Tab 4: Project Narrative

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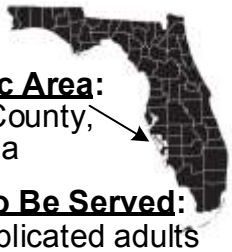
Section 1. Statement of the Problem

1.1.a. Extent of the Problem

Centerstone of Florida, the designated applicant on behalf of Sarasota County, proposes the ***Sarasota Reinvestment Project (SRP)***, a project that will leverage communitywide coordination to shift identification, care, and treatment of the target population from the criminal justice to the behavioral healthcare system. ***SRP*** will serve a target population of adults (18+) who have a mental illness or co-occurring mental health and substance use disorder (COD) and are in or at risk of entering the criminal justice system (CJS) (chart right). ***SRP*** diversion opportunities, evidence-based behavioral health interventions, and linkages to community support and ancillary social services will reduce criminal justice system costs, improve access/effectiveness of care, and increase public safety.

Sarasota Reinvestment Project (SRP)

Target Population:
Adults (18+) who have a mental illness or co-occurring disorder and are in or at risk of entering the criminal justice system



Geographic Area:
Sarasota County, Florida

Number to Be Served:
238 Unduplicated adults
(Yr 1: 63; Yr 2: 75; Y3: 100)

Nationally, correctional facilities lack effective behavioral health services (e.g., limited certified counselors, insufficient treatment duration) and become economically overburdened by efforts to effectively rehabilitate individuals with mental illness or COD due to budgetary constraints, space limitations, etc. (SAMHSA, 2005; Sung et al., 2010). Individuals with mental illness serve longer sentences and are at higher risk of victimization than those without mental illness, and their mental conditions deteriorate during incarceration (NAMI, 2016). Those with COD are less likely to receive and comply with treatment and medication, and have poorer outcomes than those with mental illness alone (Herbeck et al., 2005).

Factors that place individuals at risk for criminal justice system involvement include criminal justice history, victimization and abuse, and homelessness, which are compounded by stigmatization (e.g., employer reluctance to hire individuals with CJS history), difficulty accessing/obtaining behavioral healthcare, lack of affordable insurance, inadequate social supports, history of prior arrest, substance use/dependency, barriers to employment, housing, benefit enrollment, etc. (NHCHC, 2013; Lynch et al., 2015).

The Sarasota County Jail's screening process for those with mental illness and COD utilizes the Mental Health 14 (MH-14), a non-evidence based screening tool administered by professionals who are not licensed in behavioral health. The current process results in many unidentified, undiagnosed, and untreated incarcerated individuals, with population data dramatically lower than national averages. According to available data, of Sarasota's 11,500 annual population, 20% (2,341) have a mental illness/COD, compared to 64% on average nationally (Armor, 2015; BJS, 2006). ***SRP's*** enhanced screening practices (i.e., evidence-based screening tools administered by licensed behavioral health providers) are expected to identify three times as many (7,482) individuals with mental illness or COD in the target population, mirroring national averages (BJS, 2006). Without appropriate identification and treatment, incarcerated individuals with behavioral health issues face higher recidivism rates than the general incarcerated population (Peters, et

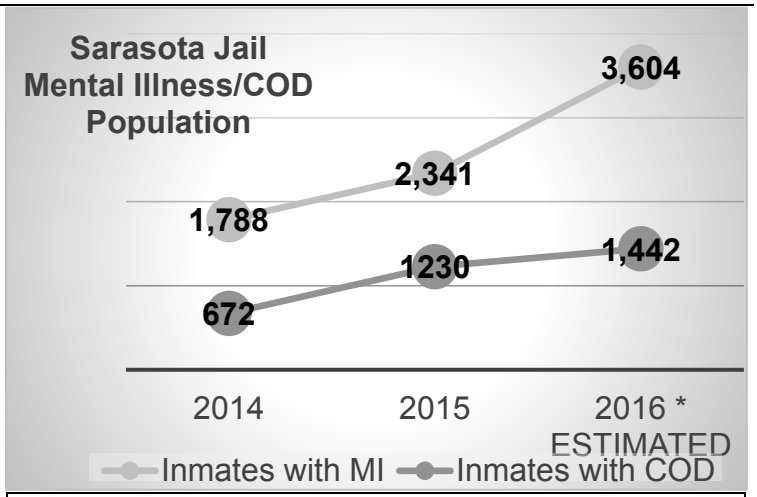
al., 2015). Recent studies show that nationally 68% of individuals with COD recidivate (compared to 60% without a behavioral health disorder), putting an estimated 5,000 incarcerated individuals with COD at risk of recidivating in Sarasota (Wilson, et al., 2011).

The jail frequently serves as a facility for those in behavioral crisis; yet, resources within the jail are able to provide only limited response to such conditions. In a 6-month period (October 2015 to March 2016), the jail admitted 19% (450 of 2,360) of individuals entering Sarasota crisis facilities for behavioral health crisis (Sarasota Co. HHS, 2016). Among those incarcerated, utilization of behavioral health services in Sarasota's jail is limited: Only 5% (117 of 2,341) of currently diagnosed, incarcerated individuals with mental illness access mental health services, and 7% (86 of 1,230) with COD access treatment (CJMHSB, 2011).

At-risk individuals in the target population, including those who are homeless and/or have a CJS history, are more likely to experience incarceration or re-incarceration than the population without mental illness or COD. At the 2015 HUD point-in-time count, over 1,400 individuals in Sarasota were homeless and over 10% self-reported having mental illness (Suncoast, 2015). Nationally, nearly 63% of homeless individuals with mental illness are at risk of entering the criminal justice system, suggesting that as many as 90 homeless Sarasota individuals face similar risk at any given time (TAC, 2016; Suncoast, 2015). Among individuals experiencing a mental health crisis at least 6 times in a 6-month period (i.e., super high need high utilizers) who were admitted to the Sarasota jail between October 2015 and March 2016, 91% (29 of 32) were homeless (Sarasota Co. HHS, 2016). Nationally, 68% of individuals with both COD and a criminal justice history recidivate within 3 years, suggesting that more than 5,000 individuals in jail in Sarasota and 950 on probation are at risk of recidivating (Wilson, et al., 2011; Peters et al., 2015).

1.1.b. Trend Analysis

A 3-year trend analysis (2014-2016) of the Sarasota County Jail population shows a growing number of individuals with mental illness and COD entering or recidivating into the CJS. Current jail screening processes indicate that between 2014 and 2015, the number of incarcerated individuals with mental illness increased 31% (from 1,788 to 2,341) and those with COD increased 83% (672 to 1,230) (chart right) (Armor, 2016). The number of individuals identified as having mental illness and COD is expected to be higher with ***SRP's*** enhanced assessment, and, on par with local and national trends, this population will have an increasing presence in Sarasota's jail (AbuDugga et al., 2016). Based on local jail data for January – June, 2016, the facility is on track to see an additional 54% increase in individuals with mental illness and 17% with COD by the end of this year (Armor, 2016).



Sources: Sarasota Co. Jail, 2016; Armor, 2016

Trends among Sarasota's at-risk population also include a 40% (100 to 140) increase in homeless populations with mental illness from 2014 to 2015 (Suncoast, 2015).

1.2.a. Geographic & Socioeconomic Factors Impacting Target Population Selection

The target population was selected due to high numbers of adults in the criminal justice system with mental illness or COD, as well as socioeconomic disparities they face, including homelessness, income inequality, unemployment, etc. (chart below).

Urban Sarasota County is located on Florida's southwestern coast, 50 miles south of Tampa. Sarasota is characterized as upper middle class, yet its growing urban community has seen a change in its **socioeconomic** structures, including an increase in homelessness of 46% from 2014 to 2015 (Suncoast, 2014, 2015). Sarasota ranks 33rd in income inequality of 3,000 counties, nationally (Sommeiller et al., 2015). Sarasota County has also seen a severe increase in drug use affecting residents from all socioeconomic backgrounds; heroin-related deaths in District 12 (i.e., Sarasota, Manatee, and DeSoto counties) increased 1,175% in 2014, from 4 deaths between January and June to 51 deaths between July and December (GCCF, 2014; FDLE, 2016; Adams, 2016). Overall, these changing socioeconomic factors can lead to reduced behavioral healthcare access and poor behavioral health outcomes for a growing target population, supporting the project's selection of the population to be served.

Sarasota County Target Population Demographics

	Total Jail Population	Jail Pop. with Mental Illness & COD*	Sarasota County
Total Pop.	11,504	7,482	396,962
18+	11,504	7,482	327,457
Male	9,548 (83%)	6,015 (80%)	154,197 (47%)
Female	1,956 (17%)	1,467 (20%)	173,260 (53%)
White	8,743 (73%)	6,207 (83%)	303,135 (88%)
Afr. Amer.	2,761 (23%)	1,739 (23%)	12,902 (4%)
Other	N/A	N/A	30,206 (8%)
Homeless	1,726 (15%)	2,244 (30%)	1,365
Unemployed	3,451 (30%)	5,611 (75%)	16,630 (10%)

*Sources: US Census 2014; SCSO, 2015; BJS, 2006; FDOC, 2015; Sarteschi, 2013; CHAB, 2008; Greenburg, et al., 2008; *Extrapolations of local jail and national data*

Incarcerated Target Population: Demographic data for the Sarasota jail population with mental illness and COD are not collected, and, among all population, race and ethnicity data is limited to two categories (i.e., White or African American). Therefore, ***SRP*** has estimated current demographics for the target population based on national data. Among incarcerated individuals with mental illness/COD, 6,015 (80%) are expected to be male, 1,467 (20%) female, 6,207 (83%) White, and 1,739 (23%) African American (BJS, 2006) (chart above). Compared to the general jail population, the target population experiences additional disparities and risk factors associated with lower socioeconomic factors. Based on national data, over 5,600 such individuals are expected to be unemployed and over 2,200, homeless (Sarteschi, 2013; CHSB, 2008).

At-Risk Target Population: According to the 2015 HUD point-in-time homeless count, the portion of the target population that is at risk is expected to comprise approximately 140 homeless individuals with mental illness (Suncoast, 2015) (chart below). The number of homeless individuals with COD is not collected locally; however,

national estimates suggest that 682 (50%) will have COD (Sunrise, 2016). Nationally, 68% of individuals with both CJS involvement and COD recidivate, indicating that an estimated 950 individuals on probation with COD are at risk for re-entry (Wilson, et al., 2011; SCPO, 2016). Additionally, approximately 15,000 (25%) Sarasota residents with mental illness are victims of violence. This population is more likely to commit a crime than are non-victims and is at high risk of entering the CJS (Wilson, et al., 2012; Phend, 2012; Shipman, 2014).

Estimated At-Risk Target Population	
Risk Factors	**# At Risk**
Homeless with Mental Illness	140
Homeless with COD	682
Community Corrections (i.e., Probation) with COD	950
Victims of Violence with Mental Illness	15,000
Sources: Suncoast, 2015; SCSO, 2016; Wilson, et al., 2011*; FDOH, 2013; Sunrise, 2016*	

1.3. Priority as a Community Concern

Sarasota County's Strategic Plan, *The Criminal Justice Policy Framework* (2004), identifies community concerns that align with ***SRP*** goals and objectives. This plan prioritizes the goals of the RFA, including implementing/expanding initiatives that increase public safety, avert increased spending on criminal justice, and improve accessibility/effectiveness of mental health and substance use treatment services for the target population. In 2014, Judge Erika Quartermaine brought together criminal justice stakeholders, including the Chief Judge of the Twelfth Judicial Circuit, Sheriff, State Attorney, Public Defender, and Court Administrator around a shared concern for offenders who repeatedly enter the criminal justice system for low level municipal ordinance violations, and who often present symptoms of mental illness, COD, and associated risks such as homelessness. Assessment of the issue prompted development of Sarasota County's Comprehensive Treatment Court (CTC), a post-booking program designed to divert offenders with mental illness from incarceration into community-based treatment and supports (see *Mental Health Diversion MOU* and *MOU Amendment* in LOCs, Tab 6). The CTC established a partnership with Centerstone, providing case management, therapy, medication management, benefits enrollment assistance, housing assistance, etc. Additional partners included First Step of Sarasota, providing residential treatment as needed for those with COD, and Community Assisted and Supported Living (CASL) and the Salvation Army, providing community housing supports and social services. Initial ***SRP*** planning/preparation continued these efforts by establishing, expanding, and finalizing partnerships among leading community agencies to coordinate provision of supportive services for the target population and among courts, law enforcement, and Centerstone to facilitate cross-agency efforts and information-sharing (see LOCs, Tab 6). Through the development of the CTC and with the backing of ***SRP*****,** the community prioritized the need for treatment and diversion opportunities for the target population. Upon award, ***SRP*** will continue to prioritize these community concerns.

1.4. Screening and Assessment to Identify the Target Population

SRP staff will implement a screening and assessment process to identify the target population at the time of arrest. When law enforcement, family members, court personnel, etc., refer an individual to the CTC, a case manager will review cases for eligibility. Eligible individuals will be evaluated by a Case Manager/Therapist who will screen for mental illness and COD utilizing the Correctional Mental Health Screen (CHMS), Alcohol Use

Disorders Identification Test (AUDIT-10), and Drug Abuse Screening Test (DAST-10) screening tools. Those who have a mental illness or COD and consent to participation will be enrolled into ***SRP*** and provided with/linked to appropriate community services.

Screening and assessment for the portion of the target population that is at risk but not yet involved with criminal justice will begin upon referral by law enforcement personnel trained in *Crisis Intervention Team (CIT)* and educated in ***SRP*** protocol. Other stakeholders (e.g., housing providers, social services, healthcare, etc.) will receive *Mental Health First Aid (MHFA)* training via ***SRP*** and will also refer potential participants to the project. ***SRP*** will provide follow-up and screening and assessment (i.e., Patient Health Questionnaire-4 [PHQ-4], AUDIT-10, and DAST-10) to consenting participants to identify mental illness, COD, and criminal risk factors (homelessness, victimization, abuse, etc.).

Individuals enrolled in ***SRP*** will receive the *Level of Service/Case Management Inventory* (*LS/CMI*) assessment, a Risk-Needs-Responsivity-based tool to identify criminogenic risk, service needs, and individual responsivity, and to assist service/case management planning (See section 2.C.6, Screening and Assessment).

1.5. Analysis of Persons with Mental Illness, SUD, COD

An analysis of Sarasota's jail population indicates that the number of individuals with behavioral health needs who are currently being identified is not consistent with national data. As many as 5,000 incarcerated individuals do not receive diagnosis and treatment for mental illness or COD and will likely face poorer outcomes related to health, employment, etc. than the general jail population. In 2015, only 20% (2,300 of 11,500) of persons admitted were identified as having a mental illness or COD, compared to the national average of 64% (SCSO, 2015; BJS, 2006). Upon funding, ***SRP*** will implement evidence-based screening/assessment tools (e.g., AUDIT-10, DAST-10, CMHS) appropriate for the target population. Based on national data, the projected number of individuals admitted with a mental illness or COD is expected to be 7,500 (64%) (SCSO, 2015; BJS, 2006). ***SRP*** has selected this target population to serve the unmet needs of individuals with mental illness and/or COD.

Incarcerated male and African American individuals are overrepresented among those individuals with mental illness or COD, compared to the county's general population (see Demographics Chart, Section 1.2.a). Men comprise more than 80% of those admitted with mental illness or COD, compared to less than 50% of the general population (SCSO, 2016; US Census, 2014). African American individuals comprise 23% of those admitted with mental illness or COD, compared to 4% of the county population (SCSO, 2016; US Census, 2014; BJS, 2006). Persons admitted with mental illness or COD are in greater poverty than the general county and/or jail populations, with higher unemployment and greater rates of homelessness. An estimated 75% of incarcerated individuals with mental illness or COD are unemployed, compared to 30% in the jail without mental illness or COD, and compared to 10% in the county (Sarteschi, 2013; FDOC, 2015; Census, 2014). Nearly 30% of those admitted with mental illness are estimated to be homeless, versus 15% of incarcerated individuals without mental illness (CHAB, 2008).

1.6. Contributing Factors Affecting Population Trends

The growing Sarasota County Jail population experiencing mental illness and COD is affected by gaps in the criminal justice system's capacity to respond to and facilitate treatment for the target population. The lack of communication and/or coordination

between mental health/substance use treatment providers and criminal justice agencies (e.g., courts, law enforcement) presents challenges to identifying the target population and providing them with diversion alternatives, and contributes to a jail disproportionately populated by individuals with unidentified/unaddressed mental illness and COD. Within the jail, adequate behavioral health services (e.g., licensed staff, treatment durations) are limited, leaving behavioral health to deteriorate during incarceration and recovery goals to go unmet upon release. Because individuals' behavioral healthcare needs have not been addressed while incarcerated, they face additional barriers to accessing necessary treatments within the community upon release (e.g., lack of insurance, lack of transportation), resulting in increased recidivism among those with mental illness or COD.

1.7. Risk Factors for Entry/Re-Entry

Criminogenic Risk Factors
History of antisocial behavior
Antisocial personality pattern
Antisocial cognition
Antisocial associates
Family and/or marital factors
Poor school/work performance
Limited anti-criminal leisure
Substance abuse
Source: Andrews & Bonta, 2010

The target population is vulnerable to criminal justice entry or re-entry due to risk factors frequently associated with mental illness and COD, including antisocial behavior, personality pattern, and cognition, as well as substance use (Andrews & Bonta, 2010) (see chart right). Additional risk factors include homelessness and other unstable living conditions, significant transitions (e.g., recent release from jail, re-entry into the community from prison), history of involvement with the criminal justice system, and a history of victimization or abuse. Among homeless populations, individuals who have a mental illness and COD are more likely to be arrested, have longer incarceration periods, and have higher recidivism rates than those without mental illness and COD (NHCHC, 2012). The lack of access to and/or affordability of behavioral health treatment leaves this population at high risk of entering the criminal justice system. According to point-in-time data, over 1,400 Sarasota individuals are homeless, more than 10% have mental illness, and 20% have SUD (Suncoast, 2015) (see Estimated At-Risk target population chart, Section 1.2.a). Nearly 4% of Sarasota's homeless population report having spent the previous night in jail (Suncoast, 2015). Nearly 30% have experienced domestic violence, which correlates with the presence of mental illness such as PTSD and traumatic brain injury (TBI) (Suncoast, 2016; Gainer, 2015).

Target population individuals who have been recently released from jail or have a history of criminal justice involvement are more likely to re-enter the criminal justice system than individuals without previous CJS involvement. National recidivism rates among those with both COD and a history of criminal justice involvement suggest that an estimated 800 individuals with COD incarcerated in Sarasota are at risk of re-arrest following release (Wilson, et al., 2011; Peters et al., 2015). Those with criminal records have difficulty accessing needed behavioral health treatment due to ineligibility for benefit assistance programs, and housing instability and barriers to employment negatively impact outcomes for ex-offenders and increase recidivism. Individuals with mental illness, including an estimated 62,000 in Sarasota County, are 5 times more likely to be a victim of assault than the population without mental illness (US Census, 2014; FDH, 2013; TAC, 2014a). Those who experience victimization or abuse are at higher risk of engaging in criminal behavior (Entorf, 2012); for example, victims of childhood abuse are 38% more likely to be arrested as an adult (Currie & Tekin, 2012).

Risk factors among the target population can be successfully mitigated by providing evidence-based, trauma-informed treatment interventions that increase alternatives to risk behaviors and thoughts, improve coping/self-management skills, encourage family involvement, and decrease substance use; family-based therapy, as appropriate, to encourage pro-social relationships and activities; and linkages to educational, employment, and other community-based supports.

1.8. Individuals to Be Served

The 3-year ***SRP*** project will provide treatment services for an unduplicated total of 238 adults who have a mental illness or co-occurring disorders and are in the criminal justice system in Sarasota County (Year 1: 63, Year 2: 75, Year 3: 100). Reflecting national jail statistics, ***SRP*** will serve 190 male and 48 female participants, including approximately 198 White and 55 African American individuals.

