3.8.4 TAB 4: PROJECT NARRATIVE

3.8.4.1 STATEMENT OF THE PROBLEM

After years of major reductions in funding for public mental health services, jails increasingly are becoming de facto mental health institutions of last resort. Even in states that recently made modest increases in mental health spending, these gains have not been enough to offset the damage done by years of cuts. For instance, although the State of Florida actually increased its mental health budget in 2015, it still ranks 49th in state funding for mental health.[1] As a result of the deterioration of the public health system that has taken place since deinstitutionalization began in the 1960s, ***there are now ten times more seriously mentally ill persons in jails and prisons than in state psychiatric hospitals***.[2] What this means for many people struggling with mental illness in Monroe County is that they often do not have access to community mental health services that could help them manage their symptoms and prevent them from committing acts that result in their arrest. Instead, their symptoms go untreated, their condition worsens, and they eventually get arrested and spend time in jail for vagrancy and other minor charges. Lack of connection to appropriate treatment services in the community has led some Florida residents to cycle through jail dozens or even hundreds of times.[3]

Monroe County, the largest county in Florida by total area, is located at the southernmost tip of the Florida Peninsula. Monroe County has a total area of 3,738 square miles, of which 983 (26%) square miles is land and 2,754 (74%) square miles is water.[4] Although the "mainland" portion of Monroe County comprises 87% of its land area, more than 99% of Monroe County's population lives in the Florida Keys. This is because most of the mainland is protected as part of the Everglades National Park and Big Cypress National Preserve and is therefore mostly uninhabited by people. The Florida Keys are a chain of islands covering more than 137 square miles, and Key West, the county seat, is the largest island in the Keys. Because Monroe County has only one highway, traveling to Key West from other areas in the county can be time consuming and difficult, so other county government offices that handle basic public government functions are located in Marathon and Key Largo. Monthly meetings are rotated between Key West, Marathon, and Key Largo so that county commissioners can make themselves available to all residents.[5]

In order to address the significant impact mentally ill arrestees have on the justice system in Monroe County, Guidance/Care Center, Inc. (G/CC), in coordination with the Monroe County Criminal Justice Mental Health and Substance Abuse Planning Council,

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[1] National Alliance on Mental Illness (NAMI). (2015). *State Mental Health Legislation 2015: Trends, Themes, & Effective Practices.* Retrieved from http://www.nami.org/About-NAMI/Publications-Reports/Public-Policy-Reports/State-Mental-Health-Legislation-2015/NAMI-StateMentalHealthLegislation2015.pdf

[2] Torrey EF, Zdanowicz MT, Kennard AD, et al. *The Treatment of Persons with Mental Illness in Prisons and Jails: A State Survey.* Arlington, VA: Treatment Advocacy Center; 2014.

[3] National Sheriffs' Association, Treatment Advocacy Center. (2014). *The Treatment of Persons with Mental Illness in Prisons and Jails: A State Survey.* Retrieved from http://tacreports.org/storage/documents/treatment-behind-bars/treatment-behind-bars.pdf

[4] U.S. Census Bureau. (2016). *State & County QuickFacts: Monroe County, FL.* Retrieved from http://www.census.gov/quickfacts/table/PST045215/12087.

[5] Monroe County Florida. (2016). *History.* Retrieved from http://www.monroecounty-fl.gov/index.aspx?NID=613.

is proposing a project to expand diversion and treatment services for justice-involved adults, as well as juveniles within the adult system, who have a mental illness or co-occurring mental health and substance use disorders. ***The Monroe County Sheriff's Department reports that 77 adults entering the Monroe County Jail last year had active symptoms of mental illness. Mentally ill inmates were incarcerated a total of 3,518 days last year, costing the County more than $355,000.*** Moreover, the recidivism rate for mentally ill inmates is exceedingly high, 68% as compared to 30% for the overall jail population. Repeated patterns of arrest and incarceration are likely to continue unless these individuals are able to gain access to significant community treatment interventions.

