. In addition, the Chief views this project as a chance to expand services for the young men in his BOLD Program and divert them from a long life of involvement in the criminal justice system.

List of staff showing role level of effort and qualifications of key personnel: The CC-CJDP will augment its successful program through forensics outreach, data, and benefits coordination staff. The Project Director, Leah Vail, Director Forensics Programs, is a Masters level clinician who has 14 years of experience in forensics management, training, counseling, and supervision. Ms. Vail is trained in Moral Reconciliation Therapy, MI, CBT and she is a trainer for SOAR, Sequential Intercept Model, CIT, Competency Restoration and other evidence-based practices. The Director will hire and train all Meridian program staff. The Counselor, Rob Morton, MSW, has expertise in evidence based treatments for clients with co-occurring disorders in the criminal justice system. The project will include 3.5 full-time Forensic Specialists who have experience utilizing the APIC model. The Specialists will provide intensive case management and collaborate with the courts. A Forensic Outreach Specialist will target the high-risk populations and young adults who are targeted in the CC-CJDP. The two part-time Peer Specialists will offer mentoring and recovery services. The Admission/Coordinator Screener provides initial screenings at the Jail and Public Defender's Office to coordinate entry into an appropriate program. The Jail Diversion Specialist, funded through this initiative, is employed by the Sheriff and based at the Jail. She is experienced in screening and referring inmates to the appropriate program. For this project, a Benefit Coordinator /Data Analyst will be hired to assist participant's get SSI/SSDI or have their benefits restored. She will also assist the Project Director with Central Coordination by collecting data for reporting and evaluation. Court Services will staff this position as an in-kind to the project. Other Jail and Court service staff will contribute by providing referrals, status monitoring, coordination of services and release planning. Meridian's executive, fiscal and decision support teams contribute to all aspects of program administration, management and coordination.

Evaluation and Sustainability

Both internal and external evaluations will be used to monitor the progress of CC-CJDP. By incorporating a staff position to assist with the collection and analysis of data, the CJMHSAGPC will have information to drive decisions. The County will work with with the FMHI Technical Assistance Center for their external support and evaluation. Given the staffing pattern and the community resources available to CC-CJDP, it is projected that we will screen 700 participants and enroll 280 into Forensics Services.

Law Enforcement including the Alachua County Sherriff's Office and the Gainesville Police Department will participate in CIT Training. The community will continue providing three trainings annually, and the CC-CJDP will expand the scope by offering Mental Health First Aid to first responders and staff at the 9-1-1 Call Center.

Recovery-based services will be increased and enhanced by expanding services to adults in the community who are high-risk for re-arrest, and have histories of chronic, untreated mental illness or co-occurring disorders. Staffing a Forensics Specialist at GCI is a unique opportunity to engage this population and link them to some services. Additionally, by targeting vulnerable young adults who have recently exited Juvenile Justice or the Foster Care system, we can avert them from long-term interactions with the justice system. And, for people who enroll in Forensics treatment - case management, individual counseling, group therapy, peer supports, medication management- the care options are recovery oriented and person-focused.

Core Set of Performance Measures	Methodology to Report	Target
1. Percentage reduction of re-arrests among Program participants in the adult criminal justice and/or juvenile justice systems.	Compilation of data gathered from Court Services and the Jail	60% reduction in re-arrests
2. Percentage of Program participants that receive increased access to services in comprehensive recovery based mental health and/or substance abuse treatment services that are community based.	Clinical records in <i>Essentia</i>	50% of total enrollees will receive person-focused treatment
3. Percentage change from admission to re-entry into the community of Program participants who reside in a stable housing environment.	Clinical records in <i>Essentia</i>	75% will remain in stable housing after exiting the program
4. Percentage increase of Program participants linked to Social Security benefits.	Data Coordinator will Track: 1) Number of applications/re-certifications prepared; 2)Benefits received by applicants	80% of outreach participants will be screened for benefits / 65% of eligible participants will receive SSI/SSDI through SOAR
Core Set of Deliverable Service Units	Methodology to Report	Target
1. Target number of individuals to be served by the Program.	Clinical records in <i>Essentia</i>	700 screened and 280 enrolled
2. Target number of law enforcement officers trained in the CIT of North Central Florida.	Alachua CIT Coordinator training logs	20% increase in number of trained officers annually
3. Percentage reduction of individuals judicially committed to forensic state	Clinical records in <i>Essentia</i>	45% of total eligible participants will be diverted

Core Set of Performance Measures	Methodology to Report	Target
mental health treatment hospitals		from Forensics hospital admissions.

Methodology for measuring, calculating and reporting the core performance measures and deliverables (service units): Performance measure 1: Alachua County, Meridian, The Jail and Court Services have established procedures in place to capture data for their combined forensics programs. To capture data on arrests, re-arrests, and Jail days the Courts and the Jail collect the information and report to the Program Director. For the current round of funding, we have accessed the data for the 12 months prior to program entry and 12 and 24-months post exit. In prior years, the data has been used to report on the effectiveness of the program and for continuous quality improvement. Changes to the timing of services offered and consideration of adding services have been driven by periodic review of the data.

