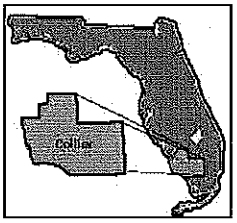
Tab 4: 3.8.4 Project Narrative

3.8.4.1 Statement of the Problem

Geographic Environment. Located in Southwest Florida, Collier is the largest county in Florida geographically with 2,305 square miles, and is the 17th most populous county. The population estimate in 2015 was 357,305, with most concentrated along the Gulf Coast. In the span of 30 years Collier County grew from 85,000 permanent residents in 1980 to an estimated more than 357,300 in 2015.

Collier County includes the incorporated cities of Naples and Marco Island as well as the agricultural and fishing communities of Immokalee and Everglades City. A sharp contrast in population characteristics exists between the city of Naples, on the Gulf Coast, and Immokalee, a largely migrant farm worker community located inland. In Immokalee, 43% of residents below the poverty level, while in Naples the poverty level is 8.7%. Collier County overall has a high number of uninsured adults at 35 % compared to the state population of 27%[1].



Analysis of the current population of the jail in Collier County. The jail population demographics do not mirror those of the general population in the County. Table 1 includes demographics of both Collier County and Collier County jail.

	Collier County 2015	Collier County Jail April 2016
All Races	357,305	797
White	84%	9%
Black	6%	19%
Hispanic/Latino (any race)	26%	72%
American Indian	.5%	0%
Asian	1%	0%
Other	6%	0%
Gender		
Male	49.4%	85%
Female	50.6%	15%

Table 1. Collier County Population U.S. Census Estimates and Collier County Jail census 2016.

Though the general Collier County population has grown significantly over the last 36 years, the jail population has been decreasing (Table 2). Between 2010 and 2015, Collier County experienced a 7.9% increase in the overall population, while the jail population decreased by 21%. However, *the percentage of inmates with mental health*

[1] US Census Estimates, 2012

problems has significantly increased. In 2008, the jail estimated that 28% of its inmates had mental health issues. *In August 2016, the jail estimate of the average number of persons with mental health issues had increased to 50%*, or 396 inmates.

Table 2 includes demographics of recent arrestees by race, gender and age.

Race	Male	Female
Asian/Pacific Islander	15	3
Black	751	169
American Indian	4	7
White	3920	1110
Other	3	0

Age Range	Male	Female
18/19	313	80
20/24	832	218
25/29	734	188
30/34	612	163
35/39	470	136
40/44	351	107
45/49	279	95
50/54	245	78
55/59	196	46
60/64	87	17
>65	77	30

Table 2. Persons arrested by race and age range (juveniles excluded) Jan 2016-Julyl 2016

The combined capacity of the two jail centers is 1,304. The Average Daily Population (ADP) and costs are shown in Table 3. The cost per day is inversely related to the inmate count—the per-person cost goes up as the population goes down. According to CCSO, local costs to house persons with mental illnesses in the jail tend to average more than 2 ½ to 3 times more than those for a non- mentally ill inmate. This is generally due to longer stays, heightened supervision requirements, medical/psychiatric costs, and one-to-one staffing needs (LPN, RN, OT) to maintain safety. The overall average length of stay for local jail inmates is 33 days, while the average length of stay for a person with a mental illness is usually much longer. The jail does not currently track these stays specifically, but the FIRST team estimates that it is two to three times as long as others. The one-month cost of housing a person with mental illness in jail has been calculated at over $8,000 in some instances.

Year	Collier County Total Population	ADP Jail	Average Cost Per Inmate Per Day	Average Cost Per Mentally Ill Inmate per day
2009	318,537	1004	$110	$330
2010	321,520	893	$117	$351
2011	327,712	875	$111	$333
2012	332,528	988	$94	$282
2013	339,642	910	$98	$294
2014	348,777	872	$107	$321
2015	357,305	797	$132	$396
2016 (Partial)		793	$138	$350*

Table 3. Collier County population and average daily jail costs 2009-2016. *new Medical Contractor

Screening and assessment process used to identify the target population. Reintegration Specialists at Collier County Jail, a member of the FIRST team, screens potential persons for inclusion in the FIRST program. If deemed appropriate, the persons are then referred by Armor Discharge Planners for additional screening and eligibility. Armor completes the appropriate screening tool: MHSF III, PCL-5 Trauma Assessment, or TCUDS-IV Substance Abuse Assessment. Referrals are made to DLC for further assessment and to the FIRST team for consideration if deemed appropriate.

Contributing factors/ why the target population is at risk of re-entering the criminal justice system. People with mental illnesses and co-occurring substance use disorders have complex and challenging needs. Inmates with mental illness were 2.5 times more likely to have experienced homelessness in the year prior to arrest than inmates not diagnosed with mental illness. Nearly half of the inmates with a mental illness in jail were incarcerated for committing a nonviolent crime. Inmates with mental illnesses tend to serve longer sentences than inmates without mental illness; they are on average three times as likely to serve their maximum sentence."[2]

Inadequate transition planning causes people with mental illnesses and co-occurring disorders who enter jail in a state of crisis to return to the streets still in crisis. People with serious mental illnesses, many of whom have a history of trauma, poor community support systems, and experience chronic unemployment, have specific needs that, if unaddressed, lead to re-arrest and multiple community-wide problems. They soon end up in emergency rooms, back in jail, or in psychiatric inpatient or detox units—all with major financial costs for the community.

Compounding the problem, many people with mental illnesses have no health insurance and cannot or do not access community mental health services. In Collier County, more than 28% of the population are uninsured, the highest percentage in the state of Florida.

[2] The Criminal Justice and Mental Health Consensus Project. (2002). Jails and mental illness.[Fact Sheet]. www.consensusproject.org/infocenter/factsheets/fact_jails

The percentage of uninsured in the Immokalee zip code is a staggering 44.6%.[3] Over 70% of those incarcerated in the Collier County jail do not have any type of insurance at the time of their arrest, and female inmates comprise the majority of the incarcerated who are uninsured.

A significant problem and factor that puts the target population at risk of entering, or reentering the criminal justice system, is the extremely high cost of living in Collier County. As shown in Table 4, the overall cost of living and housing exceed the Florida average by 5 points and ***48 points*** respectively. The cost of housing in Collier county is a primary cause of homelessness, which also contributes to arrests such as loitering or trespassing.

Item	Collier	Florida	US
Overall	114	99	100
Grocery	106	104	100
Health	100	101	100
Housing	**140**	**92**	100
Utilities	99	97	100
Transportation	104	104	100

Table 4. Best Places. http://www.bestplaces.net/cost_of_living/county/florida/collier

Priority as a Community Concern. The Collier County Needs Assessment[4] relies on demographic, economic, and housing data to identify top needs in Collier County. It also draws heavily upon substantial community input collected through public meetings, focus groups, interviews, and a survey. The report identified several issues relevant to the target population. To afford a one-bedroom rental unit at the Collier County FMR of $795, without being cost burdened, would require an annual income of at least $31,800. This amount translates to a 40-hour work week at an hourly wage of $15, a 76-hour work week at the minimum wage of $8.05, or a 4- hour work week at the average renter wage of $13.88. For disabled persons on SSI the 2016 monthly maximum Federal amounts are $733, or $8,796 per year.[5] *This is not even enough to share household expenses with several other disabled persons.* Landlords participate in predatory lending practices with source of income discrimination for residents with SSI or Social Security income. Also, there are higher costs of applying for rentals and high deposits for rent and utilities which complicate renting properties for lower income households. Securing affordable housing for people with convictions and substance abuse issues is even more difficult due to increased use of background checks.

The Hunger and Homeless Coalition of Collier County's input from service providers in Collier County identified some top needs including: 1) Supportive housing for persons with physical and/or mental disabilities; 2) access to substance abuse and mental health

[3] Florida Health Insurance Study, August, 2015.

[4] *Collier County Needs Assessment For Program Years 2016-2020, Mosaic Community Planning, 2016.*

[5] National Low Income Housing Coalition Out of Reach 2015, Accessed from http://nlihc.org/sites/default/files/oor/files/reports/state/OOR_2015_FL.pdf

programs; 3) assistance navigating social services network; and 4) transportation assistance.

Over the past five years, the Collier County Forensic Intensive Reintegration Support Team (FIRST) has provided services to persons with mental illnesses re-entering the community from jail. Among the 600+ persons screened for admission to the team, there were on average, six previous arrests per person. The number of previous arrests for individuals screened was as high as 50, and several had 30 or more previous arrests. The reasons for their current arrests were widely varied, but most were non-violent in nature, including drug-related charges, theft, trespassing, and violation of probation. In the past, their complex and serious mental health and substance abuse problems were complicated even further by a lack of basic personal and community resources and supports, making it difficult to make it in the community. The FIRST team has been able to help stop this cycle of re-arrest by providing essential treatment, housing, employment, benefits and social supports. *To date over 79% of participants have not been re-arrested, a recidivism rate of just 21%.*

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Tab 5: 3.8.5. Project Design and Implementation

3.8.5.1.1 Composition of the Planning Council

Current members of the Collier County CJMHSA Planning Council, created in 2010, are listed in Table 5.

