

Tab 4: Project Narrative

Statement of the Problem

For both Planning and Implementation and Expansion Grants, describe the problem the project will address. Document the extent of the problem with local or state data and include trend analysis. Describe the project's geographic environment, Target Population, socioeconomic factors, and priority as a community concern. If the Applicant is a consortium of counties, describe the geographic region to be covered.

3.8.4.1.1 Provide an analysis of the current population of the jail or juvenile detention center in the county or region, which includes:

3.8.4.1.1.1 The screening and assessment process used to identify the Target Population(s);

3.8.4.1.1.2 The percentage of persons admitted to the jail or juvenile detention center that represents people who have a mental illness, substance abuse disorder, or co-occurring mental health and substance abuse disorders;

3.8.4.1.1.3 An analysis of observed contributing factors that affect population trends in the county jail or juvenile detention center; and

3.8.4.1.1.4 Data and descriptive narrative that delineates the specific factors that put the Target Population at-risk of entering or re-entering the criminal or juvenile justice systems.

St. Johns County, in Northeast Florida, is home to St. Augustine, the nation's oldest city, founded in 1565. St. Johns County is 617 square miles with over 44 miles of shoreline. It is located in the northeast corner of the state and is situated between two major bodies of water, the Atlantic Ocean and the St. Johns River, and dotted by numerous inlets and harbors. The Interstate 95 corridor, one of the nation's primary drug pipelines, runs through the middle of the county. St. Johns County has been one of the fastest growing counties in Florida for more than 20 years. Currently, the population is estimated at 226,640 (an increase of 19% from 2010) and comprised of approximately 84% white, 6% black, 6% Hispanic and 4% all others combined. The per capita income is \$28,674 and median household income is \$65,575. Persons living below poverty are 8.2%. (U.S. Census Bureau, County Quick Facts, 2015). The main industries are tourism and farming, with a widely diverse population represented from the farming community of Hastings, the historic district of downtown St. Augustine, and the resort areas of Ponte Vedra Beach. It is also characterized by the extreme dichotomy of wealth from the multi-million dollar ocean-front homes in Ponte Vedra to the migrant camps in the agricultural areas of Hastings.

Analysis of the current population of the St. Johns County Jail

Screening and Assessment Process to Identify the Target Population

Consistent with the intent of Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant Program, the purpose of this adult planning application is to plan initiatives that will increase public safety, avert increased criminal justice system spending, and improve the accessibility and effectiveness of treatment services for those adults in St. Johns County who have a severe mental illness and/or addictive disease and who are involved in or at risk of involvement in the criminal justice system.

This proposed assessment and planning project will enable community leaders to

conduct an in-depth investigation, beyond the scope and depth of data presented in this proposal, to clearly define the **Target Population** of focus for the Strategic Plan to be developed. It is anticipated that much of the focus of the St. Johns Strategic Plan will be persons with severe mental illness and/or substance dependence identified at all Intercept points to align with the mandate described in 2.1.3.2 of the Grant RFA “to intercept individuals from the system at the earliest point possible.”

The St. Johns County Sheriff’s Office, which operates the St. Johns Detention Center, and Armor Correctional Services, the Detention Center’s contracted provider of primary and behavioral healthcare, identify severely mentally ill and substance abusing/dependent individuals who are in custody for both misdemeanor and felony crimes. Armor provides mental health screening and evaluation to identify those detainees in need of detoxification, substance abuse treatment, psychotropic medication management, treatment, and referral during incarceration. Armor’s multidisciplinary team includes a psychiatric provider and mental health clinician working under psychiatric supervision, integrated with the medical and nursing staff.

Percentage of Persons in Jail with a Severe Mental Illness and/or substance abuse or substance dependence

In July 2016 the average daily census at the St. Johns County Detention Center was 388. Of this population, approximately 130 individuals, 33.5% of the Detention Center population, were diagnosed with a severe mental illness.

While these individuals were typically stabilized while in custody they frequently cannot be placed in general population. Others refuse medication and continue to decompensate to the point where they require involuntary commitment to mental health care.

In addition, 134 individuals or 34.5% of the Detention Center population were assessed as substance abusing or substance dependent. Drugs of abuse included alcohol, marijuana, cocaine, methadone, stimulants, hallucinogens, benzodiazepines, and opiates. Alcohol was the most widely abused drug, 30 individuals reported daily use in quantities that would classify them as alcohol dependent.

Analysis of Observed Factors that Affect Population Trends in the County Jail

Civil involuntary commitments for mental illness in St. Johns County have increased dramatically over the past decade. Population growth adjusted, there has been a 68% increase in law enforcement initiated Baker Act exams, and a 50% increase in Baker Act exams from all initiator types - mental health professionals, law enforcement and the judiciary.

During this period of growth in population, incarceration and civil commitment for mental illness, there has been essentially no growth in the resources available locally for the treatment of mental illness. Mental health funding on a per capita basis has continued

to decline. Florida currently ranks 49th of the 50 states with per capita mental health funding as approximately \$40 annually. The national average is \$120.

Drug offenses are a significant problem in St. Johns County. In 2015 there were a total of 3,870 arrests for all offenses. 533 of those arrests were for drug offenses, almost 14% of all arrests.

Two of the eight strategic objectives in St. Johns County's 2014-2017 Community Health Improvement Plan are related to behavioral health, calling for a "reduction in substance abuse" and "increased access to mental health care." Drug Abuse, Adult Alcohol Abuse and Tobacco Use were the top three unhealthy behaviors identified by county residents. The top five health problems in a survey of County residents included "Addiction – alcohol and other drugs" and "Mental Health Problems." The top five health care services that are difficult to obtain in St. Johns County included "Mental Health Counseling" and Substance Abuse Services." Critical actions called for in the Community Health Improvement Plan include "Enhancement of Diversion/Intervention Services for Substance Abusers" and "Increased Access to Mental Health Outpatient Medication Clinic, Case Management and Therapy."

Specific Factors that put the Target Population at-risk of Re-entering the Criminal Justice System

To determine the rate of recidivism to the Detention Center among persons with severe mental illness, Sheriff's Office staff reviewed the number of arrests among this group during the two year period from July 2014 through June 2016. The results are striking. Nearly two-thirds - 65% - of these individuals had been previously arrested and held in the Detention Center during that period. 22% had one arrest, 22% had two arrests, 13% had 3 arrests, 8% had four or more arrests – one individual was arrested seven times. .

