



**CRIMINAL JUSTICE, MENTAL HEALTH, AND
SUBSTANCE ABUSE REINVESTMENT GRANT**

RFA112818HSET1

Apalachee Center, Inc.

2634-J Capital Circle, N.E., Tallahassee, FL 32308

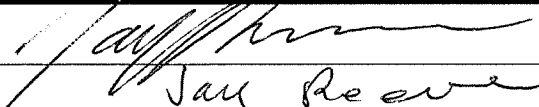
PH (850) 523-3201 Fax (850) 523-3434

www.apalacheecenter.org

Cover Page & Certified Designation Letter
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APPENDIX C - COVER PAGE FOR GRANT APPLICATION

Criminal Justice, Mental Health and Substance Abuse Reinvestment

PROPOSAL INFORMATION		
Type of Grant:	Planning Grant <input type="checkbox"/>	Implementation and Expansion Grant <input checked="" type="checkbox"/>
Project Title:	Forensic Intervention & Re-Entry Services Team - FIRST	
County(ies):	Leon	
Preferred Project Start Date:	July 1, 2019	
APPLICANT INFORMATION		
Type of Applicant	County Government <input type="checkbox"/>	Consortium of County Governments <input type="checkbox"/>
	Managing Entity <input type="checkbox"/>	NFP Community Provider <input checked="" type="checkbox"/> Law Enforcement Agency <input type="checkbox"/>
Applicant Organization Name:	Apalachee Center, Inc.	
Contact Name & Title:	Jay Reeve, CEO	
Street Address	2634 Capital Circle N.E.	
City, State and Zip Code:	Tallahassee, FL 32308	
Email:	Jayr@apalacheecenter.org	
Phone:	(850) 523-3201	
ADDITIONAL CONTACT		
Participating Organization Name:	Apalachee Center, Inc.	
Contact Name & Title:	Sue Conger, COO	
Street Address	2634 Capital Circle N.E.	
City, State and Zip Code:	Tallahassee, FL 32308	
Email:	suec@apalacheecenter.org	
Phone:	(850) 523-3247	
CERTIFYING OFFICIAL		
Certifying Official's Signature:		
Certifying Official's Name (printed):	Jay Reeve	
Title:	CEO	
Date:	2/7/2019	
BUDGET SUMMARY		
	Total Amount of Grant Funds Requested	Total Matching Funds:
Program Year 1	364,000	364,000
Program Year 2	364,000	364,000
Program Year 3	364,000	364,000
Total Project Cost	1,092,000	1,092,000



Leon County

Board of County Commissioners

301 South Monroe Street, Tallahassee, Florida 32301
(850) 606-5302 www.leoncountyfl.gov

Commissioners

JIMBO JACKSON
District 2
Chairman

BRYAN DESLOGE
District 4
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BILL PROCTOR
District 1

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District 3

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District 5

MARY ANN LINDLEY
At-Large

NICK MADDOX
At-Large

VINCENT S. LONG
County Administrator

HERBERT W.A. THIELE
County Attorney

January 22, 2019

Jay Reeve, PhD
President and Chief Executive Officer
Apalachee Center
2634-J Capital Circle, NE
Tallahassee, FL 32308

Subject: Letter of Support for Apalachee Center's Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Application

Dear Dr. Reeve,

On behalf of the Leon County's Public Safety Coordinating Council, this letter expresses our support of Apalachee Center's grant application to the Department of Children and Families for the Forensic Intervention and Re-Entry Services Team (FIRST). Apalachee Center will serve as the lead agency for this project which will be a collaborative effort between local government, area law enforcement, pretrial and probation community supervision, and local advocacy groups.

The objective of the program is to divert at-risk individuals from incarceration, detention or admission to State Forensic Mental Health Facilities through early detection and improved access to mental health resources. Apalachee Center has designed the FIRST Program to consist of a team of six mental health professionals and practitioners throughout the major intercept points of the criminal justice system. Apalachee proposes housing one liaison at the Leon County Detention Facility to engage inmates in treatment and link them to community resources prior to their release from custody and a second liaison at the Leon County Courthouse, to work closely with criminal justice stakeholders and offer alternatives to incarceration or commitment. Apalachee Center will provide individual and group forensic services such as competency training and evidenced-based treatment programs in a day setting by a therapist and two mental health clinicians. The FIRST Program will be administered by a Forensic Targeted Case Management Supervisor who will also oversee the treatment planning and case management of individuals in the community focusing on housing, employment, and restoration of benefits. The proposed program is designed to establish a continuum of care for individuals from incarceration through their re-entry into the community with the objective of managing at-risk behaviors and reducing recidivism. We appreciate this opportunity to support Apalachee Center in its pursuit of the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant.

Sincerely,

Bill Proctor

District 1 Commissioner and
Chairman of the Leon County Public Safety Coordinating Council











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Statement of Mandatory Assurances
Page 4

APPENDIX D – STATEMENT OF MANDATORY ASSURANCES

		Initial
A.	Infrastructure: The Applicant shall possess equipment and Internet access necessary to participate fully in this solicitation.	
B.	Site Visits: The Applicant will cooperate fully with the Department in coordinating site visits, if desired by the Department.	
C.	Non-discrimination: The Applicant agrees that no person will, on the basis of race, color, national origin, creed or religion be excluded from participation in, be refused the benefits of, or be otherwise subjected to discrimination pursuant to the Act governing these funds or any project, program, activity or sub-grant supported by the requirements of, (a) Title VI of the Civil Rights Act of 1964 which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended which prohibits discrimination the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended which prohibits discrimination in employment or any program or activity that receives or benefits from federal financial assistance on the basis of handicaps; (d) Age Discrimination Act 1975, as amended which prohibits discrimination on the basis of age, (e) Equal Employment Opportunity Program (EEO) must meets the requirements of 28 CFR 42.301.	
D.	Lobbying: The Applicant is prohibited by Title 31, USC, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," from using Federal funds for lobbying the Executive or Legislative Branches of the federal government in connection with a specific grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal funds if grants and/or cooperative agreements exceed \$100,000 in total costs (45 CFR Part 93).	
E.	Drug-Free Workplace Requirements: The Applicant agrees that it will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76.	
F.	Smoke-Free Workplace Requirements: Public Law 103-227, Part C-Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library projects to children under the age of 18, if the projects are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's projects provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for Inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 per day and/or the imposition of an administrative compliance order on the responsible entity.	
G.	Compliance and Performance: The Applicant understands that grant funds in Years 2 and 3 are contingent upon compliance with the requirements of this grant program and demonstration of performance towards completing the grant key activities and meeting the grant objectives, as well as availability of funds.	
H.	Certification of Non-supplanting: The Applicant certifies that funds awarded under this solicitation will not be used for programs currently being paid for by other funds or programs where the funding has been committed.	
I.	Submission of Data: The Applicant agrees to provide data and other information requested by the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center at the Florida Mental Health Institute to enable the Center to perform the statutory duties established in the authorizing legislation.	
J.	Submission of Reports: The Applicant agrees to submit quarterly progress reports and quarterly fiscal reports, signed by the County Administrator, to the Department.	

Match Commitment and Summary Forms
Page 5-9

Appendix I – Match Summary
(for the entire grant period)

DATE - 02/04/19

County - Leon

Type of Grant - Reinvestment

Match Requirement Percentage - 100%

Total Match Required for the Grant \$ 364,000

Match Reported this Period:

Cash	\$	<u> </u>
In-Kind	\$	<u>364,000</u>
Total	\$	<u> </u>

Comments:

Prepared By *Reamy Wilton*

Approved By *[Signature]*

Appendix H – Commitment of Match/Donation Form
(for the entire grant period)

TO: (name of organization) **Apalachee Center, Inc.**

FROM: (donor name) **Leon County**

ADDRESS: **301 South Monroe Street**
Tallahassee, Florida 32301

The following ___ space, ___ equipment, X goods/supplies, and/or X services, is/are donated to the County _____ permanently (title passes to the County) _____ temporarily (title is retained by the donor), for the period _____ to _____.

Description and Basis for Valuation (See next page)

	<u>Value</u>
(1) Drug and Alcohol Testing	\$66,500
(2) Personnel Services	\$120,831
(3) _____	\$ _____
(4) _____	\$ _____

TOTAL VALUE **\$187,331.00**

The above donation is not currently included as a cost (either direct or matching) of any state or federal contract or grant, nor has it been previously purchased from or used as match for any state or federal contract.

Wanda Hurt

(Donor Signature)

2/4/19

(Date)

Jerry [Signature]

(Organization Signature)

2/4/2019

(Date)

Reem Vittan 2/4/2019

BASIS OF VALUATION

Building/Space

1. Donor retains title:
 - a. Fair commercial rental value - Substantiated in provider's records by written confirmation(s) of fair commercial rental value by qualified individuals, e.g., Realtors, property managers, etc.
 - b. (1) Established monthly rental of space \$ _____
 (2) Number of months donated during the contract _____
 Value to the project [b.(1) X b.(2)] \$ _____
2. Title passes to the County:

Depreciation

 - a. Cost of Fair Market Value (FMV) at acquisition (excluding land) \$ _____
 - b. Estimated useful life at date of acquisition _____ yrs.
 - c. Annual depreciation (a./b.) \$ _____
 - d. Total square footage _____ sq. ft.
 - e. Number of square feet to be used on the grant program _____ sq. ft.
 - f. Percentage of time during contract period the project will occupy the building/space _____ %
 Value to project (e./d. X f. X c.) \$ _____

Use Allowance

- a. To be used in the absence of depreciation schedule (i.e., when the item is not normally depreciated in accounting records).
- b. May include an allowance for space as well as the normal cost of upkeep, such as repairs and maintenance, insurance, etc.

Equipment

1. Donor retains title: Fair Rental Value
2. Title passes to _____:
 - a. FMV at time of donation \$ _____
or
 - b. Annual value to project (not to exceed 6 2/3% X a.) = \$ _____

Goods/Supplies

FMV at time of donation (drug and alcohol testing) **\$66,500.00**

Personnel Services

1. Staff of another agency/organization: **Leon County**
 Annual Salary Number of hours 2080 X to be provided = **\$120,831.00**
2. Volunteer -- Comparable annual salary \$ _____
 Annual Salary Number of hours 2080 X to be provided = \$ _____

**Appendix H – Commitment of Match/Donation Form
(for the entire grant period)**

To: Apalachee Center

From: Leon County Sheriff's Office

Address: 2825 Municipal Way Tallahassee Florida 32304

The following ___ space, ___ equipment, X goods/supplies, and/or X services have been provided to the Target Population as defined in sections 1.5.1 and 1.5.2 for the period of 1 January 2018 to 31 December 2018.

Description and Basis for Valuation (See next page)

(1) Personal Services	\$122,750
(2) Goods/supplies	\$54,000

Total Value: \$176,750

The above expenditures is not currently included as a cost (either direct or matching) of any state or federal contract or grant, nor has it been previously purchased from or used as match for any state or federal contract.



Signature – Organization Expending Funds

02-01-19
Date



Organization Signature

2/4/19

BASIS OF VALUATION

Building/Space

1. Donor retains title:
 - a. Fair commercial rental value - Substantiated in provider's records by written confirmation(s) of fair commercial rental value by qualified individuals, e.g., Realtors, property managers, etc.
 - b. (1) Established monthly rental of space \$ _____
 - (2) Number of months donated during the contract _____
 - Value to the project [b.(1) X b.(2)] \$ _____

2. Title passes to the County:

Depreciation

- a. Cost of Fair Market Value (FMV) at acquisition (excluding land) \$ _____
- b. Estimated useful life at date of acquisition _____ yrs.
- c. Annual depreciation (a./b.) \$ _____
- d. Total square footage _____ sq. ft.
- e. Number of square feet to be used on the grant program _____ sq. ft.
- f. Percentage of time during contract period the project will occupy the building/space _____ %
- Value to project (e./d. X f. X c.) \$ _____

Use Allowance

- a. To be used in the absence of depreciation schedule (i.e., when the item is not normally depreciated in accounting records).
- b. May include an allowance for space as well as the normal cost of upkeep, such as repairs and maintenance, insurance, etc.

Equipment

1. Donor retains title: Fair Rental Value
2. Title passes to _____:
 - a. FMV at time of donation \$ _____
 - or
 - b. Annual value to project (not to exceed 6 2/3% X a.) = \$ _____

Goods/Supplies

FMV at time of donation \$54,000

Personnel Services

1. Staff of another agency/organization:

Annual Salary \$31.25/hr X Number of hours 3928 = \$122,750
2. Volunteer -- Comparable annual salary \$ _____

Annual Salary Number of hours 2080 X to be provided = \$ _____

Statement of the Problem
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3.8.5 Statement of the Problem

3.8.5.1 Detailed Description of the Problem

For many years, the intersection between law enforcement, criminal justice and mental health has been a recognized area of concern across the country. There are multiple challenges in that intersection between the criminal justice system and the mental health treatment system. Specifically, the issue of rapidly securing access to assessment and follow-up treatment for seriously and severely mentally ill individuals who have been arrested, especially when those arrests are a direct consequence of untreated or undertreated symptoms of mental illness. This is particularly true in smaller Florida counties with limited financial and treatment resources, such as Leon County.

The Florida Department of Children and Families estimates that the number of individuals committed to forensic beds at Florida State Hospital (FSH) from Circuit 2 is currently proportionally the highest in the state. On average, over fifty individuals from Leon County annually are committed to the Forensic Service of FSH. Out of the seven counties in Florida that commit over fifty individuals or more annually, Leon County is the only one not in the top 7 of overall population statewide. In an effort to address this problem, Apalachee Center pioneered Level 1 forensic step-down units in Florida with the opening of two 16-bed units in 2007 that transitioned clients from Florida State Hospital to the community. Since then, Apalachee Center has opened two more 16-bed Level 1 Residential Treatment Facilities for a total of 64 Level 1 forensic step-down and diversion beds serving clients from across the State of Florida, saving the State millions of dollars through lower costs and more rapid through-put. Despite these efforts, none of these programs (nor any other residential diversion programs statewide), can effectively support immediate outpatient community treatment for individuals currently detained who suffer from severe mental illness.