Collier County Criminal Justice Substance Abuse & Mental Health Planning Council	
Name	**Agency**
Scott Burgess, Co-Chair	David Lawrence Center CEO
Sheriff Rambosk, Co-Chair	Collier County Sheriff's Office
Beverly Belli: Co Chair Designee	David Lawrence Center, Director Adult Community Services
Lt. George Welch: Co Chair Designee	Collier County Sheriff's Office CIT Coordinator
Honorable Janeice Martin	Mental Health, Drug, and Veteran's Treatment Court Judge
Charles Crews	Collier County Probation
Chief Chris Roberts	Collier County Sheriff's Office, Chief Correctional Officer
Connie Kelley	Public Defender's Office/Mental Health Court
Jay Freshwater	State Probation Officer/Drug Court
Amanda Stokes	Public Defender's Office/Mental Health Court
Christine Welton	Collier Hunger & Homeless Coalition Executive Director
Jay Freshwater	State Probation
James Garnett	Veteran's Administration
Jeff Nichols	County Probation/Court Administration
Juan Ramos	County Probation/Court Administration
Jennifer Toussaint	State Attorney's Office
Katie Burrows	David Lawrence Center/Forensics Supervisor
Katina Bouza	Collier County Sheriff's Office
Kim Grant	Collier Community & Human Services- Director
Dawn Clark	Armor Correctional Director of Mental Health Recovery
Kristi Sonntag	Collier Human and Community Services - Grants Mgr.
Domenic Lucarelli	Family Member / Private Law Firm
Leslie Weidenhammer	Collier County Sheriff's Office Mental Health Unit
Michael Sheffield	Collier County Administration
Pamela Baker	NAMI of Collier County Executive Director
Cormac Giblin	Collier Community & Human Services- Grant Coordinator
Eileen Streight, CRPS	MH Consumer/NAMI Director of Peer Initiatives
TBD	SA Consumer
Jeannette Morales	Armor Correctional Discharge Planner
Sara Miller	State Attorney's Office Supervisor
Traci Foss	Department of Juvenile Justice
Sgt. Bill Gonsalves	Naples Police Department

Table 5. Collier CJMHSA Members

Planning Council Activities

Collier County Criminal Justice, Mental Health and Substance Abuse Planning Council (CJMHSA Planning Council) was formed in 2010. Guided by the Sequential Intercept Model and facilitated by the Florida Criminal Justice, Mental Health and Substance Abuse Technical Assistance Center at Florida Mental Health Institute (FMHI), the group created its first three-year strategic plan that year. The group also developed its Vision, Mission and Values statements for inclusion in the plan. The initial strategic plan drove the implementation of the Forensic Intensive Reintegration Support Team (FIRST) intensive case management team as a response to the plan. The CJMHSA Planning Council and FIRST Oversight Committee met each month for the first three years, and both now meet quarterly. The CJMHSA Planning Council completed a review and update of the Strategic Plan each year including 2011, 2012, 2013 and 2014.

Vision: *Collier County citizens with serious mental illnesses and substance use disorders receive effective community-based treatment and supports to avoid unnecessary jail admissions.*
Mission: *To implement coordinated and effective services for people with mental health and substance abuse problems who have contact with the criminal justice system.*
Values*: Effective treatment, not jail; minimal use of coercion or sanctions; earliest possible intervention/intercept; and full community integration.*

Planning Council Meetings Previous 12 Months

Friday, July 15th 2016 11:30-12:30
Friday, April 29th 2016 11:30-12:30
Friday, December 18th 2015 11:30-12:30
Thursday, November 12th 2015 10:00-1:00 (TA)
Friday, September 25, 2015 11:30-12:30

Planning Council Meetings Future Schedule

Friday, October 14th 2016 11:30-12:30
Friday, January 12th 2017 11:30-12:30
Friday, April 13th 2017 11:30-12:30
Friday, July 13th 2017 11:30-12

3.8.5.3.1; 3.8.5.3.2 Strategic Plan and Description

Collier County Criminal Justice, Mental Health & Substance Abuse (CJMHSA) Planning Council

Strategic Plan 2015 - 2019

Vision: *Collier County citizens with serious mental illnesses and substance use disorders receive effective, community-based treatment and supports to avoid unnecessary jail admissions.*

Mission: *The mission of the Collier County CJMHSA Planning Council is to implement coordinated and effective series for people with mental health and substance abuse problems who have contact with the criminal justice system.*

Overview and Purpose

Criminal justice diversion programs have become a viable and humane alternative to the over-criminalization and inappropriate criminal detention of individuals with mental and substance use disorders.

In 2007, the Florida Legislature created the Criminal Justice, Mental Health, Substance Abuse (CJMHSA) Reinvestment Act and Grant Program within the Department of Children & Families (Ch. 394.658 F.S.). The purpose of the program is to provide funding to counties for initiatives that increase public safety, avert increased spending on criminal justice, and improve the accessibility and effectiveness of treatment for people with mental illnesses and substance abuse problems who are in, or at risk of involvement in the criminal justice system. The goal of the program is to demonstrate that an investment in diversion and treatment strategies will result in reduced demand on the local criminal justice resources while producing better outcomes for the target population. Grant funding is provided directly to counties via an MOU with the state. An important, innovative component of the reinvestment grant is that counties must demonstrate full commitment by providing 100% local match for the state grant funds.

Strategic Planning Partners and Process

To oversee planning and grant activities, Florida's Reinvestment Act legislation requires either the Public Safety Coordinating Council or another local planning council to oversee grant activities. Members must include the judiciary, State's Attorney and Public Defenders' Offices, mental health and substance abuse treatment providers, housing providers, advocacy organizations, family members, and behavioral health consumers. The Collier County Criminal Justice, Mental Health and Substance Abuse Planning Council (Planning Council) was formed for this purpose in 2010, and created its first strategic plan that year. A list of Planning Council members is included at the end of this report.

The current strategic plan was completed using information from several sources, including CJMHSA Planning Council partner input, best practices in criminal justice, mental health and substance abuse fields, and relevant aspects of partners' agency-specific strategic plans to ensure cohesion among plans and coordinated community planning efforts.

Target Population and Rationalization

The local Planning Council chose to focus on the adult population for CJMHSA Reinvestment grant for several reasons. The first reason was the overrepresentation in numbers of and costs related to adults with mental illnesses in the local jail. Secondly, partnerships necessary to implement programs for adults were already forged through the implementation and operation of adult mental health and drug courts. Thirdly, Crisis Intervention Team (CIT) trained officers cited a greater need for adult diversions versus those for juveniles. And, finally, the Youth Resource Coalition, chaired by the Sheriff's Office, provides coordinated planning for youth with mental health and substance abuse problems at risk of involvement in the juvenile justice system.

Sequential Intercept Model

The Planning Council uses the Sequential Intercept Model (Munetz & Griffin, 2006) as a 'cross system map' and conceptual tool for planning purposes. The model (Figure 1) depicts the five primary points or intercepts where an individual would typically progress through the criminal justice system. At each of these points are opportunities to intervene and "intercept" the person, moving or diverting them from the justice system to the treatment system. The following discussion considers each intercept with respect to related local resources and gaps in the system.

Intercept 1: Law Enforcement and Emergency Services
Intercept 2: Initial Detention / Court Hearings
Intercept 3: Jails and Courts
Intercept 4: Community Reentry
Intercept 5: Community Corrections / Community Support

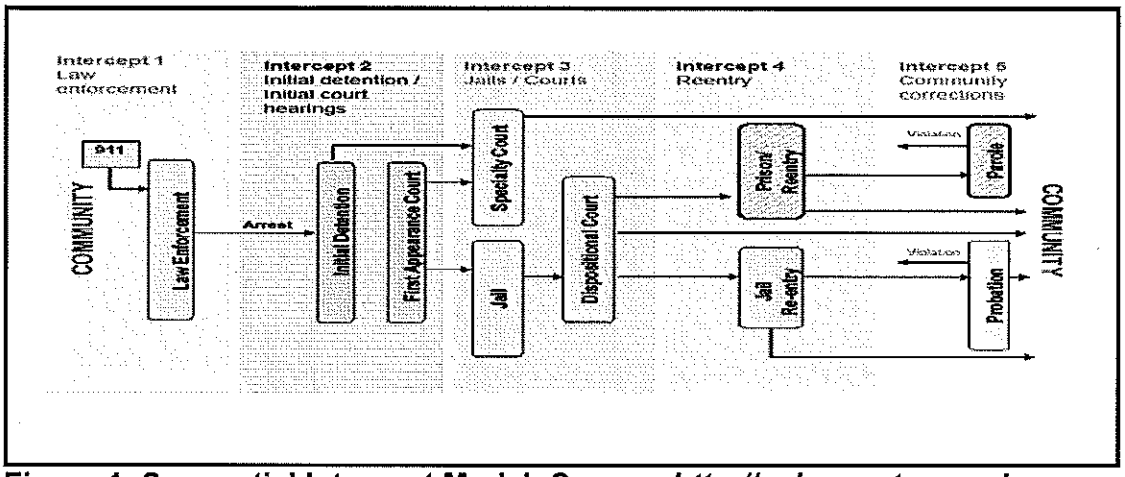

Figure 1. Sequential Intercept Model. *Source: http://gainscenter.samhsa.gov*

Resources and Challenges by Sequential Intercept

Intercept 1: Law Enforcement and Emergency Services

Collier County has a robust Crisis Intervention Team (CIT) training program. CIT is a central part of the Collier County system, with a goal of training 100% of all law enforcement, including state and county probation. As of September 2015, a total of 877 law enforcement officers had completed CIT training. This includes 578 members of the Collier County Sheriff's Office (CCSO). Seven CIT classes (as opposed to the usual four) are scheduled during 2015 to maximize the number of CIT trained officers.