To arrive at these numbers, ***SRP*** considered community need (e.g., arrest reports, jail clinic data), behavioral healthcare access for the target population, local jail and Centerstone client demographics, anticipated Case Manager case load, and sufficient timeframe for meeting ***SRP*** performance measure targets (e.g., reduced recidivism and mental health symptomatology, and increased stable housing, employment, benefits enrollment). ***SRP*** target numbers were also determined by the Sarasota jail average daily census and turnover rate of 4 to 6 months. Considering an average of $4,538 cost per person ($1.2 million x 0.90, i.e., subtracting 10% for administrative costs divided by 238 participants) and the projected total budget for services, the proposed number of adults to be served is reasonable.

1.9. Consistency with Strategic Plan

The needs among ***SRP's*** target population are consistent with the priorities of *The Criminal Justice Policy Framework*, the Strategic Plan developed by the Criminal Justice Commission in 2004. Those needs include (1) improved response to mental health crises among the target population via law enforcement and stakeholder training, (2) enhanced care coordination for the target population via improved communication/collaboration among criminal justice entities and behavioral healthcare providers, (3) reduced incarceration/recidivism, and (4) reduced mental health symptomatology among the target population. The table above identifies Sarasota County's needs for ***SRP*** as they correspond with established Strategic Plan Priorities, including ensuring that (A) justice is dispensed fairly and swiftly, (B) individual rights are safeguarded, (C) public safety is maintained, (D) public funds are utilized effectively, (E) citizens are informed and have opportunity for participation, and (F) agency coordination/collaboration is enhanced (see Strategic Plan, Tab 5: Attachment A).

Strategic Plan: *SRP* Needs and Selected Priorities				
Strategic Plan Priority	Training	Communication & Collaboration	Reduced Incarceration /Recidivism	Reduced Mental Illness & COD
A	✓	✓	✓	
B	✓	✓	✓	✓
C	✓		✓	✓
D	✓	✓	✓	
E	✓			
F	✓	✓		✓

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Tab 5: Project Design and Implementation

Attachment A: Strategic Plan (Appendix A)
Attachment B: Planning Council/Committee (Appendix K)

Tab 5: Project Design and Implementation

Section 2.A. Description of the Planning Council/Committee

2.A.1.a. Planning Council/Committee Roles

As designated by the Sarasota Board of County Commissioners, the Criminal Justice Commission will comprise a Public Safety Planning Council, pursuant to S. 394.657 F.S., to serve as the grant advisory body. The current composition of the Sarasota County Planning Council includes 19 statutory-required stakeholders and consumers listed in the chart at right. (See Planning Council/ Committee, Tab 5: Attachment B.)

Sarasota County Planning Council Composition	
Council Position	Current Stakeholder
State Attorney	Ed Brodsky
Public Defender	Larry Eger
Circuit Court Judge	Charles Williams
County Court Judge	Phyllis Galen
Local Court Administrator	Karen Rushing
State Probation Circuit Administrator	Stephanie DiTroia
County Commission Chair Designee	Christine Robinson
County Director of Probation	Cathy Shotwell
Police Chief	Bernadette DiPino
Sheriff/Chief Correctional Officer	Tom Knight
Director of Detention Facility	Terry Carter
Chief of Probation Officer	Virginia Donovan
Homeless/Supportive Housing Representative	Leslie Loveless
DCF- Substance Abuse & Mental Health Program Office Representative	Susan Nunnally
Community Mental Health Agency Director	Christine Griffith
Local Substance Abuse Treatment Director	Jim Rouches
Consumer of Substance Abuse Services	Troy Nicholas
Consumer of Community-Based Treatment Family Member	Joan Geyer

The **Planning Council Role** for stakeholders includes maintaining a comprehensive referral network and encouraging community agency collaboration and communication. Both stakeholders and consumers/consumer family members will advocate for enhanced behavioral healthcare and collaboration among criminal justice entities and behavioral healthcare providers. **Consumer roles** include providing insight on the gaps/deficiencies in criminal justice system response to individuals with mental illness or COD and perspective on addressing these gaps/deficiencies. Additional Planning Council duties will be determined upon funding according to community priorities and ***SRP*** design/implementation needs.

2.A.1.b. Compliance with s. 394.657(2)(a), F.S.

The Sarasota Board of County Commissioners has nominated Judge Erika Quartermaine, the Twelfth Judicial Court Judge for Sarasota County leading development of ***SRP's*** CTC, to identify and appoint the remaining required consumer (i.e., Primary Consumer of Mental Health Services) to meet compliance with 394.657 F.S., within 30 days of funding. Judge Quartermaine will seek the additional required membership among consumers committed to target population services/care.

2.A.2. Planning Council/Committee Activities and Meetings

Since 2009, the Criminal Justice Commission (the Commission) has met at least 7 times annually, with activities including preliminary planning for reinvestment opportunities. Meeting discussions included topics such as the increase in homelessness in Sarasota, drug court updates, pretrial intervention programs, rising drug use in the community, and appropriate responses, pharmaceutical diversionary techniques, and grant funding opportunities. In November 2014, reinvestment project planning meetings among an informal council of community stakeholders included Judge Quartermaine, representatives from the Sarasota County Jail, and representatives from the county court system. Initial meetings of the informal council discussed the prevalence of mental illness within the Sarasota County Jail, and ways to address the needs of those with mentally illness at risk for criminal justice system involvement. Members of the informal council also attended a Mental Health Summit in 2014. In January 2015, the council met to discuss mental health courts and diversionary methods for addressing the needs of incarcerated individuals with mental illness. In February 2015, the Council held a summit meeting with 13 community stakeholders/Council members. Throughout 2015, the council met to discuss and draft a Memoranda of Understanding (MOU), establishing the CTC to divert those with mental illness from the criminal justice to the behavioral health system (See MOU, Tab 6). In July 2015, the MOU was signed by all Council stakeholders. Throughout the first half of 2016, members of the council presented to local philanthropic organizations on the importance of justice alternatives and behavioral healthcare for individuals with mental illness to cultivate community support for a diversion program.

In August 2016, the Board of County Commissioners granted authority to the Criminal Justice Commission to establish an official Planning Council for reinvestment grant activities. In the previous 12 months, the official Planning Council has convened formally three times, with its first meeting on August 23, wherein the Planning Council submitted a letter designating Centerstone as the grant applicant on behalf of Sarasota County. On August 29, the Council voted in favor of Centerstone as the grant applicant. In September, Council members as well as community members/stakeholders present, discussed community need for the CTC and voted to approve a CTC implementation plan. The Planning Council also received a presentation on Sequential Intercept Mapping. Following September's meeting, the Council plans to meet every other month for the duration of ***SRP***.

2.B.1. Existing Strategic Plan

The Criminal Justice Commission describes the development and rationalization of its Strategic Plan, *The Criminal Justice Policy Framework*, including the vision, mission, values, and critical issues motivating its creation, as well as the local partner/participant resources and service models to be leveraged/used to implement ***SRP*** and address target population needs (see Strategic Plan Description, Section 2.B.2. and Strategic Plan Cover Page, Tab 5: Attachment A). The existing Strategic Plan, included in Tab 5: Attachment A, identifies the Comission's goals and corresponding objectives, with performance measures, responsible lead individual/organization, and completion date for each associated task/program.

2.B.2 Strategic Plan Description

In 2004, the Sarasota County Criminal Justice Commission developed a Strategic Plan, *The Criminal Justice Policy Framework,* (see Strategic Plan, Tab 5: Attachment A), and last reviewed the document in August 2016. The Strategic Plan describes problems faced by the Sarasota community and its local systems: Individuals with mental health, substance use, and co-occurring mental health and substance use disorders face inadequate avenues for treatment as they increasingly become involved in court and penal systems that operate beyond capacity. Sarasota County has a strong history of cross-system collaboration and a systematic process in place to create community awareness, generate support and engage stakeholders, including partnerships of and participants in the Strategic Planning process (e.g., Chief Judge, State Attorney, Public Defender, Sheriff, County Commissioner, Probation Administrators) who share Commission's **vision** of bettering the community and **value** respect, accountability, integrity, quality, teamwork, and trust. The Commission's **mission** is to provide and enhance quality programs, services, and facilities that reflect the goals of the community while promoting health, safety, public welfare, and quality of life in Sarasota (See Strategic Plan Cover Page, Tab 5: Attachment A). The Strategic Plan outlines a service model for diversion and presents **goals** in alignment with the CTC's vision/mission/values for addressing CJS and target population problems: (A) Ensuring fair/swift justice, (B) Safeguarding individuals' rights, (C) Ensuring public safety, (D) Ensuring effective use of public funds, (E) Ensuring citizens are informed and have opportunities to participate, and (F) Ensuring agency coordination and collaboration. Each goal outlines programs/tasks necessary to achieve those goals and outcome measures to track Strategic Plan progress.

Sarasota County and Criminal Justice Commission have made **progress toward implementing, reviewing, and updating** the Strategic Plan, including efforts toward identified Strategic Plan goals. To *ensure public safety* and *safeguard the rights of individuals*, Sarasota Board of County Commissioners passed the Stepping Up Initiative Resolution in solidarity with the national effort to reduce the incarceration of individuals with mental illness. The County has successfully established specialty courts including the Mental Health Court and DUI and Drug Courts to offer diversion from the criminal court into treatment for individuals with mental illness and SUD, respectively, as well as courts for Veterans and for victims of sex trafficking. The Comprehensive Treatment Court is in development to provide eligible defendants' diversion into community-based treatment and address gaps in alternative justice opportunities for individuals with mental illness who experience prolonged/frequent incarceration and lack coordinated care. Programs including SHIFTS, developed by Sarasota County in partnership with housing and behavioral health providers, identify chronic homelessness and conditions such as mental illness, provide rapid access to housing and service planning, and diversion from the criminal justice system. *CIT* training provided to over 35% of law enforcement officers helps address mental health crisis among the target population, offer linkages to appropriate services, and permit diversion opportunities, if appropriate. Additional staffing, including a Jail Discharge Planner to consult with behavioral health providers, ensures treatment plans are in place upon release from incarceration. Weekly Jail Management Meetings between jail staff, behavioral health providers, the State Attorney,

and the Public Defender help identify those with mental illness/SUD/COD and provide jail diversion and/or treatment opportunities upon release.

To *ensure agency Coordination and collaboration, ensure citizens are informed and have opportunities to participate,* and *ensure public funds are utilized effectively*, Sarasota has established cross-system collaboration and systematic processes, creating community awareness, generating support, and engaging stakeholders. The Criminal Justice Commission includes key criminal justice officials (e.g., Chief Judge, State Attorney, Public Defender, Sheriff, County Commissioner, Probation Administrators, and Clerk of Courts), meets 6 times annually, serves as advisory board to the Board of County Commissioners, identifies CJS improvement opportunities, makes policy recommendations, and determines best use of funds. The Behavioral Health Stakeholders' Consortium comprises over 50 members from criminal justice, behavioral health, social services, and government agencies, and meets monthly to share updates and identify emerging issues. Citizen volunteers comprise several county advisory board positions, and budgets for the criminal justice stakeholders and elected officials are determined during public meetings.

Sarasota County has faced **challenges/barriers toward Strategic Plan implementation**, lacking coordinated data management/sharing among CJS entities and comprehensive analytics capabilities to track and measure program/service effectiveness. The County also lacks resources to provide supportive housing for its homeless population, including those with mental illness/COD. ***SRP*** will advance progress toward implementing the Strategic Plan and address challenges/barriers by establishing/enhancing data tracking/sharing information systems (see Goals, Objectives, Milestones, Section 2.C.1) and utilizing Centerstone's electronic data collection and reporting system platform (i.e., Enlighten) to monitor performance outcomes (see Resources for Sustainability, Section 5.B.2). ***SRP*** has also established partnerships with local housing providers and will implement a *Housing First* model to ensure long-term housing placements for the target population (see LOCs, Tab 6; Services and Supervision Methods, Section 2.D.1).

Section 2.C. Description of Project Design & Implementation

SRP is designed to divert adults with mental illness/COD who are in or at risk of entering the criminal justice system (CJS) from the CJS to the behavioral health care system. ***SRP*** provides training in evidence-based *Mental Health First Aid* (*MHFA*) for stakeholders and participates in the promising practice *Crisis Intervention Team (CIT)*, providing modules in behavioral healthcare for law enforcement. Adults entering the criminal justice system may be enrolled in ***SRP*** according to a Comprehensive Treatment Court Entry Process coordinated by the CJS and Centerstone, following arrest, referral to the Treatment Court, and crime eligibility determination (see CTC and Treatment Process Chart, Section 2.D.1). Upon consent, individuals with eligible crimes will be screened/assessed by ***SRP's*** Case Manager/Therapist, and a motion will be filed for those who meet mental illness/COD criteria. Via stipulation by the State Attorney or court hearing, individuals granted entry to the Comprehensive Treatment Court will be enrolled in ***SRP*** treatment services, including case management and care coordination (See Screening and Assessment Section, 2.C.6). Treatment services also include an Individual Treatment Plan (ITP) based on tailored, validated, needs-based, and evidence-based screening and assessment (i.e., Risk-Needs-Responsivity Level of Service/Case

Management Inventory [RNR LS/CMI], PHQ-4, AUDIT-10, DAST-10, etc.) The ITP includes evidence-based *Integrated Treatment for Co-Occurring Disorders (ITC), Housing First* homelessness and recovery support, and *SSI/SSDI Outreach, Access, and Recovery* (*SOAR*) benefits enrollment assistance, medication prescription and management, as appropriate, and provides/links to wraparound and community-based services/supports (e.g., employment, education) (See Services and Supervision Methods, Section 2.D.1).

SRP implementation includes key **start-up tasks/activities**, completed within the first 3 months of Year 1 (i.e., develop and finalize programs and diversion initiatives via planning meetings, legally-binding agreements, etc.; establish/enhance information tracking systems; implement/expand interventions/strategies; provide professional training; and assemble multi-disciplinary *ITC* treatment staff, etc.). At start-up, ***SRP*** will utilize findings from the Sequential Intercept Mapping workshop led by CJMHSA Technical Assistance Center (TAC) to identify key diversion priority areas and responsible agencies (See Law Enforcement Processes, Section 2.C.8). CTC proceedings and ***SRP*** treatment services (e.g., ITPs, evidence-based interventions, wraparound care, linkages to supports) will begin by the start of month 4 and continue throughout Years 2-3. Activities to encourage stakeholder collaboration/coordination and oversight of ***SRP*** quality improvement will begin at project start-up and continue throughout Years 2-3. ***SRP*** stakeholders will define roles, establish decision-making protocol, conduct/participate in regular meetings, and collect/report on performance measures to monitor/refine ***SRP*** implementation/service delivery and ensure **continuous quality improvement,** etc. Refinements based on performance measure outcomes will match the target populations' evolving needs, ensure continued CTC operations and treatment provision, enhance community relationships, and maximize ongoing ***SRP*** sustainability/financing. Activities to promote ***SRP*** sustainability will also begin at project start-up and continue throughout Years 2-3 (See Timeline, Section 5.C.1). **Sustainability** activities (e.g., develop/implement Sustainability Plan, identify/secure additional funding sources) will ensure continued diversion and treatment services for the target population beyond the 3-year grant period (See Sustainability, Section 5.B).

2.C.1. SRP Goals, Strategies, Milestones, & Key Activities

SRP's purpose is to implement/expand the Sarasota County Criminal Justice Commission's established Strategic Plan, including a Comprehensive Treatment Court, to divert adults in, or at risk of entering, the criminal justice system from arrest, prosecution, or incarceration to treatment/care within the behavioral healthcare system. ***SRP*** objectives, goals, strategies, milestones (MS), key activities/tasks, and responsible stakeholders (RS) serve the DCF objectives outlined in the RFA, and align with the Commission's recommendations and statutory regulations (See Table below).

***SRP* Goals, Objectives, Milestones, Strategies, Key Activities/Tasks, and Stakeholders**			
Responsible Stakeholders (RS)			
Centerstone of Florida (CFL); Target Population & Family Members (TPFM); Planning Council (PC); Criminal Justice System (CJS): Law Enforcement (Sarasota Police Department), Courts (12th Judicial Circuit Court, CTC Stakeholders) and other CJS stakeholders as LOCs/MOUs are secured; **Community-Based Organizations & Social Service Agencies (CBO/SSA)**: First Step of Sarasota, Harvest House, Jewish Family & Childrens Services, Harvey Vengroff, Oakridge Apartment, One Stop Housing, Salvation Army, Suncoast Partnership to End Homelessness, Community Assisted and Supported Living, Sarasota County Health and Human Services, FL Dept. of Health in Sarasota Co., Vincent Academy, and other CBOs/SSAs as LOCs are secured. (See LOCs, Tab 6)			
Obj. 1: Establish programs and diversion initiatives that increase public safety, avert increased spending on criminal justice, and improve the accessibility and effectiveness of treatment services for the target population(s) within three (3) months of execution of the final Grant Agreement.			
Goals	*Develop and finalize programs and diversion initiatives with input and approval from participating entities.*	*Establish/enhance information tracking systems to collect and share data among stakeholders.*	*Implement/expand coordinated system of judicial and community based intervention including assessment, referral, monitoring, treatment, etc. to serve the target population*
Strategies	• Conduct regular planning meetings • Review county & CJC recommendations/needs • Develop MOUs	• Ensure that participating stakeholders maintain/enhance their internal technology systems	• Employ criminal justice diversion interventions and strategies • Hire/orient qualified staff
Key Activities/Tasks	A. Conduct regular planning meetings B. Review countywide & CJC recommendations/needs assessments C. Develop programs and diversion initiatives D. Establish legally binding agreements with all participating entities to establish programs and diversion initiatives for the target population.	A. Provide participating stakeholders with required tracking criteria and assess their capacity needs. B. Establish/maintain an information system to track individuals during their involvement with the program and for at least one year after discharge, including but not limited to, arrests, receipt of benefits, employment, and stable housing.	A. Assemble a culturally competent, multi-disciplinary treatment team with experience/training in providing behavioral healthcare to target population. B. Implement strategies that support ***SRP*** (e.g., specialized responses by law enforcement, post-booking alternatives to incarceration, court services).

RS	CFL, CJS, CBO/SSA	CFL, CJS, CBO/SSA	CFL, CJS, CBO/SSA
MS	***SRP*** components established, staff hired/oriented/trained, stakeholder participation secured, population tracking system developed/enhanced so services can begin by Day 1 of Month 4 of the project (i.e., Implementation Phase).		
Obj. 2: Create and encourage collaboration among key stakeholders in implementing and providing ongoing oversight and quality improvement activities of ***SRP***.			
Goals	*Ensure collaboration among key stakeholders in project implementation/oversight*	*Ensure **SRP's** timely achievement of Goals and Objectives.*	*Ensure quality improvement of **SRP** services.*
Strategies	• Conduct regular meetings • Clearly define stakeholder roles • Establish decision-making protocol	• Utilize project management protocol & personnel • Track project goal attainment • Monitor adherence to ***SRP*** timeline	• Collect & assess performance measure data • Solicit stakeholder & participant feedback
Key Activities/Tasks	A. Establish roles and protocol for providing project oversight/input B. Utilize supports (scheduling reminders, agendas, updates, etc.) to inform of project progress C. Participate in planning council or committee meetings regularly.	A. Establish project management procedures and personnel B. Assess progress of the project based on established timelines and review attainment of goals.	A. Review performance measure data for evidence of ***SRP*** efficacy B. Solicit stakeholder and participant input on program efficiency/efficacy C. Make necessary adjustments to implementation activities, as needed.
RS	ALL	CFL, CJS, CBO/SSA, PC	CFL, CJS, CBO/SSA
MS	***SRP*** collaborators and key stakeholders provide ongoing oversight and engage in quality improvement activities throughout project planning and implementation phases (i.e., Months 1-3 of Year 1 and Month 4 of Year 1 through Year 3, respectively).		
Obj. 3 (*Additional Proposed Objective*): Shift identification, care, and treatment of the target population from the criminal justice system to the behavioral healthcare system.			