Among the reasons why the incarcerated SMI population has such a high rate of recidivism is that there is no "warm hand-off" for those with severe mental illness from the behavioral healthcare they are provided in the Detention Center to community behavioral healthcare. In addition, for those released with probationary sentences there is no specificity regarding conditions of probation related to receiving continued mental health services. We believe that the 65% 2 year recidivism rate among this population is related to poor linkage with community mental health services. Poor linkage limits access to community mental health services, consequent worsening of the mental illness, and increased potential for the individual to come once again to the attention of law enforcement and be re-arrested.

Further analysis of the problem suggests that beyond the handoff from corrections to the community, we are failing to adequately monitor the activities of those with severe mental illness and substance dependence in St. Johns County that are involved in the justice system. Currently we do not track the treatment engagement of these individuals and identify those individuals that fail to attend appointments or otherwise

show evidence of needing additional treatment support. Currently no one working in the justice or mental health systems has been assigned this specific responsibility.

The Sequential Intercept Model

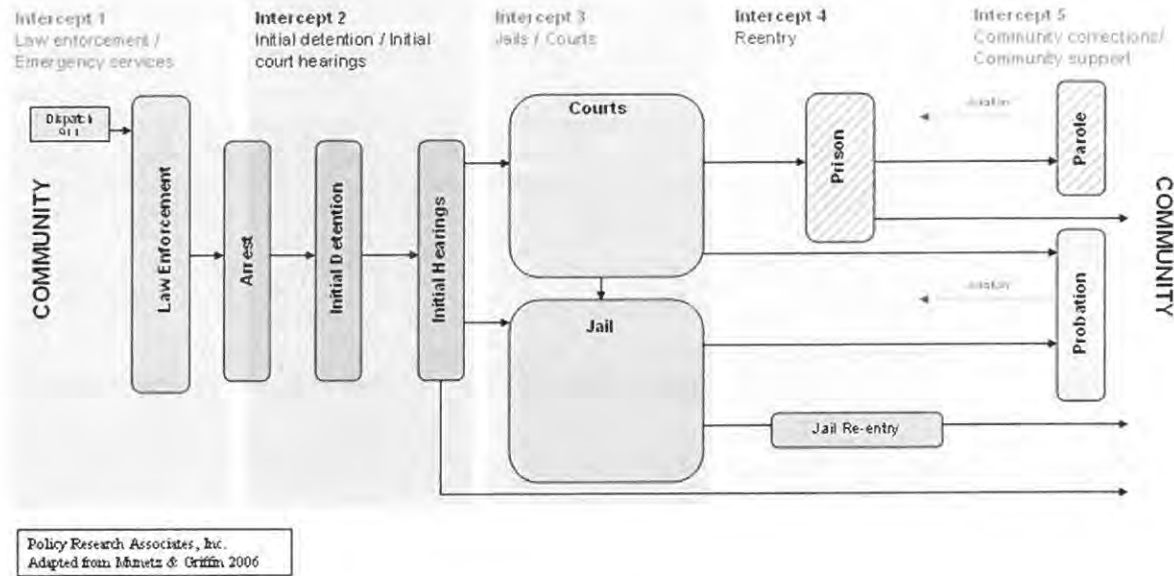
SAMHSA's National GAINS Center has developed a conceptual model to approach the over-representation in the criminal justice system of people with severe mental illness and/or addictive disease. The model outlines sequential points at which a person with mental illness can be "intercepted" and kept from going further into the criminal justice system. Over time, as systems mature, it is expected that people will be intercepted earlier in the process, leading to fewer people entering the criminal justice system.

The model proposes five intercept levels for the adult criminal justice system:

1. Law enforcement and emergency services
2. Initial hearings and initial detention
3. Jail and courts
4. Reentry from jails, prisons, and hospitals
5. Community corrections and community support

Sequential Intercept Mapping is a cross-systems approach to strengthening local strategies to implement core services that will address behavioral health, criminogenic, and social factors for justice-involved persons with mental illness. The goals are to aid communities in developing effective systems of care that bridge criminal justice and mental health services and minimize criminal justice involvement for persons with mental illness. Sequential Intercept Mapping promotes stakeholder collaboration by tying existing efforts together from pre-arrest through re-entry; identifying strengths and gaps; addressing issues relevant across all intercepts (e.g., culture, gender, trauma, and needs of veterans) and identifying solutions, many of which do not add costs.

Sequential Intercepts for Change: Criminal Justice - Mental Health Partnerships



Sequential Intercept Mapping is a cross-systems approach to strengthening local strategies to implement core services that will address behavioral health, criminogenic, and social factors for justice-involved persons with mental illness. The goals are to aid communities in developing effective systems of care that bridge criminal justice and mental health services and minimize criminal justice involvement for persons with mental illness. Sequential Intercept Mapping promotes stakeholder collaboration by tying existing efforts together from pre-arrest through re-entry; identifying strengths and gaps; addressing issues relevant across all intercepts (e.g., culture, gender, trauma, and needs of veterans) and identifying solutions, many of which do not add costs.

Working under the auspices of the St. Johns County Public Safety Coordinating Council, the Behavioral Health Consortium’s Criminal Justice Committee will be the planning group that will convene to develop a Strategic Plan for improving service integration. The Criminal Justice Committee will map existing interventions occurring in the St. Johns criminal justice system as a first step. We anticipate that this mapping will reveal a very limited number of existing interventions. Following this mapping exercise the next task of the planning group will be to identify potential new intervention points and processes. The group will work to determine any new interventions that can be achieved with existing resources. The group will also identify and prioritize additional interventions that will require new resources to implement.

A team composed of leaders at SMA Behavioral Health Services (SMA) and EPIC Behavioral Services (EPIC) supported by the planning staff at the Health Planning Council of Northeast Florida (HPCNEF) will be supported by grant funds to organize and carry out the planning process.

Tab 5: Project Design and Implementation

Sub Criteria 2A: Description of the Planning Council or Committee

For both Planning Grants and Implementation and Expansion Grants, a description of the planning council or committee, including:

3.8.5.1.1 Composition of the planning council or committee, including the role of each member as stakeholder, consumer, etc. demonstrating compliance with s. 394.657(2)(a), F.S. If the Council does not currently meet the statutory requirements, provide a detailed explanation of how and when the Council intends to rectify the deficiency; and

3.8.5.1.2 Planning council's activities, including the frequency of meetings for the previous 12 months and future scheduling of meetings.