The Collier County Sheriff's Office 2014-2017 strategic plan has a goal to: "Expand CCSO's commitment to mental health matters through increased services to individuals suffering from mental illness and their families". CCSO Strategic Plan Objectives include:

1) Adopt a formal Crisis Intervention Team model in which there is a CIT trained officer for each patrol and corrections shift designated as team leader by January 2016.
2) Formally create the Mental Health Unit (MHU) within the CCSO and assigning a full time supervisor. This position was (at least temporarily) filled in 2015.
3) Expand services under the corrections' health care provider Members Assistance Program to increase the number of covered mental health practitioners. This was completed in 2015.
4) Expand the MHU to include two full-time CIT deputies, one in each of the two regions, to provide enhanced response to consumers identified as high risk by CIT team members by December of 2016.

David Lawrence Center's Community Assessment Center can provide assessments on a walk-in basis, 24 hours a day 7 days a week. The CIT officers use the CAC when mental health concerns are suspected by the officer. However, if a criminal offense is committed, charges are usually filed.

Intercept 2: Initial Detention / Initial Court Appearance

As part of the CJMHSA 2014-2017 grant, CCSO-now screens all inmates for potential mental health and substance abuse problems, and are screened by CCSO's Pretrial Supervision Program using a risk assessment tool. Those who are being assessed for the Forensic Intensive Reintegration Support Team (FIRST) are screened using the LSI-CM. The tool helps facilitate access to services and identify appropriate levels of need, including criminogenic risk, and resources. The jail's new Mental Health Unit also helps to ensure that persons needing specialized care are able to receive that care early and all the while they are incarcerated. The Medical Housing Unit holds up to 26 inmates which is not sufficient for the needs of persons with mental illnesses. In addition to the Medical Housing Unit, the Jail has Medical Stepdown blocks which can hold an additional 52 male inmates and 52 female inmates who have special medical needs or mental illnesses.

First appearances generally occur as a video hearing with a judge and public defenders are always present. Collier County recently implemented a Pre-Trial Supervision program. The core functions/roles of the Pretrial Supervision Program are to:

1) Collect, verify and investigate demographic and criminal history information.
2) Perform assessment of eligibility for every booked defendant.
3) Present information to the First Appearance Judge to aid in release decisions.
4) Early identification of defendants with substance abuse or mental health needs.
5) Supervision of defendants released on pretrial supervision to reduce recidivism and ensure all court appearances.

The program helps to accelerate access to mental health court or drug court for eligible individuals. Pretrial Supervision can also make direct referrals to the FIRST team.

Intercept 3: Jails and Courts

Psychiatric care is provided in the jail by the Sheriff's contracted comprehensive healthcare provider. The jail has a strong CIT presence. Collier County has an in-jail substance abuse treatment program, called the Project Recovery Program (PRP). The program has been in operation since the late 1990's, and is licensed by the state substance abuse office. PRP provides treatment in jail and can help facilitate early release of successful program graduates.

Collier County's Mental Health Court, which includes a docket for Veterans, and Adult Felony Drug Court are each at full capacity with significant wait lists. The programs, which attain meaningful outcomes for the participants and the community, are meeting only about 60% of the current demand.

David Lawrence Center's 2015-2017 Strategic Plan identified a goal of increasing access to care, in part by expanding the substance abuse continuum of care, including expansion of services for the Drug Court to meet the growing need.

Intercept 4: Community Reentry
The FIRST team is the only reentry / reintegration service specifically targeting persons with mental illness and substance use disorders. The team can serve up to 60 persons at a given time, with a goal of serving 180 by June of 2016. The FIRST program has been successful in reducing recidivism among participants. In 2014/2015, FIRST served 119 individuals with 13 re-arrests post admission, an 11% recidivism rate. Many of the 119 participants had three or more arrests during the year prior to admission to FIRST.

The CJMHSA grant provides funding for 2.65 FTE Reintegration Specialists in the Jail. Discharge planning uses the LSI-CM to determine each person's needs, predict potential for future recidivism or probation violations, and to inform case management activities.

As part of its strategic plan, the Sheriff's Office has instituted several Re-entry strategies that benefit all inmates, including persons with mental health and substance abuse problems. These include culinary ServSafe certification, GED and workforce classes, and a 2nd Chance Cell Dog Program; all geared toward improving job opportunities for inmates after release.

Challenges: Persons with substance use disorders were added in 2014 as an eligibility category for FIRST. However, the FIRST team has had difficulty convincing eligible persons with substance use disorders to commit to the program. And, persons in this category who do choose to work with the FIRST team make up the majority of program participants who are eventually re-arrested.

Intercept 5: Community Corrections / Community Support
The FIRST program assists with immediate reentry for participants, then provides intensive case management services as needed, generally for less than one year. For those needing longer-term support, FIRST provides links to mainstream programs including case management, supported employment and supported housing. NAMI of Collier County operates a busy Drop In Center, providing socialization, support groups, educational programs, transportation if needed, and hot meals some days.

Challenges: For people with a criminal background and mental health or substance abuse problems, safe, affordable housing with benevolent landlords and opportunities for competitive employment remain the biggest barriers to successful, long-term community integration.

Ultimate Intercept and Essential System of Care Recommendations:
In addition to the five intercepts illustrated by the Sequential Intercept Model, local planning efforts also focus on what has been called the ***ultimate intercept***. An accessible, comprehensive mental health system focused on the needs of individuals with mental health and substance use disorders is considered the ultimate intercept -- and the most effective means of preventing criminalization of people with mental illnesses. Treatment needs to be integrated in multiple areas, including mental illness,

substance dependence, trauma, situation stress, social disadvantages, and criminogenic risks (Epperson et al, 2011; Morgan et al., 2010).

The National Leadership Forum for Behavioral Health and Criminal Justice Services, a group made up of national behavioral health experts, compiled its recommendations for what would be considered ultimate intercept services (2009). They recommended eight evidence-based components of an "essential system of care", organized into two phases, for implementation by local jurisdictions. Phase 1 includes less expensive, "easier to mount" services that are considered minimally necessary to break the cycle of arrest, incarceration and recidivism. Phase 2 includes more expensive, difficult to implement practices, but those that are considered critical for obtaining the best possible outcomes. As shown below, all of Phase I practices, and the majority of Phase 2 practices are currently in place in Collier County. Below are the recommended practices and a brief discussion of their current local operation.

System of Care Recommendations and Level of Local Implementation

Phase 1

- ***Forensic Intensive Case Management***
  ✓Collier County's Forensic Intensive Reintegration Support Team (FIRST) is a forensic intensive case management team for persons with mental illnesses and substance abuse problems re-entering the community post-arrest. The multidisciplinary team consists of in-jail screeners, a case manager, therapist, and a basic living skills coach. Expansion and enhancement of the FIRST team is a local priority for the system of care.

- ***Supportive Housing***
  ✓David Lawrence Center provides supportive housing through all of its Adult Community Services programs, including FIRST. They also operate HUD housing for 30 individuals in Collier County. Community Assisted Supported Living (CASL) has a total of 22 units. Each of the housing programs specializes in housing for persons with disabilities, including mental illnesses. A Memorandum of Understanding with the Homeless Coalition outlines planning strategies and (the few) available housing alternatives for the population and requires that partners ensure community inclusion and non-discrimination with regards to housing for persons with mental health and substance abuse problems. The FIRST team provides supportive housing for the population of persons with mental illnesses and co-occurring substance use disorders who are in or at risk of coming into contact with the criminal justice system.

  Challenges include a dearth of affordable housing, individuals' lack of sufficient financial resources, and lack of benevolent landlords willing to rent to persons with a criminal background. Much of the target population's members are disabled, and either receiving disability income or are eligible for disability income. SOAR, a best practice for disability applications, is employed locally to obtain benefits for the latter group. However, many of the persons served by

FIRST, and often those involved in the Adult Drug Court, are able to work but unable to find employment; particularly employment that pays them enough to cover even modest living expenses. The Enhancement component of the FIRST team is essential to addressing these financial barriers to housing.