Goals	*Determine points of interception at which **SRP** interventions can be implemented to divert individuals from the criminal justice system to behavioral healthcare treatment.*	*Increase law enforcement capacity to respond to target population*	*Ensure Courts' capacity to refer target population to behavioral healthcare services*
Strategies	• Assess system capacity • Assess process • Utilize Sequential Intercept Model	• Take part in training	• Develop protocol
Key Activities/Tasks	A. Conduct assessment of law enforcement and judicial system capacity and processes at intercept points. B. Refer to the Sequential Intercept Model to identify opportunities to prevent (further) criminal justice involvement and encourage alternative justice and behavioral health intervention	A. Participate in *Crisis Intervention Team (CIT)* training, a promising practice for law enforcement who have direct contact with the target population, by providing modules in behavioral healthcare	A. Implement/expand established Court protocol/procedure to identify, assess, and refer individuals eligible for ***SRP*** participation.
RS	CJS, CFL	CJS, CFL	CJS, CFL, CBO/SSA
MS	***SRP*** target population is diverted from the criminal justice system to the behavioral healthcare system throughout the Implementation Phase and beyond the end of the grant period.		
Obj. 4 (*Additional Proposed Objective*): Utilize evidence based tools, programs, and models to identify and provide comprehensive treatment and support services for ***SRP's*** target population.			
Goals	*Conduct tailored, validated, needs-based screening/assessment of target population*	*Create Individual Treatment Plans*	*Coordinate care to increase access to mental health, substance abuse, and co-occurring treatment and support services and ancillary social services*

Strategies	• Utilize evidence-based assessments (*Risk Needs Responsivity Level of Service-Case Management Inventory (LS-CMI), PHQ-4, etc.)* appropriate for the target population	• Utilize assessment/screening results to help develop Individual Treatment Plan	• Utilize evidence-based practices • Provide linkages to community-based supports and stakeholder services • Assist participant benefits enrollment
Key Activities/Tasks	A. Assess participants for the presence of substance use disorder, mental health issues, and/or co-occurring mental health and substance use disorders, as well-as criminogenic risk, individual need, and biopsychosocial responsivity.	A. Utilize *LS-CMI* and results of other evidence-based screening/assessment tools to develop Individual Treatment Plans that serve as guides for case management, service provision, and linkages/referrals to additional supports. B. Incorporate Court compliance requirements within ITP. C. Track participant progress and goals using Individual Treatment Plans and ensure participant compliance with legal process.	A. Deliver comprehensive, coordinated care via team-based, evidence-based *Integrated Treatment for Co-Occurring Disorders (ITC)*. B. Coordinate care among participating stakeholders and throughout the community. C. Facilitate health insurance and benefits application/enrollment to ensure participant access to and continuity of services. D. Provide evidence-based *Housing First* to participants, as needed.
RS	CFL	CFL	CFL, CJS, CBO/SSA
MS	***SRP*** target population is diverted from the criminal justice system to the behavioral healthcare system throughout the Implementation Phase and beyond the end of the grant period.		
Obj. 5 (*Additional Proposed Objective*): Develop a sound infrastructure and enhanced capacity to sustain effective services for the target population.			
Goals	*Mobilize/build local capacity and community resources among criminal-justice system, social service, and community-based agencies*	*Utilize collected performance measures to ensure continuous quality improvement and guide SRP sustainability activities.*	*Ensure sustainability of **SRP** strategies and services*

Strategies	• Provide stakeholder training	• Data collection & reporting • Outcomes dissemination • Monitor Strategic Plan	• Sustainability planning • Coordinate financing mechanisms/funding streams
Key Activities/Tasks	A. Provide professional trainings – evidence-based *Mental Health First Aid (MHFA)* to improve identification of and response to mental health crises among potential ***SRP*** participants.	A. Evaluate performance measures to ensure/enhance fidelity, process, and outcomes. B. Disseminate performance/outcomes and produce materials, publications, presentations, etc. of the models/strategies used. C. Monitor implementation of countywide Strategic Plan elements and recommend refinements based on ***SRP*** findings.	A. Link and coordinate with financing mechanisms and other funding streams (e.g., Medicaid, 3rd party, foundation funding) to ensure accessibility of comprehensive services and project sustainability. B. Develop a Sustainability Plan to ensure treatment and support services continue beyond the 3-year grant period.
RS	CFL, CJS, CBO/SSA, PC	CFL, CJS, CBO/SSA, PC	CFL, CJS, CBO/SSA, PC
MS	Infrastructure and capacity are enhanced to ensure community engagement and resources, and program sustainability beyond the 3-year grant period. ***SRP*** performance measures and findings are used to guide faithful and effective project implementation throughout the Implementation Phase and to guide information dissemination and programming recommendations beyond the end of the grant period.		

2.C.2. Proposed Additional Objectives

The proposed additional objectives (i.e., Objectives 3-5) relate to implementing specific programs, services, and policies for the target population. To advance **Objective 3**, *shifting identification, care, and treatment of the target population from the criminal justice system to the behavioral healthcare system*, ***SRP*** will utilize Sequential Intercept Mapping to identify key diversion opportunities/resources, participate in an ongoing *CIT* training program to increase law enforcement capacity to respond to the target population, and ensure capacity/policies to implement a program to divert individuals in CTC to ***SRP*** treatment services. Tasks/activities to meet **Objective 4,** *to utilize evidence based tools, programs, and models to identify and provide comprehensive treatment and support services for* ***SRP's*** *target population*, include provision of screening/assessment services (e.g., *DAST-10, AUDIT-10, PHQ-4, RNR-LS/CMI*) as well as treatment and support services (e.g., *ITC, SOAR,* and *Housing First* programs) defined in Individual Treatment Plans, which will assist Case Managers to monitor participant adherence to CTC policies. **Objective 5**, *to develop a sound infrastructure and enhanced capacity to sustain effective services for the target population*, will be achieved by stakeholder training in the *MHFA* program and via sustainability planning to ensure continued ***SRP*** treatment services/diversion efforts.

2.C.3. Qualified & Experienced Organizations and Key Stakeholders

See Goals, Objectives, Strategies, Milestones, and Activities/Tasks chart in Section 2.C.1 for a list of organizations and key stakeholders responsible for each task or key activity necessary to accomplish stated objectives. Organizations and key stakeholders have qualifications and experience to accomplish each task/activity necessary to complete the project. Centerstone, the behavioral healthcare provider and applicant on behalf of Sarasota County, has operated service lines for 60+ years serving populations including adults with mental illness/COD and/or in or at risk of entering the CJS. Current Criminal Justice System stakeholders (e.g., Sarasota Police Department, 12th Judicial Circuit Court, CTC stakeholders) have operated specialty courts, including a DUI Court as well as a Drug Court for nearly 20 years to divert individuals with SUD to appropriate treatment services, and have implemented programs to provide/facilitate services (case management, job training, residential placement, etc.) for individuals with histories of CJS involvement. Current Community-Based Organizations and Social Service Agencies (e.g., First Step of Sarasota, Harvest House, Jewish Family & Childrens Services, Harvey Vengroff, Oakridge Apartment, One Stop Housing, Salvation Army, Suncoast Partnership to End Homelessness, Community Assisted and Supported Living. Florida Department of Health in Sarasota County, Sarasota County Health and Human Services, Vincent Academy), have provided housing and assistance for homeless populations, SUD treatment, educational/vocational services, etc., for Sarasota populations in need, and include ***SRP*** partners in operation for over 35 years and serving 30,000+ individuals annually. Target population and Family Members will provide input on project planning/implementation based on firsthand and lived experience with mental illness/COD and CJS involvement (see Capability and Experience of Applicant & Participating Organizations, Section 4.1). By the authority of the Board of County Commissioners, the Criminal Justice Commission established the ***SRP*** Planning Council (including community leaders in criminal justice and behavioral healthcare and mental

health/substance use treatment consumers/family members), deemed qualified and experienced to make formal recommendations for project implementation (see Planning Council/Committee Roles, Section 2.A.1).

2.C.4. Planning Council Participation in Implementation/Expansion

Council members will actively participate in ***SRP*** implementation/expansion, monitoring CTC coordination and treatment service delivery. The Planning Council will help ensure project goals are accomplished by reviewing/monitoring timely progress toward achieving objectives and performing tasks/activities. The Council will serve as a link between ***SRP*** and the community, conducting open forum meetings; engaging in media outreach; establishing/maintaining state/local government relationships; advocating for policies to advance ***SRP***; and developing high-level relationships with collaborating systems/entities. The Council will assist in oversight of compliance with state/federal laws for all project elements, development/implementation of sustainability efforts, and evaluation of program effectiveness, reviewing performance measure data and input from target population/family members to inform quality improvement strategy recommendations.

2.C.5. Interagency Communication

Interagency communication will take place throughout the duration of ***SRP*** via planned meetings scheduled weekly in the first 2 months of the grant period and monthly for the duration of the project, as well as informal conference calls, etc., as necessary. Scheduled communications will also include 6 annual meetings of the Planning Council held at the Sarasota County Administration Building. Council meetings are open to the public and convene with all Council members, offering opportunities for participation (e.g., designated agenda items, invitation for input) by all agencies/organizations and stakeholders involved in ***SRP,*** including those represented within Council membership.

Agencies/organizations will also communicate via shared performance measure data, as appropriate, to assist decisions regarding project effectiveness and quality improvement. ***SRP*** Case Managers serve as a key point of contact with agencies/organizations, accepting/processing referrals to ***SRP***. Case Managers will meet with the defense counsel, State Attorney, and other CTC entities; report participant treatment plan violations to the Court; and attend participant CTC hearings. Case Managers will also communicate with agencies/organizations to secure consents to share information among participating stakeholders, as necessary, arrange ancillary services/supports (e.g., housing, employment), schedule participant appointments, follow up to ensure participant access to services/supports, etc.

Decision-making will occur during scheduled, publicized planning meetings by a democratic process (i.e., simple majority vote), with oversight by project leadership (i.e., ***SRP*** Project Director and CTC Judge). All decisions will be made in compliance with applicable laws (e.g., Florida's Sunshine Law, County Ordinance). Further decision-making protocol, as necessary, will be determined within 30 days of grant award.

2.C.6. Screening and Assessment to Address Target Population Needs

The screening and assessment approach designed to meet the needs of the target population utilizes tools valid for use among the Target population, including specific screening tools for potential participants at risk for and involved in the CJS, as well as

tailored needs-based assessments for target population ***SRP*** participants (see chart right).

***SRP* Screening Tools for Target Population**	
Instrument	**Validity of Use among Target Population**
Patient Health Questionnaire (PHQ-4)	Identifies individuals experiencing psychological distress (i.e., depression, anxiety)
Correctional Mental Health Screen (CMHS)	Provides gender-specific screening to identify symptoms and history of mental illness among individuals in correctional settings
Drug Abuse Screening Test (DAST-10)	Identifies individuals with co-occurring substance use disorders
Alcohol Use Disorders Identification Test (AUDIT-10)	Identifies individuals with co-occurring alcohol use disorders
Level of Service/ Case Management Inventory (LS/CMI)	Follows Risk-Need-Responsivity model to predict criminogenic risk/need, and plan/manage treatment

Screening of Potential Participants at Risk for CJS Involvement: ***SRP*** will provide behavioral health modules for law enforcement in *CIT* and training for community stakeholders in *MHFA* to enhance identification and response to individuals in mental health crisis. Trained law enforcement and stakeholders will refer individuals at risk of criminal justice involvement for treatment services. ***SRP*** staff will follow-up with potential participants, and, among consenting individuals, conduct eligibility screening to identify those who meet criteria for mental illness/COD diagnosis (i.e., PHQ-4, AUDIT-10, DAST-10) and for risk-factor presence (e.g., homelessness, history of victimization/abuse). Individuals who meet criteria will receive explanation of treatment services, linkages to care, and assistance in accessing treatment services.

Validity of Tools for Screening At-Risk Populations: The PHQ-4, developed by a research team led by Kurt Kroenke, is an ultra-brief screener to identify anxiety and depression among general populations and indicate need for further evaluation. The scale was validated in a large sample across 15 sites and demonstrated strong internal consistency, validity, and reliability (Kroenke et al., 2009). ***SRP*** will use the PHQ-4 to assist identification of mental illness among potential participants at risk for CJS involvement. The AUDIT-10 was developed by the World Health Organization and has 95% accuracy in classifying individuals with alcohol use disorders (AUD) (SAMHSA-HRSA, 2011). The DAST-10 was developed by the Addiction Research Foundation to identify substance use disorder (SUD) and has high internal consistency reliability (i.e., 0.92 for a clinical sample of 256 clients) (SAMHSA-HRSA, 2011; Skinner, 2001). Both tools have demonstrated validity in various settings and among diverse populations, including risk populations (Savage et al, 2008; Bharel et al., 2011). ***SRP*** will utilize the AUDIT-10 and DAST-10 to identify target population individuals with co-occurring AUD/SUD.

Screening of Potential Participants in the CJS: Adults entering the criminal justice system may be referred to ***SRP's*** CTC by arresting law enforcement, family members, defense attorneys, the Court, or Pretrial Services personnel. Upon referral, a CTC case manager will examine cases for ***SRP*** eligible crimes, including any misdemeanor and/or

other offenses to be outlined in an Administrative Order prepared by the Chief Judge upon funding. Domestic battery and criminal traffic charges are not eligible for the CTC. Eligible potential participants will be provided expedited screening by ***SRP's*** Case Manager/Therapist, who will conduct Correctional Mental Health Screen (CMHS), AUDIT-10, and DAST-10 screenings. Individuals meeting criteria (i.e., individuals who screen positive for a mental illness/COD that contributes to an arrest) and entered into the CTC will be immediately enrolled in ***SRP***.

Validity of Tools for Screening CJS Populations: The CMHS, developed by researchers at the University of Connecticut Health Center, is a gender-specific tool delivered at jail intake to identify depression, anxiety, PTSD, personality disorders, and undetected mental illness (NIJ, 2007). Both male and female versions of the tool correctly classified the need for mental health services among 75% of 2,000+ incarcerated individuals studied (NIJ, 2007). The CMHS for men or women, as appropriate, will be delivered to potential participants in jail to identify mental illness. The AUDIT-10 and DAST-10 have also demonstrated success when used among offenders (Graham et al., 2012; Peters et al., 2000), and will be used by ***SRP*** to identify potential participants in the CJS with COD.

Assessment of *SRP* Participants: At treatment intake, Case Managers will conduct tailored, validated needs-based assessments to guide treatment/care. ***SRP*** participants will be assessed using the *Risks-Needs-Responsivity Level of Service/Case-Management Inventory* (*RNR LS/CMI*) and other valid psychosocial/psychiatric assessments, as appropriate. *RNR*, the leading model for offender assessment and treatment, is based on 3 core principles: Matching the level of service to criminogenic *Risk* and interventions to individual *Needs*, with consideration to offender *Responsivity* (i.e., learning style, motivation, demographic characteristics, biopsychosocial determinants). The *LS/CMI* measures risk/need factors for adults in areas including criminal history, education/employment, alcohol/drug issues, antisocial patterns, etc., and features a Case Management Plan that identifies and targets participant treatment and support needs.

Validity of Tool for Assessing the Target Population: The *RNR LS/CMI* is among the best validated and most widely used risk/needs assessments tools by criminal justice and mental health providers, helping to guide decisions around resource allocation, placement, case planning, and treatment progress. Adherence to *RNR* principles leads to reduced recidivism, and offenders managed according to *LS/CMI* assessment results recidivated at a rate of 15% less than offenders who were not (Looman et al., 2013; Multi-Health Systems, 2016).

2.C.7. Coordinated Care to Increase Service Access

SRP treatment interventions, case management, linkage/referral network, etc., facilitates access to mental illness/SUD/COD treatment, and to support and ancillary social services to intercept individuals at the earliest point possible. ***SRP*** stakeholders (e.g., law enforcement, stakeholders trained in *MHFA*) reach at-risk members of the target population prior to arrest/incarceration and refer them to Centerstone for assessment of treatment/support needs. Eligible target population individuals entering jail are enrolled in ***SRP*** and provided ***SRP*** treatment services within ITPs that include *Integrated Treatment for Co-Occurring Disorders (ITC)* interventions, team-based treatment, case management, benefits-enrollment, *Housing First*, and linkages to/assistance accessing

additional supports/social services. Early interception (i.e., while at risk for or upon arrest) diverts individuals from (further) involvement in the CJS to community-based service programs and ensures care/supports to reduce entry/re-entry.

SRP staff includes a multi-disciplinary *ITC* treatment team who will coordinate care to increase access to mental health, substance use, and co-occurring treatment among participants. The treatment team will share and operate from an integrated Individual Treatment Plan (ITP) for each participant, which will address single mental illness diagnoses or co-occurring mental illness and substance use disorder diagnoses, as appropriate, among the target population. Team-based, integrated treatment coordinates care so participants are not faced with navigating separate mental health and substance use treatment systems. The treatment team will meet regularly to discuss cases and monitor participant treatment plans, conduct gap-in-care analysis, establish effective medication management/adherence practices, and problem-solve issues in accessing treatment and/or supports.

With oversight by the ***SRP*** Project Director and Program Manager, Case Managers (CMs) within the multidisciplinary *ITC* treatment team provide care coordination to increase access to treatment, support, and ancillary social services. CMs maintain coordinated treatment planning and care via ongoing review of participant ITPs. Initial assessment will help identify participant needs (e.g., housing, employment, primary care, benefits, medication) within the ITP, and the ITP will be modified based on changing participant goals/achievements, risks, and needs. CMs provide regular participant contact that encourages program retention, treatment engagement/completion, and adherence to legal stipulations. CMs offer *SOAR* benefits-enrollment assistance and *Housing First* long-term housing placement, as appropriate, and provide linkages and/or facilitate access to supports/services needed to stabilize self-sufficiency and prevent (further) criminal justice system involvement.

SRP has an established network of community providers to accept referrals based on participant needs. CMs will ensure participants have access to necessary supports to achieve wellness/recovery goals, coordinating with community providers to arrange services, help participants schedule appointments, and secure transportation, and following up with referral sources to track service use. See Section 4.1 for list of organizations that have committed to serve in ***SRP's*** referral network (see Tab 6 for Letters of Commitment).

2.C.8. Law Enforcement Processes

Law enforcement processes to prevent further involvement/reentry to the CJS include efforts at initial intercept points. At first contact with offenders/potential project participants, officers within the Sarasota County Sheriff's Office (SCSO) as well as the Sarasota Police Department (SPD) seek alternatives to arrest/incarceration, invoking Baker and/or Marchman Acts to provide involuntary assessment/commitment to treatment/stabilization, as appropriate. Alternatives also include releasing individuals to family members' care, seeking assistance from Case Managers or social service providers (e.g., Salvation Army, SHIFTS Program, Harvest House), etc., to divert individuals from CJS involvement to treatment/supports when possible.

Sarasota County law enforcement will assess their current process at intercept points and capacity to implement/expand ***SRP*** with oversight/guidance from project leadership, the Planning Council, and the CJMHSA TAC, who provided a Sequential Intercept Mapping workshop in September 2016 to assess resources, gaps, priority areas, and

responsible agencies for diversion at 5 intercept points, including first contact with law enforcement prior to arrest (Policy Research Associates, 2012). ***SRP*** will utilize internal law enforcement data/reports (e.g., dispatch reports, arrest records, operational reports) and collect/analyze additional data (e.g., staff, target population, and stakeholder surveys) to help ***SRP*** law enforcement assess current internal processes including encounters with the target population, key opportunities for diversion, and barriers to diverting the target population into behavioral healthcare services. Data will further define those within the target population most at risk for criminal justice system entry/reentry, identify problems/disparities, and determine the need for, nature of, and opportunities for diversion. Additional data collection will focus on the magnitude of mental illness/COD within the Sarasota jail population, the number of individuals at risk for arrest/incarceration, community assets and resources, gaps in services and capacity, readiness to act, and targeted priorities. Data collection methods will include interviews with the target population and community stakeholders (including law enforcement), surveys, focus groups, community forums, etc. At project start-up, law enforcement will implement changes according to workshop and assessment findings, as recommended by the TAC for ***SRP*** implementation success.