There is also a high correlation among incidences of mental illness, arrest, and homelessness. The most recent Point in Time (PIT) survey that contains information on homeless incarcerated individuals was conducted by the Monroe County Homeless Services Continuum-of-Care on January 27, 2015. This survey counted a total of 615 sheltered (not incarcerated) and unsheltered homeless persons living in Monroe County. The report also counted an additional 122 homeless individuals incarcerated at the Monroe County Detention Center on that day, 31 of whom were well-known frequent repeaters. Excerpts of the most significant passages from this report are below:

"Thirty-one (31) out of the one hundred twenty-two (122) homeless inmates reported above have been booked into the [Monroe County Detention Center] MCDC ten (10) or more times over the past ten (10) years with five (5) of those 25 or more times. The highest number of bookings for two (2) of these homeless offenders was seventy-eight (78) times. These thirty-one (31) individuals have spent a combined 36,643 days in the MCDC. At $80.40 per day, per inmate over the reporting period, the cost to Monroe County was $2,946,097.00 with an average cost per inmate of $95,035.00 over the 10 years. ***Of these one hundred twenty-two (122) homeless individuals incarcerated on January 27th, 2015, ninety-one (91) have been booked into the MCDC two (2) or more times over the past ten (10) years and spent a combined 67,285 days in jail. At $80.40 per day, per inmate, the total cost thus far is a staggering $5,409,488.22.*** Repeat inmates represent 74% of the total booked in this period.

Those who are homeless and have behavioral health disorders are overrepresented in the criminal justice system. ***State prisoners and local jail inmates who had a mental health problem were twice as likely as inmates without a mental health problem to have experienced homelessness in the year before their incarceration***, yet few have access to adequate medical or behavioral health care in the community or during incarceration. Lack of adequate treatment only exacerbates those behaviors that lead to arrest" (emphasis added).[6]

Mental health and substance abuse treatment services are an area of critical need in Monroe County and, as such, have high priority as a community concern. While certain services or aspects of care within the service delivery system are considered to be of

[6] Monroe County Homeless Services Continuum-of-Care, Inc. (2015). *2015 Homeless Point-in-Time Report.* Retrieved from http://www.monroehomelesscoc.org/2015-PIT-Report.pdf.

high quality, Monroe County needs additional resources to expand our capacity to provide and coordinate services for this extremely vulnerable and highly resource consumptive population. An expansion grant will enable the County to substantially decrease the number of days the target population spends in jail while also significantly reducing their recidivism rates, which will result in significant cost savings for the County and, even more importantly, increased access to safe and humane alternatives to continued incarceration for persons suffering from mental illness and co-occurring substance use disorders.

3.8.4.1.1 ANALYSIS OF THE MONROE COUNTY JAIL POPULATION.

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

Each arrestee identified as having a potential mental health issue will receive a preliminary screening to obtain information about the client and to determine appropriateness for diversion and intensive outpatient treatment. G/CC will complete the screening and will gather preliminary data related to the individual's mental health status, substance use, primary care needs, and living situation. If an individual is appropriate for the diversion program, staff will complete a more comprehensive assessment once admitted to determine the unique problems that affect the client and to ascertain and prioritize needs. The comprehensive assessment will obtain a detailed history of mental illness, including age of onset, duration and severity of any substance use, previous treatment history, homelessness history, educational and employment history, information regarding family and relationships, and information about behavioral risk factors for HIV, STDs, and Hepatitis.