- ***Peer Support***
  ✓NAMI of Collier County and the David Lawrence Center employ the use of peer supports in various programs. Many of these peers are certified through the Florida Certification Board as Certified Peer Specialists. The FIRST employs a peer specialist as an essential member of the team.

- ***Accessible and Appropriate Medication***
  ✓ David Lawrence Center provides psychiatric care for persons regardless of their ability to pay, and has some dedicated funding for psychotropic medications for indigent persons. FIRST participants may access funds for medications via the CJMHSA Reinvestment grant enhancement funding. Medicaid and Medicare help fund the cost of medications and psychiatric /medical care for disabled persons. For persons not eligible for disability, case managers can connect them with resources to enroll in a plan from the Affordable Care Act marketplace, however paying the premiums is often cost prohibitive.

Phase 2

- ***Integrated Dual Disorders Treatment (IDDT)***
  ☒ While David Lawrence Center's programs are considered co-occurring capable, there is no formal IDDT program in Collier County. IDDT uses a manualized approach to comprehensively and simultaneously address an individual's co-occurring mental illness and substance use disorder in a single setting. IDDT's focus is to reduce hospitalizations, incarcerations, and detox admissions for those served. ***Challenges*** include the cost and time to implement the practice.

- ***Supported Employment***
  ✓David Lawrence Center employs a Supported Employment Specialist who adheres to the standards of the evidence-based practice, and has been successful building relationships with employers and getting people placed in competitive employment.
  The FIRST team employs the use of supported employment.

  Challenges: Similar to housing, employment challenges include the lack of jobs that accept persons with criminal backgrounds.

- ***Assertive Community Treatment***
  ✓Mental Health Resource Center operates a Florida Assertive Community Treatment (FACT) Team in Collier County that can serve 100 persons with serious mental illnesses and those with co-occurring substance use disorders. This intensive supported housing model includes substantial 'enhancement'

funds that may be used for rent, medications, transportation and other essentials for successful community living. The FACT team is usually at capacity and not able to take more than a few new admissions each year.

- ***Cognitive Behavioral Interventions Targeted to Risk Factors***
  ✓David Lawrence Center's clinicians are trained in Moral Reconation Therapy (MRT), a cognitive behavioral treatment strategy that seeks to decrease recidivism among criminal offenders by increasing moral reasoning skills. David Lawrence Center's clinicians also employ the use of Seeking Safety, a cognitive behavioral group therapy that specifically targets problems resulting from the struggle with drug/alcohol use and post-traumatic stress disorder (PTSD).

Goals from Strategic Plan 2010-2014: Updated 2011/2012

The following goals outlined in the most recent strategic plan update have each been met, but they are considered ongoing needs/priorities among partners. Since these are ongoing needs they will continue as priorities for the current 2015- 2019 strategic plan:

- Maintain effective inter-organizational communication and information sharing.
- Maintain coordinated supported housing and homeless plans.
- Enhance and expand the local acute care behavioral health system.
- Maintain an annual cross-training plan for criminal justice and behavioral health care.
- Maintain a funding/sustainability plan to enhance and expand service delivery.

2015 – 2019 Strategic Plan Priorities

The following are Collier County priorities for 2015-2019:

- ❖ Expand / enhance the FIRST team to improve identification and serve more individuals.
- ❖ Increase capacity for Mental Health Court and Veteran's Court by 30%.
- ❖ Expand and enhance the substance abuse treatment continuum, including Adult Drug Court and Integrated Dual Disorders Treatment.
- ❖ Improve local options for integrated, low income supported housing
- ❖ Streamline the process for referral and admission to treatment courts and FIRST for incarcerated individuals. Ensure that persons admitted to programs are those with greatest risk for recidivism.
- ❖ Expand access to trauma-specific counseling including prompt, thorough and appropriate screening of all treatment court and FIRST participants.

Goal 1: Improve the local response for people with mental health and substance abuse problems in or at risk of involvement in the criminal justice system.

Objective #1	**Increase capacity for Mental Health Court and Veteran's Court by 30%**			
	Task	**Performance Measure**	**Lead Person or Organization**	**Projected Completion**
1.1	Work with local legislators to obtain designated state funds for veteran's treatment courts.	Capacity for 10 additional persons in VTC	Judge Martin David Lawrence Center	7/01/16
1.2	Provide increased outreach to veterans in jail	Maintain VTC at full capacity	David Lawrence Center Forensic Services, CCSO	1/01/17
1.3	Seek federal and foundation grants for mental health court case management and treatment services.	Capacity for 20 additional persons in MHC	David Lawrence Center	7/01/18

Goal # 2: Streamline the process for referral and admission to treatment courts and FIRST program for incarcerated individuals.

Objective #2	**Provide evidence based screening and assessment of the target population**			
	Task	**Performance Measure**	**Lead Organization**	**Projected Completion**
2.1	Obtain technical assistance from FMHI regarding best fit for screening and assessment for the target population	Partners attend / complete two trainings	DLC, CCSO, FMHI	April 2016
2.2	Identify best screening tools for use in jail screening	Partners choose screening instruments.	DLC, CCSO,	May 2016
2.3	Implement use of new screening tools	Staff are trained and have needed materials. Revise procedures.	DLC, CCSO	July 2016

Goal 3: Reduce the risk of incarceration and recidivism for persons with mental health and co-occurring substance use disorders.

Objective #3	**Improve supportive housing options**			
	Task	**Performance Measure**	**Lead Person or Organization**	**Projected Completion Date**
3.1	Facilitate the development of affordable rental housing,	Partners attend / complete two trainings	DLC, CCSO, FMHI	April 2016
3.2	Identify and eliminate barriers to the development and use of existing affordable housing.	Reach consensus among partners re best screening instruments.	DLC, CCSO,	July 2018
3.3	Cultivate benevolent landlords willing to lease to the target population.	Participants with felony history are able to obtain leases.	DLC, NAMI	December 2018
3.4	Increase supportive housing services to the target population.	Implement use of Peer Supported Housing Specialists	NAMI, DLC	December 2018

3.8.5.3.2. Description of the Strategic Plan.

The current Collier CJMHSA 2015-2019 strategic plan was completed after reviewing and updating the local Sequential Intercept Map, and including relevant aspects of partners' agency-specific strategic plans (CCSO, DLC and NAMI CC) to ensure cohesion among plans and coordinated community planning efforts. Since inception in 2010, the strategic plan is reviewed annually and updated as needed. Barriers to implementation of past plan priorities are described individually within the body of the 2015-2019 strategic plan.

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3.8.5.3.3. Project Design and Implementation:

The Collier County partners will provide three primary projects for the target population of adults with serious mental illnesses or co-occurring mental health and substance use disorders who are in, or at risk of entering, the criminal justice system. The components include: Centralized Access Center (CAC); Crisis Intervention Team (CIT) and Forensic Intensive Reintegration Support Team (FIRST). Interventions for each population are discussed below.

Community-Based Screening/Centralized Assessment Center. Pre-booking diversion seeks to divert the individual from booking and arrest altogether. The focus is on early diversion to treatment in order to address the root cause of the criminal behavior, eliminating virtually all subsequent contacts with the criminal system. The Collier FIRST project will facilitate criminal justice diversion in part through its *Centralized Assessment Center (CAC)*. The CAC will provide direct linkage for the CIT officers and to the FIRST as a community-based alternative to arrest, incarceration, and /or forensic hospitalization. David Lawrence Center (DLC) is the de facto Centralized Receiving Facility in Collier. DLC provides the only designated Baker Act Receiving Facility/Crisis Stabilization Unit and the only detox unit in the county, and as such, all acute care admissions currently occur at a single site.

David Lawrence Center's Centralized Assessment Center (CAC), is located at the DLC main campus. The CAC changes the way, and reduces the timeframe, in which individuals with mental health and substance abuse problems gain access to care. The CAC follows the promising practices of centralized appointment scheduling. The centralized system allows counselors to focus on seeing clients instead of scheduling, making phone calls, and other logistical tasks. Shared electronic calendars will help to facilitate the process. The CAC workflow handles all walk-ins, call-ins and referrals to the David Lawrence Center in a timely manner. Facilitating swift and appropriate referrals, the CAC staff members are highly skilled in DLC programs, DLC staff expertise and local community resources. The CAC's behavioral healthcare professionals gather information, make initial clinical decisions and schedule a first appointment within three days of first contact. Program staff include:

- Three paraprofessional (Bachelor's level with experience) triage clinicians
- Practice manager who oversees three support staff
- Switchboard operator
- Six Master's level assessors
- A Service Director who manages the overall program

An important element of the program is a 'state of the art' Call Center. Through the Call Center, DLC' CAC staff will assure all calls are answered within three rings, twenty-four hours a day, seven days a week. Doing so ensures that callers gain swift access to needed mental health and substance abuse services.

The CAC will use a process for information gathering after which 90% of required paperwork is completed (eventually electronically) prior to the first appointment. This allows clinicians to spend all of their time providing face-to-face treatment and intervention.