Current law enforcement capacity includes nearly 1,000 individuals employed by the SCSO (e.g., sworn law enforcement, corrections) and 163 sworn officers employed by the SPD. Both law enforcement agencies provide *CIT* training to increase agency capacity to identify/respond to individuals in mental health crisis and prevent target population involvement/re-entry into the CJS. Nearly 25% (258) of SCSO employees have completed *CIT* training. Over half (83) of sworn SPD officers, as well as a case manager on staff, have attended *CIT* training. Throughout the duration of ***SRP,*** Centerstone will take part in *CIT* training for law enforcement, providing behavioral health modules during training to promote collaboration between law enforcement and behavioral healthcare providers, increase law enforcement capacity to recognize and respond to individuals with mental illness/COD, and improve target population and project outcomes/success.

Section 2.D. Service Strategies

2.D.1. Services and Supervision Methods

SRP strategies to divert the target population from arrest, prosecution, or incarceration to treatment and support services/supervision methods include (1) specialized diversion program; (2) community-based, evidence-based treatment; (3) specialized responses by law enforcement agencies; and (4) community services and programs designed to prevent high-risk populations from becoming involved in the criminal justice system.

SRP's specialized diversion program shifts identification, treatment, and care of the target population from the CJS to community-based behavioral healthcare treatment, via coordination between Sarasota County's CTC and Centerstone. Prior to trial, a CTC case manager will review criminal cases referred to the CTC, and eligible adults will receive expedited evaluation by ***SRP's*** Case Manager/Therapist. The Case Manager/Therapist will conduct validated pre-trial screenings for mental illness/COD including AUDIT-10, DAST-10, CMHS, and other comprehensive psychosocial and/or psychiatric screenings, as needed. Individuals who meet criteria and agree to participate will be placed on the CTC docket, enrolled in ***SRP***, and released into ***SRP*** supervision. (See CTC and Treatment Process chart below.)

The ***SRP*** Project Director and Program Manager will oversee the community-based, evidence-based treatment program for the target population. The treatment program includes the use/provision of (A) validated screenings/assessments, (B) tailored Individual Treatment Plans (ITPs), (C) evidence-based *Integrated Treatment for Co-Occurring Disorders (ITC)* treatment interventions, (D) evidence-based *Pathway's Housing First* long-term housing placement, (E) *SOAR* benefits enrollment assistance, and (F) linkages/referrals to community-based supports and ancillary social services.

Case Managers will provide participant supervision and assist development of ITPs, utilizing information from screenings/assessments (e.g., *RNR LS/CMI*) and providing a tailored approach to addressing participant entry/re-entry risks, treatment/support needs, and recovery/wellness goals to decrease arrest, prosecution, and incarceration among the target population. ITPs will match risks/needs/goals with appropriate interventions, including SAMHSA's evidence-based *ITC* to address mental illness/COD factors contributing to target population CJS risk/involvement. *ITC* takes a flexible, individualized, trauma-informed, integrated approach and utilizes a multidisciplinary team to deliver staged treatment, motivational, and social interventions; assertive outreach; counseling; medication prescription and management, as needed; etc. Integrated treatment for COD is proven more effective than traditional approaches that treat disorders separately (Drake et al., 1998; Drake et al., 2001; Drake et al., 2004). This approach has demonstrated success in domains of mental health symptoms, substance abuse, trauma/re-victimization, recidivism, housing, hospitalization, arrests, functional status, and quality of life among individuals with depression, anxiety, PTSD, addiction, etc. (Weiss, et al., 2007; Sacks, et al., 2008, Landenberger, et al., 2005).

ITPs will also consider participants' need for support services, providing stable housing, as appropriate, according to the evidence-based *Pathway's Housing First* (*HF*) model to reduce risk of criminal justice system involvement associated with homelessness and promote adherence to treatment once basic needs are met. *HF* supports recovery and housing among individuals who are homeless and have severe psychiatric disabilities and COD, based on the principle that housing is a basic right and foundation for achieving participant-defined recovery/wellness needs and goals. Homeless individuals with mental illness receiving *HF* demonstrated significantly greater perceived quality of life than to those not receiving *HF* (Patterson et al., 2013). In a comparison of *HF* and Residential Treatment First, *HF* participants were independently housed for more days despite reporting more days homeless at program intake (Tsai, 2010).

Case Managers and other treatment staff will be trained to provide *SOAR*, a support program designed for at-risk adults (e.g., homelessness, mental illness, COD) to increase access to SSI/SSDI via benefits enrollment assistance. Nationally, *SOAR* has been used to assist nearly 50,000 people in 10 years, with 65% (27,200) approved for benefits at initial application and an additional 4,000 approved upon reconsideration/appeal, bringing nearly $275 million into participating state/local economies. In 2015, nearly 180 of 250 Florida *SOAR* participants (72%) were approved at initial application, and approximately 50 of 80 (63%) approved upon appeal (SAMHSA PRAInc., 2016).

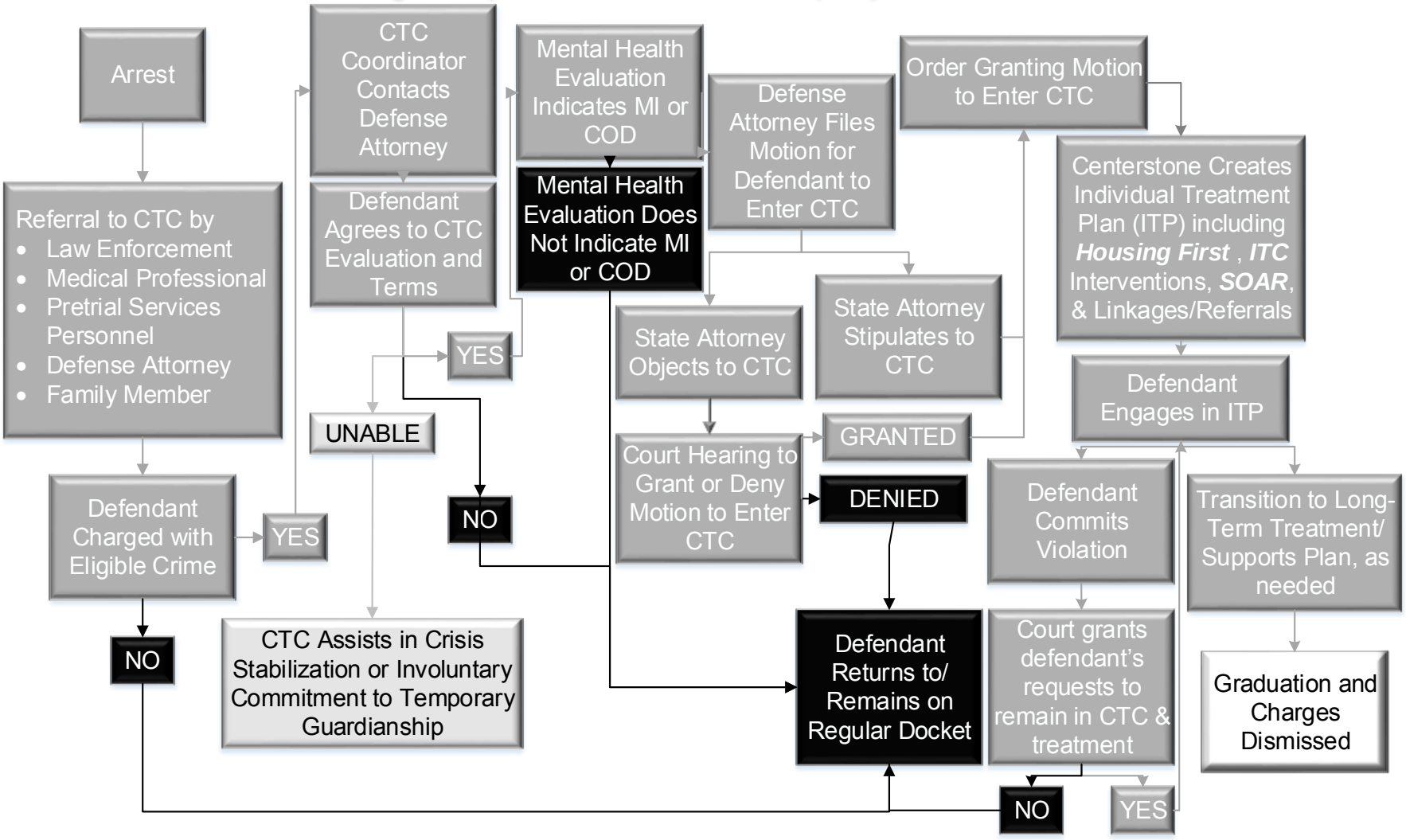
Case Managers will also refer/link participants to partnering service providers and a full range of community support and social services that facilitate mental illness/COD recovery/wellness and mitigate CJS entry/reentry risk. Case Managers will help identify, coordinate, and access needed resources (e.g., employment/education supports,

housing), and supervise/monitor use of supports/services. Case Managers will maintain an updated ITP to address the evolving level of care and service needs to ensure a comprehensive care continuum.

SRP will also support specialized responses by law enforcement agencies, encouraging enhanced processes/protocol as determined by the Sequential Intercept Mapping workshop provided by the CJMHSA TAC hosted by project leadership in preparation for ***SRP***. Law enforcement will also invoke the Marchman and Baker Acts, as appropriate, and take part in *Crisis Intervention Team* (*CIT*) training, a best practice to prepare law enforcement to identify/respond to the target population and promote pre-booking diversion. The *CIT* model, developed by the University of Memphis in 1988 and currently implemented by agencies nationwide, equips first-respondent law enforcement with skills to de-escalate mental health crisis situations and assist individuals in crisis to access appropriate treatments. ***SRP*** staff will participate in *CIT* training to communicate protocol for referring target population individuals to behavioral health treatment/supports in lieu of jail. *CIT* is effective in increasing police officer confidence, providing efficient crisis response times, increasing jail diversion for individuals with mental illness, improving treatment continuity with community-based providers, and decreasing police officer injury rates (Dupont et al., 2007).

SRP will incorporate community services and programs designed to divert high-risk populations from CJS involvement at earliest intercept points, including stakeholder training in *Mental Health First Aid* (*MHFA*), a public education and training program listed among the SAMHSA National Registry of Evidence-based Programs and Practices (NREPP). *MHFA* teaches stakeholders how to recognize and respond to individuals experiencing acute mental health crisis or in the early stages of chronic mental health issues. In an 8-hour course delivered by a certified instructor, *MHFA* educates stakeholders about prevalence, risk factors, warning signs, and symptoms for a range of mental health issues (e.g., trauma, depression, anxiety, substance use), informs about available treatments/supports, and teaches a 5-step action plan for providing first aid to an individual in crisis. ***SRP*** will train stakeholders in *MHFA*, and trainees will be certified for 3 years as Mental Health First Aiders. Since 2001, *MHFA* has been used to train 38,000+ individuals and has been adapted for use in addressing target population needs (i.e., criminal justice populations, at-risk homeless individuals) in community, correctional, and urban and rural settings (SAMHSA, 2014). Stakeholders who complete the training show increased ability to identify helpful treatment/support resources, improved attitudes about mental illness, and greater confidence in helping an individual experiencing mental illness/crisis (Kitchener & Jorm, 2002; Kitchener & Jorm, 2004; Jorm et al., 2004).

SRP Design*:* Comprehensive Treatment Court (CTC) and Treatment Process



2.D.2. Interventions to Address SRP Objectives & Strategic Plan Goals

The table below demonstrates alignment of the proposed ***SRP*** interventions and associated services/supervision methods with ***SRP*** objectives (see Section 2.C.1) and Strategic Plan goals (See Tab 5: Attachment A).

Interventions to Address *SRP* Objectives & Strategic Plan Goals		
1. Specialized Diversion Program		
Services/ Supervision Methods	**Corresponding *SRP* Objectives**	**Corresponding Strategic Plan Goals**
• CTC diversion process • Pre-trial assessment • Specialized docket • Centerstone treatment services	• Establish diversion initiative • Increase public safety • Decrease CJS spending • Improve treatment accessibility & effectiveness	• Ensure Public Safety • Safeguard the Rights of Individuals • Ensure Agency Coordination and Collaboration • Ensure that Public Funds Are Utilized Effectively
2. Community-based, Evidence-based Treatment Programs		
• Validated screenings/ assessments • Tailored ITPs • Evidence-based *ITC* treatment interventions • Evidence-based *Housing First* housing placement • *SOAR* benefits enrollment assistance • Linkages/ referrals supports and ancillary social services.	• Establish diversion initiative • Increase public safety • Decrease CJS spending • Improve treatment accessibility & effectiveness Increase target population identification, care, and treatment by Centerstone • Utilize EBPs • Improve care coordination • Facilitate support service use	• Ensure Public Safety • Safeguard the Rights of Individuals • Ensure Agency Coordination and Collaboration • Ensure that Public Funds Are Utilized Effectively
3. Specialized Responses by Law Enforcement Agencies		
• Baker Act • Marchman Act • *CIT* training	• Increase target population identification, care, and treatment by Centerstone	• Ensure Public Safety • Safeguard the Rights of Individuals • Ensure Agency Coordination and Collaboration • Ensure that Public Funds Are Utilized Effectively
4. Community Services/Programs Preventing CJS Involvement for High-Risk Populations		
• *MHFA* training	• Utilize EBPs • Improve care coordination • Facilitate support service use • Develop infrastructure & capacity to sustain services	• Ensure Public Safety • Safeguard the Rights of Individuals • Ensure Agency Coordination and Collaboration

		• Ensure that Citizens are Informed and Have Opportunities To Participate • Ensure that Public Funds Are Utilized Effectively

Section 3. Performance Measures

3.1. Data to Measure Effectiveness Defined by Specified Performance Measures

RNR LS/CMI DOMAINS
• Criminal History
• Education/Employment
• Family/Marital Status
• Leisure/Recreation
• Companions
• Alcohol/Drug Problems
• Pro-criminal Attitude
• Antisocial Patterns
• Case Management Plan
• Barriers to Release
• Progress Record
• Discharge Summary
• Specific Needs/Risk Factors
• Prison Experience/Institutional Factors
• Special Responsivity Consideration

SRP will use output and outcome data to measure project effectiveness through data collection analysis and distribution processes. Data collection, to begin at the start of service implementation (i.e., Month 4 of ***SRP***), will occur at baseline (i.e., program entry), program discharge (i.e., program completion), and 3 follow-up points: 90 days, 180 days, and 1 year post-program discharge. Collected data will demonstrate project effectiveness in achieving stated performance measures, including arrest/re-arrest, housing status, employment status, benefits enrollment, entry into/from state mental health facility, and mental health symptomatology. ***SRP*** Case Managers (CMs) and a Data Collection Specialist will collect performance measurement data via face-to-face interviews that will then be entered into Centerstone's electronic health record (EHR) to streamline the data collection and sharing process. CMs will administer the *RNR LS/CMI* to assess criminogenic risk and care needs across the 15 domains (see chart above). Case Managers and other staff, as appropriate, will also collect performance measures related to mental health symptomatology (e.g., mental illness, COD) via the AUDIT-10, DAST-10, and CMHS for target population within the CTC and receiving ***SRP*** services. Additional performance measurement data will be collected by program partners (e.g., law enforcement, housing agencies, employment agencies) at specific time points (i.e., at arrest, upon housing placement, upon employment, etc.) and throughout ***SRP's*** duration to measure project effectiveness. CJS partners have agreed to collect/share performance measure data, as appropriate (see LOCs, Tab 6), and ***SRP*** will ensure development/enhancement of information tracking systems to streamline data collection and sharing processes.

SRP staff will conduct monthly data analysis to measure project effectiveness in achieving stated objectives (see Goals and Objectives Chart, section 2.C.1) and performance measure output/outcome targets (e.g., reduced recidivism, reduced mental health symptomatology, increased housing stability, increased employment). For example, an analysis of mental health symptomatology at program enrollment compared to post-program discharge can be used to demonstrate the effectiveness of ***SRP*** behavioral health treatment services in reducing mental health symptomatology. Analyzing re-arrest data at the start of ***SRP*** and analyzing re-arrest upon the project's

completion can be used to demonstrate changes in recidivism rates. Standards for data analysis require that it is conducted in an objective manner that is sensitive to the target population.

Key project findings and relevant ***SRP*** data will be distributed among ***SRP*** state/local partners and stakeholders, as well as to key stakeholders in the policy, treatment, and research communities. Project staff will distribute findings and give community presentations to various audiences, including participants, treatment professionals, funders, and policymakers. Upholding and overseeing standards for data collection, analysis, and distribution is part of ***SRP's*** quality assurance; project leadership will ensure that all data is secure, sensitive to target population concerns, and free from misuse/abuse. ***SRP*** staff will participate in monthly oversight meetings with the Project Director to provide feedback for project leadership on program implementation. Further, any deviation from fidelity will be addressed through targeted training, appropriate program modifications, or technical assistance as necessary.

3.2. Targets/Methodologies to Address Specified Measures

SRP's proposed targets and methodologies address all specified measures outlined in the RFA (see Table below).

SRP Performance Measures, Targets, and Methodologies
Performance Measure 1: Percent of arrest/rearrests among participants while enrolled in *SRP* and within one year following discharge.
Target: Reduce recidivism by 25%.
Methodology A: ***SRP*** will cultivate relationships/referral networks with community supportive service agencies.
Methodology B: ***SRP*** Team Members will provide linkages to supportive services (e.g., housing, employment) for all program participants.
Methodology C: ***SRP*** will follow-up with participants and continue to provide supportive service linkages up to one year following discharge.
Performance Measure 2: Percent of participants not residing in a stable housing environment at *SRP* admission who reside a stable housing environment with 90 days of admission.
Target: Assist 100% of *SRP* participants in need in obtaining stable housing.
Methodology A: ***SRP*** will provide linkages to supportive housing services for all participants in need via ***Housing First***.
Methodology B: ***SRP*** will provide benefits enrollment (e.g. SSI) for all participants in need to assist with securing stable housing.
Performance Measure 3: Percent of participants who reside in a stable housing environment one year following *SRP* discharge.
Target: 100% of participants in need have received assistance in obtaining stable housing one year following *SRP* discharge.
Methodology A: ***SRP*** will continue to provide linkages to supportive housing for all participants in need.
Methodology B: ***SRP*** will monitor and follow-up with participants to ensure stable housing continues.
Performance Measure 4: Percent of participants not employed at *SRP* admission who are employed full or part time within 180 days of admission.

Target: Assist 100% of *SRP* participants seeking employment with employment assistance.
Methodology A: ***SRP*** will provide linkages to employment, educational, and vocational services to all participants in need.
Performance Measure 5: Percent of participants employed full or part time one year following *SRP* discharge.
Target: 100% of participants seeking employment have received assistance in obtaining full or part time employment one year following *SRP* discharge.
Methodology A: ***SRP*** will provide linkages to employment, educational, and vocational services to all participants in need.
Methodology B: ***SRP*** will provide job monitoring and follow-up with participants to support participants' continued employment.
Performance Measure 6: Percent of participants the Grantee assists in obtaining social security other benefits for which they may be eligible but were not receiving at *SRP* admission.
Target: Assist 100% of participants in obtaining social security or other benefits for which they may be eligible.
Methodology A: ***SRP*** will assist and enroll all participants in need in social security and other benefits.
Performance Measure 7: Percent of participants diverted from a State Mental Health Treatment Facility.
Target: Divert 80% of participants from a State Mental Health Treatment Facility.
Methodology A: All participants will be enrolled in ***SRP's*** diversion program.
Methodology B: All participants will receive community-based behavioral health treatment.
Additional Proposed Performance Measure 8: Percent of participants with reduced mental health symptomatology within 180 days *SRP* admission.
Target: Reduce mental health symptomatology by 60% for those identified as have mental conditions.
Methodology A: ***SRP*** will provide comprehensive mental health treatment to all participants identified as having mental health conditions.