The Leon County Court Mental Health Division has averaged approximately 24 misdemeanor mental health docket clients per month since October 2017, each of whom need absorption into the local system of care, predominantly provided by Apalachee Center. At this time, there are a total of 59 open mental health misdemeanor cases. While there is no felony mental health court in Leon County or Circuit 2, there are currently 190 open felony cases designated as mental health cases. Apalachee Center, headquartered in Leon County and the largest community mental health center in the region, operates a community forensic treatment team. The mission of the team is to provide community psychiatric treatment, case management, support and competency restoration for those individuals in the region who are either on pretrial release, conditional release, or probation, particularly those adjudicated under FS 916, who meet criteria for serious mental illness. Currently, the Forensic team consists of a Supervisor, 2 Case Managers, and 2 Support Coordinators serving a total client population of 330. Nearly, half of that caseload (151) includes individuals in the state hospital system, with the remaining living in the community. While this team visits Apalachee Center clients in the detention facility weekly and provides community support for seriously mentally ill individuals upon release, the numbers cited above indicate that the team is actually at or above capacity, and the current jail detainee population in need of psychiatric care for severe mental illness is

more than double the team's current caseload. In other words, there is no capacity for the community's desperate need for increased service access.

Geographic Environment/Socioeconomic Factors of Leon County

Leon County, Florida is the 23rd largest county in Florida by population, with a population density of 400 persons per square mile (the 13th in the state), and is a mixture of small urban, suburban and rural landscapes. In 2017, Leon County's population of 291,879 was approximately 31% Black and 63% White. While the county has a considerably higher proportion of college and graduate level educated citizens (nearly double the Florida state average), it ranks about 10% below the state average in median income, and considerably above the state average of individuals living below 100% of federal poverty guidelines (23.3% in contrast to a Florida State average of 15.5%). There is considerable income disparity between the wealthiest and most impoverished residents, despite unemployment rates slightly below the overall state numbers. Homicide and suicide rates are both below the State average, as are overall hospitalizations for mental illness. However, involuntary commitments under the Baker Act are above the state average, as are arrests for Aggravated Assault.

In 2018, the Mental Health Council of the Big Bend, a consortium of twenty community agencies involved with behavioral health services in the region, developed and chaired by the CEO of Apalachee Center, issued its first White Paper on the state of mental health in Leon County. The White Paper included data from the Leon County Health Department's Community Health Improvement Plan survey as well as data from four additional studies initiated by the Council and was analyzed and written by the Center for Behavioral Health Integration at Florida State University's College of Medicine. The White Paper concluded that Leon County generally displayed higher reported stress and anxiety levels than the national average, and further identified three different neighborhoods as being at particular risk for moderate to serious psychiatric illness. Unsurprisingly, these neighborhoods roughly dovetailed with higher crime, lower socioeconomic status, and more limited treatment access neighborhoods, which are also identified on Leon County "heat maps" of criminal activity. This research led to the development of two new mental health clinics in the identified "high intensity" neighborhoods, and a series of outreach activities supported by both City and County government.

Priority as a Community Concern

Increased access for individuals dealing with psychiatric illness in the criminal justice system has been a longtime focus of this County, but, in the past several years, has received increased attention. In 2017, Sheriff Walt McNeill formed a Citizen's Committee to focus on the mental health needs of the detention facility, including representatives from the Sheriff's Office, the State's Attorney, the Public Defender, local hospitals, community groups, and Apalachee Center. In October of that year, the Sheriff designated the Leon County Jail as the Leon County Detention Facility, explicitly stating that the aim was to convey an emphasis on access to treatment for mentally ill detainees. At that time, the Leon County Sheriff's Office met with Apalachee Center to develop a plan which includes provisions for weekly, onsite visits by the Forensic Team at the detention facility, and the development of telemedicine capacity within the detention facility whereby Baker Act consultations could be performed remotely by Apalachee Center medical staff.

In an effort to further examine and address community concerns, Leon County Government in partnership with local law enforcement, the courts, pretrial/probation services, Apalachee Center and through participation in the Stepping Up and Data Driven Justice Initiatives, has committed to identifying effective alternatives to reduce the number of individuals with mental health and substance abuse disorders in the detention facility and criminal justice system. In 2018, Leon County Government initiated a workgroup which absorbed the Sheriff's Citizen's Committee and participated in SAMHSA's Best Practices Implementation Academy. This multi-disciplinary team developed a sequential intercept model (SIM), a community planning tool to identify available resources and identify gaps in service, as well as a plan for improvements. The SIM includes six intercepts, 0 through five:

- Intercept 0- Community Services
- Intercept 2- Law Enforcement
- Intercept 2- Initial Detention/First Appearance
- Intercept 3- Detention/Court Proceedings
- Intercept 4- Re-Entry
- Intercept 5- Community Corrections

The process of mapping existing resources and services with community partners at each of the intercept points illustrated that our community has a multitude of services available to individuals with behavioral health issues at Intercept 0 and Intercept 1. This includes, but is not limited to, referral services, Mental Health First Aid Training, and Crisis Intervention Trained (CIT) law enforcement for early identification of behavioral health issues and diversion to the community crisis stabilization unit. Apalachee Center, Inc.'s latest implementation of a Mobile Crisis Unit has also provided an additional significant enhancement at Intercept 1. The Mobile Crisis Unit embeds mental health clinicians that respond with local law enforcement to service calls where an individual's mental health is a concern to provide guidance on emergency treatment options available through the Central Receiving Facility in Leon County.

The identification of programs and services available through the sequential intercept mapping exercise shows that there remains a lack of service capacity at intercepts 2 through 5. The Best Practices Implementation Academy (BPIA) workgroup concluded specifically that enhancements to the collaboration between criminal justice stakeholders and behavioral health practitioners would:

- Systematically improve the ability to reduce the number of days of incarceration from arrest and re-entry;
- Improve case coordination between Apalachee Center and the Offices of Court Administration, Public Defender, State Attorney, and Intervention and Detention Alternatives to reach case disposition successfully; and
- Reduce recidivism through continued treatment and support services in the community.

Apalachee Center, in concert with the Leon County PSCC and its BPIA workgroup, proposes the Forensic Intervention and Re-entry Services Team (FIRST) as the strategic model to develop enhanced service capacity at intercepts 2 through 5.

In 2018, Sheriff Walt McNeill estimated that roughly 400 inmates were receiving mental health services at any given time, and that upwards of 300 were being treated with psychotropic medications. About 40% of the jail population at any given time are identified as in need of mental health services. **The target population for this expansion grant is male and female adults ages 18 or older, with a primary diagnosis of a mental illness who are in the criminal justice system in Leon County. This includes individuals with mental illness that are incarcerated in the Leon County Detention Facility, have a pending felony or misdemeanor case in Leon County, have been placed on Mental Health Pre-Trial Release, Mental Health Probation, or Conditional Release.**

3.8.5.2 Analysis of current population of Leon County Detention Center

As of 2017, the Leon County Detention Facility houses an Average Daily Population of approximately 1,013, with an overall incarceration rate of 3.5, notably higher than the overall Florida rate of 2.6. The percentage of the jail population composed of pretrial detainees stood at 63.4%, in contrast to the overall Florida rate of 57%. Please see the table below for additional demographic statistics.

Leon County Detention Facility Population by Gender, Age Group, and Race

Age Group	MALES					FEMALES				
	White	Black	Oriental / Asian	American Indian	No Data	White	Black	Oriental / Asian	American Indian	No Data
Juvenile	3	4	0	0	0	0	0	0	0	0
18 - 29	71	297	1	0	0	13	32	0	0	0
30 - 39	103	181	1	0	0	34	21	0	0	0
40 - 49	59	79	0	0	0	22	10	0	0	0
50 - 59	34	66	0	0	0	11	2	0	0	0
GT 59	11	18	0	0	0	1	1	0	0	0
TOTAL	281	645	2	0	0	81	66	0	0	0

Source: Leon County Detention Facility, February 2019

3.8.5.2.1 Screening and assessment process used to identify population

The Medical and Mental Health services at the Leon County Detention Facility are currently provided by Corizon Health under a contract agreement. At the time of booking into the Detention Facility, Corizon staff conduct a questionnaire with the individual to screen for mental health issues, which results in a mental health diagnosis indicator in the Leon County Justice Information System. Currently, an Apalachee Center Outpatient Forensic Services case manager conducts weekly visits to known Outpatient Forensic clients and as requested by the Detention Facility Mental Health Department. Forensic Outpatient staff continue to monitor the individual while he/she is in the detention facility, assist in developing a conditional release plan if indicated, and continue to provide services in the community when released. However, there is a need for an increase in community services, in the form of a full-time position available to the Detention Center,

to achieve enhanced communication between providers, and services being provided more rapidly to inmates.

3.8.5.2.2 Percentage of persons admitted to the detention center that have a mental illness or co-occurring disorder

In Leon County, a survey of Leon County Detention Center detainees for 2017 by The Mental Health Department at the Leon County Detention Facility indicated over 5000 mental health intakes, and, conservatively, 877 unduplicated jail detainees referred for psychiatric services. The referrals for psychiatric services constitute the minimal reasonable estimate of jail detainees dealing with psychiatric issues serious enough to warrant medical intervention. Of those referred to psychiatric services, 554 (63%) were diagnosed with either severe mental illness (Schizophrenia and Bipolar Disorder), or with diagnoses that may indicate the presence of a severe mental illness (Cyclothymia, Mood and/or Psychotic D/O NOS), and those conditions co-existing with substance abuse disorder. The remainder of the diagnoses were for mental health conditions that typically do not produce chronic, severe and debilitating symptoms in jail populations in the absence of more severe diagnoses (ADHD; Adjustment D/O; Anxiety D/O; Dysthymia; Unipolar Depression; PTSD). Thus, in 2017, Leon County Detention facility served nearly 900 detainees whose illnesses were likely severe, chronic, in need of medical intervention, and likely to be amenable to those evidence-based interventions that have been shown to be successful with a severely mentally ill population. While the Mental Health Department at the Leon County Detention Facility strives to deliver adequate psychiatric service and support to these detainees, a detention facility is not a treatment facility. If this most conservative estimate is accurate, there are likely close to one thousand detainees with symptoms of serious mental illness and in need of both immediate care and long-term follow up and support on an outpatient basis – outside the detention facility. At the same time, the number of these individuals not served in the community, who are instead committed to secure forensic beds in the State Hospital system, is significantly higher than local population would suggest.

3.8.5.2.3 Factors that affect population trends in jail

Contributing factors that can affect population trends in jail include mental illness, homelessness, substance abuse, and financial instability. According the National Alliance to End Homelessness, in 2018 the state of Florida has 15.6 homeless individuals per 10,000 people. The Leon County/Tallahassee area rate is significantly higher than the state, with 24.4 homeless individuals per 10,000 people. During the 2015 Point in Time count it was noted that 33.6% of homeless individuals in Florida reported having a mental illness, and 32.6% reported having a substance abuse issue. As already noted above, Leon County ranks about 10% below the state average in median income, and considerably above the state average of individuals living below 100% of federal poverty guidelines (23.3% in contrast to a Florida State average of 15.5%).

3.8.5.2.4 Factors putting the target population at-risk of entering or re-entering the criminal justice system

Individuals with a major mental illness without support or supervision are often vulnerable to entering or re-entering the criminal justice system. This issue is compounded by some of the variables noted above, such as being homeless and/or having a co-occurring substance abuse issue. Limited job opportunities, financial difficulties, lack of support/coordination with community resources, and limited supervision can also have an impact on whether an individual with a mental illness can maintain their stability in the community. There are currently limited resources in Leon County for individuals in the criminal justice system with a mental illness including a means to rapidly identify needs, coordinate diversionary alternatives, linkage to community services, and monitor progress and provide feedback to the court for a successful supervision plan completion. Implementing the FIRST Program for individuals with a mental illness in the criminal justice system would provide the quick communication and coordination of services needed to help decrease this population's risk of entering or re-entering the criminal justice system.

3.8.5.3.1 Projected number of broader category of persons served in any capacity

Based on the point in time estimates of number of open mental health cases in the court system and individuals in the detention facility with a mental illness, the FIRST Program predicts that the Court Liaison and Detention Facility Liaison will receive and screen 300 referrals through the life of the grant.

3.8.5.3.2 Projected number of any subset of persons served

Given that services will be provided based on the total length of one's incarceration, court proceedings, and through the end of the community supervision plan we project the following subset of persons served:

Forensic Day Services: capacity to serve 24 at any given time. We project a total of 50 through the life of the grant.

Community Case Management: The Leon County FIRST case managers will have a target caseload of 40 per case manager, with a projected capacity to serve 160 at any given time. We project a total of 250 served through the life of the grant.

Project Design and Implementation
Page 16-49

3.8.6 Project Design and Implementation

3.8.6.1.1 Description of the Composition of the Planning Council

The Public Safety Coordinating Council (PSCC), established by the Leon County Board of Commissioners currently serves as the planning council for the CJMHSA Reinvestment Grant. In April 2018, Leon County was nominated by the Data-Driven Justice Initiative to attend the Best Practices Implementation Academy, with a focus on diverting individuals with mental health issues from the criminal justice system. As a result of the training, Apalachee Center was invited to collaborate with the Leon County Sherriff's Office (LCSO), Court Administration, and Office of Intervention and Detention Alternatives (IDA) to update and implement the Strategic Plan on behalf of the PSCC and develop the Sequential Intercept Map (SIM). This subgroup of the PSCC is known as the Best Practices Implementation Academy (BPIA) workgroup.

Due to the deficiencies/gaps identified in the SIM, the PSCC has since designated Apalachee Center to apply for the CJMHSA Reinvestment Grant on behalf of Leon County. The BPIA workgroup now serves as the core of the CJMHSA Reinvestment Grant planning council. Apalachee Center will continue to work with the PSCC through the BPIA workgroup to ensure all stakeholders are represented and regularly engaged with the planning council. The current planning council (PSCC) membership is outlined on the following page.