Public Safety Coordinating Council and the Role of Each Stakeholder

The current PSCC membership is listed below. All members are designated by their organizations and appointed by the St. Johns County Board of County Commissioners. The PSCC requires expansion to demonstrate compliance with s.394.657(2)(a). As St. Johns County has not previously applied for CJMHSA Reinvestment funds, the composition of the PSCC has been limited to those members required by s951.26 F.S. In order to accommodate the expanded membership required, county staff will work to fill the additional positions noted below. Once recommended members are identified, their application will be submitted to the St. Johns County Board of County Commissioners for appointment.

Sector/Organization	Current Member
State Attorney or Designee	R. J. Larizza
Public Defender or Designee	James S. Purdy
Circuit Court Judge	John M. Alexander
County Court Judge	Charles J. Tinlin
Local Court Administrator or Designee	Mark Weinberg
State Probation Circuit Administrator or Designee	Tammi Schimming, Circuit Administrator
County Commission Chair or designee	William "Bill" McClure
County Director of Probation	Tammi Schimming
Sheriff or Designee	David Shoar
Police Chief or Designee	Pending Appointment
Area Homeless or Supportive Housing Program Representative	Pending Appointment
Chief Correctional Officer	Sam Williams
DJJ - Director of Detention Facility or Designee	Pending Appointment
DJJ- Chief Probation Officer or Designee	Pending Appointment
DCF - Substance Abuse and Mental Health Program Office Representative	Pending Appointment
Primary Consumer of Mental Health Services	Pending Appointment

Sector/Organization	Current Member
Community Mental Health Agency Director or Designee	SMA Behavioral Health Care, Ivan Cosimi
Local Substance Abuse Treatment Director or Designee	Epic Behavioral Health Care, Patti Greenough
Primary Consumer of Community-Based Treatment Family Member	Pending Appointment
Primary Consumer of Substance Abuse Services	Pending Appointment

The St. Johns County Behavioral Health Consortium's Criminal Justice Committee will serve as the Planning Sub-Committee of the PSCC associated with this Grant. Consortium membership includes all of the non-profit and governmental organizations in the county that provide behavioral health services or related human services to adults and children. The Consortium meets monthly to ensure that behavioral health services are provided in a collaborative and efficient manner. The Consortium also identifies and advocates for new services to address gaps in the County's continuum of behavioral health services. Over the past five years the Consortium has been instrumental in the development of a detoxification unit at EPIC Behavioral Healthcare and a Florida Assertive Community Treatment team operated by SMA Behavioral Healthcare.

Current and Past Public Safety Coordinating Council Activities

The St. Johns County Public Safety Coordinating Council (PSCC) will serve as the official planning body for this assessment and planning project. The PSCC currently meets quarterly to discuss issues related to the juvenile justice, criminal justice and behavioral health systems in St. Johns County and to make recommendations to the St. Johns County Board of County Commissioners. In the past 12 months the PSCC met 4 times and meeting agendas included topics related to:

- Juvenile Mobile Crisis Team
- BJA Justice and Mental Health Collaboration Grant Opportunity
- Continuation of state funding for EPIC's Detoxification Center
- Vivitrol for chronic alcohol and opiate abusers
- Veterans Court
- Juvenile Civil Citation Program
- Correctional Center Renovations
- Creation of Florida Assertive Community Treatment Team to serve St. Johns County

The Behavioral Health Consortium's Criminal Justice Committee meets monthly. Members of this group include:

- Joy Andrews – St. Johns County Administration
- Lin Biller – St. Johns County School District
- Jarett Bolin – Magellan Health
- Jerry Cameron – Flagler Hospital
- Brandon Colee – EPIC Behavioral Healthcare
- Uma Eyyunni – NAMI

- Pattie Hunt – NAMI
- James Lynam – DCF
- Dennis Maneja – St. Augustine Youth Services
- Inez Peer – DCF
- Jeff Swartek – Department of Juvenile Justice
- Megan Wall – Legal Aid
- Anne Yaun – Flagler Hospital

Sub Criteria 2B: Timeline and Expected Milestones

Describe and provide a timeline for the proposed planning activities and expected milestones, including:

- 3.8.5.2.1 The manner in which a needs assessment will be conducted;
- 3.8.5.2.2 The proposed methodology to identify, coordinate, and share funding and related resources, and recommended organizational or structural changes;
- 3.8.5.2.3 The proposed strategy for project design and implementation; and
- 3.8.5.2.4 The proposed strategy for coordination, communication and data sharing.

Proposed Planning Structure

Planning grant activities will be organized, facilitated and documented by staff from SMA Behavioral Healthcare, EPIC Behavioral Healthcare and the Health Planning Council of Northeast Florida, utilizing CJMHSA Planning Grant funds.

The Public Safety Coordinating Council will serve as the official planning body for this proposed assessment and planning project. The St. Johns County Behavioral Health Consortium’s Criminal Justice Committee will support the specific tasks outlined in the assessment and planning process. The Criminal Justice Committee will consist of PSCC members, and individuals representing other key community organizations. To enhance the work of the PSCC and Criminal Justice Committee, key leader interviews and focus groups will be conducted to obtain input from the broadest group of community stakeholders. SMA, EPIC and HPCNEF staff funded through this grant will facilitate and provide staff support to the PSCC and Criminal Justice Committee and conduct the key leader interviews and stakeholder focus groups.



The PSCC will:

- Meet quarterly (more frequently when necessary) during the project timeframe and ensure that meeting agendas include a standing agenda item for the assessment and planning project
- Identify PSCC members to serve on the Behavioral Health Consortium’s Criminal Justice Committee
- Participate in the Sequential Intercept Mapping session
- Participate in the Strategic Planning session
- Review and approve the final Strategic Plan for presentation to the St. Johns County

Board of County Commissioners

The Criminal Justice Committee will:

- Meet monthly during the project timeframe
- Prepare monthly updates to share with the PSCC
- Members will take on tasks to complete between meetings (data collection, research, outreach to other stakeholders etc.)
- Develop a focus group plan to gain input from community stakeholders
- Draft materials for the Sequential Intercept Mapping session and participate in the activity
- Identify existing partnerships, policies and practices related to data sharing, communication, and funding coordination
- Draft materials for the Strategic Planning session and participate in the activity
- Finalize the Strategic Plan for presentation to the PSCC, then St. Johns County Board of County Commissioners

EPIC/SMA/HPCNEF will:

- Facilitate the work of the PSCC and the Criminal Justice Committee including: development of detailed action plans, preparation of meeting materials, synthesis of collected data and information, and facilitating continued communication among members and other stakeholders
- Conduct Key Leader interviews with:
 - St. Johns County Sheriff and key staff
 - St. Johns County Director of Corrections and key staff
 - St. Johns County Chiefs of Police
 - State Attorney and key staff
 - Public Defender and key staff
 - Circuit and County Court Judges
 - Behavioral Health provider agencies, leaders and key staff
- Conduct focus groups with stakeholder groups identified by the Adult Planning Committee, such as:
 - St. Johns County Behavioral Health Consortium
 - National Alliance on Mental Illness, St. Johns County Chapter
 - Adults with Severe Mental Illness and/or Addictive Disease
- Facilitate the Sequential Intercept Mapping session and the Strategic Planning session

Assessment and Planning Process Overview

A summary of the proposed assessment and planning process is described in this section. The detailed timeline is included in the Assessment section, page 31, to correlate with Appendix M – Planning Grant Evaluation Manual.