3.3. Alignment of Proposed Performance Measure with Tasks

The additional proposed performance measure (i.e., mental health symptomatology) aligns with key ***SRP*** tasks, to include assembling a multidisciplinary treatment team experienced in providing behavioral healthcare for the target population, assessing participants for the presence of mental health issues, developing Individual Treatment Plans, delivering comprehensive evidence-based care, and coordinating care in the community among participating stakeholders (see Goals and Objectives Chart, Section 2.C.1).

3.4. Data to Measure Effectiveness Defined by Proposed Performance Measure

SRP will utilize output and outcome data to measure project effectiveness in reducing mental health symptomatology (i.e., the additional proposed performance measure) (see Performance Measures, Targets, and Methodologies Chart, section 3.2). Project treatment staff and participating stakeholders, with assistance by the Data Specialist, will

collect performance measurement data, analyze output and outcome data, distribute key findings to ***SRP*** stakeholders, and conduct continual quality assurance as part of the process for measuring project effectiveness (see Section 3.1, Data to Measure Effectiveness Defined by Specified Performance Measures, for detailed data collection, analysis, distribution, and quality assurance processes).

3.5. Targets/Methodologies to Address Proposed Performance Measure

SRP's target to reduce mental health symptomatology and methodology to provide comprehensive mental health treatment address the additional proposed performance measure, mental health symptomatology (see Performance Measures, Targets, and Methodologies Table, Section 3.2).

Section 4. Capability and Experience

4.1. Capability and Experience of Applicant & Participating Organizations

Centerstone, the designated applicant on behalf of Sarasota County, and other ***SRP*** participating organizations have the capability and experience to meet RFA objectives including (1) Establish programs/diversion initiatives that increase public safety, avert increased criminal justice spending, and improve treatment accessibility and effectiveness for the target population; (2) Collaborate among key stakeholders in implementing ***SRP;*** (3) Shift target population identification and treatment from the criminal justice system to behavioral healthcare; (4) Utilize evidence-based practices to provide treatment; and (5) Develop infrastructure and capacity to sustain services (See Goals and Objectives Chart in section 2.C.1).

Applicant Organizational Capability: Centerstone is a not-for-profit, community-based behavioral health organization with 60+ years' experience providing a full array of services for adults with mental illness, substance use (SUD), and/or co-occurring disorders (COD), including individuals in or at risk of entering the criminal justice system (see Selected Centerstone Services chart right). Centerstone, an affiliate of one of the nation's largest behavioral healthcare organizations (*Centerstone of America, Inc.*), is the largest psychiatric specialist medical group in the region and operates 6 smoke-free facilities serving 15,000+ individuals annually. The agency maintains a $31 million operating budget and employs a culturally diverse staff of 500 professionals, including therapists, case managers, psychiatrists, social workers, nurses, etc. ***SRP*** will be administered through the Clinical Services Department, which oversees operations of all outpatient, inpatient, and community-based clinical programs. Centerstone maintains accreditation by the Joint Commission with a Gold Seal of Approval and has received multiple recognitions for programmatic excellence (see Centerstone Recognitions chart above).

Selected Centerstone Services
• Mental Health Treatment and Recovery
• Inpatient Addiction & Mental Health
• Substance Abuse/Addiction Services
• 24/7 Emergency Addiction Care
• Medication Therapy
• MAT & Detox
• Psychological Testing and Respite
• Psychiatric Assessments & Testing
• Individual, Group, & Family Counseling
• Crisis Services
• Family Outpatient Services
• 24/7 Rape Crisis Center and Hotline
• Family Support & Assistance

Centerstone Recognitions
• Central Florida Behavioral Health Network Platinum (Optum) and Gold (Wellcare) Provider Awards
• Tampa Bay Business Journal's #1 Nonprofit for Crisis Resources, 2013

Experience: Centerstone and its affiliates

have successfully administered 40+ federally funded projects (e.g., SAMHSA, DOL) for 12+ years and service lines for 60+ years serving similar populations (e.g., adults with mental illness or COD and/or in or at risk of entering the criminal justice system). Centerstone has partnered with drug courts for 15+ years, including the Sarasota County Drug Court for 4+ years, to accept referrals and provide SUD treatment, case management, counseling, relapse prevention, and psychiatric evaluations. In 2015, Centerstone provided these services for over 650 individuals involved in, or referred from, local drug courts (Centerstone of Florida, 2016). Centerstone also provides opioid drug treatment, therapy, and follow-up to incarcerated individuals through collaboration and coordination with the Twelfth Judicial Court and Armor Correctional Health Services. Implemented in August 2016, this program was created to address the recent local influx of opiate use. Between 2009 and 2011, Centerstone, in partnership with local drug courts, operated the county-funded Adult Jail Diversion Project (AJDP) and provided treatment, counseling, medication management, and psychiatric services to individuals with mental illness, SUD, or COD, to divert individuals, reduce recidivism, and increase access to treatment. In 2011, the AJDP provided intervention services for over 640 individuals and supervised release intervention for nearly 70. Over 80% of AJDP clients improved overall functioning.

Centerstone's Adult Crisis Behavioral Health Medical Home (CBMH) provides community-based services to increase access to treatment services and prevent adults with mental illness from multiple crisis center/hospital admissions. CBMH provides case management, 24/7 counseling, recovery/wellness coaching, family support (e.g., education, housing), and psychiatric care to address social, behavioral, and medical needs as well as criminal justice, transportation, and financial needs. From 2011-2014, CBMH served 214 adults, reduced the average number of participant inpatient admissions by 93%, and diverted 172 of 176 individuals at risk of state hospitalization. The program also averted criminal justice system costs by diverting 22 of 23 participants from incarceration.

Centerstone affiliates with experience providing evidenced-based COD treatment programs similar to ***SRP's*** evidence-based treatment model (i.e., *ITC*) and for individuals similar to ***SRP's*** target population will provide project consultation to ensure ***SRP*** success. Centerstone of Tennessee (CTN) operates a SAMHSA-funded *Adult Treatment Court Collaboratives* program (2014-2018) to expand/enhance collaboration between courts and treatment providers and transform local judicial and community service systems. The program utilizes the evidence-based *Hazelden Co-Occurring Disorders Treatment (CDP)* model, created by *ITC* developers and sharing the same evidence-base, to deliver treatment and recovery services to adults with mental illness, SUD, or COD who are involved in the criminal justice system. In 2015, the project enrolled 88 participants, maintained a 90% retention rate, reduced mental health symptomatology (e.g., depression, anxiety) by 44%, and increased local court capacity to establish 35 new behavioral health treatment slots. CTN also operates a SAMHSA-funded *Targeted Capacity Expansion Program* (2012-2017) to provide behavioral health treatment for racial/ethnic minority groups with SUD/COD at high-risk for HIV/AIDS. Via the *CDP* model, the program offers outpatient therapy, counseling, case management, recovery supports, and follow-up. Since its implementation, 208 enrolled participants have successfully reduced drug use by 24%, arrest rates by 6%, parole rates by 14%, and

mental health symptomology by 23%.

Centerstone will implement ***SRP*** in partnership with The Sarasota County Comprehensive Treatment Court (CTC). Developed by Judge Erika Quartermaine, Twelfth Judicial Court Judge for Sarasota County, the CTC will provide diversion to reduce recidivism and unnecessary incarceration for low-level offenders with mental illness or COD by connecting them with behavioral health care treatment providers (i.e., Centerstone) and other social services. Judge Quartermaine will oversee the program, hear all related cases, and determine eligibility for potential participants. Judge Quartermaine has 13+ years' legal experience, has served on the Sarasota County Court for 3 years, has received judicial education on mental health, and currently serves on the Mental Health Court. Quartermaine has also served as a member of the Board of Directors for Safe Place and Rape Crisis Center, which provides emergency shelter, advocacy services (e.g., court advocacy), crisis counseling, and outreach to over 1,500 victims of violence annually. Quartermaine works closely with local stakeholders to develop the CTC and improve access to treatment services for the target population. For the past year, the CTC has been instrumental in securing grant match funds and partnerships and has worked with Centerstone to establish the administrative infrastructure to implement ***SRP.***

Additional Partners: Partnering organizations (chart right) have capability and experience to meet RFA objectives and fulfill ***SRP*** commitments (i.e., to serve as linkage/referral sources, participate in the Planning Council, share project data, and participate in community training/education) (see LOCs, Tab 6). **Law Enforcement/ Courts**: The **Twelfth Judicial Court** reduces recidivism and increases public safety through a number of specialty courts including its Drug Court, DUI Court, and Health Care Court. The Drug Court collaborates and coordinates with Centerstone to divert offenders with SUD to treatment. For 19+ years, the Drug Court has provided judicial oversight, drug testing, case management, and counseling to improve vocational and social functioning and reduce criminal behavior. The DUI Court, established in 2008, provides alternative community-based treatment for offenders charged with a DUI and screen positive for SUD. According to the Twelfth Judicial Court, over 85% of DUI Court clients who have completed the program have not committed any new crimes (Monge, 2016). The Health Care Court addresses the needs of low-level offenders with a mental illness by providing diversion and community-based treatment (therapy, case management, life skills coaching, etc.). Successful participants complete a treatment plan developed by mental health professionals, attend weekly meetings, and appear in court once per month. The **Sarasota Police Department** provides *Turn Your Life Around*, a treatment and recovery program that **partners** with community providers to provide case management, counseling, job training, and residential services to divert victims of human trafficking from criminal justice involvement. The Police Department also offers educational initiatives (e.g., SUD prevention, crime prevention) to increase public safety.

Linkages/Referral Sources
• Twelfth Judicial Circuit Court
• Sarasota Police Department
• Vincent Academy
• Jewish Family and Children's Services
• Harvest House
• Harvey Vengroff
• Community Assisted and Supported Living
• Suncoast Partnership to End Homelessness
• Florida Dept. of Health, Sarasota County
• Sarasota County Health and Human Resources
• First Step of Sarasota
• Salvation Army

Homeless Assistance and Housing Providers: The **Vincent Academy** is a large training center with capacity to assist 200+ individuals with mental illness and other disabilities annually in their effort to improve social and vocational skills and become employed. The Vincent Academy is an extension of the Vincent House, which has provided housing, education, and employment placement via relationships with local employers/ workforce boards for 7+ years. **Jewish Family and Children's Services (JFCS)** provides homelessness prevention and counseling services for 15,000+ families annually. JFCS's *Building Strong Families – Homelessness Prevention Program* provides free case management and financial assistance to ensure families remain in their current homes. In 2015, the program secured stable housing for 63% of participants. **Harvest House** offers emergency shelter, transitional and permanent housing, and supportive programs for adults with a history of homelessness, SUD, and/or incarceration. For 24+ years, Harvest House has provided its *FREEDOM* program, which offers SUD treatment for individuals serving probation. In 2015, the *FREEDOM* program served 360+ individuals and placed 40% into permanent housing. Developer **Harvey Vengroff** owns 10+ housing complexes for low-income families (e.g., One-Stop Housing, Oakridge Apartments). Property management staff offer employment assistance (e.g., application assistance, transportation) to ensure residents access treatment and supports and achieve independence. **Community Assisted and Supported Living** provides housing, living skills training, and medication management for 370+ low-income adults annually with mental illness, SUD, or COD. The organization's 150+ facilities are staffed with licensed case workers that provide living skills training, medication management, and other assistance. **Suncoast Partnership to End Homelessness** is a coalition comprised of community leaders, law enforcement, and government officials dedicated to collaborating and coordinating services for homeless individuals in Sarasota and Manatee counties. For 11+ years, this initiative has sought grant awards for the community, collected data on local homeless populations, and educated/advocated for homeless individuals to support 29 local organizations, 122 projects, and 30,000+ clients annually.

Primary Care Providers: The **Florida Department of Health** in Sarasota County operates a number of health centers that provide health services (e.g., primary care, dental care, immunizations) and provides support and certification/continuing education opportunities for local healthcare organizations. The Department of Health collaborates with local healthcare providers to improve their expertise and increase the quality of care in Sarasota and offers community health and wellness education initiatives (e.g., tobacco prevention) that lead to improved health outcomes. **Sarasota County Health and Human Resources**, a health center operated by the Department of Health, offers health services including primary, dental, HIV/AIDS and STD testing, and health education. Clients pay based on income and family size, and no one is refused services.

Community-Based Support Organizations: First Step of Sarasota is a not-for-profit provider of over 20 SUD treatment programs (e.g., detox, residential, outpatient). First Step has provided services for 35+ years and reaches 20,000 individuals annually. First Step provides several residential rehabilitation programs for individuals with mental illness, SUD, and/or COD, including a long-term court-ordered residential SUD treatment program to divert convicted criminals, reduce recidivism, and improve treatment access for the target population. The program diverts 150+ individuals annually and has been recognized by the Florida Drug and Alcohol Association as a *Substance Abuse Services*

Best Practice. **Other Social Services:** Established in Sarasota in 1927, the **Salvation Army** provides group homes, emergency shelters, and transitional living centers that offer counseling, educational, vocational, and related social services (e.g., child care, food assistance, transportation) for 3,700+ homeless, low-income, and at-risk families annually. The Salvation Army offers drug and alcohol residential rehabilitation programs to serve at-risk adults and improve the accessibility of treatment services for the target population.

4.2. Existing Organizational Capacity

Centerstone Organizational Capacity: Centerstone's extensive administrative, technological, and clinical resources ensure organizational capacity to perform all activities and meet grant requirements. The Finance and Accounting department is experienced in grant contracts, billing, and audit procedures and will maintain all financial records and billing necessary under the grant. The Human Resources department will assist with staff hiring, security clearances, payroll, employee benefits, orientation, etc. The Information Technology (IT) department maintains technical equipment, website, and EHR system. The unified EHR includes clinical decision support features and "real time" reporting capabilities/data input, and will streamline ***SRP*** performance measure collection. IT will provide technical training/support for communication/information system operations. Staff and affiliates with expertise serving criminal justice populations, evidence-based COD treatment programs, and other evidence-based practices will serve as resources, providing consultation/training as needed. ***SRP*** will utilize the range of Centerstone services (e.g., Rape Crisis Center, MAT treatment, see section 4.1) to ensure wraparound care for participants.

Partnering Organizations Capacity: Partnering organizations demonstrate the capacity to collaborate and fulfill commitments essential to ***SRP*** implementation. Law enforcement/courts have demonstrated capacity via CTC development and staff committed to and active in ***SRP*** planning. United efforts among local housing organizations (e.g., Harvest House, Community Assisted and Supported Living, Suncoast Partnership to End Homelessness) have increased capacity (e.g., 500 emergency shelter beds) to address local homelessness, including homelessness among ***SRP's*** target population. Key community stakeholders have the capacity to accept ***SRP*** referrals, have extensive experience serving the target population, and will ensure a comprehensive continuum of care to meet target population need for support and ancillary social services (e.g., community-based treatment, child care) (see chart above). (See Section 4.1, Capability and Experience, for partnering organizations' experience.)

Available Community Resources

- Legal Assistance
- Homeless Assistance and Providers
- Employment Agencies/ Workforce Development Boards
- Faith Institutions
- Community Centers (e.g., YMCA)
- Transportation Resources
- Medical/Primary Care Providers
- Child Care
- Domestic Violence Shelters/Support
- Social Services Agencies

4.3.a. Role of Advocates, Family Members, Responsible Partners, and Stakeholders

Advocates, family members, responsible partners (i.e., contracted providers), and other community stakeholders are essential in developing, implementing, and sustaining ***SRP***. Advocates (i.e., person or organization that supports

SRP services), including housing providers, law enforcement, courts, local government, and social services organizations, will collaborate to support ***SRP*** objectives. Advocates will support ***SRP*** implementation/expansion; refer the target population to ***SRP's*** care; provide support/social services to ensure coordinated care for the target population; participate in semi-annual meetings to monitor project effectiveness and conduct quality assurance; participate in training provided/facilitated by ***SRP*** to identify/respond to individuals with mental illness, SUD, or COD; and track and share relevant participant data (e.g., arrests, housing placement).

Family members will be involved in target population mental illness, SUD, or COD recovery efforts and will support ***SRP*** objectives via roles, as appropriate, in participant Individual Treatment Plans (ITPs) and *ITC* interventions. With participant permission, family members will be offered education regarding mental illness, SUD, and COD (e.g., coping skills training, support groups, therapy) to reduce family stress, increase participant engagement/retention in services, and improve treatment effectiveness. Family members will learn to recognize and respond to early signs of relapse, help develop ITPs, encourage participant adherence to treatment, and attend *ITC* team meetings, as appropriate.

Centerstone is responsible for ensuring ***SRP*** objectives are achieved and is the sole provider of services, including mental illness and COD screening/assessment, evidence-based COD treatment, ITP development, medication management, case management, benefits enrollment assistance, long-term housing placement, transportation, residential treatment/referral, regular follow-up, community outreach/ education, as well as participating/providing training in evidence-based/best practices to local law enforcement/stakeholders and collecting performance measure data to demonstrate ***SRP*** objective achievement.

Other community stakeholders on the Planning Council will be included in 6 annual Planning Council meetings and invited to provide input on planning and implementing ***SRP***, as well as assessing, monitoring, and achieving ***SRP*** objectives. Community stakeholders on the Planning Council will advocate for policies to advance ***SRP***, develop/ maintain high-level relationships with collaborating systems/entities, and assist in development/implementation of sustainability efforts.

4.4. Role & Effort of Proposed Staff & Key Personnel

Melissa Larkin-Skinner, MA, LMHC, Project Director, has a Master's degree in Rehabilitation Counseling and is a Licensed Mental Health Counselor. Larkin-Skinner will provide oversight of the project framework, interventions, and performance, supervise the Program Manager, and serve as the authorized agency representative. Larkin-Skinner currently serves as Centerstone's Chief Clinical Officer and has 20+ years of clinical/administrative experience in crisis, intensive inpatient, and outpatient services. Larkin-Skinner was named 2016 Professional of the Year by the Florida Alcohol and Drug Abuse Association and is a member of several community initiatives/councils, including the Community Alliance of Sarasota and Suncoast Partnership to End Homelessness. All other key personnel will be hired/trained within the first three months of grant funding.

SRP **Management and Staffing Pattern**		
Position	**%FTE**	Duties/Responsibilities
Project Director,	20%	Provides oversight of the project framework, interventions, and performance, supervises the Program Manager, and

Melissa Larkin-Skinner, MA, LMHC		serves as the authorized agency representative; liaises with the Planning Council provides leadership and fiscal/administrative oversight; directs sustainability activities; ensures compliance with grant requirements.
Program Manager/Therapist, MA/MS, TBH	100%	Manages day-to-day clinical/administrative activities; supervises project staff; builds/manages the Planning Council and sustainability efforts; liaises with community-based agencies/providers; ensures compliance with grant requirements; provides individual and family therapy, education, and ongoing assessments per the *CIT* model; provides immediate assistance to participants in crisis; links participants to appropriate care/resources; participates on *ITC* Treatment Team.
Psychiatrist, MD, ABPN, TBH	15%	Provides psychiatric consultation and evaluation, medication management (e.g., diagnosis, prescription, monitoring), and referrals to specialty mental health settings; provides clinical consultation and supervision to medical staff supporting the project. Participates on *ITC* Treatment Team.
Inmate Treatment Specialist, LMHC, TBH	10%	Staffed by Sarasota County Sheriff's Office. Provides initial assessments via observation and review of potential participants' history of criminal justice involvement; refers potential participants to ***SRP*** as appropriate.
Nurse Screener, RN/LPN, TBH	50%	Staffed by Armor Correctional Services. Provides initial screening of potential participants and refers to ***SRP*** as appropriate.
Pre-trail Services Personnel, BA/BS, TBH	30%	Staffed by Circuit 12 Court Administration. Collects and analyzes participant information in determining risk; makes recommendations to the Court concerning conditions of release.
Nurse Care Coordinator/Case Manager, RN/LPN, TBH	100%	Coordinates/facilitates screenings/assessments; develops treatment plans with participants; provides health education; collaborates with primary care providers, ***SRP*** treatment team, and community providers; provides case management and care transition; assists participant access to medical care, housing, and other ancillary social support services; Participates on *ITC* Treatment Team.
Case Manager/Therapist, MA/MS, TBH	1 @ 100% & 1 @ 50%	Manages/coordinates referrals for participants; administers screenings for trauma-focused care, COD, and eligibility for ***SRP*** and ACA benefits enrollment; tracks/supports participant treatment plan progress; participates on *ITC* treatment team.
Trainer/Educator, BA/BS, TBH	50%	Provides/coordinates trainings (e.g., *CIT, MHFA*) and in-services to ***SRP*** staff and other community-based professionals; provides general information and education about treatment for reentering adults with mental illness, SUD, or COD to targeted community groups.