**APPENDIX K – CJMHS REINVESTMENT GRANT PLANNING COUNCIL OR COMMITTEE
PLEASE PRINT**

Jack Campbell
STATE ATTORNEY OR DESIGNEE

Andy Thomas
PUBLIC DEFENDER OR DESIGNEE

Ronald Flury
COUNTY COURT JUDGE

Jonathan Sjostrom
CIRCUIT COURT JUDGE

To Be Determined
LOCAL COURT ADMINISTRATOR
OR DESIGNEE

Matt Sampson
STATE PROBATION CIRCUIT
ADMINISTRATOR OR DESIGNEE

Bill Proctor
COUNTY COMMISION CHAIR

Teresa Broxton
COUNTY DIRECTOR OF PROBATION

Walt McNeil
SHERIFF OR DESIGNEE

To Be Determined
POLICE CHIEF OR DESIGNEE

To Be Determined
AREA HOMELESS OR SUPPORTIVE
HOUSING PROGRAM REPRESENTATIVE

Jeffery Beasley
CHIEF CORRECTIONAL OFFICER

To Be Determined
DJJ – DIRECTOR OF DENTENTION
FACILITY OR DESIGNEE

To Be Determined
DJJ – CHIEF OF PROBATION OFFICER OR
DESIGNEE

To Be Determined
DCF – SUBSTANCE ABUSE AND
MENTAL HEALTH PROGRAM OFFICE
REPRESNTATIVE

Richard Stephens
PRIMARY CONSUMER OF MENTAL
HEALTH SERVICES

To Be Determined
COMMUNITY MENTAL HEALTH
AGENCY DIRECTOR OR DESIGNEE

Larry Kubiak
LOCAL SUBSTANCE ABUSE TREATMENT
DIRECTOR OR DESIGNEE

To Be Determined
PRIMARY CONSUMER OF
COMMUNITY-BASED TREATMENT
FAMILY MEMBER

To Be Determined
PRIMARY CONSUMER OF SUBSTANCE
ABUSE SERVICES

3.8.6.1.2 Outline of the Planning Council's activities

The PSCC meets monthly, except for July and November, to discuss initiatives for diverting individuals from detention facilities. The PSCC assesses and makes recommendations pertaining to pre-trial intervention, probation, work-release, mental health/substance abuse programs, gain-time schedules, bail bond schedules, and confinement status. Major activities include the development of a public safety plan to address future construction needs and a re-entry plan for offenders recently released from incarceration. The PSCC meetings regularly include reports from Disc Village Leveraging Interventions for Transformations (LIFT), Bethel Ready 4 Work, Department of Juvenile Justice, Court Administration, and Intervention and Detention Alternatives. Other activities include reporting on trends in the community that impact criminal justice, such as the Leon County Detention Facility inmate demographics. The PSCC met 10 times in 2018.

2019 Public Safety Coordinating Council Schedule	
January 15 <i>SIM Reviewed and Updated</i> <i>Strategic Action Plan Updated</i>	June 18 <i>Department of Juvenile Justice, Annual Presentation</i>
February 19 <i>Leah Vail, Community Forensic Liaison (DCF)</i> <i>Bethel Ready 4 Work Quarterly Report</i>	August 20 <i>LIFT and Ready 4 Work Quarterly Reports</i> <i>FY 19/20 Funding Discussions</i> <i>Reinvestment Grant Progress Report</i>
March 19 <i>Zach Gibson, Governor's Office of Adoption and Child Protection</i> <i>Resilience video viewing</i> <i>Trauma informed care</i> <i>Community partnerships and services</i>	September 17 <i>To be Determined</i>
April 16 <i>LIFT and Ready 4 Work Quarterly Reports</i>	October 15 <i>Reinvestment Grant Progress Report</i>
May 21 <i>CJMHS A Grant Application status update</i>	December 3 <i>To be determined</i>

3.8.6.2 Not Applicable

3.8.6.3 Implementation and Expansion Grants

3.8.6.3.1 Strategic Plan

Leon County's 2017-2021 Strategic Plan establishes its commitment to promoting essential services which enhance the well-being of our citizens and the livability of our community through continuous efforts to make Leon County a place where people are healthy, safe, and connected to their community. The Strategic Plan was updated in September 2018, at which time it outlined four priority areas:

1. Develop a map of community and criminal justice behavioral health services
2. Implement a validated mental health screening tool for the detention facility
3. Educate community and criminal justice agencies on mental health resources at each intercept point
4. Enhance data collection and sharing between behavioral health and criminal justice agencies

In September 2018, the Strategic Plan generated the development of the Sequential Intercept Map (SIM) for the Leon County 2nd Judicial Circuit which was last reviewed in January 2019. The creation of the SIM quickly addressed the priority areas of the Strategic Plan. At intercept 2, the map showed the need for inmates to be designated as having a mental health issue at booking so that they can be linked to services and screened for potential diversion. At intercept 3, the SIM showed a lack in collaboration between court personnel and community behavioral health providers to educate partners on diversion alternatives. Priority areas 2-4 remain on the Strategic Plan updated in January 2019.

During this most recent update, it was noted that while Apalachee Center serves as a referral point for individuals released from incarceration, more services aimed specifically at the barriers to successful re-entry are needed at intercept 4. Similarly, intensified interventions and greater service capacity are needed at intercept 5 to work in conjunction with community supervision plans. Funding for such services and lack of resources, such as access to housing, benefits, and programs that reduce recidivism and promote engagement, are identified as the major barriers to implementation of the Strategic Plan. In sum, an expansion of service capacity for Apalachee Center's outpatient forensic program is needed to address the gaps in resources.

Leon County Strategic Plan

Statement of the Problem or Critical Issues

Leon County Government in partnership with local law enforcement, the courts, pretrial/probation services, the behavioral health care system and through participation in the Stepping Up and Data-Driven Justice Initiatives is committed to identifying effective alternatives to reducing the number of individuals with mental and substance use disorders incarcerated in the detention facility and involved in the criminal justice system. As a result of participation in the Substance Abuse and Mental Health Administration's (SAMHSA) Best Practices Implementation Academy (BPIA), this multi-disciplinary team developed a strategic action plan to identify key steps toward a system analysis of current data matching practices and an inventory of existing services and programs through the development of a sequential intercept model (SIM).

The SIM identified that local resources were more abundant at intercept points 0 and 1. Services such as referrals through 2-1-1 Big Bend connects individuals with behavioral health service providers or local support groups. Mental Health First Aid training through the National Alliance for Mental Illness assists individuals supporting family members with behavioral health issues. Crisis Intervention Training (CIT) for law enforcement officers diverts individuals from detention to stabilization services, and a recently implemented Mobile Crisis Unit embeds mental health clinicians that respond alongside local law enforcement to service calls where an individual's mental health is a concern to provide guidance on emergency treatment options through the Central Receiving Facility.

The SIM identified fewer community resources available at intercept points 2 through 5 and the workgroup concluded that further enhancements to the collaboration between criminal justice stakeholders and behavioral health practitioners would provide measurable system improvements. These potential improvements include reducing the length of pre- and post-sentence incarceration, reducing the length of time involved in processing a criminal case(s) for this target population, improving coordinated case management between community supervision staff and the behavioral health treatment team, improving successful re-entry into the community with appropriate long-term support services, and reducing recidivism through continued treatment and support services in the community.

Regional Partnership Strategic Planning Process and Participants:

In April 2018, Leon County government was nominated by the Data-Driven Justice Initiative to participate in the Best Practices Implementation Academy hosted by the Substance Abuse and Mental Health Administration in partnership with the Stepping Up Initiative, and John D. and Catherine T. MacArthur Foundation's Safety and Justice Challenge. In preparation for the training, Leon County administration assembled a team of criminal justice and behavioral health professionals to collaborate in a multidisciplinary approach to identify the impact of individuals with behavioral health issues on the local criminal justice system and then recommend systematic approaches to reducing this population's involvement through diversion to minimize the length of pre- and post-sentence incarceration and the time involved in processing a criminal case(s) for this target population.

The core attendees of the Best Practices Implementation Academy, or BPIA Workgroup, began working through the strategic action plan to develop an updated SIM. To ensure the most comprehensive compilation of programs and services, the workgroup hosted meetings with community partners to discuss each intercept point individually and identify existing programs and services. The BPIA Workgroup expanded involvement to include municipal and county law enforcement agencies, public and private behavioral health service providers, the Court's Criminal Court Coordinator, Public Defender's Office, State Attorney's Office and community partners.

Several years ago, criminal justice stakeholders in the 2nd Judicial Circuit, implemented an automated process for routine identification of people with mental health and substance use disorders through use of a "flag" indicator in the Criminal Justice Information System. The indicator alerts criminal justice agencies of a defendant's mental health status to assist in case processing. Building on this process, the BPIA Workgroup with assistance from the Management Information Services Department is developing an automated reporting process to identify individuals with a serious mental health diagnosis or co-occurring disorder based on the flag indicator who are incarcerated in the detention facility or have pending a criminal case(s). The objective of these reports is to establish baseline data, monitor trends such as length of pre- and post-sentence incarceration, length of time from arrest to case disposition, case outcomes, and recidivism.

Through the BPIA Workgroup's efforts to inventory the programs and services available to assist people with behavioral health issues, numerous multi-agency investments have been identified to provide support of Apalachee Center's initiatives at multiple intercept points through the creation of the Forensic Intervention and Re-entry Services Team. First, the Leon County Sheriff's office currently provides contracted services that screen defendants during the booking process for mental illness, substance use, or co-occurring disorders and would facilitate an expedited linkage to the FIRST liaison that will be co-located in the Leon County Detention Facility. Secondly, Leon County Government will continue to fund two full-time positions assigned to Court Administration for management of misdemeanor and felony mental health criminal cases, Felony Drug Court Docket, and pre- and post-sentence community supervision of individuals with behavioral health diagnosis. These positions will collaborate directly with the FIRST Program's full-time Court Liaison in the development and implementation of treatment and supervision plans to expedite the defendant's release from custody and establish care in the community. Thirdly, Leon County's Management Information Systems Department staff will continue to collaborate with the workgroup to enhance data collection and sharing between criminal justice agencies and Apalachee Center, beginning with collection of baseline data.

Mission Statement

Leon County Government's 2017-2021 Strategic Plan establishes its commitment to promoting essential services which enhance the well-being of our citizens and the livability of our community through continuous efforts to make Leon County a place where people are healthy, safe, and connected to their community. The Public Safety Coordinating Council whose membership consists of criminal justice stakeholders and

community partners supports Apalachee Center's Forensic Intervention and Re-Entry Services Team to further embody this commitment.

Values

The Public Safety Coordinating Council through its membership is committed to supporting Apalachee Center's grant application for the development and implementation of the Forensic Intervention Re-Entry Team (FIRST). The objectives of the FIRST Program are designed to improve collaboration and coordination across systems, reduce the number of individuals involved in the criminal justice system through community partnerships and services, and reduce recidivism through enhanced collaboration between community supervision agencies and behavioral health treatment teams. The value of these system enhancements is two-fold, first in regards to the humanitarian efforts to provide health care for the most vulnerable population in the community and secondly, the cost savings achieved through continued supportive services in the community resulting in reduced costs associated with the criminal justice system.

Service Models

In the shared vision of the Strategic Plan and through the collaboration between key stakeholders and Apalachee Center, the following interventions will be used to meet the goals of the Strategic Plan:

- Post-booking alternative to incarceration in the form of FIRST's Forensic Day Services program which will include group and individual therapy as well as psychosocial rehabilitation utilizing evidenced-based practices to reduce recidivism and promote offender engagement in services.
- Intensified services to facilitate transition from Detention Facility to the community using a validated screening tool to identify referrals to FIRST, followed by the Detention Facility Liaison's re-entry planning and pre-release initiation of services.
- Linkage to community-based, evidenced-based treatment programs through enhanced outreach to the Public Defender's Office, State Attorney's Office, and Court Administration and case coordination to facilitate case disposition with those partners.
- Community services to prevent high-risk populations from re-offending in the form of intensified community case management with an increased focus on overcoming barriers to case disposition such as stable housing, employment, and income.

Leon County Strategic Plan

Goal #1: Implement validated mental health screening tool for the Detention Facility

Objective #1:	Implement a validated mental health screening tool for the booking process at the detention facility			
	Task	Performance Measure	Lead Person or Organization	Projected Completion Date
1.1	Research validated mental health screening tools utilized in detention facilities and the associated cost	Selection of tool and funding source secured	Detention Facility	8/2019
1.2	Identify the appropriate agency/staff to administer the tool and begin training	Selection of staff member responsible and initial training complete	Detention Facility	9/2019
1.3	Develop procedures for individuals that screen positive for mental health indicators to be referred to Apalachee Center for services	Creation of procedures and approval by both parties	Detention Facility	9/2019

Goal #2: Educate community and criminal justice agencies on resources at each intercept point

Objective #2:	Enhance collaboration between behavioral health and criminal justice agencies regarding community treatment options and alternatives to incarceration at each intercept point			
	Task	Performance Measure	Lead Person or Organization	Projected Completion Date
2.1	Disseminate SIM and orient law enforcement and criminal justice agencies to new resources available through FIRST (i.e. PSCC meetings, CIT training, meeting with Court personnel, officers within IDA, and forensic evaluators)	Completion of initial outreach meeting with CJS partners	BPIA workgroup	9/2019; ongoing
2.2	Liaison services by Apalachee Center within the Court and Detention facility to provide alternatives to incarceration and facilitate case disposition with Court personnel	Initiation of liaison services with Court and Detention facility	Apalachee Center	9/2019; ongoing
2.3	Establish a schedule and system for ongoing outreach and training for criminal justice agencies and court personnel	Creation of outreach activity schedule	BPIA workgroup	10/2019; ongoing

Leon County Strategic Plan Continued

Goal #3: Increase collaboration and data sharing amongst criminal justice and behavioral health stakeholders

Objective #3:		Establish a procedure for tracking and data sharing among criminal justice stakeholders and Apalachee Center		
	Task	Performance Measure	Lead Person or Organization	Projected Completion Date
3.1	Identify and evaluate existing platforms for data collection, including currently collected data at each intercept point and agency collecting data.	Development of index of data reports, including platform and agency	BPIA workgroup	9/2019; and ongoing
3.2	Identify new data to be collected (if needed) and establish baselines	Identification of baseline data to be monitored through 2021	BPIA workgroup	10/1/2019; ongoing
3.3	Establish ongoing participation of Apalachee Center in data presentation and reports	Quarterly presentation to PSCC of performance measures	Apalachee Center	1/1/2020; ongoing

Goal #4: Reduce population of mentally ill in the detention center and recidivism

Objective #4:		Enhance services available to defendants as an alternative to incarceration and to help them reach case disposition without re-offending		
	Task	Performance Measure	Lead Person or Organization	Projected Completion Date
4.1	Implementation of FIRST team's intensified community case management services through a smooth handoff by liaisons	Number served in case management	Apalachee Center	9/2019; ongoing
4.2	Implementation of FIRST team's Forensic Day Services Program	Number served in Forensic Day Services	Apalachee Center	10/2019; ongoing

3.8.6.3.2 Description of Project Design and Implementation

The proposed Forensic Intervention and Re-Entry Services Team (FIRST) will collaborate with Leon County criminal justice partners to identify individuals at intercept points (such as court appearances and incarceration) who can transition from detention and receive services in the community. Once in the community, services intensify to address common barriers to successful completion of supervision plans that often lead to re-arrest, such as lack of stable housing, employment, and benefits. Enhanced coordination and communication between the criminal justice system and the community mental health system will result in an increase of individuals being diverted from the detention facility to the community.