Reintegration: Forensic Intensive Reintegration Support Team. Intensive community reentry/reintegration services are provided through an enhanced Forensic Intensive Reintegration Support Team (FIRST). FIRST provides reintegration services via a Forensic Intensive Case Management model, including individual and group therapy, supported housing, supported employment, peer supports, and access to benefits via SOAR. The program capacity will increase from 60 to 70 at any given time, with an expected average length of stay of six to twelve months. The projected number served by the program is 100 persons.

Collaboration Structure and Successful Project Implementation. The members of the Planning Council, including each of the agencies discussed above, has demonstrated its long-term commitment to the project. This commitment is demonstrated through completion of an interagency Memorandum of Understanding (MOU), participation in the CJMHSA Planning Council and strategic planning, and through its ongoing operations of several local centralized coordination projects: CIT, Mental Health Court, Drug Court, FIRST, and HUGS. Additionally, the partners have committed to providing 100% match, including cash match in excess of the required amounts. The CJMHSA Planning Council and subcommittees will facilitate improved coordination of the current criminal justice, mental health and substance abuse programs and provide direction for future development and sustainability. Council member input is essential to ensure the programs are meeting the needs and expectations at both the policy-making and service delivery levels. The Council, (see Table 3) meets quarterly, and will continue to complete an annual strategic plan review and revision.

Screening and Assessments. The Reintegration Specialists at Collier County jail screen potential persons for inclusion in the FIRST program. If deemed appropriate, the persons are then referred by Armor Discharge Planners for additional screening and eligibility. Armor completes the appropriate screening tool. Based upon two FMHI technical assistance center trainings/meetings, the collaborative partners have changed from the use of the LSI-R to three screening tools more suited to the program's needs. These include the *MHSF III, PCL-5 Trauma Assessment, TCUDS-IV Substance Abuse Assessment. Each is described in Table 6.*

Screening Tool	Purpose	Description / & Validity for Target Population
Mental Health Screening Form III [6]	Mental Illnesses	Short, understandable, inexpensive, and easy to use. The tool is not meant to be diagnostic but rather one which can better screen for possible mental health problems. Valid and reliable for use in jails.
PCL-5 Trauma Assessment[7]	Trauma	20-item self-report measure that assesses the 20 *DSM-5* symptoms of PTSD. 25 years of research have supported the validity of the PCL to assess PTSD in a wide range of populations, including jails.
TCUDS IV Substance Abuse Assessment[8]	Substance Abuse	Based on the DSM-5. The TCUDS V screens for mild to severe substance use disorder, and is particularly useful when determining placement and level of care in treatment. Valid for use in jails,

Table 6. Screening Tools to identify the target population.

Screening and Assessment Process. Armor Correctional notifies the FIRST Supervisor within 30 days of release for FIRST case managers to complete their triage in the jail. FIRST Case Managers provide in-jail triage two days each week as well as at the David Lawrence Center case management offices. If the person is appropriate they then become active in the FIRST program. Referrals may also be received from the CAC as or other professional staff at DLC or community partner agencies. The DLC supervisor assigns each person to a case manager who then assists the person with linkage to complete his clinical assessment at the Centralized Assessment Center.

DLC's Centralized Assessment Center consists of trained and skillful professionals who facilitate clinical triage for all individuals/ages and determine the immediate needs of the individual. Services can be accessed 24 hours a day, 7 days a week via a centralized access number or by walk-in. The role of the CAC includes, but is not limited to, ensuring that the person's needs are assessed and addressed promptly and appropriately via an individualized, client-centered approach.

The clinical triage and service access delivery systems are provided under the supervision of Licensed Independent Practitioners with the skills, experience, and credentials to meet the needs of the individuals served, as indicated and appropriate.

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[6] Ruiz, Peters, Sanchez, Bates. (2009). Psychometric Properties of the Mental Health Screening Form Iii Within a Metropolitan Jail. Criminal Justice and Behavior, *36*, 6 607-619.

[7] Weathers, F.W., Litz, B.T., Keane, T.M., Palmieri, P.A., Marx, B.P., & Schnurr, P.P. (2013). The PTSD Checklist for DSM-5 (PCL-5). Scale available from the National Center for PTSD at www.ptsd.va.gov.

[8] Institute of Behavioral Research. (2014). *TCU Drug Screen V (TCUDS V)*. Fort Worth: Texas Christian University, Institute of Behavioral Research. Available at ibr.tcu.edu

The model of care is based on best practice principles which incorporate the client/family/referral source involvement, initial assessment of needs, and immediate determination of medical necessity criteria with the appropriate response and plan of action.

The clinical assessment initiates the therapeutic process by the systematic collection of data, based on Clinical Practice Standards which may include: identification of the individual's presenting problems; family/social environment; spirituality/religious beliefs; possible barriers to treatment; personal history; strengths and weaknesses; potential speech and language issues; educational/vocational history; learning styles and needs; legal history; medical/physical history; nutritional issues; substance use/abuse history; history of psychiatric problems/treatment; risk assessment; mental status; functional status; diagnostic impressions; a summary, analysis and interpretation of the assessment data that supports the diagnosis; treatment recommendations; and a list of assessed needs not to be addressed in treatment.

Additional assessments are determined by care setting, the client's need and desire for care (significant changes occur in client's condition or diagnosis), as well as the individual's response to previous care and treatment. The clinical assessment is routinely updated annually for clients who remain active in a treatment program. However, the assessment of an individual is an ongoing process throughout treatment, for the purpose of continually identifying and prioritizing client needs.

A medical profile is completed during the assessment process, which provides a physical status/medical screening to identify need for further education, referral and testing in these areas.
Specialty assessments/evaluations may be completed by staff specially trained and certified in specific areas (e.g., psychiatric examinations.).

Education is an integral part of the assessment process. When appropriate, educational materials that are suitable to the client and family's learning abilities, language, and other specific needs are distributed and explained to clients and families. These materials encompass a holistic approach, addressing the client's physical, mental, nutritional, cultural, and spiritual needs, and can include information about the diagnosis, nature of the illness, and both agency and community resources available. Individuals routinely receive orientation on how to access services, information on rules specific to each program/service, and education on the treatment process. Individuals are encouraged to take an active role in the treatment planning process and family members are encouraged to become involved when appropriate, and the person has given consent.

FIRST participants' goals and objectives are developed in an intervention plan with input from the client. Case Managers and Peer Specialist assist participants in reaching their goals.

Law Enforcement. Each year, the CJMHSA Planning Council, including the Collier County Sheriff's Office (CCSO), reviews its strategic plan along with the sequential intercept map and adjusts objectives and targets accordingly. CCSO maintains its own strategic plan which includes several goals for implementation and expansion of diversion initiatives (see Strategic Plan).

Crisis Intervention Teams (CIT) facilitate interagency collaboration and increased access to mental health treatment. CIT helps to ensure improved early intervention for multi-system involved individuals, promotes cross-training for justice and treatment professionals. Continuation of CIT training is the central foundation of the overall local CIT program. As an ongoing partnership between law enforcement agencies, the David Lawrence Center, and NAMI will continue to conduct a minimum of four, 40-hour CIT training events each year. These events are hosted by NAMI of Collier County and include significant participation of consumers and families. Training participants include not only CCSO officers, but all pertinent jurisdictions to the extent possible, including City of Naples and Marco Island Police Departments, jail personnel, Florida Fish and Wildlife, and the local Port Authority.

The goal for the training is to saturate the entire community with CIT-trained law enforcement personnel. Training enhances understanding of mental illnesses, improves the community's responses in crisis communication skills, knowledge of resources and help to ensure officers are confident in their ability to employ non-physical interventions. While training is essential, it is not sufficient to comprise a CIT program, which is more than just a 40-hour training for a group of officers. Therefore, another goal for local law enforcement is to adopt a formal CIT model by 1) expanding the Sheriff's CIT Unit by adding a CIT Sergeant; 2) designating a CIT Leader for each patrol and corrections shift; and 3) fully implementing Computer Aided Dispatch (CAD) tracking and monitoring for CIT calls.

Goals/Outcomes

- Expand local initiatives to increase public safety, avert increased spending on criminal justice systems, and improve the accessibility and effectiveness of treatment services for adults with mental illnesses and co-occurring mental health and substance abuse disorders, who are in, or at risk of entering, the criminal justice system
- Reduction in crime/recidivism/use of forensic institutions

Objective 1: Establish programs and Diversion Initiatives

- Expand the FIRST team to serve up to 100 persons over the course of the three-year project.
- Enhance the FIRST program to focus on serious mental illnesses and co-occurring substance abuse disorders.
- Maintain a FIRST: staff to participant ratio of 1:20 or lower.
- Provide evidence-based practices according to each model as demonstrated by % degree of adherence on fidelity scales.
- 52 CCSO Deputies will be CIT trained annually, 156 throughout the 3 years.

Objective 2: Collaboration

- Participate in planning council meetings, strategic planning process, FIRST Oversight Committee meetings.
- Evaluation team completes process and outcome evaluations annually.