Performance measures 2, 3: Deliverable Service Units 1, 3: The Meridian Electronic Medical Record, *Essentia*, captures all client level data including demographics, assessments, treatment and service plans, medical history, and social supports, income, education, criminal history, and emergency service usage (forensics hospital or CSU). Because the Forensics Team members have access to each record, client records can be updated quickly and from any staff computer. The Data Coordinator will be able to run reports at any interval. For those with previous contact with Meridian, that information is also available.

Performance measure 4: The Benefits Coordinator will track the number of people screened for SSI/SSDI benefits, the number of applications submitted, the number of re-certifications in-process, and the number of people whose benefit applications/reinstatements were approved. The client level data can be collected in *Essentia*, non-identifiable numbers will be reported.

Deliverable Service Unit 2: The CIT Coordinator maintains records of each training that include the number of participants enrolled, and the number completing the program. Agendas, curriculum and a list of trainers with their experience is maintained by the Coordinator.

Efforts to increase public safety and the percentage of cost avoidance or reduced spending in the justice system. By reducing the number of Jail and Forensic hospital days for clients who can be better served by community-based care we also reduce the associated costs of that care. Given the track record for the CJMHSAG Forensic programs, we have data showing the reduction in Jail days for successful participants, and an estimate of the cost-reduction to the community.

For 278 clients who were enrolled in the program during a 12 month period between 2010 and 2011, 254 successful clients (defined as fewer arrests in the 24 month after admission than in 12 months prior to admission) had a 57% reduction in the number of days they spent in Jail. This amounted to an average reduction of 47 days per client for a total of 13,071 fewer days in the Jail. Based on Alachua County Jail figures the cost avoidance at \$63 per day was \$2,256 per client who successfully completed the program. These savings are largely felt in reduced overtime jail costs. By adding a pre-booking component, we intend to broaden the range of cost avoidance benefits by providing more front-end treatment.

Sustainability of CC-CJDP by Partner Agencies, DCF SAMH, Managing Entity: Making jail the last resort for people with severe mental illness and co-occurring substance abuse disorders is a community priority, and the vision of the CJMHSAG Planning Committee. The stakeholders who make up the CJMHSAG partnership have demonstrated their long-term and ongoing commitment to providing high-quality, innovative community-based treatment and

case management to justice-involved clients. Alachua County has had significant success in securing federal, state and local funding for new special justice and treatment initiatives to serve this population. Raising long-term support for Centrally Coordinated CJDP will be aided by the combined resource development experience of the partners already involved who have effectively leveraged funding from a variety of public and private sources to serve this population. By building on the past successes of funding through PSCC, MIWG, and two rounds of CJMHSAG funding, our partner, Meridian, successfully leveraged community-wide resources to get funding for VA diversion services in 2013. By developing a more centrally coordinated diversion program, we can better approach the Bureau of Justice Assistance, Health and Human Services, HUD and other federal programs to continue funding projects that demonstrate improved safety while reducing costs.

The 2013-2018 Strategic Plan has a goal of increasing public awareness through the development of educational materials and presentations in the community that describe the diversion program and its benefits that will increase community buy-in not just in criminal justice diversion but in supporting and sustaining general mental health services. Alachua County supports these services through a number of avenues. It commits close to \$700,000 annually to supporting these services, but its resources are finite and have been significantly strained in the economic downturn. The population targeted by this grant is among the most likely to fall through the cracks: frequently homeless, unemployed, and ineligible under current Medicaid criteria. The multidisciplinary and coordinated approach can lead to increased engagement of a high risk population and more efficient utilization of existing resources. The 24 month data indicate that over 75% of year one participants continue to use fewer criminal justice resources and have been transitioned to traditional services. Some become eligible for disability benefits through SOAR and some become able to engage in paid work or attend school, facilitating independence. Thus, the Forensic Diversion program engages a majority of new referrals each year.

The long-term sustainability of the CC-CJDP will depend largely on long-term commitment from the State (DCF), the Managing Entity, and the County to continue funding efforts which will help avert future costs to the system because the population targeted by this program and similar initiatives is, under the current healthcare system rules, largely ineligible for Medicaid or other insurance. By targeting a pre-booking population, this grant aims to reach those who are likely to be arrested repeatedly and a lower level entry point with lesser system cost. As Health Care Reform rolls out, however, Meridian is poised to participate in creative strategies that: expand preventative services, utilize technology to deliver health care and improve health outcomes for those who are un- or underinsured.

Alachua County BoCC has agreed to a 3 year total cash commitment of \$1,110,000. By funding front-end services for mental illness and substance abuse individuals we will avert the future need for expanded facilities and the associated operational costs to serve this population. This will allow scarce justice system resources to be focused on other populations which cannot be managed as effectively.