This project design and implementation includes:

- A full-time Court Liaison who is on site at the Leon County Courthouse
- A full-time Detention Facility Liaison who is on site at the Leon County Detention Facility
- A dedicated Forensic Day Services Program
- Improved access to competency restoration training
- Improved access and linkage to existing services to divert individuals adjudicated under FL Statute 916 from the state hospital
- Improved access and linkage to housing resources and residential programs
- Employment readiness groups and one on one assistance with job applications
- Benefits restoration or initiation from SOAR-trained case managers
- Use of Evidence Based Practices for assessment and treatment protocols
- Incorporation of Apalachee Center's existing Outpatient Forensics Team into the FIRST Program

One of the most important components will be the addition of two full time Liaisons to work directly with criminal justice partners to inform them of alternatives available in the community and improve defendant's access to those services. One Liaison will be on site at the Leon County Courthouse, and the other at the Leon County Detention Facility. Court Administration, Public Defender's Office, and the State Attorney's Office will have easy and immediate access to a Liaison on site at the Courthouse who will provide full time case coordination to address barriers, such as housing, to successful case disposition. The Liaison will also assist with coordinating care for individuals returning to court from the state hospital system. When a mental health issue arises during a court proceeding, the Liaison can provide immediate feedback on services and can even meet with the client following to hearing to initiate those services (i.e. conduct screening, begin intake, schedule appointment). The Leon County Detention Facility Mental Health Department will have easy and immediate access to the full-time Liaison on site at the Detention Facility who will conduct screenings, provide competency restoration training, and re-entry planning. By being on site at those two locations, access for connecting appropriate individuals to community resources will increase diversion from the Leon County Detention Facility and State Forensic Mental Health Treatment Facilities.

A second important component of FIRST is the creation of a dedicated Forensic Day Services Program, a partial day program with the capacity to serve 24 participants at any

given time. The Forensic Day Services Program will be staffed with a master's level Therapist, two Behavioral Health Technicians, and a Mental Health Assistant. This program is designed specifically for individuals involved in the criminal justice system who are at risk for supervision failure that need a safe, structured place to attend during the day in order to learn skills that help to prevent re-offending. The Liaisons or Case Managers will make a recommendation for the client's attendance and participation in the day services program, thus becoming a condition of the client's probation, pre-trial release, or a conditional release plan. Clinical staff will conduct therapeutic evidence-based groups in order to prevent re-arrest and risk-taking behavior, including Seeking Safety, Thinking For A Change, and Decision Points. Service offerings will also include psychoeducational groups, such as the Life Skills curriculum, with an intense focus on job readiness and independent living skills to promote success in stable housing and employment. Individuals adjudicated Incompetent to Proceed may also receive competency restoration services. The Mental Health Assistant will provide transportation if needed for the individuals, thereby removing a barrier that could prevent them from attending the groups. The Mental Health Assistant will also provide supervision and support during the group sessions. The program will be available Monday through Friday, 7:30am to 3:30pm and clients may attend between two and five days per week. A sample schedule for the Day Services Program is: and housing applications.

- 7:30 a.m. Doors open and MHA begins transport route
- 8:30 a.m. Breakfast
- 9:30 a.m. First Psychosocial Rehabilitation Group
- 10:45 a.m. Second Psychosocial Rehabilitation Group
- 11:45 a.m. Lunch is served
- 1:00 pm- 3:30 p.m. Individual Assistance with Targeted Treatment Plan Goals

At the conclusion of the core activities, participants may extend their day to engage in additional scheduled group or individual therapy sessions with a master's level Therapist, and competency restoration training with a Behavioral Health Technician. Therapies used will include modalities such as cognitive behavioral therapy that target criminogenic risks, such as anger management and victim empathy. Participants will also be able to take advantage of other on-site services, such as primary care, medication management, and case management, the same day. Program will remain open until 3:30pm and participants will be encouraged to request impromptu assistance with activities such as completion of employment applications. This setting and program will create a safe and supportive place for individuals on community supervision plans with mental health conditions to learn skills to prevent re-arrest and remain stable in the community.

The third important component of the project will be the creation of a full time Forensic Targeted Case Manager Supervisor, and incorporation of the existing Apalachee Center Forensic Case Managers, Support Coordinators, and Office Clerk into the FIRST program. Since the Case Managers and Support Coordinators would no longer need to serve as liaisons for the court or detention facility or conduct competency training sessions, these staff will have smaller caseloads and be able to dedicate more time to providing services and support to the individuals already in the community who are involved in the criminal justice system. Their focus would be on linking the individuals to

behavioral health and medical services, access to medications, obtaining or re-instating benefits, obtaining stable housing, employment opportunities, community resources and monitoring progress to help the individuals maintain stability in the community. These intensified services will help them achieve successful case disposition and prevent reinvolvement with the criminal justice system. Specialized oversight by the Forensic Targeted Case Manager Supervisor will improve tracking and care coordination of mental health probation, pre-trial release, and conditional release cases. The added supervision will also provide oversight, review, and revision of individualized treatment plans as well as assistance to the Case Managers and Support Coordinators in addressing the challenges of finding stable housing, employment and the initiation or restoration of benefits. Clients will be assigned to a caseload based on their most immediate need (i.e. restoration of benefits, housing, or employment), as each case manager will also be designated as either a housing specialist or employment specialist, and trained in SSI/SSDI Outreach, Access, and Recovery (SOAR). This highly specialized team will prioritize needs and collaborate to help each client overcome barriers to case disposition.

The smaller caseloads will allow the Case Managers/Support/Coordinators to further tailor the frequency of services and monitoring to a specific client's needs based on the acuity of their illness and the level of supervision required by the court. For example, clients are required to meet face to face with a Case Manager at a minimum of once a month, which includes a home visit every other month. However, a client who has an active need for housing, benefits, or employment, or who requires greater monitoring to maintain compliance, may receive case management services once per week or more.

Greater compliance in treatment will be maintained when the full spectrum of FIRST services is utilized. For example, if a client misses a group therapy session, the Case Manager will be able to meet with them and address barriers during a home visit. Similarly, if a client forgets to attend medication management, staff can walk them to the no-show clinic while they are on-site for Day Services. This program design and implementation allows for a single team to initiate community services while the defendant is still incarcerated and employ the full array of interventions available upon release. This model improves case coordination and successful transition to the community where clients will continue to receive wraparound services specifically aimed to prevent re-arrest.

Admission Criteria:

1. At least 18 years of age; and
2. Resident of Leon County; and
 - a. On mental health pre-trial release; or
 - b. On mental health probation; or
 - c. On conditional release; or
3. Incarcerated in Leon County Detention Facility; and
 - a. Has a pending felony or misdemeanor case and in need of competency restoration or at risk for commitment to a forensic state hospital;
4. Primary diagnosis is a major mental illness under the DSM.

To be a participant of Day Services, one must also be:

5. Capable of participation in group and individual programming
6. Free of chronic inappropriate behaviors which disrupts the program or causes harm to self or others (program also excludes registered sex offenders)

Discharge Criteria:

- a. Reaches case disposition; and
- b. Is no longer on conditional release, pre-trial, or probation; or
- c. Sentenced to Department of Corrections; or
- d. No longer wishes to receive services

3.8.6.3.2.1 Project goals, strategies, milestones, and key activities towards meeting objectives in section 2.2

Project Goal: Improve access to direct services for individuals in the criminal justice system with a mental illness at intercept points 2-5 to reduce the length of pre- and post-sentenced incarceration and reduce recidivism.			
2.2.4.1 Objective 1 expand liaison services with the Court and Detention Facility and establish a new Forensic Day Services Program to create diversion opportunities at Intercept 2 and 3 for individuals with a mental illness at risk for supervision failure and re-arrest or commitment.			
Strategy	Key Activities	Milestone	Responsible Organization
2.2.4.1.1 Establish legally binding agreements	-Initiate MOUs with LCDF and Leon County to establish full time, on-site liaison services	Approval of MOUs by Sept. 2019	PSCC Apalachee Center Leon County LCDF
2.2.4.1.2 Provide an information system to track persons during grant and one year after	-Develop customized report for the 4 key performance areas (housing, employment, benefits, and re-arrest)	Baseline analysis in Oct. 2019 through one year after grant end Jul. 2022	Apalachee Center
2.2.4.1.3 Implement strategies that support the strategic plan for diverting the population from the system	-Assist in the selection of a validated mental health screening tool -Finalize referral process for FIRST -Schedule outreach opportunities with stakeholders and begin data sharing -Creation of new positions Liaisons, Day Services Staff, and Case	Tool selected by August 2019, and in use by Sept. 2019 Referrals and outreach begin Sept. 2019;	Apalachee Center

	Management Supervisor	All new positions begin by Sept. 2019	
2.2.4.2 Objective 2- Collaboration with key stakeholders for an ongoing partnership through the life of the grant and beyond.			
2.2.4.2.1 Participate in regular planning council meetings	-Quarterly presentation of progress reports at PSCC and monthly contact with BPIA workgroup	Completion of first status report in Oct. 2019; Presentation of first data report Jan. 2020	Planning council Apalachee Center
2.2.4.2.3 Assess project progress/ attainment of goals	-Track Strategic Plan objectives monthly as it pertains to FIRST	First review of Strategic Plan 8/2019	LCSO, LCDF, IDA, Court Admin., Apalachee Center
2.2.4.2.3 Data sharing	-Present performance measurement data quarterly to PSCC; -Compare to County data	Collection of baseline data from County and FIRST performance measures in Oct. 2019	LCDF, IDA, Court Admin., Apalachee Center
2.2.4.2.4 Coordination with ME	-Annual monitoring of forensic services -Monthly forensic calls -Ad hoc conference calls to staff clients -State hospital conference calls	Monitoring in Jan. 2020 Re-assessment of needs/trends after first year of implementation in Jul. 2020;	BBCBC, Apalachee Center
2.2.4.2.5 Adjustments to implementation activities	-Monthly review of implementation with BPIA -Quarterly review with PSCC	First monthly meeting after implementation in Aug. 2019; First quarterly meeting after implementation in Oct. 2019; Ongoing through project duration	LCSO, LCDF, IDA, Court Admin., Apalachee Center
2.2.4.3.3 Objective 3 Adapt existing Forensic Outpatient Program's service capacity to better address unique recovery-oriented needs of individuals in with a mental illness in the Leon County CJS (Intercepts 4 and 5)			
Increase collaboration with	-Create a full-time liaison for the Court	Target date for liaison services to begin Sept. 2019	Apalachee Center

Apalachee Center, Court, and LCDF	-Create a full-time liaison for the LCDF		
Intensify case management services & reorganize current case management team	-Create a Targeted Case Management Supervisor -Re-assign caseloads	Target date for TCM Supervisor to begin Sept. 2019	Apalachee Center
Enhance services to community supervision population	-Hire Therapist, 2 BHTs, MHA -Train staff in EBP -Opening of Forensic Day Services	Forensic Day Services target opening date Oct. 2019	Apalachee Center

The overarching goal of FIRST is improve access to direct services for individuals in the criminal justice system with a mental illness at intercept points 2-5 in order reduce the length of pre- and post-sentenced incarceration and reduce recidivism. This will be accomplished through three primary objectives.

2.2.4.1 Objective 1- Establish/expand diversion programs. With the Reinvestment Grant, FIRST seeks to expand liaison services with the Court and Detention Facility, reallocate existing case manager's caseloads, and establish a new Forensic Day Services Program to create diversion opportunities at Intercept 2 and 3 for individuals with a mental illness at risk for supervision failure and re-arrest or commitment to Forensic State Mental Health Treatment Facilities. This will be accomplished through:

2.2.4.1.1 Establishing legally binding agreements with participating entities. Upon notification of grant funding, Apalachee Center will initiate memorandums of understanding with Leon County and the Leon County Detention Facility (LCDF) to establish agreements on the logistics and implementation of services the Apalachee Center staff will provide to individuals incarcerated in LCDF. The agreements will include access to two full-time Liaisons to work in collaboration with the Courthouse and Detention Facility staff.

2.2.4.1.2 Providing an information system to track persons during grant and one year after. Case managers currently collect quarterly mental health outcome measures through Apalachee Center's electronic health record. The mental health outcomes capture the required performance measures outlined in the grant and the data can be presented in customized reports. Outcomes will be collected at the time of the individual's first appointment, following release from detention and quarterly thereafter. The outcomes will be collected again one year after the individual is discharged from FIRST by an outpatient case manager, or via telephone by the FIRST program support staff if the individual is no longer receiving services at Apalachee Center.