For screenings taking place in the municipal court setting, G/CC clinicians will use the Modified Mini Screen (MMS) as the preliminary screening tool. MMS is a 22-item scale designed to identify persons in need of an assessment in the domains of Mood Disorders, Anxiety Disorders, and Psychotic Disorders. The client responds "yes" or "no" to each question, and each yes response scores 1, with scores ranging from 1 to 22. Scores in the mid-range of 6 to 9 indicate a moderate likelihood of a mental disorder, and there should be serious consideration to referring the client for a diagnostic assessment. Scores of 10 or more indicate a high likelihood of a mental disorder, and clients definitely should receive a referral for a diagnostic assessment. Additionally, positive responses to the question related to suicidality and both the trauma-related questions indicate the need for a referral for further evaluation, regardless of the total score on the MMS. A clinician typically can administer the MMS in about 15 minutes.[7] MMS validation studies in public sector settings in New York State, including jails, shelters, outreach programs, and traditional chemical dependency

[7] Sheehan, D.V., Lecrubier, Y., Sheehan, K.H., Amorim, P., Janavs, J., Weiller, E., Hergueta, T., Baker, R., & Dunbar, G.C. *The mini-international neuropsychiatric interview (M.I.N.I.): the development and validation of a structured diagnostic psychiatric interview for DSM-1V and ICD-10.* Journal of Clinical Psychiatry, 59 (suppl. 20), 1998.

treatment programs, showed good sensitivity, specificity, and reliability. MMS also performs equally well for men and women and for African Americans and Caucasians.[8]

G/CC will administer the comprehensive biopsychosocial co-occurring assessment tool mandated by the Managing Entity, the South Florida Behavioral Health Network (SFBHN). This 27-page assessment addresses all areas of a client's life, including employment, living situation, family relationships, primary care and behavioral health disorders, and legal issues. The behavioral health section of the assessment addresses all signs and symptoms related to mental health and substance use disorders coinciding with those in the DSM 5. The assessment lends itself to providing personal feedback to the clients and collaborating with the clients to develop a Wellness and Recovery Plan (i.e. treatment plan) that is individualized, identifies the clients' strengths and barriers, prioritizes their needs, and identifies the dosage, duration, and frequency of services that are most appropriate.

In addition to the SFBHN assessment tool, G/CC will utilize the Correctional Assessment and Intervention System™ (CAIS). CAIS is a supervision strategy model that combines risk and needs assessments in one face-to-face assessment interview. The interview focuses on the underlying motivation for criminal behavior, which increases the chances for potential success. CAIS prepares behavioral health workers to best manage the supervision relationship to build rapport, which is one of the defining aspects of the assessment process, and helps them identify the important issues they will face during supervision. Based on the risk and needs assessment, CAIS provides concrete supervision strategies and recommends programs most likely to produce success. Gender-specific program and supervision recommendations for females, developed by NCCD's Center for Girls and Young Women, are also part of CAIS. The risk assessment used in the CAIS system is research-based and has been employed and validated widely across the United States. As part of each CAIS implementation project, NCCD validates the risk instrument periodically and customizes the instrument for each agency to ensure it optimally classifies cases. Seven separate evaluations of the CAIS supervision assessment (formerly known as Client Management Classification or CMC) by separate researchers in five states have found a significant reduction in recidivism.[9]

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

The Louis de la Parte Florida Mental Health Institute (FMHI), based at the University of South Florida, serves as the site for the Florida Criminal Justice, Mental Health, and Substance Abuse (CJMHSA) Technical Assistance Center (TAC). The TAC tracks

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[8] Alexander, MJ, Haugland G, Lin, SP, Bertollo, DN and McCorry FA (2008). *Mental Health Screening in Addiction, Corrections and Social Service Settings: Validating the MMS. International Journal of Mental Health and Addiction*, 6 (1), 105 – 119.
[9] National Council on Crime and Delinquency (NCCD). (n.d.). CAIS. Retrieved from: http://www.nccdglobal.org/assessment/correctional-assessment-and-intervention-system-cais

CJMHSA data county-by-county throughout the State of Florida and reports the following information for Monroe County[10]:

DEMOGRAPHICS OF ARRESTEES	MONROE	FLORIDA
Percentage of Medicaid Enrolled Individuals	9.49	18.35
Male (%)	80.48	74.74
Female (%)	19.52	25.26
African American (%)	13.74	33.55
White (%)	85.37	65.72
Other (%)	0.89	0.72
BAKER ACT DATA	**MONROE**	**FLORIDA**
Number of Individuals	325	85,082
Total Number of Baker Act Initiations	397	115,759
Percentage of Females	46.15	46.96
Percentage of Males	53.23	52.68
UTILIZATION OF MENTAL HEALTH (MH), SUBSTANCE ABUSE (SA), AND/OR DUAL DIAGNOSIS (DD) SERVICES OF ARRESTEES FROM 7/1/01 TO YEAR OF ARREST	**MONROE**	**FLORIDA**
Percentage of Individuals Utilizing MH Services	3.84	4.89
Percentage of Individuals Utilizing SA Services	3.02	2.31
Percentage of Individuals Utilizing DD Services	6.07	4.25
Percentage of Individuals Utilizing Services for MH, SA, and/or DD Disorders	12.93	11.44
Percentage of Females Utilizing MH and/or SA Services	3.39	4.28
Percentage of Males Utilizing MH and/or SA Services	9.54	7.17
Percentage of African Americans Utilizing MH and/or SA Services	1.47	3.03
Percentage of Whites Utilizing MH and/or SA Services	9.09	6.94
Percentage of Others Utilizing MH and/or SA Services	0.37	0.40
Percentage of Hispanics Utilizing MH and/or SA Services	2.00	1.07
UTILIZATION OF MH, SA, AND/OR DD SERVICES OF ARRESTEES WITH SEVERE MENTAL ILLNESS (SMI) FROM 7/1/01 TO YEAR OF ARREST	**MONROE**	**FLORIDA**
Percentage of Medicaid Enrolled Individuals	39.62	60.47
Number of Individuals Utilizing MH Services	45.0	8,994
Percentage of Individuals Utilizing DD Services	71.70	53.37
Percentage of Females Utilizing MH and/or SA Services	35.22	37.65
Percentage of Males Utilizing MH and/or SA Services	64.78	62.35
Percentage of African Americans Utilizing MH and/or SA Services	14.47	30.80
Percentage of Whites Utilizing MH and/or SA Services	69.81	55.62
Percentage of Others Utilizing MH and/or SA Services	1.89	3.29
Percentage of Hispanics Utilizing MH and/or SA Services	13.84	10.29

3.8.4.1.1.3 Analysis of observed contributing factors that affect population trends in the county jail.

The Monroe County Jail is under resourced and overburdened with a disproportionately high percentage of individuals suffering from mental illness and co-occurring substance use disorders. Like many other counties and states nationally, years of funding cuts decimated Monroe County's public health infrastructure. There is only 1 Assisted Living

[10] Florida Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center. (2016). *Monroe County Data.* Retrieved from http://www.floridatac.com/county-data.aspx?type=county&cid=44.

Facility with a Mental Health License serving a total of 16 clients (which usually carries a 3-6 month waiting list) and only 1 Housing facility with a total of 24 beds able to take individuals with serious mental illness. While the County is fortunate to have drug courts, the availability of treatment options for referral is minimal. The community mental health centers are underfunded and over capacity, and there is no mental health court or special docket to handle the high number of persons arrested for misdemeanors and certain felonies who are in need of mental health treatment. Lacking adequate community health services, the jail is left as the only remaining option to deal with these individuals. Further compounding these problems are the fact that jails are not designed for treating the mentally ill and are ill equipped to meet their needs.

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

The Monroe County Sheriff's Department reports a 68% recidivism rate for mentally ill inmates, which is more than double that of the general jail population. In addition to mental illness and substance abuse, many of these clients struggle with significant multiple barriers that significantly increase their risk of entering or re-entering the criminal justice system. These barriers include challenges in employment, education, and a lack of adequate support once they've been released from detention, all factors which can make these clients particularly susceptible to homelessness. In a 2015 survey conducted of Monroe County's incarcerated homeless, 44 of 78 (56%) survey respondents indicated that a lack of permanent housing caused them to be arrested. 40 respondents indicated that they did not have a place to stay upon release, 5 reported using the jail as shelter, and 6 stated that they used the jail for medical care.[11] Some clients are even prohibited from getting a driver's license (making transportation to treatment, work, or school a challenge), student loans to advance their education, or access to public housing, which further compromises their ability to form stable lives post-release. Lack of access to employment opportunities and financial resources also presents a barrier to accessing needed medications, which contributes to unmanaged health issues that further exacerbate the cycle of not being able to work due to ongoing mental health, physical, and housing issues. Oftentimes women end up going back to abusive or criminal husbands or boyfriends because they feel they can't support themselves or their children on their own. Any or all of these challenges can and do contribute to the issue of crime and mental illness, substance abuse, and a resulting cycle of incarceration.