The assessment and planning process will consist of the 5 phases of work described below. The information collected will be obtained through activities at Public Safety Coordinating Council meetings, through activities at Criminal Justice Committee meetings, through interviews with key leaders and through focus groups with key stakeholder groups.

Assessment Process Appropriate for the Target Population

The focus of the assessment process will be to collect data, insight and priorities from key stakeholders involved with adults with severe mental illness and/or substance dependence: parents and families, leaders of government agencies (Department of Corrections, Law Enforcement Agencies, Department of Children and Families, Department of Health) and the leaders from behavioral health provider organizations.

Process to Plan for Project Design and Implementation

The proposed planning process will utilize the foundation of data and information collected during the assessment, capacity and prioritization/partnership phases to inform the strategies included in the Strategic Plan. The Strategic Plan will be a direct reflection of the community's values, assets, deficits and will be reflective of national best practices.

Strategy to Address Opportunities to Coordinate Funding, Resources and to Recommend Organizational and Structural Changes

The proposed planning process includes specific steps to identify current funding streams and the current capacity of partner organizations to ensure that the Strategic Plan builds upon the current community assets. Strategies will also include recommendations for new procedures, policies and partnerships to streamline the community's identification, assessment and referral processes to ensure adults in the criminal justice system with severe mental illness and/or substance dependence are effectively assisted.

Strategy to Address Coordination, Communication and Data Sharing

A core component of the Strategic Plan will be no-cost and low-cost strategies that can be implemented without any additional resources. These types of system improvements will consist of strategies to strengthen the current coordination of services, communication amongst provider agencies and the use of technology and partnership agreements to share data to both support implementation and provide outcome measurement tools and benchmarks. The third locally developed performance measure relates directly to the detailed review of existing data collection and sharing processes to ensure that strategies related to improved data collection and sharing are

included in the Strategic Plan.

Proposed Assessment and Planning Process

1. Assessment Phase (0-90 days)

- Collecting existing data from organizations involved in community provision of behavioral health services and agencies working within the criminal justice system
- Identifying additional data that is collected but not available in an electronic format that allows for analysis
- Identify desired data that is not currently collected

2. Capacity Phase (0-90 days)

- Mapping existing identification, screening, assessment and referral processes for adults with severe mental illness and/or addictive disease
- Identifying gaps and/or barriers that prevent appropriate and timely identification, screening, assessment and referral processes for adults with severe mental illness and/or addictive disease
- Mapping the capacity of existing prevention, intervention and treatment resources for adults with severe mental illness and/or addictive disease (community and criminal justice system based)
- Identifying gaps in the behavioral health system of care
- Preparing and inventory of existing agreements between organizations that define the community's system for identification, screening, assessment, referrals and service delivery of behavioral health care services for adults with severe mental illness and/or addictive disease
- Identifying existing data sharing agreements and practices among system agencies
- Identify the funding sources that support identification, screening, assessment and referral processes and behavioral healthcare service delivery to adults with severe mental illness and/or addictive disease
- Conduct Sequential Intercept Mapping activity to synthesize final process and capacity information collected

3. Prioritization Phase (0-90 days)

- Finalize the selected Target Population and priority intercepts to address in the Strategic Plan, based on data and information collected through the assessment and capacity phases

90 Day Milestone: Needs Assessment Completed and Target Population Identified

4. Best Practices and Partnerships Phase: (90-270 days)

- Inventory the leading best practices to address the needs of the Target Population
- Identify the best practices currently being implemented by St. Johns behavioral health, law enforcement and criminal justice organizations that align with the target population and prioritized intercepts
- Identify barriers (training, financial resources, credentialed staff) preventing organizations from implementing desired best practices
- Identify existing partnerships, defined in formal and informal agreements, to share data, creatively coordinate funding, coordinate service delivery

180 Day Milestone: Formal Partnerships with 3 agencies evidenced by legally binding agreements

270 Day Milestone: Methods established to share, collect and report data regarding the Target Population (Partners and CJMHSA TAC)

5. Planning Phase:

- Create a comprehensive Strategic Plan to address the needs of the Target Population with a focus on the prioritized intercepts. The Strategic Plan will include:
 - ❖ Statement of the problem
 - ❖ Description of the planning process, partnerships and plans for leveraging resources
 - ❖ Vision and Mission Statements
 - ❖ Core Values
 - ❖ Service Models (best practices)
 - ❖ Detailed Goals, Objectives and Tasks
 - Specific strategies to address improved processes, improved data collection and data sharing, capacity building, braiding of funding streams, strategic partnerships and will focus on no-cost/low-cost strategies as well as strategies that would require new financial resources.
- Conduct Strategic Planning session to finalize draft components of the proposed Strategic Plan

360 Day Milestone: Strategic Plan completed and approved by the PSCC

Performance Measures

Applications must include a description of the manner in which the grant will be monitored to determine achievement of performance measures outlined in Section 2.4, including:

3.8.5.4.1 A description of the process for collecting performance measurement data, and any other state or local outcome data to measure project effectiveness;

3.8.5.4.2 Proposed targets and methodologies to address the measures specified in Section 2.4.1, for Planning Grants

3.8.5.4.3 At least one additional proposed performance measure unique to the tasks outlined in the application, including proposed targets and methodologies.