2.2.4.1.3 Implementing strategies that support the applicants strategic plan for diverting the population from the system. The first step of the Strategic Plan calls for implementation of a validated mental health screening tool to be used at the time of

booking an individual into the Leon County Detention Facility. Currently, the Detention Facility's contracted mental health provider conducts a brief questionnaire with all inmates at booking. This questionnaire will be replaced with a validated assessment instrument to assist staff in identifying individuals who should be referred to the Detention Facility Liaison. The Detention Facility Liaison will then conduct further assessment of the inmate's behavioral health needs and based on the findings, make a recommendation regarding re-entry planning services to be initiated during incarceration, allowing the individual to transition back into the community. The Detention Facility Liaison will collaborate with the Court Liaison regarding those recommendations and facilitate case disposition with court personnel.

Secondly, the plan identifies enhanced collaboration with behavioral health and criminal justice agencies. This refers to the need for a process to educate criminal justice agencies in Leon County on resources available at each intercept point. Upon notification of receipt of the Reinvestment Grant, the Forensic Services Director at Apalachee Center will offer training and education to the criminal justice agencies in Leon County regarding the resources available from the FIRST program at each intercept point. In addition, the collaboration between the Court Liaison and Detention Facility Liaison with court personnel and criminal justice partners will ensure ongoing dissemination of information on alternatives to incarceration.

Thirdly, the plan identifies the need for a procedure for tracking and data sharing. The FIRST program will share data on a quarterly basis with the PSCC and maintain monthly contact with the PSCC Best Practices Implementation Academy (BPIA) workgroup. This will also enhance the relationship between Apalachee Center and stakeholders, as this group includes key criminal justice partners.

Lastly, the plan addresses the lack of resources currently available to make diversion from incarceration and a reduction in recidivism possible. The SIM showed that resources were most abundant at intercepts 0 and 1 but lacking at intercepts 2 through 5. FIRST's Detention Facility Liaison adds early identification and direct access to community support at initial detention (intercept 3) resulting in increased engagement in treatment. The Court Liaison adds an additional position dedicated to case coordination at intercept 3 which will further enhance compliance in treatment in the community. The Liaisons' smooth hand-off to the Forensic Case Managers and Support Coordinators during the critical transition enhances support at intercept 4. Intercept 5, having the least amount of resources, is immensely strengthened by the Forensic Day Services program to support offenders on Mental Health Probation/Pre-trial and Conditional Release. The restructuring of the current forensic team through the previously named proposed positions and addition of a Forensic Case Management Supervisor will allow for an increase in case management services for individuals in the criminal justice system living in the community. The overall increase in services during critical transition points, will increase compliance and engagement in treatment, thereby reducing recidivism. Enhanced collaboration between criminal justice stakeholders and behavioral health providers can strengthen the level of services needed for successful re-entry and reduce recidivism through intensified community services.

2.2.4.2 Objective 2- Collaboration. Apalachee Center has established an on-going partnership with key stakeholders through its continued involvement in the BPIA workgroup and will have increased collaboration through implementation of the FIRST program. The basic premise of FIRST was created based on the lack of resources identified through the SIM created by the PSCC's BPIA workgroup. Apalachee Center's on-going collaboration with key stakeholders allowed the concept of FIRST to develop into a concrete plan for implementation. If grant funding is received, Apalachee Center will continue to work closely with stakeholders in the following ways:

2.2.4.2.1 Participating in regular planning council or committee meetings. The Forensic Services Director will participate in the monthly conference calls with the BPIA Workgroup and attend the broader PSCC meetings quarterly to report the status of implementation as it pertains to the Strategic Plan.

2.2.4.2.2 Assessing project progress/attainment of goals. Participation in the BPIA and PSCC meetings will continue throughout the life of the grant as a platform for sharing performance measurement data and assessing the attainment of Strategic Plan objectives. The workgroup will monitor and track the attainment of each of the current objectives of the strategic plan.

2.2.4.2.3 Data sharing. One of the main goals of the planning council is to establish baseline data, monitor trends such as length of pre- and post- sentenced incarceration, length of time from arrest to case disposition, case outcomes, and recidivism. The stakeholders belonging to the PSCC are currently working together to enhance data collection and sharing between criminal justice agencies and Apalachee Center. Leon County's Management Information Systems Department will continue to collaborate with the BPIA workgroup to accomplish this task, beginning with collection of baseline data. Apalachee Center's regular involvement in the PSCC and BPIA meetings will be the main platform for data sharing, both ways. Apalachee Center will present a quarterly progress report of the FIRST program at PSCC meetings. The Court Liaison and Detention Center Liaison will have access to Leon County's Justice Information System for key information on cases and incarceration.

2.2.4.2.4 Coordination with Managing Entity. The workgroup will incorporate the managing entity, Big Bend Community Based Care, to assist in identifying trends and needs in our community as well as to link FIRST program staff to resources available outside Apalachee Center, such Ability 1st Transitional Housing program. Apalachee Center will continue to participate in monthly forensic calls and ad hoc calls regarding specific clients, led by the ME to discuss individuals at risk for commitment to the Forensic Units at the State Mental Health Treatment Facilities and individuals needing placement. Apalachee Center's clinical services, including forensics, continue to be monitored by the Managing Entity annually, or as scheduled.

2.2.4.2.5 Making necessary adjustment to implementation activities, as needed. The BPIA workgroup meeting will be used to discuss and agree upon any needed changes to the implementation activities, as the workgroup includes key partners from Leon County Detention Facility, Leon County Sheriff's Office, and Court Administration. Updates on the BPIA workgroup's implementation activities will be shared with the PSCC in the monthly meetings.

2.2.4.3 Objective 3 Proposed by Applicant

2.2.4.3.3 Adapting existing service capacity models to better address unique recovery-oriented needs of the Target Population. Apalachee Center will adapt its existing Outpatient Forensic Program in order to intensify and expand access to a broader scope of services for individuals involved in the criminal justice system with a mental illness. Currently, the Leon County Forensic Outpatient Program consists of one Program Supervisor, two Case Managers, two Support Coordinators, and one Office Clerk. The current design requires these team members to provide liaison services with the court, provide weekly visits to the Detention Facility, conduct monthly visits to the State Hospital as well as providing community case management. Moreover, nearly half of the team's total caseload are those committed to the state hospital as Not Guilty by Reason of Insanity or Incompetent to Proceed, whom those same staff monitor and provide assistance with discharge planning. The Case Managers and Support Coordinators are responsible for tracking and monitor client's progress on mental health pre-trial release, probation, and conditional release. However, the community supervised population needs specific assistance and skills in the areas of housing and independent living, job readiness, and decision making to help them, once again, become productive members of society. This task requires an increase in service contacts, much more than a case manager or supervision officer alone have the capacity to provide. In addition, this population needs more direct assistance with housing, benefits, and employment. This population could also benefit from partial supervision during the day to prevent the idle time and risk-taking behaviors that often lead to criminal activity. As stated earlier, the current needs of the target population in Leon County have far exceeded the service capacity of the existing team.

The proposed program brings on an additional seven team members in order to intensify services for defendants at intercept 2-3, as well as those at intercepts 4-5 that may not face commitment but are likely to fail supervision without the extra support from a community team in the areas of stable housing, employment, and restoration of benefits. By increasing services, support, and monitoring for defendants and individuals on community supervision, we can prevent the cycle of recidivism and decompensation that often leads to involuntary commitment. At the same time, we have an opportunity to avoid the inappropriate overpopulation of the Detention Facility with individuals with a behavioral health issue. Also, the FIRST Team will be able to provide increased assistance for individuals incarcerated in the Detention Facility whose successful case disposition depends on stable housing. The FIRST Team adds full time liaison services with the Court and Detention Facility, a Day Services Program to complement community supervision plans, and intensified case management services. This program improves access to and compliance with services as a "one stop shop" for individuals in the criminal justice system with behavioral health issues: psychiatric evaluation, medication management, case management, forensic day services, residential services, community supervision plan monitoring, benefits restoration, assistance finding stable housing and employment opportunities, and an on-site primary care clinic and pharmacy.

3.8.6.3.2.2 Organization and key stakeholder responsible for each task/activity to accomplish objectives

Organizations/Stakeholders involved include:

Leon County Court Administration: Mental health case management personnel oversee processes for mental health cases and will work directly with the FIRST Court Liaison to facilitate case coordination. The FIRST Court Liaison will be available to the judiciary during dockets pertaining to mental health cases to offer alternatives to incarceration.

Public Defender's Office: Represents defendants and promotes treatment over punishment. Public Defenders will work with the FIRST Court Liaison to learn about Apalachee Center services or other community services that can help make alternatives to and transition from incarceration as soon as possible.

State Attorney's Office: The Mission of the State Attorney's Office for the Second Judicial Circuit is to serve the community through reducing crime and helping to mitigate the catastrophic impact that crime has on victims and offenders, their families, and society. This includes proactively addressing the causes of criminal behavior, working to achieve justice after a crime has been committed, and using creative strategies to lower recidivism. The FIRST Court Liaison will be available to the State Attorney's Office to provide information about community resources and services available to mitigate the possibility re-arrest.

Leon County Sheriff's Office/Detention Facility: The Detention Facility process will be the first step in identifying potential FIRST participants. LCSO will work with the BPIA workgroup to replace the current mental health screening tool used at booking with one that has been validated. Detention Facility personnel will collaborate with the FIRST Detention Facility Liaison to assist the inmate's transition to the community to ensure linkage to services.

Corizon Health: Serves as the Leon County Detention Facility's medical provider, including psychiatric services. Corizon staff will administer a validated screening tool to identify possible referrals for FIRST services. The Detention Facility Liaison will work closely with Corizon staff for the purpose of care coordination and referrals, and will facilitate records request/release, when permission is granted.

Office of Intervention and Detention Alternatives: Pre-trial and probation officers will work directly with the FIRST community case managers on reports of compliance with conditional and pre-trial release plans, as well as engagement, attendance and compliance with treatment.

Big Bend Community Based Care (BBCBC): Serves as a resource to Apalachee Center to provide support with linkage and access to community resources available outside of Apalachee Center. BBCBC hosts monthly forensic calls pertaining to individuals at risk for commitment to SFMHTF, as well as ad hoc calls for client issues. BBCBC conducts annual monitoring of Apalachee Center services.

3.8.6.3.2.3 How the planning council will participate and remain involved in implementation or expansion on an ongoing basis

The planning council will facilitate agreements between Apalachee Center, Leon County, and the Leon County Sheriff's Department to detail partnership and arrangements for on-

site Liaisons. The Forensic Services Director and/or Forensic Program Supervisor will attend the PSCC committee meetings on a quarterly basis to discuss the program's efficacy, share success stories, and provide status reports on the Strategic Plan implementation. The planning council meetings will provide a platform for data sharing through the regular presentation of the previous quarter's performance measure data. Changes to the FIRST program will be made based on data and feedback as indicated. The planning council meetings will ensure key stakeholders, such as the County, Public Defender, State Attorney, Sheriff's Office, Probation/Pre-trial, and Judiciary, remain involved in the initiative by assisting in outreach to criminal justice partners to educate and inform them of the resources available.

3.8.6.3.2.4 How agencies involved will communicate throughout the lifetime of the project, frequency of planned meetings, and decision-making process.

The BPIA workgroup currently consists of designees from Apalachee Center, Office of Intervention and Detention Alternatives, Court Administration, and the Leon County Detention Facility, and will serve as the core of the planning council. A monthly conference call will take place between BPIA members from the above organizations, as well as the Liaisons, FIRST Program Supervisor, and the Forensic Services Director to address process issues and fine tune procedures. Face to face meetings will replace those conference calls as indicated.

Key stakeholders from the agencies mentioned above will also be in attendance during the PSCC meetings, at which time Apalachee Center will share quarterly performance measure data.

3.8.6.3.2.5 Plan to screen potential participants and conduct tailored, validated needs-based assessments. Include criteria, specific screening tool and validity. Tool selection process.

Individuals need to be identified as having a behavioral health issue at the earliest intercept point possible in order to rapidly receive the specialized services of FIRST. Corizon Health will utilize a validated screening tool at booking to assist in the identification of those individuals with a mental health issue. The Leon County Detention Facility (LCDF) and Court Administration will also continue to use the mental health indicator in the Leon County Justice Information System to flag defendants as having a mental health issue. Apalachee Center will in conjunction with the BIPA workgroup will make a recommendation regarding the specific screening tool to be initiated in the LCDF prior to the start of grant funding. The BPIA workgroup will select the tool by research through the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center and will review validated tools used by other county detention centers with similar demographics. Final selection will be made based on the efficacy of the tool for the target population and based on the cost of the tool and funding resources. Corizon staff administering the tool will then be trained, and procedures developed for identifying individuals to be referred to the FIRST program. Specific procedures will also be outlined in an MOU between Apalachee Center and LCDF.

3.8.6.3.2.6 How the program will facilitate care coordination to increase access to treatment and support services.

The design of FIRST ensures coordination of care occurs from the same team of individuals at intercepts two through five, increasing access to treatment and services. Two Liaisons will be on-site and will maintain daily contact with Detention Facility and Court personnel to address barriers so that the defendant can reach case disposition without re-offending. Both Liaisons will attend the bi-weekly court staffing of the misdemeanor mental health docket and felony dockets pertaining to mental health cases to facilitate the transition of individuals from incarceration to community, and to divert individuals from Forensic State Mental Health Treatment Facilities. Particular attention will be focused on ensuring the resources and plans are in place for individuals who are returning to the community. The entire FIRST program including the Liaisons will conduct a bi-weekly staffing to ensure detailed information regarding each individual and their case is communicated to all team members prior to an individual's transition to the community.