Data Specialist, BA/BS, TBH	50%	Tracks and collects participant and ***SRP*** data according to contract requirements; conducts data entry; develops/submits reports.

4.5.a. Responsibilities of Participant Organizations

Centerstone will oversee ***SRP***, provide all mental illness and COD treatment services, case management, and additional services required to meet the needs (e.g., transportation, benefits enrollment) of the target population (see section 4.3). Law Enforcement/Courts will collaborate to implement/expand the ***SRP*** diversion initiative. The Comprehensive Treatment Court will provide oversight of diversion, accept referrals, review cases, provide/facilitate target population screening for mental illness or COD and ***SRP*** eligibility, and divert the target population to the project. Law Enforcement/ Courts will participate in semi-annual meetings to ensure care coordination; participate in training, along with ***SRP*** staff, to better identify/respond to individuals with mental illness or COD; track and share relevant target population data (e.g., arrests); and participate in the Planning Council, as appropriate, to provide input on program implementation. Key community stakeholders, including homeless assistance/housing providers, social service providers, etc., will form a referral/linkage network for individuals who need mental illness or COD treatment and recovery support services; participate in community education/training; share relevant target population data (e.g., housing placement); and participate in the Planning Council, as appropriate.

4.5.b. Filling Staff Positions & Selecting Subcontractors

The project will fill staff positions according to relevant statutory regulations via recruitment and hiring with a focus on candidates representing cultural backgrounds similar to the target population, including those who have experiences with mental illness and/or COD. Additional project partners will be selected based on their expertise in providing relevant services (i.e., mental illness, COD services, criminal justice services) and their experience and familiarity with the target population. No subcontracted services are planned.

Section 5. Evaluation & Sustainability

5.A. Evaluation

5.A.1. Demonstrating Effectiveness & Assessments of Outcomes

SRP *effectiveness* will be demonstrated through analysis/comparison of performance measure outcomes (e.g., reduced recidivism, reduced mental health symptomatology, increased housing stability, increased employment, increased benefits enrollment, diversion from state mental health facility) across the required ***SRP*** data collection time points (i.e., program admission, program discharge, 90 days, 180 days, and 1 year post-program discharge). ***SRP*** will compare baseline and post-discharge performance measure data to demonstrate program effectiveness in achieving positive participant outcomes throughout ***SRP*** enrollment and upon/following discharge. For example, comparison of housing status at enrollment to housing status post-discharge will demonstrate project effectiveness in securing stable housing for participants in need. Assessing the mental health of the target population alongside comparison populations (behavioral healthcare populations, etc.) at enrollment through post-discharge will

demonstrate effectiveness of ***SRP*** treatment/program services in reducing mental health symptomatology.

Comparing state/local data (e.g., crime rates, homelessness, unemployment) collected prior to, throughout, and following ***SRP*** implementation will demonstrate changes over time and ***SRP*'s** effect on the geographic area. State/local outcome data, including agency, county/region, and governmental records, reports, assessments, etc., will be collected/maintained by ***SRP*** to measure project effectiveness in reducing recidivism, reducing homelessness (e.g., ensuring stable housing), and reducing unemployment (e.g., providing linkages to employment, educational, vocational services) for the target population. Jail admission records, community needs assessments, point-in-time homeless/HUD reports, workforce investment board reports, county health department records, etc., will also be used for comparison of ***SRP*** performance measures and state/community status prior to, throughout, and after ***SRP*** completion.

5.A.2. Defining & Measuring Variables

Variables such as stakeholder support and service coordination will be defined and measured for evidence of project effectiveness/efficiency. **Stakeholder support** is defined through the agreed upon and signed Memoranda of Understanding (MOUs) and Letters of Commitment (LOCs), committing stakeholders to participation in ***SRP*** treatment and referral services. Stakeholder support will be measured by project participation and fulfillment of duties outlined in the MOUs/LOCs, to include consistent attendance of Planning Council and/or ***SRP*** program meetings; continual performance measure data collection/sharing, as appropriate; and participation in ***SRP's*** reciprocal referral network. Another variable, **service coordination,** is defined as the provision of comprehensive treatment and supports by the multidisciplinary *ITC* treatment team and linkages to the community referral network. Service coordination will be measured through participant achievement of recovery/wellness goals (e.g., employment, housing, benefits enrollment), fulfilled treatment needs (e.g., COD interventions), and accessed supports (e.g., employment training/assistance, housing supports), as tracked and recorded on the participant Individual Treatment Plan (ITP) and according to fidelity to the *ITC* model.

5.A.3. Effectiveness in Public Safety, Recidivism, and Service/Support Access

Analysis of ***SRP*** performance measurement outcome data will demonstrate project effectiveness in promoting public safety, reducing recidivism, and ensuring access to services and supports for the target population. ***SRP*** staff, including the data specialist, will conduct data analysis of all performance measures collected at program entry, program discharge, 90 days, 180 days, 1 year post-program discharge to determine project effectiveness. <u>Promoting Public Safety:</u> Comparison of key performance measures, including target population arrest/re-arrest, homelessness, or unemployment rates, and similar state/local data across collection points will demonstrate trends/changes in indicators (e.g., crime rates, arrest rates) of public safety. <u>Reduction of Recidivism:</u> Comparing a participant's arrest/re-arrest history prior to and after ***SRP*** program completion and analyzing community recidivism rates for the same time frame will determine project effectiveness in reducing recidivism. <u>Access to Services and Supports for the Target Population:</u> ***SRP*** will measure housing status, employment status, benefits enrollment, etc., throughout program participation and follow-up within referral network program partners to verify target population service/support access. An analysis

of participant utilization of services and supports will determine effectiveness of ***SRP's*** case management and care coordination in provision of and access to service and support linkages.

5.A.4.a. Measuring Effectiveness in Reducing Incarceration Expenditures

SRP will measure project effectiveness in reducing expenditures associated with target population incarceration by calculating outcomes as costs saved/averted. ***SRP*** outcomes will be determined via performance measurement, local, and state data collection, and costs saved/averted via comparison between Sarasota County Jail incarceration and related costs (jailing, booking, processing, adjudication, staff/court time, etc.) and ***SRP*** service/program costs.

SRP will use performance measurement data, as well as local and state data, including arrests, housing status, employment status, benefits eligibility/status, state mental health treatment facility admissions/readmissions, and mental health symptomatology to measure services outcomes via the following **methodologies**: (1) Comparing individual performance measure data across collection points to demonstrate participant outcomes throughout ***SRP*** enrollment and post-discharge; (2) Comparing performance measurement data trends over time to demonstrate project outcomes throughout and/or following the grant period; (3) Comparing state/local data trends over time (i.e., data collected prior to and after ***SRP*** implementation) to demonstrate project effectiveness across performance measures; and (4) Comparing performance data to state/local data for the same time period to demonstrate outcomes among target populations/geographic areas affected by ***SRP*** versus those that are not.

Service outcomes will be used to determine corresponding savings or averted costs, based on the difference between current CJS costs associated with incarceration and ***SRP*** costs associated with treatment/services. Sarasota County Human Services estimates a $78 daily cost of incarcerating an individual in the county jail, whereas average costs per ***SRP*** participant per day are expected to be $37 (i.e., $4,538 cost per participant divided by 122 day [4 month] estimated treatment duration), for a $41 per person daily savings among individuals diverted from Sarasota County jail to ***SRP*** (Shinn, 2015). Sarasota City Manager Tom Barwin estimates a $300 per individual arrest cost, which includes booking, processing, adjudication, police and court time, etc. (Shinn, 2015), which will be averted among individuals at risk of (further) criminal justice system involvement who are referred to ***SRP*** by stakeholders or law enforcement prior to booking.

The total cost difference (i.e., costs related to incarceration vs. ***SRP*** treatment/service costs) will be multiplied by the total performance difference (i.e., baseline performance measure vs. ***SRP*** performance measure outcome) to determine total savings (see sample formula below). See Section 3.2 for performance measures and outcome targets.

Outcomes & Corresponding Savings/Averted Costs: Sample Formula

$$\left(\frac{\text{Current Service Cost} - \textbf{\textit{Project}}\text{ Service Cost}}{\text{Total Cost Difference}}\right) \times \left(\frac{\text{Baseline Performance Measure} - \text{Performance Measure Outcome/Target}}{\text{Total Performance Difference}}\right) = \text{Total Savings}$$

5.A.5. Reducing Mental Health Treatment Commitments

Incarcerated individuals with mental illness/COD who are judicially committed to state mental health facilities often experience a revolving door of multiple acute treatment episodes, as their mental health stabilizes with treatment and decompensates upon return to jail. ***SRP's*** design diverts individuals from (further) involvement in the criminal justice system and reduces the number who are judicially committed to a state mental health treatment facility by addressing behavioral health needs via community-based care. Licensed ***SRP*** staff will identify members of the target population with mental illness/COD and enroll them in evidence-based treatment services, providing ongoing care and monitoring via case management until treatment needs/goals are met, with *SOAR* benefits-enrollment assistance and *Housing First* long-term housing placement to increase participants' economic self-sufficiency, and ensure access to services and supports after ***SRP*** completion. ***SRP's*** comprehensive, integrated behavioral health treatments and supports address recovery/wellness needs and prevent entry/re-entry into the criminal justice system.

5.B. Sustainability

5.B.1. Strategies to Preserve & Enhance Services, Systems, & Collaborations

With involvement of the Planning Council as well as Centerstone, criminal justice system entities, and other participating organizations, ***SRP*** will establish a Sustainability Plan, including strategies to preserve and enhance project services, systems, and collaborations beyond the 3-year grant period. Service sustainability efforts will begin at start-up in Year 1, with grant and match funds allocated to support rapid operations/services implementation and infrastructure development, and to ensure services are adequately resourced, and performance measure data collected. ***SRP's*** treatment services for the target population will be increasingly supported by reimbursements (e.g., Medicaid, Medicare, and/or 3rd party reimbursements) with subsequent years supported via these sources to ensure long-term sustainability (See Section 5.6.2. for Sustainability Plan). Throughout implementation, ***SRP*** will facilitate benefits application and enrollment processes (e.g., Medicare, Medicaid) for eligible participants to help secure non-grant dollars and offset ***SRP*** treatment service expenses.

Preservation/enhancement of ***SRP*** systems will be supported by infrastructure development and capacity enhancement beginning at project startup and continuing beyond the grant period (See Objective 5, Goals and Objectives Chart, Section 2.C.1). ***SRP*** goals, objectives, and activities/tasks emphasize systems development to ensure a solid, sustainable foundation for the project, diversion opportunities, and recovery/wellness supports for the target population. Systems-wide capacity to provide diversion and reentry opportunities is reinforced via participation in/facilitation of evidence-based/best practice training to stakeholders (e.g., *CIT, MHFA*) and via refinements to Court policies/procedures for referral to behavioral healthcare treatment. ***SRP's*** referral network creates a seamless system of comprehensive care provision and resolves significant gaps in service coordination to preserve/enhance services for the Target Population.

Collaborations will be preserved/enhanced via collective stakeholder development/ implementation of the ***SRP*** Sustainability Plan. The Sustainability Plan will help clarify ***SRP's*** alignment with the Criminal Justice Commission's Strategic Plan, in order to

communicate longevity of goals and garner sustained project support. Project collaborations will also be preserved/enhanced through active stakeholder engagement for the project's duration, documented/communicated successes, and disseminated achievements among current partners and to potential future supporters.

5.B.2. Long-Term Support and Resources for Sustainability

Collaborative partnerships and funding will be leveraged to build long-term support and resources to sustain the project when the state grant ends. The Sustainability Plan, established and implemented by collaborating stakeholders, will consider sustainability resources, including skills and contributions of partners. ***SRP*** LOCs solidify partnerships aimed at sharing resources and supporting project activities and ensure infrastructural commitment to project priorities. At project startup, additional project partnerships will be sought and agreements/commitments finalized. At startup and throughout implementation, ***SRP*** partner/stakeholder training (i.e., *CIT, MHFA*) will enhance identification and response to the target population. ***SRP*** will also foster project partner "train-the-trainer" coursework/certification in evidence-based/best practices to leverage long term capacity among collaborators for project sustainability. ***SRP*** leaders have a successful history of laying the groundwork for future funding by building/maintaining relationships that foster sustainability opportunities. Project leaders will leverage collaborative partnerships to encourage advocacy for ***SRP*** diversion initiatives, pertinent to the continued success of ***SRP*** operations/services.

Centerstone, ***SRP's*** lead agency/responsible partner, has an array of clinical, technical, and administrative resources that can be leveraged for project sustainability. A skilled accounting department and Enlighten Analytics, the agency's data collection and reporting system, empowers administrative and clinical staff to enhance care while maximizing revenue for sustained project services. Enlighten was developed/ implemented to increase sustainability across Centerstone, and its clinical decision support, reporting tools, and population management tools will support quality improvement processes to inform ***SRP*** sustainability planning. Enlighten is equipped to help staff monitor participant variables (e.g., treatment outcomes, engagement) and identify gaps in project services. Enlighten will enable staff to monitor payer mix to ensure services are consistently provided in a fiscally viable way and potential reimbursement sources are identified, maximized, and appropriately billed.

Initial funding (i.e., match and grant funds) will be leveraged to ensure services and infrastructure are sufficiently resourced, allowing implementation and development to take place according to the established timeline (See Section 5.C.1). Initial funding will also support performance measure collection, and reports derived from early outcomes will support ongoing project funding. ***SRP*** leadership, stakeholders, and Planning Council will use goal accomplishment and performance measure data/reports (e.g., cost/utilization data, participant outcomes) to develop a strong case for securing additional funding streams. Throughout implementation, ***SRP*** will facilitate participant benefits-enrollment (e.g., Medicare, Medicaid), and the Sustainability Plan will include strategies to secure funding via local, state, and federal sources (e.g., block grant funding, state/federal grants). Additional funding streams and reimbursements will be leveraged

increasingly in subsequent years to support services and infrastructure, and to ensure long-term sustainability.

5.C. Complete Project Timeline

5.C.1. Goals, Objectives, Activities, Milestones, Dates, & Partners for Each Year

The ***SRP*** Timeline (below) depicts a realistic and detailed timeline for each proposed funding year, and indicates goals, objectives, key activities, milestones, benchmarks, and responsible partners (See also Goals, Objectives, Section 2.C.1), as well as anticipated start and completion dates for each milestone, benchmark, and goal.

***SRP* Timeline**		
Responsible Stakeholders (RS): Centerstone of Florida (CFL); Criminal Justice System (CJS); Community-Based Organizations & Social Service Agencies (CBO/SSA); Target Population & Family Members (TPFM); Planning Council (PC)		
Year 1:	**Year 2:**	**Year 3:**
Q1 Nov. 5, 2016-Feb. 4, 2017;	**Q5** Nov. 5, 2017-Feb. 4, 2018;	**Q9** Nov. 5, 2017-Feb. 4, 2019;
Q2 Feb. 5-May 4, 2017;	**Q6** Feb. 5-May 4, 2018;	**Q10** Feb. 5-May 4, 2019;
Q3 May 5-Aug. 4, 2017;	**Q7** May 5-Aug. 4, 2018;	**Q11** May 5-Aug. 4, 2019;
Q4 Aug. 5-Nov. 4 2017.	**Q8** Aug. 5-Nov. 4 2018.	**Q12** Aug. 5-Nov. 4 2019.

Obj. 1: Establish programs and diversion initiatives that increase public safety, avert increased spending on criminal justice, and improve the accessibility and effectiveness of treatment services for the target population(s) within three (3) months of execution of the final Grant Agreement.

Goal 1.1: *Develop and finalize programs and diversion initiatives with stakeholder input and approval.*
Start Date: *Nov. 5, 2016;* ***Completion Date:*** *Feb. 4, 2017*

Task Activity	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Stakeholder
Conduct regular planning meetings	•	•	•										CFL, CJS, CBO/SSA
Review county & Planning Committee recommendations/ needs assessments	•	•	•										CFL, CJS, CBO/SSA
Develop programs and diversion initiatives	•	•	•										CFL, CJS, CBO/SSA
Establish legally binding agreements with all participating entities	•	•	•										CFL, CJS, CBO/SSA

Benchmark 1.1: Development of diversion programs and initiatives is finalized, with meeting minutes, LOCs established, etc.
Start Date: *Nov. 5, 2016;* ***Completion Date:*** *Feb. 4, 2017*

Goal 1.2: *Establish/enhance information tracking systems to collect and share data among stakeholders.*
Start Date: *Nov. 5, 2016;* ***Completion Date:*** *Feb. 4, 2017*

Provide participating stakeholders with required tracking criteria and assess their capacity needs	●	●	●										CFL, CJS, CBO/SSA
Establish/maintain an information system to track ***SRP*** participants	●	●	●										CFL, CJS, CBO/SSA
Benchmark 1.2: Stakeholder information tracking systems are established/ enhanced to ensure participating stakeholder ability to track *SRP* target population data/performance measures. **Start Date:** Nov. 5, 2016; **Completion Date:** Feb. 4, 2017													
Goal 1.3: *Implement/expand coordinated system of judicial and community based intervention including assessment, referral, monitoring, treatment, etc. to serve the target population.* ***Start Date:*** *Nov. 5, 2016;* ***Completion Date:*** *Feb. 4, 2017*													
Assemble a culturally competent, multi-disciplinary treatment team	●	●	●										CFL, CJS, CBO/SSA
Implement strategies that support ***SRP***	●	●	●										CFL, CJS, CBO/SSA
Benchmark 1.3: Coordinated system of judicial and community based intervention is implemented/expanded, including treatment team to deliver and strategies to support implementation. **Start Date:** Nov. 5, 2016; **Completion Date:** Feb. 4, 2017													
Milestone 1: ***SRP*** components established, staff hired/oriented/trained, stakeholder participation secured, population tracking system developed/enhanced so services can begin by Day 1 of Month 4 of the project (i.e., Implementation Phase). **Start Date:** Nov. 5, 2016; **Completion Date:** Feb. 4, 2017													
Obj. 2: Create and encourage collaboration among key stakeholders in implementing and providing ongoing oversight and quality improvement activities of ***SRP***.													
Goal 2.1: *Ensure stakeholder collaboration in project implementation/oversight.* ***Start Date:*** *Nov. 5, 2016;* ***Completion Date:*** *Nov. 4, 2019*													
Task Activity	**Q1**	**Q2**	**Q3**	**Q4**	**Q5**	**Q6**	**Q7**	**Q8**	**Q9**	**Q10**	**Q11**	**Q12**	**Stakeholder**
Establish roles and protocol for providing project oversight/input	●	●	●										ALL
Utilize supports (scheduling reminders, agendas, updates, etc.) to inform of project progress	●	●	●	●	●	●	●	●	●	●	●	●	ALL
Participate in planning council or committee meetings regularly	●	●	●	●	●	●	●	●	●	●	●	●	ALL