The EPIC/SMA/HPCNEF Team will ensure that process evaluation data is collected and that all assessment and planning activities are thoroughly documented. Formal progress updates will be created and shared with the PSCC at their monthly meetings. Process evaluation data and documentation will include:

- Documentation of activities in accordance with the project timeline
- Meeting minutes from all Criminal Justice Committee and PSCC meetings
- Summaries of all key leader interviews and focus groups
- Inventories of all data and information submitted for the purpose of mapping and inventorying assets and gaps
- Copies of all agreements created and executed
- Quarterly match documentation
- Quarterly process evaluation reports
- Final Assessment Profile
- Final Sequential Intercept Map
- Final Strategic Plan

The timeline on page 31 includes specific completion dates for each assessment and planning component, including the performance measures (below) referenced in 2.4.1. of the RFA.

1. Completion of the needs assessment and identification of the Target Population within 90 days of execution of the final Grant Agreement.
2. Establish formal partnerships, as evidenced by legally binding agreements, with a minimum of three (3) agencies (i.e., law enforcement, homeless coalitions, treatment providers, courts, etc.), within 180 days of execution of the final Grant Agreement.
3. Completion of data sharing, collection and reporting methodologies among partners and the CJMHS A Criminal Justice Committee within 270 days of execution of the final Grant Agreement.
4. Completion of the Strategic Plan within 365 days of execution of the final Grant

Agreement.

5. The final Grant Agreement shall include at least one additional performance measure proposed by the Applicant specific to the Applicant's Strategic Plan.

Summary of Performance Measures (please see the detailed timeline on page 31)

Goal/Objective 1. (Strategic Plan) Develop and submit a Strategic Plan for the proposed initiative, in accordance with the template provided

Task 1.A. Conduct a current and thorough needs assessment, including clear delineation of the Target Population(s)

Task 1.B. Evaluate at least quarterly the proposed planning activities identified in the application to determine whether or not milestones are being met

Goal/Objective 2. (Collaboration) Create and encourage collaboration among key stakeholders in developing a comprehensive Strategic Plan.

Task 2.A. Involve key stakeholders, including potential sources of subject matter expertise and funding, in planning actions

Task 2.B. Provide key stakeholders with expert consultation and education on specific approaches and their linkage to best known effective mental health and substance abuse treatment practices, diversion strategies, and recovery oriented services

Task 2.C. Establish legally binding agreements among agencies to provide and coordinate services

Task 2.D. Derive methodologies for sharing data and information among partners

Goal/Objective 3. Data Development Identify key data elements necessary to strategic plan development, and develop a mechanism for aggregating data elements in an electronic format for dissemination to and use by the Criminal Justice Committee and PSCC in Strategic Plan development and subsequent implementation activities.

Task 3.A. Identify data elements necessary for planning and implementation of identify strategies

Task 3.B. Develop new collaborative data collection, analytics and data sharing processes to support planning and implementation

Additional Performance Measure Alignment

The third locally developed performance measure, Data Development, will provide an important tool for the Strategic Planning process and for the future implementation and evaluation of all strategies in the Strategic Plan.

Proposed Timeline

3.1.1.1.1 Project Timeline

Provide a realistic and detailed timeline for each funding year proposed, indicating goals, objectives, key activities, milestones, and responsible partners. The timeline must include anticipated start and completion dates for each milestone, benchmark, and goal.

NOTE: The Proposed Timeline was included in this section to align with APPENDIX M – PLANNING GRANT EVALUATION MANUAL.

Timeline assumes a project start date of January 1, 2017

Goal/Objective 1. (Strategic Plan) Develop and submit a Strategic Plan for the proposed initiative, in accordance with the template provided

Goal/Objective 2. (Collaboration) Create and encourage collaboration among key stakeholders in developing a comprehensive Strategic Plan.

Goal/Objective 3. (Data Development) Identify key data elements necessary to strategic plan development, and develop a mechanism for aggregating data elements in an electronic format for dissemination to and use by the Youth Planning committee and PSCC in Strategic Plan development and subsequent implementation activities

Assessment Phase: Create a comprehensive data profile for each potential Target Population for PSCC review and analysis.				
Tasks	Milestone	Responsibility	Start	Complete
Collect existing data from organizations involved in justice system and community-based provision of behavioral health services, child welfare system, agencies working within the juvenile justice system and agencies providing services to at-risk youth	Data profile	EPIC/SMA HPCNEF Team, Criminal Justice Committee	1-1-17	2-28-17
Identify additional data that is collected but not available in an electronic format that allows for analysis	Additional data added to profile	EPIC/SMA HPCNEF Team, Criminal Justice Committee	2-1-17	2-28-17
Identifying desired data that is not currently collected	Data development plan	EPIC/SMA HPCNEF Team, Criminal Justice Committee	3-1-17	3-31-17
Evaluate the progress of	Quarterly	EPIC/SMA	3-15-17	3-31-17

Assessment Phase: Create a comprehensive data profile for each potential Target Population for PSCC review and analysis.				
Tasks	Milestone	Responsibility	Start	Complete
activities this phase, according to the timeline	Phase Evaluation Report	HPCNEF Team, Criminal Justice Committee, PSCC		

Capacity Phase: Identify and map all relevant resource and capacity information for PSCC review and analysis.				
Tasks	Milestone	Responsibility	Start	Complete
Map existing diversion, identification, screening, assessment and referral processes for adults in the criminal justice system with behavioral healthcare needs	Summary of processes	EPIC/SMA HPCNEF Team, Criminal Justice Committee	1-1-17	2-28-17
Map the capacity of prevention, intervention and treatment resources for adults in the criminal justice system with behavioral healthcare needs	Capacity inventory	EPIC/SMA HPCNEF Team, Criminal Justice Committee	1-1-17	2-28-17
Identify gaps and/or barriers that prevent appropriate and timely identification, screening, assessment and referral processes for adults in the criminal justice system with behavioral healthcare needs	Gaps analysis of processes	EPIC/SMA HPCNEF Team, Criminal Justice Committee	2-1-17	2-28-17
Identify gaps in the behavioral health system of care for adults in the criminal justice system	Gaps analysis of service capacity	EPIC/SMA HPCNEF Team, Criminal Justice Committee	2-1-17	2-28-17