Once an individual is determined to meet criteria, the Detention Facility Liaison will admit the individual into the program while still incarcerated. The Liaison will assess inmates' needs, such as housing and benefits, and initiate specific interventions to overcome those barriers and include them in the plan for re-entry. Once again particular attention will be focused on ensuring resources and plans are in place for inmates prior to release. The Liaison will maintain at least weekly contact with the inmate while incarcerated to promote engagement in treatment until his or her release. On the day of release, the Liaison will meet with the individual to review the Plan for Release to ensure their understanding of the plan. This process will ensure a smooth handoff/transition to the Outpatient Case Manager.

The Detention Facility Liaison will schedule an appointment with a Forensic Case Manager within two business days of release in order to complete the intake process and individualized treatment planning will begin. The Liaison will also schedule a psychiatric evaluation within the target of five days, at which time the individual will receive prescriptions for psychotropic medications, if indicated, and a plan for follow up medication management, case management, and Day Services if appropriate. If the individual does not show up for a scheduled appointment, the Case Manager will attempt to contact the client by telephone prior to the end of the scheduled appointment. If that attempt is unsuccessful, a Case Manager will attempt a face to face meeting within 24 hours. Once contact is made, reasons for the missed appointment will be explored and the Case Manager will work with the client to remove barriers to attending future appointments. If subsequent attempts to contact the individual are unsuccessful, the Case Manager will notify the Detention Facility and Court Liaisons as well as the appropriate pre-trial/probation officer, if applicable.

Since the Court Liaison will be present at misdemeanor and felony dockets pertaining to mental health cases they will be able to screen and initiate intake for those individuals who were not identified at booking or who were already released from the Detention Center when the need for services was identified. The Court Liaison can also set up appointments with the Case Manager or other needed services immediately following the court appearance. If neither the Court nor the Detention Facility is aware of any mental health issue, both Liaisons will also be able to advocate for current and former Apalachee

Center clients. The frequent contact and rapid access to services serves to improve engagement in treatment.

3.8.6.3.2.7 How law enforcement will assess their current process at intercept points, capacity, and how they intend to implement/expand diversion initiatives.

Law enforcement currently utilizes the Mobile Response Team, Central Receiving Facility, Baker Act assessment, wellness checks, and CIT officers/dispatchers, covering intercept points 0 and 1. The FIRST program adds additional resources to intercepts 2-5, through the collaboration between Court personnel, Detention Facility, Corizon Health, and Apalachee Center. The law enforcement stakeholders in the BPIA workgroup will continue to assess law enforcement processes at each intercept point with the Sequential Intercept Map. Current resources at each intercept point will be assessed with regards to service capacity. The work group will propose additional initiatives to the PSCC for approval and implementation. The first task of this work group will be implementing the collaboration of the FIRST program with criminal justice partners which in turn, will expand diversion initiatives.

3.8.6.3.2.8 Not Applicable

3.8.6.3.3 Description of Strategies, Services, Supervision Methods, Goals/Objectives of Interventions

Each component of FIRST comes together to provide a comprehensive specialized diversion program to provide a treatment-based alternative to the Detention Facility with opportunities to intercept individuals from the system at points 2 through 5. FIRST is composed of the following types of interventions, each with specific services provided by the FIRST team.

Intervention Strategies of FIRST to Serve Target Population		
Services/Supervision Methods	Goal	Measurable Objectives
<i>Post-booking alternative to incarceration (3.8.6.3.3.3)</i>		
Forensic Day Services <ul style="list-style-type: none"> • Group and Individual therapy using motivational interviewing, cognitive behavioral therapy, trauma informed care • Group psychosocial rehabilitation utilizing Seeking Safety, Decision Points, and Thinking for a Change • Group and individual Competency Restoration Training 	To prevent re-arrest and promote successful case disposition for those on community supervision plans	Number of participants re-arrested during participation in FIRST
<i>Intensified services to facilitate transition from Detention Facility to community (3.8.6.3.3.6)</i>		
<ul style="list-style-type: none"> • Validated screening tool to identify referrals to FIRST 	Rapidly identify individuals in LCDF with a mental illness and initiate services	Number of days an individual with a mental illness remains in detention facility

<ul style="list-style-type: none"> Liaison providing re-entry planning, needs assessment, competency restoration, pre-release initiation of services, enhanced coordination of care 	in order to reduce the number of days in detention facility	
<i>Linkage to Community-based, Evidenced-based Treatment Programs (3.8.6.3.3.9)</i>		
<ul style="list-style-type: none"> Outreach to PD, SAO, Court Administration to educate and recommend community alternatives Case coordination by Court Liaison to facilitate case disposition 	<p>To educate CJS partners on alternatives</p> <p>To increase access to community services through rapid linkage by Liaisons</p>	Number of people enrolled in each subset of FIRST program (case management, Day Services)
<i>Community Services to Prevent High-Risk Populations from Re-Offending (3.8.6.3.3.10)</i>		
<ul style="list-style-type: none"> Intensified community case management from a team of 4 Case Managers/Support Coordinators Designated Housing and Employment Specialist SOAR-based restoration of benefits Direct oversight by Case Management Supervisor 	To improve access to stable housing, employment, and benefits for individuals in the criminal justice system with a mental illness	Number of participants in stable housing, employed, and receiving SS/SSDI

3.8.6.4 Performance measures

3.8.6.4.1 Description of process for collecting performance measurement data

Apalachee Center maintains a Performance Improvement Plan that conforms to Joint Commission standards and applicable licensing/regulating/funding entities. The Plan outlines Apalachee Center's performance improvement (PI) processes that have been developed to monitor programs and improve the care and services provided to clients of Apalachee Center. Apalachee's approach to performance improvement includes measuring performance through data collection, assessing current performance, and improving performance. Findings are reported to the Patient Safety and Performance Improvement Committees which meet quarterly. Apalachee Center also reports required state outcome measures to the managing entity, Big Bend Community Based Care. Additional data reports are submitted to the Department of Children and Families, the Leon County Commissioners and other entities on a routine basis.

It is critical that the data collection process be transparent and shared with all stakeholders involved in the project. Data will be extracted from Apalachee Center's electronic health record system (EHR), Patient Satisfaction questionnaires, as well as a tracking log, maintained by the Forensic Services Supervisor and referral data from the Liaisons. The responsibility for extracting the performance measure data and state/local outcome data will lie with Apalachee Center's Performance Improvement department and the Management of Information Systems (MIS) department. Additional data will be provided to Apalachee Center by the Leon County Justice Information System and Court Administration. Data reports will be forwarded to the Forensic Services Director and Supervisor, who will share them with BPIA Committee and with stakeholders at the quarterly PSCC meeting. The PSCC Committee will make recommendations for change or improvement based on data. In addition, the performance measures/outcome data will continue to be reviewed at the quarterly PI and Patient Safety Meetings with committee members making suggestions for improving processes as indicated. Data and outcome measures will also be sent to the managing entity, Big Bend Community Based Care, as is the current practice.

3.8.6.4.2 Proposed targets and methodologies to address the measures in 2.4.2

Apalachee Center will collect data pertaining to the required performance measures in section 2.4.2. and has selected an additional patient satisfaction performance measure to collect. Apalachee Center has an electronic health record (EHR), and performance measures pertaining to arrest or re-arrest, residing in a stable housing environment, full or part time employment, and application for benefits will be entered in the EHR on the "MH Outcomes Form" by the assigned FIRST staff member. The first six measures will be collected upon admission to the program, every 90 days thereafter, and one year following completion of the program. Data regarding benefits will be collected upon admission to the program, and every 90 days thereafter. Data regarding the number of individuals diverted from the State Mental Health Treatment Facility is currently tracked by Court Administration and reflected in the Leon County Justice Information System and will be provided to the FIRST Team for tracking and reporting purposes on a quarterly basis. Data from the satisfaction questionnaires will be collected and tabulated by the Apalachee PI Department and reported on a quarterly basis for the additional objective. Feedback from the individuals receiving services is key to ensuring that quality services are being provided. Also, individuals who are satisfied with the services they receive are more likely to actively participate in and benefit from the program. The following performance measures will be monitored for all individuals served by the FIRST program based on the target percentage:

Performance Measure	Target
Percent of individuals who are arrested or rearrested while receiving services.	35% or less
Percent of individuals who are arrested or rearrested within one year following their ending date for Program services.	40% or less
Percent of individuals who do not reside in a stable housing environment on their start date who reside in a stable housing environment within 90 days of their start date.	60% or more

Percent of individuals who reside in a stable housing environment one year following their Program end date.	65% or more
Percent of individuals not employed at their Program start date who are employed full or part time within 180 days of their Program start date.	20% or more
Percent of individuals employed full or part time one year following their Program end date.	40% or more
Percent of individuals assisted by the Applicant in applying for social security or other benefits for which they may be eligible but were not receiving at their Program start date.	80% or more
Percent of individuals diverted from a State Mental Health Treatment Facility.	30% or more
3.8.6.4.2 Proposed performance measure- Percent of individuals participating in the FIRST Program who are satisfied (i.e. meeting their needs and expectations) with services provided.	90%

3.8.6.5 Capability and Experience

3.8.6.5.1 Capability and experience of applicant and participating organizations

Apalachee Center has been the primary mental health treatment provider for the uninsured and insured residents of the Big Bend region for over 50 years. Apalachee Center was chartered as a community mental health center in 1967, and since then has provided a full array of psychiatric services. Apalachee Center received Joint Commission accreditation as a community mental health provider in 1983 and has kept that designation since without interruption.

Apalachee Center currently operates a full spectrum of services including 46 licensed inpatient psychiatric beds (20 operational), 28 licensed crisis stabilization unit (CSU) beds, 14 licensed detoxification unit beds, and an 8-bed licensed short-term residential treatment (SRT) unit. Baker Act receiving facility designation has been maintained since each unit was licensed and opened. In 2018 Apalachee Center was designated as the Central Receiving Facility for Leon County and the 7 surrounding counties. Apalachee also provides a Mobile Response Team for the 8 counties it serves.

Apalachee Center operates seven licensed residential treatment facilities in three counties with a total of 112 total beds. Apalachee also operates this region's only Florida Assertive Community Treatment (FACT) team serving Leon County and has eight full service (case management, psychiatric care, therapy) outpatient clinics located in each of the eight counties of the Big Bend region. Two of these offices also operate outpatient primary care clinics (Leon and Gadsden Counties). In 2015, Apalachee Center entered into a contract with Tallahassee Memorial HealthCare (TMH) to manage the day to day operations of the TMH inpatient and outpatient behavioral health services. 2018 Apalachee Center also began providing a Community Action Team (CAT) for children and adolescents in all 8 Counties it serves.

Apalachee Center employs a staff of approximately 400, including seven psychiatrists (full-time and part-time), five psychiatric ARNPs, and a variety of licensed psychologists, social workers, and mental health counselors.

Apalachee has attained high outcome levels for the individuals served as displayed in the table below.

	Apalachee Center Outcome Measures	FY Target	FY 2018-2019
Adult Mental Health	Average annual days worked for pay for adults with severe and persistent mental illness	40	58.81
	Percent of adults with serious mental illness who are competitively employed	24%	23.27
	Percent of adults with severe and persistent mental illnesses who live in stable housing environment	90%	92.68
	Percent of adults in forensic involvement who live in stable housing environment	67%	98.48
	Percent of adults in mental health crisis who live in stable housing environment	86%	91.3
Children's Mental Health	Percent of school days seriously emotionally disturbed (SED) children attended	86%	87.41
	Percent of children with emotional disturbances (ED) who improve their level of functioning	64%	50
	Percent of children with serious emotional disturbances (SED) who improve their level of functioning	65%	100
	Percent of children with emotional disturbance (ED) who live in a stable housing environment	95%	100
	Percent of children with serious emotional disturbance (SED) who live in a stable housing	93%	100

Data sources: January 14, 2019, BBCBC, Managing Entity.

3.8.6.5.2 Availability of resources

As noted above, Apalachee Center has been providing services for individuals with mental health and co-occurring disorders for over 50 years. All of the agency's resources will be available for the individuals receiving services from the FIRST program including the Central Receiving Facility, the Mobile Response Team, Detoxification Unit, PATH Crisis Stabilization Unit, Eastside Psychiatric Hospital, Residential Services, Peer Specialists, Psychiatric Services, Medication Management, Pharmacy Services, Primary Care Services, the Homeless Project and the Drop-In Center. The Food and Nutrition Services Department will be providing a meal and/or snacks to the Day Services Program. Art, Music, and Pet Therapies will also be available. Big Bend Community Based Care, the managing entity for Apalachee Center, will also provide resources and support to the program.

Community resources that the FIRST Program will also utilize include (but are not limited to) Disability Rights (advocacy), DISC Village (substance abuse services), AA/NA meetings (provided on site), Ability First (support for homeless, housing placement and funding), Vocational Rehabilitation (employment), Tallahassee Chapter of the National Alliance for the Mentally Ill, Emergency Care Help Organization (ECHO), Goodwill

(employment), Second Harvest of the Big Bend (food), Kearney Center (homeless shelter), Bond Clinic (dental services), Big Bend Homeless Coalition, VA Center, Star Metro and Big Bend Transit (transportation), Career Source Capital Region (employment/job readiness), Disability Advocates of North Florida, ACCESS Florida (food assistance, temporary cash assistance, Medicaid), Legal Services of North Florida, Big Bend Cares (HIV/AIDS care and support), Tallahassee Housing Authority, Big Bend Continuum of Care (housing), Refuge House (domestic violence shelter), Chelsea House (housing), Tallahassee Community College (GED classes), Adult and Community Education (ACE), Capital City Youth Services (temporary Shelter for ages 18-21).

3.8.6.5.3 Role of advocates, peer specialists, family, responsible partners

Although this grant proposal does not include an additional peer specialist for FIRST, Apalachee Center already employs five peer specialists in the Leon County Outpatient Program which would be available to serve the forensic population in the community. Peer Specialists utilize the Wellness Recovery Action Plan tool when meeting with clients and participate in the Performance Improvement and Patient Safety Committee meetings to represent clients, and review clinical and patient safety goals, benchmarks, and outcomes.