Objective 3: Improved Quality of Life

- Obtain disability benefits for 80% eligible program participants within one year of application.
- Improve participants' motivation to change problematic behaviors
- Demonstrate improvement in each participant on the Quality of Life self-report scale.
- FIRST enhancement funds are used for individualized recovery supports to address barriers to treatment and community integration.

Key Activities and Responsible Agency. The Collier FIRST project includes collaboration of several local partners to complete activities under the grant. These activities are listed below for each partner agency:

Collier County Housing and Community Services (CHCS) is the primary contracted entity with DCF, and is responsible for ensuring all partners adhere to the DCF MOU. CCHVS will execute contracts with each partner for services described below, and will provide general oversight and grant payments in accordance with applicable OMB Circulars A-87 and A-122, including the upcoming OMB 'Super Circular'.

The David Lawrence Center (DLC) provides a full range of mental health and substance abuse (MHSA) services in Collier County accessible to program participants. DLC's Centralized Assessment Center (CAC) will improve access to mental health screening and assessment for CIT officers, families and individuals in need. The CAC will also help to divert individuals from jail and into MHSA services through the FIRST team. The diverted individuals may include those who would otherwise have entered a forensic institution.

DLC also conducts activities for the FIRST team, including case management, mental health counseling, employment and living skills coaching, and clinical supervision for integrated mental health and substance abuse services. The FIRST program operated under the Adult Community Services department, along with the DLC Forensic program umbrella, which includes mental health court, drug court, Veteran's treatment court, forensic case management and a community-based competency restoration program. With advance notice, DLC will facilitate scheduling outpatient psychiatric appointments for participants within one day of discharge from the jail. The case managers will assist with SOAR application processes, and will ensure linkage to primary care and medical follow up for each participant. All of the DLC programs are available to FIRST participants who, in case of any wait lists, will have priority. DLC will bill Medicaid, Medicare, and the state contract for community-based treatment costs for individuals when possible. The intensive case management model includes 'enhancement funds'

which help pay for items that are necessary to facilitate community integration, including housing, transportation and medications.

NAMI of Collier County provides mental health and substance abuse strategies by employing a Florida Certified Peer Recovery Specialist (CPRS) on FIRST to provide support, information, and assistance with access to community resources. The Peer Specialist is trained in SOAR, (SSI/SSDI Outreach, Access and Recovery) a promising practice that provides a specialized means of facilitating attainment of disability benefits for eligible participants. The Peer Specialist ensures participants are linked to various support systems in the community including affordable housing, education/employment, the NAMI Sarah Ann Drop in Center, families and support groups. NAMI will continue to facilitate a 40-hour CIT training four times per year. NAMI's Peer Specialist and will provide the follow up with FIRST program participants after discharge and gather data required to determine attainment of long term performance measures including housing and employment.

Collier County Sheriff's Office (CCSO). CCSO will provide law enforcement strategies by training 100% of its officers in CIT, including patrol, corrections, and 911/dispatch deputies. CIT training takes place every other month in the NAMI of Collier County training room, with 20 attendees at each. CCSO will also provide substance abuse treatment strategies by continuing its Project Recovery program in the jail.

CCSO will provide in-jail screening and employ Reintegration Specialists through contract with Armor to facilitate further screening, assessment, and referral of jail inmates to the FIRST program and/or Project Recovery. Armor will take the lead in assertive and focused individualize discharge planning for FIRST participants. These activities will guide FIRST activities and help facilitate access to an array of individualized community services and supports to support optimal reintegration into the community.

Ancillary Social Services: A number of social service agencies will also provide supports for participants through referral and coordination of FIRST members. These include but are not limited to: The Agency for Persons with Disabilities; St. Matthews House; Salvation Army; Collier Hunger & Homeless Coalition; Collier Housing and Community Services; Vocational Rehabilitation; Department of Children & Families' ACCESS Florida (food stamps, Medicaid); Collier County Housing Authority (rent and utilities assistance); and various faith- based supports and food pantries.

3.8.5.3.4 Strategies

Forensic Intensive Case Management (FICM). The FIRST follows an intensive case management model. In the FICM model, individuals receive supports of an interdisciplinary, community-based team with a staff to participant ratio of 1:20 or lower[9].

[9] National GAINS Center

Supported Housing. SAMHSA's Supported Housing Toolkit[10] will direct the FIRST efforts to provide supported housing services for program participants. Principles include: flexible, individualized recovery support services; community integration through affordable, scattered site housing; choice of housing based on individual needs and preferences; and peer supports. All FIRST team members will receive training in the model.

Supported Employment. FIRST will follow the SAMHSA evidence based Supported Employment Toolkit[11] to guide efforts to help participants choose, get, and keep competitive employment. The NAMI CRPS will be trained in the use of the model.

Disability Benefits. SOAR, (SSI/SSDI Outreach, Assessment and Recovery) is a best practice model aimed at facilitating attainment of disability benefits for people with serious mental illnesses. FIRST staff is trained and receives ongoing supervision in the practice, and will employ SOAR practices for all eligible participants, with the goal of obtaining benefits for 80% of them.

Peer Support. Peer support is a best practice and an essential component of recovery programs for adults with serious mental illnesses. A Florida Certified Peer Specialist will provide recovery supports including linkage to support groups and the NAMI-based, consumer-run Sarah Ann Drop In Center and Clubhouse. The Peer Specialist will be supervised by the NAMI Director of Peer Initiatives, CRPS.

Moral Reconation Therapy (MRT). DLC therapists provide specialized group or individual counseling to meet the diverse and complex needs of the population, including trauma informed treatment, cognitive behavior therapy for co-occurring substance abuse and mental health problems, and Moral Reconation Therapy (MRT) MRT is a systematic cognitive behavioral treatment strategy that seeks to decrease recidivism among criminal offenders by increasing moral reasoning. MRT has been shown to reduce recidivism. MRT graduates had significantly fewer re-arrests than their counterparts who did not successfully complete the program[12].

Motivational interviewing (MI). All FIRST staff members are trained in motivational interviewing techniques. MI techniques help to engage and retain participants in treatment, supports self-efficacy, and uses shared decision-making to identify goals.

MI is an evidence-based, client-centered style of counseling. Based on the assumption that an ambivalent attitude is an obstacle to behavior change, motivational interviewing helps clients explore and resolve ambivalence to improve their motivation to change their behavior[13] Key features of motivational interviewing include nonjudgmental reflective listening on the part of the counselor, with the client doing much of the work

[10] SAMHSA Publications SMA08-4365
[11] SAMHSA Publications SMA10-4510
[12]Byrnes, Kirchner & Heckert, 2007.
[13] (Miller and Rollnick, 1991; Resnicow and McMaster, 2012;Substance Abuse and Mental Health Services Administration, 2015).

him- or herself. A concrete action plan for behavior change with measurable goals is developed, and sources of support are identified.

Drop In Center. NAMI's Sarah Ann Drop In Center (SAC) provides a welcoming and supportive place to socialize and participate in life-enriching activities. The SAC is open six days a week, serving lunch daily. Many current regular SAC members are past participants in the FIRST program. NAMI is currently transitioning to include a Clubhouse component so that members who want to may participate in a work ordered day.

3.8.5.4 Performance Measures

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

Standards. The FIRST Case Manager will keep ongoing documentation of program data on a participant roster. Information will also The FIRST Oversight committee will gather data from the FIRST team members and document progress for each of the performance measures listed below in Table 7.

Process for collecting performance measure data. The FIRST program includes elements and interventions specifically designed to target each of the required performance measures. This includes supported living and supported employment services; counseling focused on remediating individual criminogenic risk factors, mental health and substance abuse issues; case management ensures individuals are connected to needed resources and that individuals are diverted from state treatment facilities whenever possible; and peer supports ensure each participant receives recovery-oriented services, is connected to natural supports, and enjoys the best possible quality of life.

Both process and outcome data, in addition to the performance measures cited in Table 7, data will be collected and reviewed/analyzed monthly by the FIRST Oversight Committee. The FIRST program includes elements and interventions specifically designed to target each of the performance measures listed. Process and output data includes but is not limited to:

- Number of screenings completed.
- Referrals made to FIRST including source, timeframe, level of need/risk, barriers.
- Attendance at and results of meetings conducted including weekly FIRST team meetings; monthly Oversight Committee, Quarterly CJMHSA Planning Council meetings, and FMHI technical assistance trainings.

- Number served / encountered in case management, supported employment, CIT, DLC assessment center, peer supports, SOAR.

Responsible staff. The DLC Program Assistant/Case manager will collect the raw data for the performance measures for enrollees, except Quality of Life data which will be collected and reported by the NAMI Peer Specialist. The NAMI Peer Specialist will be responsible for contacting discharged participants for the long-term performance measure data. CCSO jail personnel will collect and track data regarding total number of persons with mental illnesses or co-occurring substance use disorders in the jail; and screenings and referrals to FIRST. DLC case manager maintains a participant roster within which detailed data is kept regarding each person referred and admitted to the program. This includes number of previous arrests, dates of referral, admission, and discharge, as well as demographic information. David Lawrence Center maintains an electronic medical record for each enrolled FIRST participant which includes individual progress notes including case management, psychiatric or counseling encounters, and any residential or acute care admissions.