Capacity Phase: Identify and map all relevant resource and capacity information for PSCC review and analysis.				
Tasks	Milestone	Responsibility	Start	Complete
Inventory existing agreements between organizations that define the community's system for identification, screening, assessment, referrals and service delivery of behavioral health care services	Inventory of agreements	EPIC/SMA HPCNEF Team, Criminal Justice Committee	1-1-17	2-28-17
Identify data sharing agreements and practices among system agencies	Inventory of data sharing agreements	EPIC/SMA HPCNEF Team, Criminal Justice Committee	1-1-17	2-28-17
Identify the funding sources that support identification, screening, assessment and referral processes and behavioral healthcare service delivery to adults in the criminal justice system	Identified funding streams	EPIC/SMA HPCNEF Team, Criminal Justice Committee	1-1-17	2-28-17
Conduct Sequential Intercept Mapping activity to synthesize final process and capacity information collected	Final Sequential Intercept Map	EPIC/SMA HPCNEF Team, Criminal Justice Committee	3-1-17	3-31-17
Evaluate the progress of activities this phase, according to the timeline	Quarterly Phase Evaluation Report	EPIC/SMA HPCNEF Team, Criminal Justice Committee, PSCC	3-15-17	3-31-17

Prioritization Phase: Complete Needs Assessment and Finalize Target Population.				
Tasks	Milestone	Responsibility	Start	Complete
Finalize the selected Target Population and priority intercepts to address in the Strategic Plan, based on data and information collected through the assessment	Final Target Population	EPIC/SMA HPCNEF Team, Criminal Justice Committee, PSCC	3-1-17	3-31-17

Prioritization Phase: Complete Needs Assessment and Finalize Target Population.				
Tasks	Milestone	Responsibility	Start	Complete
and capacity phases				
Evaluate the progress of activities this phase, according to the timeline	Quarterly Phase Evaluation Report	EPIC/SMA HPCNEF Team, Criminal Justice Committee, PSCC	3-15-17	3-31-17

90 Day Milestone: Needs Assessment Completed and Target Population Identified

Best Practices and Partnerships Phase: Create a best practices plan for the target population including and inventory and gaps analysis. Create an overview of existing partnerships.				
Tasks	Milestone	Responsibility	Start	Complete
Inventory the leading best practices to address the needs of the Target Population	Best practices inventory	EPIC/SMA HPCNEF Team, Criminal Justice Committee	4-1-17	4-30-17
Identify the best practices currently being implemented by St. Johns organizations that align with the target population and prioritized intercepts	Inventory of best practices in implementation	EPIC/SMA HPCNEF Team, Criminal Justice Committee	4-1-17	4-30-17
Identify barriers (training, financial resources, credentialed staff) preventing organizations from implementing desired best practices	Barrier analysis	EPIC/SMA HPCNEF Team, Criminal Justice Committee	5-1-17	5-30-17
Identify existing partnerships, defined in formal and informal agreements, to share data, creatively coordinate funding, coordinate service delivery	Inventory of partnerships	EPIC/SMA HPCNEF Team, Criminal Justice Committee	5-1-17	5-30-17
Execute new formal partnership agreements	Executed agreements	Agency members of the PSCC and/or Criminal Justice Committee	6-1-17	6-30-17

Best Practices and Partnerships Phase: Create a best practices plan for the target population including and inventory and gaps analysis. Create an overview of existing partnerships.				
Tasks	Milestone	Responsibility	Start	Complete
Evaluate the progress of activities this phase, according to the timeline	Quarterly Phase Evaluation Report	EPIC/SMA HPCNEF Team, Criminal Justice Committee, PSCC	6-15-17	6-30-17
Identify current data sharing practices	Inventory of data sharing	EPIC/SMA HPCNEF Team, Criminal Justice Committee	7-1-17	8-1-17
Establish methods to share, collect and report data regarding the Target Population (Partners and CJMHSA TAC)	Data sharing and reporting plan	Agency members of the PSCC and/or Criminal Justice Committee	8-1-17	9-1-17
Evaluate the progress of activities this phase, according to the timeline	Quarterly Phase Evaluation Report	EPIC/SMA HPCNEF Team, Criminal Justice Committee, PSCC	9-15-17	9-30-17

180 Day Milestone: Formal Partnerships with 3 agencies evidenced by legally binding agreements

270 Day Milestone: Methods established to share, collect and report data

Planning Phase: Create a comprehensive Strategic Plan to address the needs of the Target Population with a focus on the prioritized intercept(s)				
Tasks	Milestone	Responsibility	Start	Complete
Develop a draft Strategic Plan based on information collected to date.	Draft Plan with all required components	EPIC/SMA HPCNEF Team, Criminal Justice Committee	10-1-17	11-30-17
Present the draft Strategic Plan to the PSCC for review, editing and formal adoption	Final Adopted Strategic Plan	EPIC/SMA HPCNEF Team, Criminal Justice Committee, PSCC	12-1-17	12-30-17
Evaluate the progress of activities this phase, according to the timeline	Quarterly Phase Evaluation Report	EPIC/SMA HPCNEF Team, Criminal Justice Committee, PSCC	12-15-17	12-31-17

360 Day Milestone: Strategic Plan completed and approved by the PSCC

Capability and Experience

For both Planning and Implementation and Expansion Grants, include a description of the Applicant's capability and experience in providing similar services, including:

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

3.8.5.5.2 Availability of resources for the proposed project;

3.8.5.5.3 Anticipated role of advocates, family members, and responsible partners; and

3.8.5.5.4 Proposed staff, including Project Director, key personnel, and subcontractors who will participate in the project, showing the role of each and their level of effort and qualifications. Briefly discuss the responsibilities of each participating organization and how the Applicant proposes to fill staff positions and select subcontractors.

Capabilities and Experience of the Applicant and Partners, including Law Enforcement, to Meet RFA Objectives

CAPABILITY

Our goal in the planning process is to develop strategies to ensure that adults with severe mental illness and/or addictive disease are able to access community behavioral health services and remain engaged in services. EPIC Behavioral Health, SMA Behavioral Health, Flagler Hospital and NAMI are the leading providers of behavioral health services to this population. EPIC Behavioral Health provides detoxification, residential and outpatient substance abuse and mental health counseling services. Flagler Hospital operates the only inpatient mental health unit for St. Johns County and provides intensive outpatient and day treatment services to those with Medicaid, Medicare or private insurance. SMA Behavioral Health provides outpatient mental health and substance abuse services to indigent individuals on a sliding scale as well as to those with Medicaid, Medicare or private insurance. NAMI provides peer led groups for individuals with severe mental illness and their families.

Following is an example of our capability in working collaboratively to address gaps in service delivery to individuals with severe mental illness. In January 2014 Flagler Hospital and SMA began tracking the engagement and retention in treatment of individuals released from Flagler Hospital's Inpatient Psychiatric Unit. This effort came about in response to unacceptably long time periods for an initial follow up appointment at SMA following discharge from Flagler Hospital's Inpatient Unit and a sense that many indigent individuals were not making the transition from the CSU to SMA's Outpatient/Medication Management program. SMA established open access three days each week dedicated to Flagler Hospital discharges. Inpatient Unit discharges could be immediately referred and seen by an SMA therapist/case manager and/or prescribing Provider.