A primary consumer of substance abuse services and a family member will be added to the planning council, which already includes a primary consumer of mental health services. These members of the planning council will contribute to the implementation strategies and troubleshooting activities. A representative from the NAMI Tallahassee (An affiliate of the National Alliance on Mental Illness) is a member of the BPIA workgroup which created the SIM for Leon County.

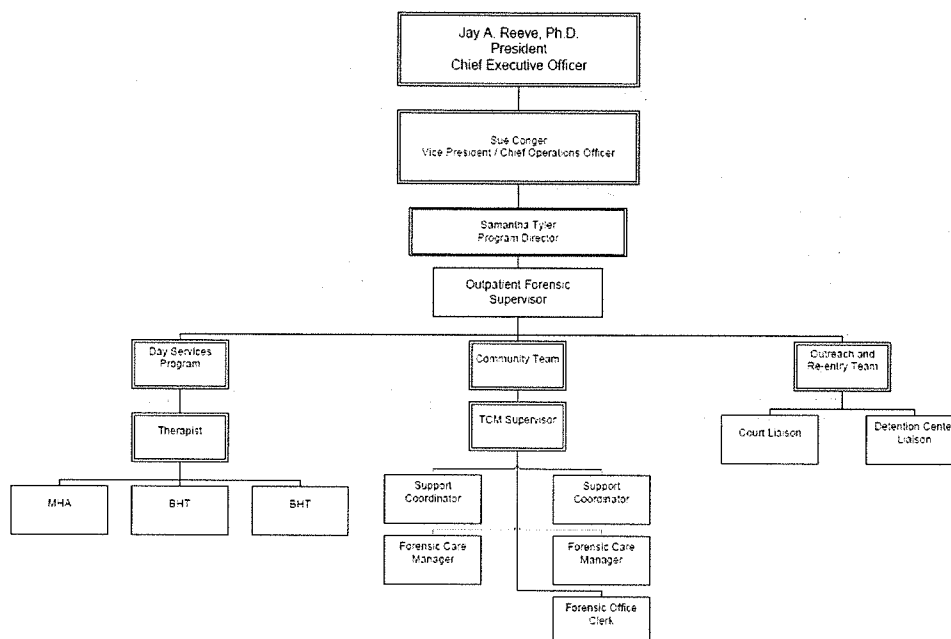
Advocacy agencies in the community, such as Disability Rights, are frequently involved in the court proceedings, particularly when additional support is needed when requesting modifications to supervision plans or loosened restrictions.

FIRST participants will be encouraged to include family members or significant others in their treatment (with consent from the participant) and their level of involvement will be consistently captured on assessments and treatment plans. Family members will also be included in the process of home visits by the Case Manager. The Forensic Day Services will have an "Open House" to which clients may invite their family to participate in activities for a day. Clients and their family members will continue to be referred to NAMI Tallahassee for support and Apalachee Center will continue to serve as a meeting site for the group. Family members will also be encouraged to participate in Mental Health First Aid Training provided by Apalachee Center.

3.8.6.5.4 Proposed Staff and Key Personnel

Apalachee Center will revise the existing roles of the current Forensic Services Director, Forensic Program Supervisor, (4) Case Managers/Support Coordinators, and support staff positions to meet the needs of FIRST. Seven new positions will be created: Court Liaison, Detention Facility Liaison, TCM Supervisor, Therapist, Mental Health Assistant, and (2) Behavioral Health Technicians.

Forensic Intervention and Re-entry Services Team



Existing Positions to be incorporated in the FIRST Team:

Forensic Services Director (1.0 FTE)

Role: Serves a project director. Provides direction and oversight to the implementation of the FIRST program. Evaluates program efficacy based on performance measures. Collaborates with BPIA workgroup and presents quarterly program status report at PSCC.

Level of Effort: 25%

Qualifications: Master's degree from an accredited university or college with a major in the field of counseling, social work, psychology, or a related human services field, and three years full time experience, one of which was in a supervisory/administrative capacity.

Forensic Program Supervisor (1.0 FTE)

Role: Serves as project supervisor. Coordinates clinical and liaison services for the FIRST program within the community, Detention Facility, court, and day services areas. Tracks data and submits performance measure reports. Accompanies Director at BPIA workgroup activities. Provides direct supervision to the Court and Detention Center Liaisons, Forensic Case Manager Supervisor, Days Services staff, and Office Clerk.

Level of Effort: 100%

Qualifications: Bachelor's or master's degree from an accredited university of college with a major in the field of counseling, social work, psychology, or related human service field. Two years full time forensic mental health experience required, one of which was in a supervisory capacity.

Forensic Case Manager/Support Coordinator (4.0 FTE)

Role: Provides advocacy and linkage to community resources. Monitors progress and compliance with treatment and community supervision plans. Coordinates care and conducts assessments. Designated as a housing or employment specialist. Uses SOAR methods for benefits restoration. Conducts home visits. Submits reports to Court regarding progress/compliance with Conditional Release, Mental Health Probation, or Pre-trial Release Plans

Level of Effort: 100%

Qualifications: Bachelor's degree from an accredited university or college with a major in counseling, social work, psychology, criminal justice, or a related human services field. One year of mental health experience required. Professional experience in a criminal justice setting preferred.

Forensic Office Clerk (1.0 FTE)

Role: Provides support services to team. Schedules and tracks appointments. Reminder phone calls to clients regarding appointments; Requesting records; Ordering supplies; Schedules meetings as directed; Maintains client records.

Level of Effort: 100%

Qualifications: A high school diploma or its equivalent. Clerical experience preferred.

New Positions for FIRST Program:

Targeted Case Management Supervisor (1.0 FTE)

Role: Oversees treatment planning and case management services for individuals on Conditional Release, Mental Health Probation, and Mental Health Pre-Trial Release. Provides specialized supervision to the forensic case management team with a focus on housing, employment, and restoration of benefits. Ensures review and revision of individualized treatment plans; Assists Case Managers and Support Coordinators in addressing barriers to assist clients in maintaining stability in the community. Oversees the submission of progress reports to the Court regarding Conditional/Pre-Trial Release Plans.

Level of Effort: 100%

Qualifications: Master's degree with a major in counseling, social work, psychology, criminal justice, or a related human services field and three years full time experience serving the target population. Or, Bachelor's degree and five years of experience.

Court Liaison (1.0 FTE)

Role: Services as liaison between community team, court, and Detention Facility. Attends the monthly misdemeanor mental health docket and felony dockets pertaining to mental health cases. Conducts outreach activities and serves as a referral point for all Apalachee Center services. The liaison will facilitate case disposition and transition from Detention Facility and assist with individuals returning to court from the state hospital. The liaison

will be responsible for case coordination between court personnel, Apalachee Center, and the Office of Intervention and Detention Alternatives.

Level of Effort: 100%

Qualifications: Bachelor's degree from an accredited university or college with a major in counseling, social work, psychology, criminal justice, or related human services field. Professional work experience in a criminal justice or mental health setting preferred.

Detention Facility Liaison (1.0 FTE)

Role: Serves as liaison between community team, Court, and Detention Facility assesses individuals identified as having a mental illness for possible transition to community forensic services, including outpatient and Day Services, and residential treatment facilities. Additional functions include engagement, advocacy, pre-release initiation of services, and re-entry planning. Provides competency training in the Detention Center.

Level of Effort: 100%

Qualifications: Bachelor's degree from an accredited university or college with a major in counseling, social work, psychology, criminal justice, or related human services field. Professional work experience in a mental health or criminal justice setting preferred.

Master's Level Therapist (1.0 FTE)

Role: Conducts individual and group therapy sessions using evidenced-based practices such as trauma-informed care, cognitive behavioral therapy, motivational interviewing, Dialectical Behavior Therapy, utilization of victim empathy, and anger management. Oversees day services program and supervises BHTs and MHA.

Level of Effort: 100%

Qualifications: Master's degree from an accredited university or college with a major in the field of counseling, social work, or psychology. Two years professional experience in providing services to persons with mental illnesses preferred. Professional experience in criminal justice setting preferred.

Behavioral Health Technicians (2.0 FTE)

Role: Conducts psychoeducational groups in day services setting to reduce recidivism, decrease risky behavior, and promote safety using evidenced-based modules such as Thinking For a Change, Decision Points, Seeking Safety, and Life Skills. Groups may also include competency restoration and independent living skills, such as job preparedness.

Level of Effort: 100%

Qualifications: A bachelor's degree with a major in psychology, social work, counseling, or related human services field.

Mental Health Assistant (1.0 FTE)

Role: Provides additional supervision, transportation, and support to Forensic Day Services staff and participants.

Level of Effort: 100%

Qualifications: high school diploma or its equivalent; minimum of one year of related work experience in a patient care or criminal justice setting preferred.

During the first month of the project, the two Liaison positions and TCM Supervisor position will be advertised and hired. During the second month of the project, the remaining 4 Day Services staff Therapist, 2 BHTs, and 1 MHA) will be advertised and hired. The job descriptions of the existing positions will be updated to reflect the new tasks pertaining to FIRST.

3.8.6.6 Evaluation and Sustainability

3.8.6.6.1 Evaluation

As noted in an earlier section, Apalachee Center has a long history and robust system for data collection and analysis, which conforms with Joint Commission standards, as well as other licensing entities. Upon implementation of the FIRST program, data will be collected and shared with the involved stakeholders through the PSCC and BPIA workgroup meeting, the Department of Children and Families, Apalachee Center's Executive Leadership and P/Patient Safety Committees, the FIRST program staff, and the Managing Entity. The purpose of the data collection and sharing is to ensure program effectiveness in terms of promoting public safety, reduction in recidivism, and improved access to services for individuals with a mental illness in Leon County involved in the criminal justice system. Stakeholder support and service coordination is strengthened and enhanced through committee participation, data sharing, and the availability of FIRST Program staff. Apalachee Center also conducts Community Satisfaction Surveys, which provides another avenue for all involved stakeholders to provide feedback to Apalachee regarding performance of this program, as well as all others. Through data monitoring and feedback, adjustments and changes to the program can be made to quickly ensure it is effective. Apalachee Center, in collaboration with the BPIA workgroup, will re-assess and update the Strategic Plan and SIM following implementation of FIRST to evaluate the community's new resource.

Data for measuring public safety and recidivism, and increased support for the target population will come from the outcome measures outlined in section 3.8.6.4. As stated earlier, Apalachee Center has an electronic health record (EHR), and collects measures pertaining to public safety and access to services on the "MH Outcomes" Form. The public safety measures include criminal status and number of times arrested, which will be used to determine percent re-arrested while receiving services. The access to services and support includes residential status, employment status, and income source, which will be used to determine the percent in stable housing, employed full or part time, and receiving benefits. The Case Manager designated as the SOAR specialist will use the SOAR on-line application tracking (OAT) system to track outcomes regarding benefits. The data will be entered in the EHR on the "MH Outcomes" form by the assigned FIRST staff member. These measures will be collected upon admission to the program, every 90 days

thereafter, and one year following completion of the program. Data will be extracted from the EHR by the MIS Department and the Forensic Services Director quarterly. Data regarding the number of individuals diverted from the State Mental Health Treatment Facility (recidivism reduction) is currently tracked by Court Administration and reflected in the Leon County Justice Information System. This data will be available to the FIRST Team for monitoring and reporting purposes on a quarterly basis. Data regarding percent of individuals participating in the FIRST Program who are satisfied with services (access to services and support) provided will be collected by the PI department quarterly and submitted to the Forensic Services Director for monitoring and reporting.

3.8.6.6.2.1 Estimate of how the proposed initiative will reduce the expenditures associated with the incarceration of the Target Population

The addition of the Court Liaison and the Detention Center Liaison will result in earlier detection of individuals with a mental illness and improved access to services available in the community that will divert the individual from the Detention Center and State Mental Health Treatment Facility. The Detention Center Liaison will assist in the early identification of inmates with a mental illness, conduct an intake for outpatient services through Apalachee, and make appointments and referrals needed by the individual to maintain stability in the community. Representatives from the Office of the Public Defender and State's Attorney Office will have daily access to the Court Liaison who will be able to quickly assist with identifying community resources and services needed for the development of Conditional Release Plans so individuals can be monitored in the community. The Day Services Program is designed specifically for individuals involved in the criminal justice system who are at risk for supervision failure that need a safe, structured place to attend during the day in order to learn skills that help prevent recidivism. The Outpatient Forensic Case Managers and Support Coordinators will be assisting the individuals with issues such as stable housing, benefits restoration, seeking employment, psychiatric services, medication monitoring, physical health services, transportation, etc. with the goal of decreasing recidivism.

The daily cost for an individual receiving treatment on a forensic unit at a State Mental Health Treatment Facility is \$368.00 per day. The average daily cost for an individual at the Leon County Detention facility is \$84.00 per day. Estimated cost for the FIRST program is approximately \$7.00 per day, based on maintaining a caseload of 160 individuals.

Through early identification, enhanced engagement, and treatment of those individuals who are involved with the criminal justice system primarily as a consequence of untreated or under-treated symptoms of serious mental illness, the proposed initiative will significantly reduce the expenditures associated with days in the Detention Center and commitments to State Mental Health Treatment Facility, including associated medical, psychiatric, housing and staffing costs.

3.8.6.6.2.2 The proposed methodology to measure the defined outcomes and the corresponding savings or averted costs; An estimate of how the cost savings or

averted costs will sustain or expand the mental health, substance abuse, co-occurring disorder treatment services and supports needed in the community;

Cost estimates for clients treated by Assertive Community Treatment teams (FACT) are generally held to be approximately 78% below those treated in state psychiatric facilities, and that general estimate should apply to those individuals who can be maintained at a less restrictive level of care in the community by the FIRST Team, as opposed to those who have been jailed or committed to a hospital.

Methodology for estimating cost savings or averted costs will be calculated from the outcome measures data. The first set of data regarding re-arrest reported 90 days after the FIRST Program is initiated will be used as baseline data. Cost savings will be calculated by using the number of individuals in the program not re-arrested multiplied by the average length of incarceration which is currently 38 days. This number in turn, will be multiplied by the average daily cost of incarceration, which is currently \$84.00. The resulting amount will be the savings to the Leon County Detention Center.