Benchmark 2.1: Stakeholders collaboration in project implementation/oversight is insured, with roles/protocol established, supports utilized, and meetings attended. ***Start Date:*** *Nov. 5, 2016;* ***Completion Date:*** *Nov. 4, 2019*													
Goal 2.2: *Ensure* ***SRP's*** *timely achievement of Goals and Objectives.* ***Start Date:*** *Nov. 5, 2016;* ***Completion Date:*** *Nov. 4, 2019*													
Establish project management procedures and personnel	•	•	•										CFL, CJS, CBO/SSA PC
Assess progress of the project based on timelines and review goals attainment.	•	•	•	•	•	•	•	•	•	•	•	•	CFL, CJS, CBO/SSA, PC
Benchmark 2.2: ***SRP*** achievement of Goals and Objectives according to established timeline is ensured, with project management procedures/personnel established, and progress assessed and goals reviewed. **Start Date: Nov. 5, 2016; Completion Date: Nov. 4, 2019**													
Goal 2.3: *Ensure quality improvement of* ***SRP*** *services.* ***Start Date:*** *Feb. 5, 2017;* ***Completion Date:*** *Nov. 4, 2019*													
Review performance measure data for evidence of ***SRP*** efficacy				•	•	•	•	•	•	•	•	•	CFL, CJS, CBO/SSA
Solicit stakeholder and participant input on program efficiency/efficacy				•	•	•	•	•	•	•	•	•	CFL, CJS, CBO/SSA
Make adjustments to implementation activities, as needed.				•	•	•	•	•	•	•	•	•	CFL, CJS, CBO/SSA
Benchmark 2.3: Continuous quality improvement of ***SRP*** services is ensured, with performance measure data reviewed, stakeholder input solicited, and adjustments to activities made, as needed. **Start Date:** Feb. 5, 2017; **Completion Date:** Nov. 4, 2019													
Milestone 2: ***SRP*** collaborators and key stakeholders provide ongoing oversight and engage in quality improvement activities throughout project planning and implementation phases. **Start Date:** Nov. 5, 2016; **Completion Date:** Nov. 4, 2019													
Obj. 3: Shift identification, care, and treatment of the target population from the criminal justice system to the behavioral healthcare system.													
Goal 3.1: *Determine points of interception at which* ***SRP*** *interventions can be implemented to divert individuals from the criminal justice system to behavioral healthcare treatment.* ***Start Date:*** *Nov. 5, 2016;* ***Completion Date:*** *Feb. 4, 2017*													
Task Activity	**Q1**	**Q2**	**Q3**	**Q4**	**Q5**	**Q6**	**Q7**	**Q8**	**Q9**	**Q10**	**Q11**	**Q12**	**Stakeholder**

Conduct assessment of law enforcement and judicial system capacity and processes at intercept points.	•	•	•										CJS, CFL
Refer to the Sequential Intercept Model to identify opportunities to prevent CJS involvement, & encourage alternative justice and behavioral health intervention	•	•	•										CJS, CFL
Benchmark 3.1: Diversion points of interception are determined, with CJS capacity/processes assessed and Sequential Intercept Model utilized. **Start Date:** Nov. 5, 2016; **Completion Date:** Feb. 4, 2017													
Goal 3.2: *Increase law enforcement capacity to respond to target population.* ***Start Date:*** *Nov. 5, 2016;* ***Completion Date:*** *Nov. 4, 2019*													
Make available, facilitate, and/or train participating law enforcement officials *CIT*.	•	•	•	•	•	•	•	•	•	•	•	•	CJS, CFL
Benchmark 3.2: Law enforcement capacity to respond to target population is increased via *CIT* training. **Start Date:** Nov. 5, 2016; **Completion Date:** Nov. 4, 2019													
Goal 3.3: *Ensure Courts' capacity to refer target population to behavioral healthcare services.* ***Start Date:*** *Nov. 5, 2016;* ***Completion Date:*** *Feb. 4, 2017*													
Implement/expand established Court protocol/procedure to identify, assess, and refer individuals eligible for ***SRP***	•	•	•										CJS, CFL, CBO/SSA
Benchmark 3.3: Courts' capacity to refer target population to behavioral healthcare services is ensured, with Court protocol/procedure to identify, assess, and refer individuals to ***SRP*****.** **Start Date:** Nov. 5, 2016; **Completion Date:** Feb. 4, 2017													
Milestone 3: ***SRP*** target population is diverted from the criminal justice system to the behavioral healthcare system throughout the Implementation Phase and beyond the end of the grant period. **Start Date:** Nov. 5, 2016; **Completion Date:** Nov. 4, 2019													
Obj. 4: Utilize evidence based tools, programs, and models to identify and provide comprehensive treatment and support services for ***SRP's*** target population.													
Goal 4.1: *Conduct tailored, validated, needs-based screening/assessment of target population* ***Start Date:*** *Feb. 5, 2017;* ***Completion Date:*** *Nov. 4, 2019*													
Task Activity	**Q1**	**Q2**	**Q3**	**Q4**	**Q5**	**Q6**	**Q7**	**Q8**	**Q9**	**Q10**	**Q11**	**Q12**	**Stakeholder**

Assess participants for mental illness, COD, and				•	•	•	•	•	•	•	•	•	CFL
Benchmark 4.1: Tailored, validated, needs-based screening/assessment are utilized among the target population. **Start Date:** Feb. 5, 2017; **Completion Date:** Nov. 4, 2019													
Goal 4.2: *Create Individual Treatment Plans* ***Start Date:*** *Feb. 5, 2017;* ***Completion Date:*** *Nov. 4, 2019*													
Utilize screening/assessment results to develop ITPs				•	•	•	•	•	•	•	•	•	CFL
Incorporate Court compliance requirements within ITP.				•	•	•	•	•	•	•	•	•	CFL
Track participant progress and goals using ITP and ensure participant compliance with legal				•	•	•	•	•	•	•	•	•	CFL
Benchmark 4.2: Individual Treatment Plans are created, based on screening/assessment results, including Court compliance and participant goals/progress tracking. **Start Date:** Feb. 5, 2017; **Completion Date:** Nov. 4, 2019													
Goal 4.3: *Coordinate care to increase access to mental health, substance abuse, and co-occurring treatment and support services and ancillary social services.* ***Start Date:*** *Feb. 5, 2017;* ***Completion Date:*** *Nov. 4, 2019*													
Deliver comprehensive, coordinated care via team-based, evidence-based ***ITC.***				•	•	•	•	•	•	•	•	•	CFL
Coordinate care among participating stakeholders and throughout the community.				•	•	•	•	•	•	•	•	•	CFL, CJS, CBO/SSA
Facilitate health insurance and benefits application/ enrollment.				•	•	•	•	•	•	•	•	•	CFL
Benchmark 4.3: Care is coordinated to increase access to mental health, substance abuse, and co-occurring treatment and support services and ancillary social services. **Start Date:** Feb. 5, 2017; **Completion Date:** Nov. 4, 2019													
Milestone 4: ***SRP*** target population is diverted from the criminal justice system to the behavioral healthcare system throughout the Implementation Phase and beyond the end of the grant period. **Start Date:** Feb. 5, 2017; **Completion Date:** Nov. 4, 2019													
Obj. 5: Develop a sound infrastructure and enhanced capacity to sustain effective services for the target population.													

Goal 5.1: *Mobilize/build local capacity and community resources among criminal-justice system, social service, and community-based agencies.* ***Start Date:*** *Nov. 5, 2016;* ***Completion Date:*** *Nov. 4, 2019*													
Task Activity	**Q1**	**Q2**	**Q3**	**Q4**	**Q5**	**Q6**	**Q7**	**Q8**	**Q9**	**Q10**	**Q11**	**Q12**	**Stakeholder**
Provide *MHFA* training.	•	•	•	•	•	•	•	•	•	•	•	•	CFL, CJS, CBO/SSA, PC
Benchmark 5.1: Local capacity has been and community resources have been mobilized/built among criminal-justice system, social service, and community-based agencies. **Start Date: Nov. 5, 2016; Completion Date: Nov. 4, 2019**													
Goal 5.2: *Utilize collected performance measures to ensure continuous quality improvement and guide* ***SRP*** *sustainability activities.* ***Start Date:*** *Feb. 5, 2017;* ***Completion Date:*** *Nov. 4, 2019*													
Evaluate performance measures to ensure/enhance fidelity, process, and outcomes.				•	•	•	•	•	•	•	•	•	CFL, CJS, CBO/SSA, PC
Disseminate performance/outcomes and produce materials, publications, presentations, etc. of the models/strategies used.				•	•	•	•	•	•	•	•	•	CFL, CJS, CBO/SSA, PC
Monitor implementation of countywide Strategic Plan elements and recommend refinements based on ***SRP*** findings.				•	•	•	•	•	•	•	•	•	CFL, CJS, CBO/SSA, PC
Benchmark 5.2: Collected performance measures are used to ensure continuous *quality improvement and guide* ***SRP*** *sustainability activities.* ***Start Date: Feb. 5, 2017; Completion Date: Nov. 4, 2019***													
Goal 5.3: *Ensure sustainability of* ***SRP*** *strategies and services.* ***Start Date:*** *Nov. 5, 2016;* ***Completion Date:*** *Nov. 4, 2019*													
Link and coordinate with financing mechanisms and other funding streams to ensure accessibility of comprehensive services and project sustainability.	•	•	•	•	•	•	•	•	•	•	•	•	CFL, CJS, CBO/SSA, PC
Develop a Sustainability Plan to ensure treatment and support services continue beyond the 3-year	•	•	•	•	•	•	•	•	•	•	•	•	CFL, CJS, CBO/SSA, PC

Benchmark 5.3: ***SRP*** strategies and services are sustainable, with financing mechanisms/funding streams identified and Sustainability Plan developed. **Start Date:** Jan. 1, 2017; **Completion Date:** Dec. 31, 2019
Milestone 5: Infrastructure and capacity are enhanced to ensure community engagement and resources, and program sustainability beyond the 3-year grant period. ***SRP*** performance measures and findings are used to guide faithful and effective project implementation throughout the Implementation Phase and to guide information dissemination and programming recommendations beyond the end of the grant period. **Start Date:** Jan. 1, 2017**; Completion Date:** Dec. 31, 2019

5.C.2. Timeline Supporting Strategic Plan & Project Goals

The project Timeline supports ***SRP*** goals, with Timeline tasks and activities listed under corresponding ***SRP*** goals (see Timeline, Section 5.C.1), and adherence to the Timeline also supports goals and objectives of the Strategic Plan (See Tab 5: Attachment A). The table below demonstrates selected Timeline task/activity alignment with ***SRP*** Goals and the Strategic Plan Goals and Objectives.

Alignment between ***SRP*** Timeline, ***SRP*** Goals, and the Strategic Plan		
Strategic Plan Goals & Objectives	***SRP*** Goal	Selected Timeline Tasks/Activities
Goal 1. Ensure that justice is dispensed fairly and swiftly. Obj. 2. Utilize comprehensive defendant information to facilitate evidence-based decision making	4.1. Conduct tailored, validated, needs-based screening/assessment of target population. 4.2. Create Individual Treatment Plans 4.3 Coordinate care to increase access to mental health, substance abuse, and co-occurring treatment and support services and ancillary social services.	• Assess participants for mental illness, COD, and risk/needs • Utilize screening/ assessment results to develop ITPs • Deliver comprehensive, coordinated care via team-based, evidence-based ***ITC.***
Goal 2. Safeguard the Rights of Individuals. Obj. 4. Ensure offenders whose criminality is linked to mental health or substance abuse issues have access to treatment alternatives to traditional criminal prosecution when appropriate	1.1. Develop and finalize programs and diversion initiatives with stakeholder input and approval. 3.2. Ensure Courts' capacity to refer target population to behavioral healthcare services.	• Develop programs and diversion initiatives • Implement/expand established Court protocol/procedure to identify, assess, and refer individuals eligible for SRP participation.
Goal 3. Ensure Public Safety Obj. 3. Ensure law enforcement has adequate resources and training	3.2 Increase law enforcement capacity to respond to target population.	• Participate in *CIT* training for law enforcement officials.

Goal 4. Ensure that Public Funds Are Utilized Effectively and efficiently. Obj. 3. Maximize funding through coordination of local, state, federal and other grant funding sources;	5.3. Ensure sustainability of SRP strategies and services.	• Link and coordinate with financing mechanisms and other funding streams to ensure accessibility of comprehensive services and project sustainability.
Goal 5. Ensure that citizens are informed and have opportunities to participate. Obj. 2. Ensure opportunities are available for citizens to address concerns regarding the Criminal Justice System.	2.1. Ensure stakeholder collaboration in project implementation/oversight.	• Participate in planning council or committee meetings regularly.
Goal 6. Ensure agency coordination and collaboration. Obj. 1. Utilize a criminal justice policy framework to guide the development and refinement of the criminal justice system in meeting the needs of the community. Obj. 3. Utilize joint ventures and community partnerships to address issues in an efficient and effective manner. Obj. 4. Share information about proposed or enacted legislation in order to coordinate implementation.	1.1. Develop and finalize programs and diversion initiatives with stakeholder input and approval. 1.3 Implement/expand coordinated system of judicial and community based intervention including assessment, referral, monitoring, treatment, etc. to serve the target population. 5.1. Mobilize/build local capacity and community resources among criminal-justice system, social service, and community-based agencies.	• Conduct regular planning meetings. • Establish legally binding agreements with all participating entities. • Implement strategies that support SRP. • Provide *MHFA* training.

Project Design and Implementation Literature Citations

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Tab 5: Attachment A
Strategic Plan

Sarasota County Criminal Justice Commission
Criminal Justice Policy Framework

Statement of the Problem or Critical Issues

The high prevalence of individuals with mental illness who are involved with the criminal justice system is a critical issue in Sarasota County. These individuals, who are often homeless, are booked solely on misdemeanor or municipal offenses and detained in the county jail for extended periods of time. In a recent study conducted by Sarasota County Health and Human Services analyzing high end users of the behavioral health system, 58% of the high end users were homeless, had misdemeanor charges, and one or more admissions to the Crisis Stabilization Unit. These individuals do not receive behavioral health treatment while incarcerated, and upon release are often re-arrested for similar crimes. This cycle deteriorates an individual's mental conditions and results in a large expenditure of resources in the court system and jail.

The creation of the Comprehensive Treatment Court (CTC) will allow defendants to be evaluated for mental illness and those who qualify would be diverted from jail to a community treatment program. Treatment of the underlying mental illness for defendants who have committed minor crimes, in lieu of detainment and prosecution, decreases the likelihood of repeated and possibly escalated criminal behavior and is a cost-effective alternative to incarceration.

Regional Partnership Strategic Planning Process and Participants

Sarasota County has a strong history of cross-system collaboration and a systematic process in place to create community awareness, generate support and engage stakeholders. The Sarasota County Criminal Justice Commission (CJC) serves as an-advisory board to the Board of County Commissioners (BCC). Members of the CJC also serve on the Planning Council, which comprises key criminal justice officials, including the Chief Judges, State Attorney, Public Defender, Sheriff, County Commissioner, Probation Administrators, and the Clerk of Courts. The CJC identifies opportunities for improvement in the criminal justice system, make recommendations on policy decisions, collaborates on funding opportunities, and leverages funding through collaboration with federal, state, and other local government agencies, local foundations, and grant opportunities.

Vision

The Vision is have a community that is responsive to and proactive in meeting the needs of individuals with mental illness, substance use disorders, or co-occurring disorders, with minimal involvement by the Sarasota criminal justice system. Sarasota aims to be the premier community where people choose to live, work and play.

Mission Statement

The Mission of Sarasota County is to provide and enhance quality programs, services,

and facilities that reflect the goals of the community while always promoting health, safety, public welfare and quality of life for our citizens.

Values

Respect: WE demonstrate mutual respect through our professionalism, courtesy, and appreciation for diversity.
Accountability: WE are individually and collectively responsible for our actions as stewards of the public's trust.
Integrity: WE adhere to ethical principles, demonstrating mutual respect and conducting ourselves with honesty and sincerity.
Quality: WE take pride in providing quality public service with passion, innovation, and excellence.
Teamwork: WE foster a collaborative environment that values creativity, sharing information and ideas, and working together to solve problems and accomplish goals.
Trust: WE seek mutual purpose, honor commitments, and use our skills, knowledge and abilities in a way that builds confidence and loyalty.

Service Model(s)

- Specialized diversion program, the Comprehensive Treatment Court, to divert individuals with behavioral healthcare issues from the criminal justice to the behavioral health system;
- Behavioral health screening and assessment upon referral from law enforcement, courts, defense attorneys, pretrial services personnel, and family members;
- Stakeholder training, including *Crisis Intervention Team* for law enforcement and *Mental Health First Aid* for stakeholders to assist in identification of and response to individuals experiencing a mental health crisis; and
- Additional evidence-based strategies to shift the identification, care, and treatment of individuals with mental illness, substance use, or co-occurring disorders from the criminal justice system to the behavioral healthcare system.

Goals, Objectives, and Tasks

Goal #1: *Ensure that justice is dispensed fairly and swiftly.*

Objective #1:	Treat defendants equitably and consistently.			
	Task/Activity/Program	**Performance Measure**	**Lead Person/ Organization**	**Project Completion Date**
1.1	Speedy trial	• 100% of misdemeanor cases brought to trial within 90 days, unless waived • 100% of felony cases brought to trial within 175 days, unless waived	State Attorney and Public Defender	Ongoing program; Annual Review
1.2	Early Case Resolution Program	• 100% of eligible third degree felony cases will be screened for felony case resolution. • 30% of eligible cases will be disposed prior to case management date.	State Attorney and Public Defender	Ongoing program; Annual Review
1.3	Inmate Grievance Procedure	• 100% of defendants receive the rules governing the procedure • 100% of defendants are provided access to the "jail mail" system • 100% of defendants will have full access to all grievance forms	Sheriff's Office	Ongoing program; Annual Review
1.4	Zero Tolerance	• 100% of probation violators will be treated consistently • Number of violators will be tracked	Dept. of Corrections; Sarasota County	Ongoing program; Annual Review
1.5	Probation Violation Proceedings	• Number of violations • Number of technical violations	Dept. of Corrections; Sarasota County	Ongoing program; Annual Review
1.6	Early Appointment of Counsel	• Number of cases where appointments are made • Number of cases where appointments are not made	Public Defender's Office	Ongoing program; Annual Review

Objective #2:	Utilize comprehensive defendant information to facilitate evidence-based decision making.			
2.1	CCIS/Court View Case Management	• 80% of the case information will be entered and available for viewing within 24 hours of receipt.	Clerk of Circuit Court	Ongoing program; Annual Review
2.2	Integration with Clerk	• Access and integration with the clerk will be provided to authorized agencies	Clerk of Circuit Court	Ongoing program; Annual Review
2.3	Pretrial Services (PTS)	• 100% of defendants arrested on new charges will be interviewed by PTS, unless refused or are otherwise unable to be interviewed • 100% of defendants interviewed will have criminal histories completed • 70% of defendants who are ordered to PTS supervision will complete supervision successfully • 15% or less of defendants who are ordered to pretrial services supervision will fail due to non-compliance (not including failure to appear & re-arrests) • 10% or less of defendants who are ordered to PTS supervision will fail due to failure to appear • 10% or less of defendants who are ordered to PTs supervision will fail due to re-arrests	Court Administration	Ongoing Program; Monthly review
2.4	Pre-Sentence Investigation	• 100% of the reports will be prepared within statutory guidelines	Court Administration	Ongoing Program; Monthly review
2.5	Violation Probation Hearings	• 100% of information available for violation hearing • 100% technical violation hearings held within 30 days	Probation Officer, Dept. Of Corrections	Ongoing Program; Monthly review