Flagler Hospital and SMA established quality measures to capture important data that can be shared and analyzed by all parties. Data is inputted daily and updated monthly. We track 12 quality measures including demographic information, referral date from Flagler Hospital to SMA, time from referral to first appointment; number and percentage who appear for their first appointment within seven days; number and percentage of individuals who appear for their first appointment with 30 days; and number and

percentage who are continuously engaged in treatment at 3 months, 6 months and 1 year following referral

As a result of the collaboration between SMA and Flagler Hospital and closely monitoring quality data of Flagler Hospital Inpatient Unit referrals, several quality indicators have improved dramatically. Quarterly referrals increased from 63 to 104. Quarterly attendance at the initial appointment increased from 44% to almost 100%. Engagement at 3 months increased from 59% to 74%; and at six months from 50% to 65%.

The partners in this proposal envision that our planning process will result in the creation of new processes, documented with a similar data set to track our effectiveness in diverting adults from the justice system and linking adults with severe mental illness and/or addictive disease in the justice system to community behavioral health services offered by EPIC Behavioral Healthcare, Flagler Hospital, and SMA at all intercept points ranging from diversion prior to arrest through linkage at the point of release from incarceration.

EXPERIENCE

Both Stewart-Marchman-Act Behavioral Healthcare and EPIC Behavioral Healthcare have extensive experience in community-based assessment and planning projects such as the proposed project. SMA has been involved in CJMHSa planning grants in both Volusia and Flagler County utilizing the Sequential Intercept Model. Planning processes in Flagler County resulted in SMA collaborating with that county on two CJMHSa implementation grants. In addition, grant funds will be used to engage the services of the Health Planning Council of Northeast Florida. HPCNEF strives to champion healthy communities, active lifestyles, and accessible, quality health and wellness, which includes not only physical health, but also mental health and social well-being. Over the past several decades, HPCNEF has developed unique expertise in public health, health assessment and planning, health data, and strategic planning.

Rhonda Harvey, SMA's Chief Operating Officer and Brandon Colee, EPIC's Operations Manager, will lead the assessment and planning activities for this project in collaboration with staff at the Health Planning Council of Northeast Florida, led by Caitlin Murphy, Community Health Data and Research Manager.

Existing Organizational Capacity and Resources to Implement the Project

As noted, planning activities will occur under the auspices of the St. Johns Public Safety Coordinating Council, utilizing the Behavioral Health Consortium's Criminal Justice Committee as the planning body. The PSCC and the primary partners to this application will ensure that meeting space, conference call capability and secretarial support will be provided to assist in the completion of the needs assessment and strategic plan development. Primary partners include:

- **Stewart-Marchman-Act Behavioral Healthcare** is the region's largest behavioral

health provider and has staff resources to commit to the project. SMA has taken the lead on significant system change efforts in the past.

- **EPIC Behavioral Healthcare** is St. Johns County's oldest provider of behavioral health services and will provide staff resources to the project.
- **Northeast Florida Health Planning Council** is a regional leader in health planning. Their work to facilitate the proposed assessment and planning project aligns perfectly with their unique expertise in public health, health assessment and planning, health data and strategic planning.
- **Flagler Hospital** is St. Johns County's largest and most comprehensive hospital and the only provider of inpatient care for the severely mentally ill.
- **St. Johns County Sheriff's Office** is the county's largest law enforcement agency and operates the St. Johns County Detention Center – the County Jail.
- **St. Augustine Police Department** covers the area of The City of St. Augustine, an area of approximately 12.4 square miles with a population of approximately 12,284 . SAPD has 51 full time sworn officers, as well as reserve officers and an annual budget of 5.4 million.
- **St. Johns County Government** is committed to the philosophy supported by the CJMHSA program and are poised to support a new focus on the criminal justice system.
- **NAMI, the National Alliance on Mental Illness**, is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI Volusia/Flagler/St. Johns Inc. is the local tri-county affiliate that offers support, education and advocacy to family members, the community and those afflicted by mental illness. Each week in all three counties person with mental illness and their families meet to share our experiences and hope.

See attached letters of support and match funding commitments that demonstrate the availability of staff from the partner agencies to support this planning process. Planning staff funded through the grant will provide the expertise and coordination necessary to ensure completion of project objectives.

The Role of Members of the PSCC (Advocates, Family Members, Partners and Stakeholders)

All members of the PSCC will be engaged in four ways throughout the assessment and planning activities:

1. Facilitated discussion and input sessions at monthly PSCC meetings
2. Small group work and individual assignments through the Adult Planning Committee
3. Individual interviews during the assessment and/or planning phases
4. Focus groups with specific sectors of the community (families, parents and

consumers)

Regarding advocates and family members, see the description of NAMI Volusia/Flagler/St. Johns Inc. above. This chapter has been highly effective in advocating for new services recently implemented in St. Johns County, including a Florida Assertive Community Treatment (FACT) Team and a Drop In Center for person with severe mental illness.

Proposed Staff, Expertise and Qualifications to Carry out the Assessment and Planning Project

HPCNEF, EPIC and SMA will staff and facilitate the project's assessment and planning activities in partnership with the PSCC and the Behavioral Health Consortium's Criminal Justice Committee.

HPCNEF is the northeast Florida region's leading resource for healthcare utilization data, population health data, information on evidence-based best practices, and timely and unbiased health policy information. HPCNEF has long-standing professional partnerships with various entities throughout the northeast Florida region and the state, including local health departments, hospitals, nursing homes, behavioral health facilities, health and social service non-profits, city and county government agencies, and colleges and universities. Additionally, as a publically authorized yet autonomous, tax-exempt non-profit corporation, HPCNEF is a strong bridge and connector between public health and the private healthcare industry – offering an ideal platform and serving as a neutral convener to foster and facilitate public-private partnerships.

Caitlin Murphy is the Community Health Data and Research Manager at HPCNEF who will be assigned to this project. In her role at HPCNEF, Murphy manages data collection and analysis for hospitals and nursing homes in a 7-county region in northeast Florida; develops statistical/quantitative reports for various stakeholders including the state of Florida, government agencies, healthcare facilities, and other clients; conducts population-based research; leads health assessment and planning activities; and plans, analyzes, and evaluates current or proposed health programs for the purposes of program development. Previously, Murphy has worked in health education and epidemiology at the Florida Department of Health in Leon County, and in environmental planning with the U.S. Forest Service. Murphy earned a Master of Public Health and a Master of Science in Urban Planning from Florida State University, where she also conducted a health impact assessment of the Florida National Scenic Trail.