The FIRST Oversight Committee, comprised of supervisors of direct care staff, will collectively and cross-agency review and revise each data element for accuracy and quality assurance purposes. In addition, each partner agencies' own Quality Improvement (or equivalent) committee will review its own internal data for accuracy and quality.

Results of the data analysis will be compiled by the FIRST Oversight Committee and distributed to the CJMHSA Planning Council each quarter. Upon review, Council members may suggest additions or changes to the program activities to improve performance.

3.8.5.4.2. Proposed targets and methodologies to address the measures specified in **Section 2.4.2**.

Section	Performance Measure: *% of Participants*	Methodology	%
2.4.2.1	Arrests or re-arrests while enrolled	Review arrest database monthly	50
2.4.2.2	Arrests or re-arrests among participants within one year following program discharge	Review arrest database monthly	50
2.4.2.3	Not residing in stable housing environment at Program admission who reside in stable housing within 90 days post admission.	Case manager home visit or participant report	60
2.4.2.4	Reside in a stable housing environment one year following program discharge.	Case manager home visit or participant report	60
2.4.2.5	Not employed at admission who are employed full or part time within 180 days of admission	Verification of employment	60
2.4.2.6	Employed full or part time one year following program discharge.	Participant report at time of follow up call	60

2.4.2.7	Assisted by the program to obtain benefits for which they are eligible but not receiving at admission.	Evidence of benefit attainment (SSI/SSD)	80
2.4.2.8	Diverted from State Mental Health Treatment Facility.	Receiving facility (DLC) records	50
2.4.2.9	Exhibit improvement in a Quality of Life Self-Assessment	QLSA written reports	90

Table 7. List of performance measures and methodology

3.8.5.4.3. Additional proposed performance measure unique to the tasks outlined in the application, including proposed targets and methodologies.

Quality of Life Self-Assessment Rating Scale. The scale is currently used by the Sarah Ann Drop in Center as required by contract with the local managing entity. It provides a meaningful, individualized measure of variables related to a person's quality of life as personally experienced. Participants are asked to rate how things are going in different areas of their lives:

On a scale of 1 to 10, overall, how would you rate your...?

- Involvement in work, employment
- Social life
- Participation in community activities (Leisure, sports, spiritual, volunteer work)
- Ability to have fun and relax.
- Physical health.
- Level of independence
- Ability to take care of yourself (staying healthy, eating right, avoiding danger).
- Self-esteem (how you feel about yourself).
- Overall, how are things going in your life?

In addition to providing a measure of program success, the peer specialist can use the scale as a discussion point and to help target recovery supports and interventions.

3.8.5.5. Capability and Experience

Collaborative Partners. The key project partners have a proven history of collaboratively developing and managing criminal justice diversion programs in Collier County. These include: 1) An adult mental health court in operation since 2007; 2) an Adult felony drug court, active since 2000; 3) a Veteran's Treatment Court, active since 2015, the FIRST reintegration case management program, active since 2010; and 5) Crisis Intervention Team (CIT) training since 2008.

The primary grantee partners are all members of the Collier CJMHSA Planning Council. The group has collaborated on CJMHSA strategic plans together since 2010. The Planning Council and subcommittees will facilitate improved coordination of all of the current diversion programs and provide direction for future development and

sustainability. The collaborative partners have consistently used the CJMHSA Technical Assistance Center throughout the past several years to provide expert consultation and training to improve the local response to the target population.

Collier County Community and Human Services (CCHS). The Collier County Board of County Commissioners (BoCC) will act as the applicant, primary grantee, and fiscal agent for the collaborative project. CCHS, a department of the BoCC, is an experienced grantee for criminal justice and behavioral health programs. The CCHS is a past recipient of the Bureau of Justice Assistance Drug Court Enhancement grant 2011-2013. CCHHVS is a current grantee for the Florida Department of Children & Families' Criminal Justice Mental Health & Substance Abuse Reintegration grant since 2010. The County Community and Human Services (CCHS) office will: 1) Provide continued oversight of the CJMHSA Grant program; 2) continue to convene the partners for regular collaboration meetings (CJMHSA Planning Council); 3) collect and compile data from partner agencies as required by the grant; and 4) submit required programmatic and financial reports to DCF. The coordinator will ensure compliance with the statutory and mandatory requirements of the grant program requirements and serve as the primary point of contact with DCF.

Collier County Sheriff's Office (CCSO). The Collier County Sheriff's Office has been providing CIT training for the past eight years, for a minimum of four trainings per year. This is not only for CCSO staff, but includes other local jurisdictions including Naples and Marco Island Police Departments; Hendry and Highlands County Sheriff's Offices; and non-LEO participants such as mental health and criminal justice staff such as Public Defenders, Judges and State Attorney's office representatives.

David Lawrence Center (DLC). DLC provides comprehensive mental health and substance abuse services for all of Collier County, including inpatient, outpatient, residential and community-based prevention and treatment services. Evidence-based programs include supported employment, supported housing, and homeless services through the Project in Transition from Homelessness (PATH). DLC's organization follows the trauma informed care principles. Forensic services department includes Drug Court, Mental Health Court, community-based competency restoration and the jail community reintegration program (FIRST). David Lawrence Center also helps sponsor the CIT training courses.

David Lawrence Center is accredited by the *Joint Commission on Accreditation of Healthcare Organizations (JCAHO)* and has decades of experience administering millions of dollars in annual federal, state, and local government grants and contracts. The Center maintains an exemplary record of meeting or exceeding expectations of each of its grantor and contractor organizations. The DLC Adult Community Services Department (CSD) Director serves as the Co-Chair of the CJMHSA Planning Council. The CSD works closely with the CCSO CIT Unit, providing on-call assistance as needed for CIT calls. David Lawrence Center's Community Assessment Center (CAC) provides assessments on a walk-in basis, 24 hours a day 7 days a week. DLC is the sole Baker

Act receiving facility in Collier County which helps to facilitate a swift drop off point for CIT officers when diverting individuals from arrest.

NAMI of Collier County (NAMI CC) NAMI CC is a member of the Collier CJMHSA Planning Council and ensures active, meaningful participation of consumers and family members. Since 2005, NAMI has provided one of the two adult mental health Self-Directed Care projects in Florida, assisting up to 100 persons per year with person-centered, recovery-oriented service planning.

NAMI CC has been a collaborative partner for the Collier County CIT training for the past eight years. NAMI CC assists with coordination of schedules and provides a large training room for CIT Training, including facilitation of a celebratory luncheon for CIT graduation. In 2014, NAMI Collier was awarded a competitive contract for the Florida Statewide Behavioral Health Training and Information and Referral Line. The contract is in its second three-year cycle and not includes a statewide peer-run warm line and the Born Drug Free Information and Referral line. NAMI also employs Certified Recovery Peer Specialists in several other programs, including the Sarah Ann Drop In Center, outreach within the David Lawrence Center's Crisis Stabilization Unit, various support groups, and administrative support positions. NAMI CPRS staff may assist individuals successfully transition back into the community following discharge from a SMHTF, CSU or Detox or jail facility. The CRPS participate in discharge planning and assist the person in identifying community-based service and support needs and build self-directed recovery tools, such as a Wellness Recovery Action Plan (WRAP). The CRPS then supports the individual as they transition to the community.

3.8.5.5.2. Availability of Resources.

Local Resources for the Target Population. There are several features of the current systems for adults in Collier County that are particularly noteworthy. These include but are not limited to:

- Immersion in Crisis Intervention Teams (CIT). Four local trainings per year.
- National Alliance on Mental Illnesses (NAMI) Collier and consumer involvement
- Mental Health Court, Veteran's Treatment Court and Adult Drug Court
- Judicial leadership: Same Judge for all specialty courts
- Interagency relationships
- Integrated, co-occurring capable and specific provider (David Lawrence Center)
- Collaborative interagency pursuit of multiple grants: BJA, DCF, SAMHSA
- In Jail substance abuse treatment services: Project Recovery
- Forensic Intensive Reintegration Support Team (FIRST)
- SOAR (SSI/SSD Outreach, Advocacy, and Recovery)
- Supported Employment and Supported Housing via DLC, FACT, NAMI
- Support from broad community –Homeless services/shelters
- NAMI Collier consumer run Drop In Center and Clubhouse
- Certified Peer Recovery Specialists (CPRS) at NAMI and partner organizations

- Florida Assertive Community Treatment (FACT) Team
- Florida Self Directed Care operated by NAMI Collier
- The Willough at Naples treatment for co-occurring disorders
- PATH (Projects for Assistance in Transition to Homelessness) program at DLC
- HUD Housing 24 units operated by David Lawrence Center

3.8.5.5.3. Role of advocates, family members, and responsible partners.

NAMI of Collier County is an integral partner in all aspects of the local project. NAMI employs consumers or family members in over 80% of its positions. NAMI operates a consumer-run drop in center, the statewide peer-run behavioral health training and warm line, and Florida Self-Directed Care. NAMI takes the local lead in facilitating 40-hour CIT training four times per year. Through NAMI, the FIRST program employs a Certified Peer Recovery Specialist (CPRS). NAMI's CPRS staff participates in the weekly client staffing and the quarterly FIRST Oversight and/or CJMHSA Planning Council meetings. Several other consumers and some additional CPRS attend the Planning Council meetings and provide regular and direct feedback on the project to each of the partner organizations. Consumer participation and input is essential to continuous quality improvement of the FIRST program.