3.8.4.1.2 ANALYSIS OF THE TARGET POPULATION.

This project, in partnership with the Monroe County Criminal Justice Mental Health and Substance Abuse Planning Council, will provide integrated mental health and substance abuse treatment and care managed services for adults, as well as juveniles within the adult system, who have a mental illness or co-occurring mental health and substance

[11] Monroe County Homeless Services Continuum-of-Care, Inc. (2015). *2015 Homeless Point-in-Time Report.* Retrieved from http://www.monroehomelesscoc.org/2015-PIT-Report.pdf.

use disorders. This project will focus diversion efforts on Intercepts 1 and 2 of the Sequential Intercept Model (SIM) by screening and assessing possible clients eligible for diversion at initial detention and/or first court appearance. Based on previous rates of arrest in Monroe County, this project proposes to serve 65 clients annually who meet the above eligibility requirements.

This project is consistent with the Strategic Plan developed by the Monroe County Criminal Justice Mental Health and Substance Abuse Planning Council in that it will expand services to provide a comprehensive, continuous, and integrated system of care through the provision of evidence-based mental health, substance abuse, and co-occurring disorders treatment with wraparound community services to a population of focus that currently is underserved. Specifically, this project will: increase the number of court-based diversion programs and alternative jail diversion strategies; increase the number of pre-booking and post adjudication diversion interventions; promote the procurement of, expansion of, or development and implementation of additional support services and treatment programs; reduce recidivism and undue detention of persons with mental illness and co-occurring disorders in the criminal justice system; increase the number of personnel in law enforcement, criminal justice, corrections, treatment providers, and support services providers trained in evidence-based models and practices; increase the quality and quantity of mental health and other services available to offenders with mental illness and co-occurring disorders; and create mechanisms that ensure the inclusion of diverted offenders and/or their families in the planning, monitoring, and refinement of services. Ultimately, this expansion grant will allow Monroe County to maximize the efficiency and cost-effectiveness of its criminal justice system while expanding the availability of much-needed mental health and substance abuse treatment resources in the community.

3.8.5 TAB 5: PROJECT DESIGN AND IMPLEMENTATION

3.8.5.1 DESCRIPTION OF THE PLANNING COUNCIL.

3.8.5.1.1 COMPOSITION OF THE PLANNING COUNCIL.

In compliance with the requirements of House Bill 1477, the Criminal Justice, Mental Health, and Substance Abuse Re-investment Act, the following members currently comprise the Planning Council:

- State Attorney: Catherine Vogel
- Public Defender: Rosemary Enright
- County Court Judge: Peary Fowler
- Chief Circuit Court Judge: Mark Jones
- Local Court Administrator: Holly Elomina
- State Probation Circuit Administrator: Brylan Jacobs
- County Commission Chair (Designee): Sylvia Murphy
- County Director of Probation: Adele Faris
- Sheriff: Rick Ramsay
- Police Chief: Donnie Lee
- Area Homeless or Supportive Housing Representative: Elicia Kim
- Chief Correctional Officer: Tim Age
- DJJ – Director of Detention Facility: Vincent Vurro
- DJJ – Chief of Probation Officer: Karen Knight
- DCF – SA and MH Program Office Representative: Joseph Laino
- Primary Consumer of Mental Health Services: Wayne Lewis
- Community Mental Health Agency Director: Maureen Kempa
- Local Substance Abuse Treatment Director: Jane Isherwood
- Primary Consumer of Community-Based Treatment Family Member: Elmira Leto
- Primary Consumer of Substance Abuse Services: Shana Brady