EPIC Behavioral Healthcare is a private, not-for-profit corporation that provides high quality prevention, treatment and rehabilitation services to children, adolescents and adults. Located in St. Johns County, Florida, EPIC's mission is "to strengthen our community by assisting individuals and families impacted by drugs and alcohol, mental health disorders, and other related problem behaviors through a comprehensive system of Education, Prevention, Intervention and Counseling".

Under the direction of EPIC's Medical Director, Clinical Director and CEO, EPIC has provided a variety of behavioral health care services for children, adolescents and adults since 1973. Although originally incorporated to provide prevention interventions for adolescents, EPIC has progressively enhanced services to include outpatient treatment for substance use and mental health disorders and inpatient residential and medical detoxification. As evidenced by our CARF accreditation for our comprehensive system of behavioral health care for all ages, EPIC has the expertise and infrastructure to manage an expansion of substance abuse and mental health services as outlined in this application. Additionally, EPIC has maintained a 90%+ satisfaction rate with the patients/clients we serve in our prevention, outpatient and inpatient substance abuse and mental health programs.

Assigned to this grant is Brandon Colee, EPIC's Operations Manager. He ensures compliance with all funded contracts, HIPAA, DCF Licensing and policies and procedures. He oversees outcomes, reporting, data submissions and quality improvement. Brandon also manages the agency's electronic health record system and IT network.

SMA Behavioral Health Services, Inc. was founded in 1960. It is the largest and most comprehensive provider of behavioral health services in its four county service area – Flagler, Putnam, St. Johns and Volusia. SMA's services in Flagler County include outpatient behavioral services for adults and children, including psychiatric and substance abuse evaluation and treatment, a medication clinic, and a 70 bed residential treatment program for pregnant and parenting women with addiction and other behavioral illnesses. Across the four county service area more than 700 SMA staff provide behavioral health services. SMA is primarily funded by local, county, state and federal grants ensuring that all citizens may access their services regardless of their ability to pay for the cost of care.

Specific to the CJMHSA program, SMA has partnered with Flagler County in both planning and implementation grants. A current CJMHSA implementation grant in Flagler is the Crisis Triage and Treatment Unit (CTTU). This innovative program is an enhancement of Mobile Crisis Intervention, an evidence based practice designed to divert individuals who are acutely mentally ill from the criminal justice system.

Assigned to this grant from SMA is Rhonda Harvey, Chief Operating Officer. She has served in a management capacity since 1994. She is responsible for the operation and management of all client services across the agency. She is a member of Florida Alcohol and Drug Abuse Association, Florida Council for Community Mental Health, and the Florida Association of Drug Court Professionals. She holds a Bachelor's Degree from the University of Louisville, and a Juris Doctorate from the Brandies School of Law, Louisville, Kentucky.

Evaluation and Sustainability

3.8.5.6.1 Evaluation

For both Planning and Implementation and Expansion Grants, describe how the project's effectiveness will be demonstrated, including assessments of planning or implementation outcomes. Discuss how variables like stakeholder support and service coordination will be defined and measured. Describe the process for collecting performance measurement data, and any other state or local outcome data to measure project effectiveness in promoting public safety, reduction of recidivism and access to services and supports for the Target Population(s).

3.8.5.6.2 Sustainability

For both Planning and Implementation and Expansion Grants address sustainability of the project. Describe the proposed strategies to preserve and enhance the community mental health and substance abuse systems. Describe how sustainability methods will be used and evaluated, including how collaborative partnerships and funding will be leveraged to build long-term support and resources to sustain the project when the state grant ends.

3.8.5.6.3 Project Timeline

Provide a realistic and detailed timeline for each funding year proposed, indicating goals, objectives, key activities, milestones, and responsible partners. The timeline must include anticipated start and completion dates for each milestone, benchmark, and goal.

The Project Timeline was included in the Performance Measures section to correspond with Appendix M - Grant Proposal Evaluation Manual SEE PAGE 31

Evaluation

The intent of SMA, EPIC, HPCNEF and our partners in planning is to conduct a needs assessment, develop new strategies through planning, then move to implement new services derived from planning that will increase public safety, avert increased criminal justice system spending, and improve the accessibility and effectiveness of treatment services for adults who have a severe mental illness and/or addictive disease who are in, or at risk of entering, the criminal justice system. Measureable demonstration of planning effectiveness will be the submission of a CJMHSa implementation application in FY 2017-18. Additionally, effectiveness will be demonstrated through the development of new processes among law enforcement, corrections, and behavioral health providers that will improve services and outcomes for the Target Population.

Support for Effective Collaboration

The proposed assessment and planning process includes the active engagement of the PSCC, the Behavioral Health Consortium's Criminal Justice Committee, existing collaborative groups in the county and key community leaders. The St. Johns County area is growing rapidly. At the same time public resources to support comprehensive behavioral health services for the community are extremely limited. The behavioral health provider community and the criminal justice system are both focused on making improvement in behavioral healthcare service delivery through collaborative efforts rather than competitive in-fighting. Through the PSCC and the Behavioral Health Consortium's efforts the county has been able to prioritize its needs and pursue those priorities one by one, resulting in the gains that have been made in detox services and assertive community treatment. We intend to continue that collaboration and move toward improving our capability to divert those with behavioral illnesses out of the justice system

whenever possible and to assure effective treatment for those who do enter the justice system.

Sustainability: Leveraging Partnerships and Funding to Build Long-Term Support and Resources to Support Implementation

The proposed assessment and planning project will be the first concrete and complete examination of the current system of care, processes and interagency coordination. The simple act of documenting the current system will likely yield improved practices and more significant partnerships. The strategic plan will include specific strategies to address gaps that are identified and new agreements will be forged between agencies: formal and intentional agreements to create a more seamless system of care. The strategic plan will include two kinds of strategies:

1. Strategies that would require NEW resources to implement. These strategies will be supported by a proposed funding development plan.
2. Strategies that are no cost, low cost or can be accomplished through more creative use of existing resources.

Most of the local funders of behavioral health and justice services will be engaged in planning so it is anticipated that the most important strategies included in the plan can be implemented with the support of these key organizations.