2.6	Treatment Provider Information	• 100% of information provided in terms of success and failure • 100% of information provided at hearing where decisions are made • 100% of the information is available for 100% of the cases	Probation Officer, Dept. Of Corrections	Ongoing Program; Monthly review
2.7	Jail Information	• Number of inmates • Type of inmates • Length of stay	Sheriff's Office	Ongoing Program; Monthly reporting
Objective #3:	Release low-security risk defendants before trial with appropriate conditions and in a timely manner.			
3.1	Bail review	• 100% of defendants requesting a bail review are scheduled within 3 weeks • 80% of defendants who demonstrate changed circumstances and pose low to moderate risk should have non-monetary release conditions set at bail review	Pre-Trial Services	Ongoing Program; Monthly reporting
3.2	Pretrial Services/Programs	• 100% of the interviewed defendants classified as low, medium, high risk • 85% of arrested persons classified as low risk should be released on their own personal recognizance or other non-monetary release condition if their case is not disposed of by arraignment	Pre-Trial Services	Ongoing Program; Monthly reporting
Objective #4:	Process and dispose cases in the court system expediently.			
4.1	E Warrants	• 99.997% accuracy rating on issuance of E Warrants • 100% of all non-violation of probation warrants are E Warrants	Clerk of the Court	Ongoing Program; Monthly reporting
4.2	E Filing	• 100% of e-filed documents are reviewed and accepted within 60 minutes of receipt by the clerk • 50% of documents filed will be e-filed.	Clerk of the Court	Ongoing Program; Monthly reporting

4.3	E Dockets	• 100% of cases in the system can be instantly available to court	Clerk of the Court	Ongoing Program; Monthly reporting
4.4	Pleas at First Appearance	• 10% of misdemeanor defendants will plea at first appearance	Public Defender	Ongoing Program; Monthly reporting
4.5	County Court Jail Sweep	• 90% of defendants on jail sweep docket who have been incarcerated no longer than 21 days will have their cases disposed of prior to arraignment	Public Defender State Attorney	Ongoing Program; Monthly reporting
4.6	VOP Warrantless Arrests	• 100% of defendants (for violent arrest) testing positive for drugs will be arrested without warrant • 100% of defendants violating conditions of probation on a sex offense related charge will be arrested without warrant	Probation Officer, Dept. Of Corrections	Ongoing Program; Monthly reporting

Goal #2: *Safeguard the Rights of Individuals.*

Objective #1:	Ensure fair, impartial, and dignified treatment to all persons.			
	Task/Activity/Program	**Performance Measure**	**Lead Person/ Organization**	**Projected Completion Date**
1.1	All criminal justice stakeholders shall treat those who use the Criminal Justice System in a fair and respectful manner.	• 100% of complaints will be addressed swiftly and fairly.	Criminal Justice Commission	Ongoing Program; Monthly reporting

Objective #2:	Ensure legal representation is available to all defendants, and legal resources available and accessible to attorneys, pro se litigants, and the general public			
2.1	Indigent Screening	• 100% of the Requests for Review of a denial are reviewed by the Court, if requested	Indigent Service Committee (ISC)	Ongoing program; Annual Review
2.2	Indigent Service Committee	• ISC maintains list of attorneys for each county and case category	ISC	Ongoing program;
2.3	Appointment of Conflict Counsel	• 100% of cases where conflict is identified will have private counsel appointed • Number of appointments • Time from arrest to appointment of court appointed counsel.	Public Defender's Office and Circuit ISC	Ongoing program; Annual Review
2.4	Case Load Assignment	• Case load for each Assistant Public Defender • Case load for each Assistant State Attorney • Case load for Probation Officers • Compared with national and state standards	Public Defender State Attorney	Ongoing program; Annual Review
2.5	Law Library	• Qualitative Measures: Satisfaction with facility and service • Quantitative Measures: Who uses: Public vs. attorneys • Number of uses of online subscription services in public libraries • 100% of inmate requests to utilize the legal references services are honored	Sarasota County	Ongoing program; Annual Review
Objective #3:	Safeguard the rights of crime victims.			
3.1	Collection of Restitution	• Collection/compliance rate for felony • Collection/compliance rate for misdemeanors • Collection/compliance rate for Juvenile	Clerk of Courts	Ongoing program; Quarterly Review
3.2	Rape Crisis Center (SPARCC)	• 100% of victims remain alive • 77% of batterers comply with court-ordered program contract • 98% of participants are satisfied with classes • 100% participants satisfied with services	Safe Place and Rape Crisis Center (SPARCC)	Ongoing program; Annual Review

3.3	Shelter and DVIP	• 100% clients in shelter are safe • 100% of adult in shelter for more than 72 hours have plan for safety when leaving • 100% of children in shelter are assessed for abuse • 100% of children receive appropriate referrals • 88% of participants are satisfied with program	Salvation Army	Ongoing Program; Monthly reporting
3.4	Domestic Abuse Shelter Homes	• 95% of victims remain free from abuse • 95% housing improves safety • 100% become more self-sufficient • 87% of participants are satisfied with program	Safe Place and Rape Crisis Center (SPARCC)	Ongoing program; Annual Review
3.5	Victim Assistance Program	• 100% of victims notified pertinent court proceedings and given opportunity to be heard	State Attorney	Ongoing program; Annual Review
Objective #4:	Ensure offenders whose criminality is linked to mental health or substance abuse issues have access to treatment alternatives to traditional criminal prosecution when appropriate.			
4.1	Drug Court	• Number of cases referred • Number of cases screened • Number rejected and reasons • Number accepted • Number of drug tests • Number of graduates • Number of reoffenders at 6, 12, and 18 months	Court Administration	Ongoing Program; Monthly reporting

4.2	Mental Health Court	• 150 clients will receive mental health services • 100 clients will receive psycho-social assessments • 20 clients will receive psychological evaluations • 75 clients will receive case management services • 100 clients referred to out-patient, residential treatment, or other community services • 75 clients have received psychiatric assessments • 100 first appearance sessions were held in court • 225 review sessions were held in court • 50 exit session were held in court • 50 clients successfully completed treatment plans • 0 Unsuccessful clients return to mental health court • 1 unsuccessful clients return to another court other than mental health court • 1 successful client returned to went to jail	Court Administration	Ongoing Program; Monthly reporting
4.3	Choices Program	• # of people ordered • # of clients successfully complete their program Success completion rate of base line 59.23% • Date between ordered and entered into program	First Step of Sarasota (FSOS)	Ongoing Program; Monthly reporting
4.4	Long-Term Residential Program	• # of people ordered • # of clients successfully complete their program • Success completion rate of base line 57.06% • Date between ordered and entered into program	First Step Long Term Therapeutic Community	Ongoing Program; Monthly reporting

4.4	Adult Addictions Receiving Facility (ARF)	• 139 participants diverted from Sarasota County Jail and admitted to ARF • 90% participants will receive comprehensive assessments of their condition • 90% participants will successfully complete medically supervised detoxification • 40% participants discharged will be transferred to the VIP-ER program for residential treatment • 35% participants discharged from program referred to outpatient treatment programs in community • 65% participants discharged and referred to outpatient treatment will follow through and initiate treatment • 80% participants are satisfied with the services provided by the program	First Step of Sarasota (FSOS)	Ongoing Program; Monthly reporting
4.5	Crisis Stabilization Unit (CSU)	• 100% screenings provided to individuals requesting services • 100% individuals admitted or referred for follow-up care • Estimate 2,400 persons to be served	Coastal Behavioral Healthcare	Ongoing Program; Monthly reporting
4.6	First Step Detox, Outpatient and Residential Services	• 1482 Outpatients estimated to be served • 80% successfully complete treatment • 77% employed at discharge • 96% satisfaction with services • 80 Residential persons to be served • 80% successfully complete treatment • 88% employed at discharge • 86% satisfaction with services • 881 Detoxification persons to be served • 79% successfully complete detoxification • 92% completing detoxification enter a treatment program	First Step of Sarasota (FSOS)	Ongoing Program; Monthly reporting

4.7	VIP-ER Program	• 100% receive intensive substance abuse services in the 10-week VIP-ER Program • 35% Psychiatric services for co-occurring mental health problems available to participants • 40% Family counseling and therapy services available for participants and family members • 85% Job training, counseling and employability services available for participants • 75% complete 10-week VIP • 100% case management services available following discharge • 60% placement in jogs following discharge from program • 50% obtain stable housing • 60% successful discharges maintain sobriety for 3 months following discharge • 40% successful discharges maintain sobriety for 6 months following discharge • 20% successful discharges maintain sobriety for 12 months following discharge • 20% reunited with family following discharge • 80% satisfaction with services/programs	Salvation Army	Ongoing Program; Monthly reporting
4.8	Appropriate Treatment for County Court Offender	• #of defendants adjudicated incompetent • # of defendants restored to competency	Public Defender	Ongoing; Annual reporting
4.9	Incompetency Determination	• 80% of Defendants ordered for competency evaluation will have a report done within 15 days • 80% of competency hearings will be held within 30 days of report submission	Public Defender	Ongoing; Annual reporting
4.10	Juvenile Assessment Center (JAC)	• 350 will be provided intervention services • 95 successful completion of treatment • 104 received psychosocial assessments • 422 received urinalysis • 77 received case management • 104 received referrals	Pre-Trail Services	Ongoing Program; Monthly reporting
Objective #5:	Ensure juveniles who engage in delinquent behavior have access to appropriate community-based treatment programs when appropriate.			

5.1	SOAR Program	• 100% Increased knowledge/competency by youth • 100% Reduction in recidivism rate of graduates • 95% No new law violations • 80% satisfaction with program	Pre-Trail Services	Ongoing Program; Monthly reporting

Goal #3: Ensure Public Safety

Objective #1:	Reduce criminal and delinquent behaviors.			
	Task/Activity/Program	**Performance Measure**	**Lead Person/ Organization**	**Projected Completion Date**
1.1	Directed Patrol	• STAR TRAC (Sheriff's Timely Analysis & Research Targeting Resources Against Crime) dramatically impacts ability to identify and reduce crime • Close/Clearance Rate	Sheriff's Office	Ongoing; Annual reporting
1.2	Crime Prevention	• STAR TRAC measures • UCRdata • Number of arrests • Number of crimes	Sheriff's Office	Ongoing; Annual reporting
Objective #2:	Reduce recidivism.			
2.1	Felony Probation	• % violated, time to dispose • % technical • % arrested while on probation • % completed successfully • % rearrested after completing probation	Department of Corrections	Ongoing; Annual reporting
2.2	Community Control	• % violated, time to dispose • % technical • % arrested while on probation • % completed successfully • % re-arrested after completing probation	Department of Corrections	Ongoing; Annual reporting

2.3	Drug Offender Probation	• Number of drug crimes • % drug violations • % violated, time to dispose • %technical • % arrested while on probation • % completed successfully • % rearrested after completing probation	Department of Corrections; Sarasota County	Ongoing; Annual reporting
2.4	Pretrial Intervention	• % successful completion	State Attorney and Pre-Trial Services	Ongoing; Annual reporting
2.5	Registered Sex Offender Initiatives	• Number of sex crimes • % violations	Sheriff's Office	Ongoing; Annual reporting
2.6	Partnerships with Law Enforcement	• 100% of law enforcement bulletins are shared with state probation officers	Sheriff's Office and State Attorney	Ongoing; Annual reporting
2.7	County Court Probation	• % violated, time to dispose • % technical • % arrested while on probation • %completed successfully • % rearrested after completing probation	Health and Human Services	Ongoing Program; Quarterly reporting
Objective #3:	Ensure law enforcement has adequate resources and training.			
3.1	Crisis Intervention Team (CIT) Training	• Number of CIT related incidents • Number responded to by a CIT officer • Number of injuries during incident; consumer, officer, EMT, bystander • Number use of force: verbal only, chemical agent, take down, electronic deployment • Number diverted from jail • Number of officers trained	Sheriff and Police Departments	Ongoing Program; Annual reporting

3.2	Academy L.E.	• Number of eligible applicants admitted • Number of graduates passing state test	Sarasota Criminal Justice Academy	Ongoing Program; Annual reporting
3.3	Field Training	• 100% of new hires complete the program • %of new hires that successfully complete the field training program	Sarasota Criminal Justice Academy	Ongoing Program; Annual reporting

Goal #4: Ensure that Public Funds are utilized effectively and efficiently.

Objective #1:	Ensure effective and efficient utilization of existing criminal justice facilities and resources.			
	Task/Activity/Program	**Performance Measure**	**Lead Person/ Organization**	**Projected Completion Date**
1.1	Electronic Access to Court Documents	• 100% images (E Filing) available for viewing with 24 hours, documents accepted and processed within 1 hour of filing • 100% documents scanned and available for viewing with 24 hours • Number of courtrooms using e-docket • Time saved vs. cost saved • Community interface	Clerk of Courts	Ongoing Program; Annual reporting
1.2	Video Courtroom/Jail	• 80% of all large-scale jail hearings will be conducted via video conferencing • 100% of all large-scale jail hearings will be available via video conferencing	Court Administration	Ongoing Program; Annual reporting
1.3	Use of Consultants for Use of Resources	• Number of recommendations that are implemented • Number of recommendations that are accepted but not yet implemented	Criminal Justice Commission	Ongoing Program; Annual reporting

1.4	Facilities Management	• Daily use rate of a court room • % of office space that meets the State Guidelines	Sarasota County	Ongoing Program; Annual reporting
Objective #2:	Ensure Court caseloads are reasonable and manageable.			
2.1	Case Load Control	• Time from arrest to disposition. • Number of case per attorney PD and SAO compared to ABA standard.	Public Defender; State Attorney	Ongoing Program; Annual reporting
2.2	Pre-Trial Intervention	• % eligible case from arrests • % eligible charged with misdemeanors • % eligible charged with felonies	State Attorney; Pretrial Services	Ongoing Program; Annual
Objective #3:	Maximize funding through coordination of local, state, federal and other grant funding sources.			
3.1	Justice Assistance Grants (JAG)	• See grant application for measures	Edward Byrne Memorial	Ongoing Program; Annual reporting
3.2	COPS	• See grant application for measures	Office of Community Oriented Policing Services	Ongoing Program; Annual reporting
3.3	Homeland Security	• See grant application for measures	Homeland Security	Ongoing Program; Annual reporting

3.4	Grant Coordination	• See grant application for measures	Sheriff's Office; Court Administration; Health and Human Services	Ongoing Program; Annual reporting
3.5	Local Grants from Foundations	• See grant application for measures	Sheriff's Office; Sarasota County	Ongoing Program; Annual reporting

Goal #5: Ensure that citizens are informed and have opportunities to participate.

Objective #1:	Ensure volunteer opportunities are available for citizens to participate in criminal justice-related programs.			
	Task/Activity/Program	**Performance Measure**	**Lead Person/ Organization**	**Projected Completion Date**
1.1	Volunteer Programs	• Number of volunteers • Number of volunteer hours • Number of opportunities • Value of hours donated	Sarasota County	Ongoing Program; Annual reporting
1.2	Intern Programs	• Number of interns Number of intern hours • Number of opportunities	Sarasota County	Ongoing Program; Annual reporting
Objective #2:	Ensure opportunities are available for citizens to address concerns regarding the Criminal Justice System.			
2.1	Public Speaking/Citizen Education	• Number of contacts asking for speakers • Number of events • Number of audience members	Sarasota County	Ongoing Program; Annual reporting

2.2	Annual Reports	• CJC Annual Report	Sarasota County	Ongoing Program; Annual reporting
2.3	Enhanced Websites	• Number of hits	Sarasota County	Ongoing Program; Annual reporting
Objective #3:	Encourage proactive community involvement and partnering with citizens to enhance their safety and reduce crime.			
3.1	Community Youth Development Program	• 88% membership • 82% participants believe they can influence community • 100% activities with no report of substance abuse • 100% activities with no report of violence • 85% felt safe at events	Community Youth Develop-ment/Boys and Girls Club	Reviewed annually
3.2	Community Policing	• Number of contacts • Number of crimes reported through Community Policing	Sheriff, Police Departments and Community	Reviewed annually
3.3	Neighborhood Watch	• Number of neighborhoods involved • Number of contacts • Number of crimes in neighborhoods before and after implementation	Sheriff, Police Departments and Community	Reviewed annually
3.4	Website: Sexual Predators and Arrests	• Number of hits	Sheriff's Office	Ongoing; Report Monthly

Goal #6: Ensure agency coordination and collaboration.

Objective #1:	Utilize a criminal justice policy framework to guide the development and refinement of the criminal justice system in meeting the needs of the community.			
	Task/Activity/Program	**Performance Measure**	**Lead Person/ Organization**	**Projected Completion Date**

1.1	Criminal Justice Commission (CJC)	• Number of proposals coming before CJC • Number of proposals adopted and implemented • Number of proposals accepted but not yet implemented	Criminal Justice Commission	Ongoing; Report Bi-Monthly
1.2	Substance Abuse and Mental Health Stakeholders' Consortium	• Number of proposals • Number of proposals adopted and implemented • Number of proposals accepted but not yet implemented	Planning Council	Ongoing; Report Bi-Monthly
Objective #2:	Ensure elements of the criminal justice system are linked with each other and with other systems outside of the criminal justice system.			
2.1	Judicial Inquiry System (JIS)	• Number of agencies where linkage exists • Number of requests for linkage	Court Administration	Review Annually
Objective #3:	Utilize joint ventures and community partnerships to address issues in an efficient and effective manner.			
3.1	Continue and Enhance all Partnerships throughout the local Criminal Justice System, Partner with Local Law Enforcement to Enforce Sex Offender Registration and Serve VOP Warrants.	• Number of cases identified and forwarded to Sheriff • Percentage that State Attorney Office refers to Sheriff	Sheriff's Office; State Attorney	Review Annually
3.2	Local treatment providers are made available to assure client access to needed resources	• 100% CJ Stakeholders are aware of Available Resources (Resource director provided to CJ Stakeholders)	Criminal Justice Commission (CJC)	Ongoing; Report Bi-Monthly
Objective #4:	Share information about proposed or enacted legislation in order to coordinate implementation.			
4.1	Criminal Justice Commission (CJC)	• Number of issues discussed and resolved	Criminal Justice Commission (CJC)	Ongoing; Report Bi-Monthly
4.2	Legislative Council	• Number of bills with multi-agency impact • Number of referrals	Community Alliance	Annually in September

APPENDIX K - CRIMINAL JUSTICE, MENTAL HEALTH & SUBSTANCE ABUSE REINVESTMENT GRANT PLANNING COUNCIL OR COMMITTEE

PLEASE PRINT

1 Ed Brodsky	2 Larry Eger
STATE ATTORNEY OR DESIGNEE	PUBLIC DEFENDER OR DESIGNEE
3 Phyllis Galen	4 Charles Williams
COUNTY COURT JUDGE	CIRCUIT COURT JUDGE
5 Karen Rushing	6 Stephanie DiTroia
LOCAL COURT ADMINISTRATOR OR DESIGNEE	STATE PROBATION CIRCUIT ADMINISTRATOR OR DESIGNEE
7 Christine Robinson	8 Cathy Shotwell
COUNTY COMMISSION CHAIR/DESIGNEE	COUNTY DIRECTOR OF PROBATION
9 Tom Knight	10 Bernadette DiPino
SHERIFF OR DESIGNEE	POLICE CHIEF OR DESIGNEE
11 Leslie Loveless	12 Tom Knight
AREA HOMELESS OR SUPPORTIVE HOUSING PROGRAM REPRENSTATIVE	CHIEF CORRECTIONAL OFFICER
13 Terry Carter	14 Virginia Donovan
DJJ - DIRECTOR OF DENTENTION FACILITY OR DESIGNEE	DJJ – CHIEF OF PROBATION OFFICER OR DESIGNEE
15 Susan Nunnally	16
DCF - SUBSTANCE ABUSE AND MENTAL HEALTH PROGRAM OFFICE REPRESENATIVE	PRIMARY CONSUMER OF MENTAL HEALTH SERVICES
17 Christine Griffith	18 Jim Rouches
COMMUNITY MENTAL HEALTH AGENCY DIRECTOR OR DESIGNEE	LOCAL SUBSTANCE ABUSE TREATMENT DIRECTOR OR DESIGNEE
19 Joan Geyer	20 Troy Nicholas
PRIMARY CONSUMER OF COMMUNITY-BASED TREATMENT FAMILY MEMBER	PRIMARY CONSUMER OF SUBSTANCE ABUSE SERVICES

21 Derek Byrd - Representative from a Community Group who works with Offenders or Victims

222 Ted Enrlichman - Representative from State or County Jobs Program