3.8.5.1.2 PLANNING COUNCIL'S ACTIVITIES.

The Monroe County Criminal Justice Mental Health and Substance Abuse Planning Council has not had regular meetings in the past 12 months, but they reconvened on August 22, 2016 to determine what areas of need remain in the County and to develop a strategy for building on the previous successes of the Planning and Implementation grants. As a result of their assessment of Monroe County's current needs, the Planning Council decided to proceed with the current grant proposal to expand diversion and treatment services at Intercept 1 (law enforcement) and Intercept 2 (initial detention/first court appearance). The Planning Council designated the Guidance/Care Center, Inc. to be the Lead Applicant for the current Expansion grant proposal as it is the most qualified entity to lead these efforts. If the Expansion grant is awarded, the Planning Council will meet quarterly for the duration of the three-year grant term.

3.8.5.3 PROJECT DESIGN FOR EXPANSION GRANT.

3.8.5.3.1 COPY OF EXISTING STRATEGIC PLAN.

A copy of the current/updated Strategic Plan begins on the following page.

APPENDIX A – STRATEGIC PLAN FORMAT

Planning Grants
Grantees must adhere closely to the following Strategic Plan format in the accomplishment of their prime objective during the year of funding.

Implementation and Expansion Grants
Applicants must submit a Strategic Plan as an attachment to the initial grant application.

Strategic Plan Format

Cover Page

The Cover Page must provide all of the information detailed below, providing basic information regarding the development and rationalization for the Strategic Plan:

- **Statement of the Problem or Critical Issues - careful analyses of the scope of the problem using *current* data, implications of the data, critical issues for the various constituents, such as law enforcement, courts, treatment providers, etc.**

The Monroe County Sheriff's Department reports that 77 persons entering the Monroe County Jail last year (August 2015 – August 2016) had active symptoms of mental illness. Mentally ill inmates were incarcerated a total of 3,518 days last year, costing the County more than $355,000. Moreover, the recidivism rate for mentally ill inmates is exceedingly high, 68% as compared to 30% for the overall jail population. Repeated patterns of arrest and incarceration are likely to continue unless these individuals are able to gain access to significant community treatment interventions.

While significant improvements have been made to Monroe County's Criminal Justice Mental Health and Substance Abuse infrastructure as the result of previous Planning and Implementation grants received from the Department of Children and Families in 2008 and 2011, mental health and substance abuse treatment services continue to be an area of critical need in Monroe County. While both incarceration and homeless rates in Monroe County are the some of the highest per capita in the State of Florida, there continues to be limited resources available to meet the needs of many of these individuals who also suffer from mental illness and substance use disorders. There is only 1 Assisted Living Facility with a Mental Health License serving a total of 16 clients (which usually carries a 3-6 month waiting list) and only 1 Housing facility with a total of 24 beds able to take individuals with serious mental illness. While the County is fortunate to have drug courts, the availability of treatment options for referral is minimal. The community mental health centers are underfunded and over capacity, and there is no mental health court or special docket to handle the high number of persons arrested for misdemeanors and certain felonies who are in need of mental health treatment. While certain services or aspects of care within the service delivery system are considered to be of high quality, Monroe County needs additional resources to expand our capacity to provide and coordinate services for this extremely vulnerable and highly resource consumptive population.