3.8.5.5.4. Proposed staff

Agency	Position (Level of Effort)	Activities
Collier County	Grant Coordinator (.11) Accountant (.11) 6) Grant Support (.25)	Grant Oversight,
Collier County Sheriff's Office/Armor	1)Reintegration (2.15) 2) Discharge Plan Supervisor (.20)* 3) Supervisory 3) Grant Support (.27)	1-2) Jail-Based screening referral, APIC, LSIR risk assessment. 3) Grant Coordination
David Lawrence Center	1) Case Manager (2.0)* 2) MH Counselor (.125)* 3)Supervisor (.40)* 5) CAC Clinician/Evaluation 1.05)* 6) Grant Support (.675)	1-4) FIRST: SOAR, psychiatric and primary care referral, competency restoration, housing, employment. Group, family counseling. 5) Centralized Assessments 6) Grant Coordination
NAMI of Collier County	1) Certified Peer Recovery Specialist (.75)* 2) CIT Coordinator (.30) 3) Executive Director (.15)	1-2) CPRS Recovery supports, supported housing, supported employment, SOAR. 2) CIT support 3) Oversight/ Program Evaluation

Table 8. List of proposed staff.

3.8.5.6. Evaluation and Sustainability

3.8.5.6.1. Evaluation

The Collier FIRST program evaluation will be conducted by a team of individuals from each of the partner agencies. NAMI's Executive Director will provide the primary evaluation function, along with evaluation team members from David Lawrence Center, Armor Correctional, and the Collier County Sheriff's Office. The evaluation team will develop a plan for data collection and analysis, including stakeholder input, within the first quarter. The evaluation will include using jail, court, arrest, program, referral data as well as secondary administrative data. Questions to for the evaluation to examine include, but will not be limited to:

- What are profiles of people and patterns of service for the program?
- Who is getting what referred and who is not?
- What is the average number of arrests prior to entering the program?
- How many received mental health and/or substance abuse services prior to entering the program?
- Who is successfully completing the program?
- Do the recidivism rates improve for those who complete the program compared to those who do not enter or do not complete the program?
- Does previous arrest history impact recidivism?
- Does previous type of charges impact recidivism?
- Does intensity of service received impact recidivism?
- Does demographic, behavioral diagnosis impact recidivism?

The internal collaborative evaluation will include a process evaluation to examine the extent to which the project was implemented according to the proposed elements including implementation timeframes, agency involvement and staffing/qualifications. The outcome evaluation will examine the extent to which the goals and objectives and performance measures were met, including the extent to which recovery-oriented behavioral health services, such as supported housing and peer supports, have increased through the FIRST team. The process and outcome evaluations will each use qualitative data such as participant and partner surveys, along with the qualitative objective and performance measure data. Semi-annual progress reports and annual fiscal reports will be completed by the contracted agencies, approved by the Planning Council and submitted to DCF by the CCHS Grant Coordinator.

Cost Savings/Averted Costs

Central Assessment Center and CIT. CCSO patrol officers (nearly 100% are CIT trained) will have a direct means of diverting individuals from arrest with the implementation of the CAC. If the CAC diverts 20% of persons accessing its services away from incarceration and into community based programs, it will possibly divert 400

persons over the course of the 3 year CJMHSA project, based on an estimated 2,000 served at the CAC over 3 years. Given the average daily cost of person *(not* with a serious mental illness) in jail of $138 (See Table 1), and using a conservative average length of stay of 90 days, the CAC pre-booking diversions alone could provide a potential savings in jail costs to the local community of $4,968,000 over 3 years, or **$1,656,000** per year.

FIRST Forensic Intensive Case Management (FICM). The use of the intensive case management model with separate evidence-based components, Moral Reconation Therapy, Supported Housing, Supported Employment, and Peer Supports, has been shown to reduce recidivism in adults with mental illness and substance abuse problems[14]. The rate of reduction can vary but a 50% reduction in recidivism is a conservative estimate given the chronicity of participants' arrest histories. If 50% of the proposed 300 served over three years, or 150 people are not rearrested, given an average jail stay of 90 days and cost of $350/day, the three-year savings would be **$4,725,000, or $1,575,000 per year**.

Reduced use of State treatment facilities. CIT reduces arrests. According the CCSO CIT Coordinator, CIT training has directly contributed to a 142% increase in CCSO-initiated Baker Acts (involuntary mental health commitments) from 2008 to 2015 (n=502 - 1226). This represents a significant improvement diverting individuals from law enforcement to the mental health system. In addition, individuals are less likely to have legal charges that may have led to forensic commitments. Over the past 5 years, only 21% of previous FIRST participants were rearrested. In addition to FIRST, other resources are available to avert forensic admissions including a community-based competency restoration program and mental health court. Many previous forensic hospital admissions were for those persons found Incompetent to Proceed with legal processes after a felony arrest. The state forensic institution was the only place for them to receive competency restoration, which is now available in the community. As a result, the persons admitted to the forensic institution recently were those few who were deemed not capable of being safely housed in the community.

3.8.5.6.2. Sustainability

The Collier CJMHSA Planning Council will continue to use the *Sequential Intercept Model* as a conceptual framework to organize targeted strategies for justice-involved individuals with serious mental illness. Planning and evaluation efforts will also continue use of the *Collaboration Assessment Tool (CAT)*[15] to depict strengths and weakness and to chart a course for improving collaboration between mental health and criminal justice partners. The CJMHSA will use the CAT at baseline and annually to assess the degree to which collaboration levels increased during the grant period. Worksheets will be completed by both criminal justice and mental health representatives at the CJMHSA Planning Council meeting, with answers representing a consensus. The worksheets

[14] GAINS Center. Gainscenter.samhsa.gov

[15] Criminal Justice Consensus Project. http://consensusproject.org/assessment

help to assess four categories: 1) Knowledge Base; 2) System Collaboration; 3) Service Coordination; and 4) Resources.

The Collier County CJMHSA Strategic Plan will be revised to include an in-depth 3-year funding and sustainability plan for all of the current and proposed local diversion programs by the end of year one of the grant. The use of evidence-based practices and an evaluation demonstrating evidence of effectiveness will each impart marketability of the program to future funders and secure support from stakeholders.

Many of the services provided by the team are eligible costs under other funding sources including Medicaid and state mental health contracts. Positive, documented outcomes of the grant will provide agency partners with compelling justification to modify existing programs and redirect resources to support the FIRST model or a similar program. While the partners will aggressively pursue funding from state and federal sources, the importance of continued local support cannot be understated. The Collier FIRST project partners have prioritized local funding for justice and mental health collaboration/diversion programs for many years, and have done so with very little state or federal assistance, demonstrating a likelihood of continuing to do so in the future

The project evaluation will include an analysis of the progress toward sustainability, including effectiveness of strategies to enhance or expand the local mental health and substance abuse system.

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3.8.6.2 Project Timeline

Collier County Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant Project Timeline

KEY TASKS, RESPONSIBILITIES MILESTONES		Year 1				Year 2				Year 3			
Project Milestones/Tasks	**Person(s) Responsible**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
Hire and Orient New Staff	CCHS/ DLC/ NAMI/ CCSO/ Armor	✔											
Quarterly CJMHSAPC Meetings	CJMHSAPC	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
FIRST, CAC, CIT services	NAMI, DLC, CCSO	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Weekly FIRST Meetings	FIRST Team Members	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Consultation & Training	CJMHSAPC FMHI	✔		✔		✔		✔		✔		✔	
Data Collection Plan Completed	Evaluation Team	✔											
Data Collection /Analyzed	Evaluation Team	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Review/Revise Strategic Plan	CJMHSAPC				✔				✔				✔
Conduct CIT Training	NAMI/CCSO/DLC	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
In Jail Screening	CCSO/Armor	✔	✔	✔	✔		✔	✔	✔	✔	✔	✔	✔
Meet target for # individuals served	FIRST Team Members					✔							
Quarterly Program Status Report	CCHS/CCBCC			✔			✔			✔			✔
Quarterly Financial Report	CCHS/County Administrator			✔			✔			✔			✔
Final Program Status Report	CCHS/CCBCC												✔
Final Financial Report	CCHS/County Administrator												✔
Project Evaluation Completed	Evaluation Team				✔				✔				✔

Table 9. Project Timeline