Savings to the SMHTF will be calculated by taking the number of individuals diverted from the SMHTF and multiplying it by the average length of stay at the SMHTF. Data received from DCF indicated that in September 2018 the average length of stay for individuals on the forensic unit at Florida State Hospital was 427 days. This number will then be multiplied by the average daily cost of \$368.00 per day. The resulting amount will be the averted cost to the SMHTF.

Reduced detention facility costs will potentially allow for higher levels of local community investment, through County funding, in community behavioral health treatment and support. Research has consistently demonstrated that individuals with mental health issues are more expensive to house in detention facilities than individuals without those diagnoses and medical issues, and, through the reduction of the volume of this population, social service funding at the County level will be made increasingly available for alternative uses.

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

Currently, Circuit 2 has one of the proportionally highest rates of commitment to the forensic units at the State Mental Health Treatment Facilities in Florida (SMHTF). While resources for diversion of these clients exist throughout the Apalachee system, the absence of a community intervention team based on the sequential intercept model has impeded the Court's use of those resources. With FIRST Team engagement at Intercepts 2,3,4, and 5, higher levels of engagement will allow for full utilization of those resources that will allow diversion from State placement.

As stated in an earlier section, a valid screening tool for identifying mental health issues will be selected for use by the Corizon staff at the time an individual is booked into the Detention Center. Referrals will then be made to the mental health unit at the Detention Center, as well as to the Detention Center Liaison. This rapid identification of individuals

with a mental illness will result in earlier access to treatment to regain or maintain stability to prevent admission to the SMHTF. The Detention Center Liaison will begin competency restoration training while the individual is still incarcerated and make a referral to a Forensic Residential program. For individuals already in the community, the Court Liaison will be identifying community resources and services needed for the development of Conditional Release Plans which would include competency restoration so individuals can be monitored in the community. The Day Services and Forensic Outpatient Services will also provide the structure, monitoring, competency restoration training, and linkage to services needed to prevent admission to the SMHTF.

In addition to helping prevent admissions to the SMHTF, the FIRST program should also have an impact on reducing the amount of time an individual is on the "Seeking Placement List" at the SMHTF. With the addition of the Day Services program and two Liaisons, and a Forensic Supervisor, the Forensic Case Managers and Support Coordinators will also be able to become more involved in the monitoring and discharge planning process for individuals ready for discharge from the forensic units at the SMHTF.

3.8.6.6.3 Sustainability

Sustainability is a critical element in any project, especially in major projects that impact human lives and community efficiencies. Apalachee Center and its partners take the need to sustain this project seriously and are already planning for how to ensure this project will continue when grant funding ends. It will be critical to continuously discuss sustainability with community partners to leverage the support needed to continue the FIRST program beyond the initial 3-year grant award. Strategies for building long term support and resources will include (but is not limited to):

1. Continuously demonstrate to community partners the benefits of operating the FIRST program; share data transparently and extensively;
2. Continuously evaluate all practices for effectiveness and efficiencies making changes in policy and procedures to improve outcomes;
3. Continuously evaluate effectiveness of staffing patterns and management practices, making changes wherever possible to save on operational costs;
4. Enhanced local match: Where possible, partner organizations will provide additional match. Match may include financial, in-kind, and/or shared resources, such as administration functions;
5. Federal grant funding opportunities will be explored;
6. Specific legislative member appropriations will be solicited;
7. Redirected funds from other SAMH funding categories will be considered if determined to be most beneficial for the community; and
8. Foundation bequests will also be sought after.

Project Timeline
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3.8.7 FIRST Project Timeline									
Objective/ Activity	Start	Target	Milestone	Lead	RESPONSIBLE PARTNERS				
					ACI	PSCC- BPIA	LCDC	COURT ADMIN	COUNTY
FY 19-20									
Implementation meeting	Jul-19	ongoing	X	X	X				
Finalize position descriptions	Jul-19	Aug-19		X					
Select validated screening tool	Jul-19	Aug-19	X	X	X	X			
Develop Draft MOUs	Jul-19	Aug-19		X	X	X		X	
Hire liaisons/ supervisor	Jul-19	Aug-19	X	X					
Develop procedures	Jul-19	Sep-19	X	X	X	X			
Prepare day services space	Jul-19	Sep-19		X					
Approval of MOUs	Aug-19	Sep-19	X	X	X	X		X	
Implement screening tool	Aug-19	Sep-19	X	X	X	X			X
Train liaisons/ supervisor	Aug-19	Sep-19		X					
Hire day services staff	Aug-19	Oct-19	X	X					
Develop curriculum	Aug-19	Oct-19		X					
Train day services staff	Sep-19	Oct-19		X					
Finalize data reports	Sep-19	Oct-19		X					
Outreach to CJS partners	Sep-19	ongoing	X	X	X	X	X		X
Begin liaison services	Sep-19	ongoing	X	X		X	X		X
Begin day services	Oct-19	ongoing	X	X					
Begin baseline data Collection	Oct-19	ongoing	X	X	X				
Program status quarterly report	Jan-20	ongoing	X	X	X				
FY 20-21									
Continue data Collection	Jul-20	ongoing		X	X				
Program status quarterly report	Jul-20	ongoing	X	X	X				
BPIA workgroup meetings	Jul-20	ongoing		X	X				
FY 21-22									
Continue data collection	Jul-21	Jul-22		X	X				
Program status quarterly report	Jul-21	Jul-22	X	X	X				
BPIA workgroup meetings	Jul-21	Jul-22		X	X				

Letters of Commitment
Page 51-55

3.8.8 Summary List of Organizations Involved:

1. Jonathan Sjostrom, Chief Judge of the Second Judicial Circuit
2. Andy Thomas, Public Defender of the Second Judicial Circuit
3. Jack Campbell, State Attorney of the Second Judicial Circuit
4. Sheriff Walt McNeil, Leon County Sheriff's Office

See attached letters of commitment.

Note: The Office of Intervention and Detention Alternatives, as an arm of the Leon County Board of County Commissioners, confirms its support as stated in the Certified Designation Letter in Tab 1.

1. Jonathan Sjostrom, Chief Judge of the Second Judicial Circuit

2. Andy Thomas, Public Defender of the Second Judicial Circuit

3. Jack Campbell, State Attorney of the Second Judicial Circuit

4. Sheriff Walt McNeil, Leon County Sheriff's Office

See attached letters of commitment.

Note: The Office of Intervention and Detention Alternatives, as an arm of the Leon County Board of County Commissioners, confirms its support as stated in the Certified Designation Letter in Tab 1.

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1. Jonathan Sjostrom, Chief Judge of the Second Judicial Circuit

2. Andy Thomas, Public Defender of the Second Judicial Circuit

3. Jack Campbell, State Attorney of the Second Judicial Circuit

4. Sheriff Walt McNeil, Leon County Sheriff's Office

OFFICE OF
JONATHAN SJOSTROM
CHIEF JUDGE
SECOND JUDICIAL CIRCUIT



LORRAINE GAUSS
JUDICIAL ASSISTANT
PHONE: (850) 606-4321
FAX: (850) 606-4474

LEON COUNTY COURTHOUSE
301 SOUTH MONROE STREET
TALLAHASSEE, FLORIDA 32301

February 1, 2019

Jay Reeve, PhD
President and CEO
Apalachee Center
2634-J Capital Circle, NE
Tallahassee, FL 2308

Dear Dr. Reeve,

This letter is to express support for the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant application that you are submitting to the Department of Children and Families. It is understood that the Reinvestment Grant will be used to enhance services provided to individuals involved in the criminal justice system with a mental illness. The proposed program, Forensic Intervention and Re-entry Services Team (FIRST), would provide wraparound services during several points of intercept including incarceration, court appearances, and community supervision.

The Court specifically supports the request for a court liaison who would work in conjunction with the court's existing mental health team. The addition of this liaison provides for a single point of contact for all referrals from the Court to Apalachee Center Inc. It is hoped this would help to strengthen the court's ongoing efforts to develop and implement more viable coordinated case plans for defendants diagnosed with a mental illness. It is the court's understanding that the court liaison would focus on eliminating any barriers to effective case disposition such as stable housing, employment, and restoration of benefits.

If funded, the Leon County courts would work with all grant stakeholders to improve the efficiency and effectiveness of case disposition for persons in the criminal justice system diagnosed with a mental illness.

Respectfully,


Jonathan Sjostrom, Chief Judge

Public Defender's Office
301 S. Monroe, Suite 401
Tallahassee, FL 32301



LAW OFFICES OF THE
PUBLIC DEFENDER
ANDY THOMAS

SECOND JUDICIAL CIRCUIT OF FLORIDA
Franklin • Gadsden • Jefferson
Leon • Liberty • Wakulla
<http://www.flpd2.com>
Main 850-606-1000
Fax 850-606-1001

January 23, 2019

Jay A. Reeve, Ph.D.
Apalachee Center
2634 Capital Circle NE – Bldg J
Tallahassee, Florida 32308

Dear Dr. Reeve,

This letter is to express support for the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant application that you are submitting to the Department of Children and Families. As you know, the Public Defender's Office has great interest in funding and re-structuring a Felony Mental Health Court, but neither adequate funding nor appropriate staffing are available at this time. Your proposed program, Forensic Intervention and Re-entry Services Team (FIRST), is designed to provide wraparound services to our mutual clients during several points of intercept including incarceration, court appearances, and community supervision. At this time, utilizing this Reinvestment Grant to enhance services provided to mentally ill individuals involved in the criminal justice system seems appropriate. The improved access to mental health services at these essential points supports the Sequential Intercept Map developed by the Public Safety Coordinating Council.

The addition of two liaisons to collaborate with detention center and court personnel would help the client transition from incarceration and reach case disposition without re-offending. Through case management, services would then transition into the community and be intensified to address barriers to success such as lack of stable housing, unemployment, and loss of benefits. Forensic Day Services, a half-day program with evidenced-based curriculum specifically for offenders, is designed to increase success on mental health pre-trial release, probation, and conditional release plans.

If funded, the Public Defender's Office will support the efforts of FIRST by engaging in outreach offered by the liaison and will cooperate and collaborate as needed to reach case disposition. In addition, the Public Defender's Office will maintain a continued interest in monitoring the program through the review of quarterly program status reports at PSCC meetings.

Feel free to contact me should additional information be required.

Sincerely,

A handwritten signature in blue ink that reads "Andy Thomas". The signature is fluid and cursive, with a large loop at the end.

Andy Thomas
Public Defender, 2nd Circuit of Florida
(850) 445-9656 [cell]

JACK CAMPBELL
STATE ATTORNEY



LEON COUNTY COURTHOUSE
301 S. MONROE STREET
TALLAHASSEE, FLORIDA 32399-2550

TELEPHONE: (850) 606-6000

OFFICE OF
STATE ATTORNEY
SECOND JUDICIAL CIRCUIT OF FLORIDA

January 28, 2019

Jay Reeve, PhD
President and Chief Executive Officer
Apalachee Center, Inc.
2634-J Capital Circle NE
Tallahassee, FL, 32308

Dear Dr. Reeve,

This letter is to express support for the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant application that you are submitting to the Department of Children and Families. It is understood that the Reinvestment Grant will be used to enhance services provided to individuals involved in the criminal justice system with a mental illness. The proposed program, Forensic Intervention and Re-entry Services Team (FIRST), would provide wraparound services during several points of intercept including incarceration, court appearances, and community supervision. The improved access to mental health services as these essential points would support the Sequential Intercept Map developed by the Public Safety Coordinating Council.

The addition of two liaisons to collaborate with detention center and court personnel would help the defendant transition from incarceration and reach case disposition without re-offending. Services would then transition in to the community and intensify to address barriers to success such as stable housing, employment, and restoration of benefits through case management. Forensic Day Services, a half-day program with evidenced-based curriculum specifically for offenders, would increase success on mental health pre-trial, probation, and conditional release plans.

If funded, the State Attorney's Office would support the efforts of FIRST by engaging in outreach offered by the liaison and will collaborate as needed to reach case disposition. In addition, the State Attorney's Office will maintain a continued interest in the program through the review of quarterly program status reports at PSCC meetings.

Sincerely,


Jack Campbell



Sheriff Walt McNeil

LEON COUNTY SHERIFF'S OFFICE

HONESTY & INTEGRITY ACCOUNTABILITY TEAMWORK TRUST & RESPECT COMMITMENT TO EXCELLENCE

January 30, 2019

Jay Reeve, PhD
President and Chief Executive Officer
Apalachee Center, Inc.
2634-J Capital Circle NE
Tallahassee, FL 32308

Dear Dr. Reeve,

This letter is to express support for the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant application that you are submitting to the Department of Children and Families. It is understood that the Reinvestment Grant will be used to enhance services provided to individuals involved in the criminal justice system with a mental illness. The proposed program, Forensic Intervention and Re-entry Services Team (FIRST), would provide wraparound services during several points of intercept including incarceration, court appearances, and community supervision. The improved access to mental health services as these essential points would support the Sequential Intercept Map developed by the Public Safety Coordinating Council.

The addition of two liaisons to collaborate with detention center and court personnel would help the defendant transition from incarceration and reach case disposition without re-offending. Services would then transition in to the community and intensify to address barriers to success such as stable housing, employment, and restoration of benefits through case management. Forensic Day Services, a half-day program with evidenced-based curriculum specifically for offenders, would increase success on mental health pre-trial, probation, and conditional release plans.

If funded, the Leon County Sheriff's Office would support the efforts of the liaison at the Leon County Detention Center by enhancing the current screening process to identify inmates with mental health needs and collaborating with the liaison to transition inmates in to the community. In addition, LCSO would participate in implementation meetings through the PSCC Best Practices Implementation workgroup and review quarterly program status reports at PSCC meetings.

Sincerely,

Walter McNeil
Sheriff of Leon County

Post Office Box 727 ★ Tallahassee, Florida 32302-0727
Office Phone (850) 606-3300 ★ Detention Phone (850) 606-3500
www.leoncountysos.com