- **Regional Partnership Strategic Planning Process and Participants - how planning occurred, strategic alliances, plans for leveraging funds and other resources, etc.**

In 2008, Monroe County was awarded a Planning grant, and the Monroe County Criminal Justice Mental Health and Substance Abuse Planning Council was initiated in collaboration with a host of community partners with the purpose of developing an array of jail diversion interventions for persons with mental illness and co-occurring substance use disorders. To develop the initial Strategic Plan, the County conducted community needs and resource assessments; researched and reviewed evidenced-based best practice models for adult diversion; examined service capacity and options to identify needs and gaps; involved stakeholders representing all of the Keys (Lower, Middle, and Upper); established additional collaborations and partnerships to provide for inter-agency coordination and communication; reviewed and recommended the expansion of existing professional, consumer, and family support systems; reviewed various screening and assessment tools; examined various jail and court processes and procedures; identified target populations within the adult detention system; identified training needs

and implemented County-wide trainings on the Baker Act, HIPAA, supportive housing, and data training; examined local housing needs and researched national best practices for housing the diversion population; and reviewed data reporting and information sharing policies. Additionally, the Planning Council developed a resource library of publications and materials relating to criminal justice diversion and evidence-based practices for the treatment of inmates with mental illness and co-occurring substance use disorders, which has served as a valuable resource for community law enforcement, criminal justice, corrections, and treatment providers. These activities were implemented through Council meetings, work group meetings, community partnerships like the Monroe County Community Alliance, coordination with the Southernmost Homeless Assistance League (SHAL), and collaboration meetings with criminal justice, corrections, treatment providers, homeless providers, and community providers.

In 2011, Monroe County was awarded an Implementation grant. As a result of this grant, 43 law enforcement and corrections officers in Monroe County completed Crisis Intervention Team (CIT) trainings based on the Memphis model. The Lower Keys Medical Center also agreed to provide one triage bed to receive referrals from the CIT-trained officers, which provides immediate appropriate care for individuals experiencing crises related to mental health and co-occurring substance use disorders. Additionally, local transitional housing programs for both men, women, and women with children agreed to receive referrals from the Detention Center for inmates who are participating in the MCSO Jail Diversion Reentry Program. Finally, the Court Administration has approved the provision of routine drug testing for Reentry Program clients through the local Drug Court program.

In 2016, the Monroe County Criminal Justice Mental Health and Substance Abuse Planning Council reconvened to determine what areas of need remain in the County and develop a strategy for building on the previous successes of the Planning and Implementation grants. As a result of this meeting, the original 2009 Strategic Plan has been updated to reflect the current priorities in Monroe County, which revolve around expanding capacity to provide diversion services for adults, and juveniles within the adult system, with mental illness or co-occurring mental illness and substance use disorders at Intercept 1 (law enforcement) and Intercept 2 (initial detention/first court appearance). Additionally, Guidance/Care Center, Inc. has been designated to be the Lead Applicant for the current Expansion grant proposal as it is the most qualified entity to lead these efforts.

In compliance with the requirements of House Bill 1477, the Criminal Justice, Mental Health, and Substance Abuse Re-investment Act, the Planning Council is currently comprised of the following members:

- State Attorney: Catherine Vogel
- Public Defender: Rosemary Enright
- County Court Judge: Peary Fowler
- Chief Circuit Court Judge: Mark Jones
- Local Court Administrator: Holly Elomina
- State Probation Circuit Administrator: Brylan Jacobs
- County Commission Chair (Designee): Sylvia Murphy
- County Director of Probation: Adele Faris
- Sheriff: Rick Ramsay
- Police Chief: Donnie Lee
- Area Homeless or Supportive Housing Representative: Elicia Kim
- Chief Correctional Officer: Tim Age
- DJJ – Director of Detention Facility: Vincent Vurro
- DJJ – Chief of Probation Officer: Karen Knight
- DCF – Substance Abuse and Mental Health Program Office Representative: Joseph Laino

- Primary Consumer of Mental Health Services: Wayne Lewis
- Community Mental Health Agency Director: Maureen Kempa
- Local Substance Abuse Treatment Director: Jane Isherwood
- Primary Consumer of Community-Based Treatment Family Member: Elmira Leto
- Primary Consumer of Substance Abuse Services: Shana Brady

- **Vision - a picture of the future you seek to create, described in the present tense**

It is the vision of the Monroe County Jail Diversion partners that persons arrested for misdemeanors and certain felonies who are in need of mental health and/or substance abuse services should be offered treatment as an alternative to incarceration. The Jail Diversion partners recognize that recovery-oriented services that are evidenced-based will yield positive outcomes for persons and enhance their opportunities to be productive citizens. It is also envisioned that a comprehensive, continuous, and integrated system of care be established in Monroe County for persons who will benefit from a wide-array of community-based jail diversion services.

- **Mission Statement - concise statement of what are you here to do together**

The Mission of the partners, in order to operationalize the vision, includes the following:

1. To define the target group for diversion,
2. To identify individuals as early as possible in their processing by the justice system,
3. To negotiate community-based treatment alternatives to incarceration, and
4. To develop resources and implement linkages to comprehensive systems of care and appropriate community supervision consistent with the disposition of the criminal justice contact.

- **Values - collective, fundamental beliefs that drive the initiative**

The Values and Principles upon which the MCCJMHSA Diversion Program are based, are both Consumer and Family driven, and have been adopted from the SAMHSA's National Consensus Statement on Mental Health which states: "Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential." The ten fundamental components of recovery include the following:

1. Responsibility
2. Self-direction
3. Individualized and person-centered
4. Empowerment
5. Holistic
6. Non-linear
7. Strengths-based
8. Peer Support
9. Respect
10. Hope

- **Service Model(s) – outline the model(s) to be utilized in addressing the Target Population**

The following updated comprehensive goals are agreed upon by the Monroe County Jail Diversion Partners:

1. Expand Monroe County's capacity to divert and deliver appropriate recovery-oriented services for adults, and juveniles within the adult system, with mental illness or co-occurring mental illness and substance use disorders.
2. Maintain and strengthen connections and communications between Monroe County government, law enforcement, treatment providers, and supportive services providers to ensure a robust diversion and treatment service delivery system in Monroe County.
3. Develop a system of care in Monroe County that is welcoming, recovery-oriented, integrated, trauma-informed,

and culturally competent in order to most effectively meet the needs of individuals and families with multiple co-occurring conditions of all types (mental health, substance abuse, medical, cognitive, housing, legal, parenting, etc.) and help them to make progress to achieve the happiest, most hopeful, and productive lives they possibly can.

In order to most effectively and efficiently accomplish these goals, a tri-level approach needs to be utilized. This includes the following:

System Level:

- To grow additional federal, state, and local support to assist in the expansion of the jail diversion service delivery system in Monroe County.
- To foster universal adoption of recovery-oriented principles to drive the expansion of the jail diversion service delivery system.
- To continue output and outcome evaluation for the jail diversion service delivery system for Monroe County.
- To continue to work with the USF-FMHI Florida Criminal Justice Mental Health & Substance Abuse Technical Assistance Center.

Program Level:

- To expand diversion, treatment, and supportive services in Monroe County.
- All programs and services are developed and implemented consistent with evidenced-based mental health, substance abuse, and co-occurring (SAMH) models and best practices.
- To expand wrap-around community services/resources to address the unmet needs of the jail diversion client population.
- To utilize all other community based mental health, substance abuse, health, and social service programs in Monroe County that will support the jail diversion system and individuals served by it.
- To expand a jail diversion program that ensures voluntary treatment and public safety.

Clinical/Practice Level:

- To identify individuals entering or within the Monroe County Jail with mental illness or co-occurring mental illness and substance use disorders that would benefit from community-based treatment services.
- To provide training on evidence-based diversion models and best clinical practices for persons providing services to the jail diversion population.
- To develop a comprehensive, continuous, and integrated system of care (CCISC) that includes an array of services for persons in need of mental health and/or substance abuse services and who may also need health or social services.

Goals, Objectives & Tasks

The Strategic Plan must provide all of the information in the tables on the following page, providing specific details related to the goals, objectives, and specific tasks to be completed. Tables and rows should be added as appropriate.

APPENDIX A continued

Goal 1: Expand Monroe County's capacity to divert and deliver appropriate recovery-oriented services for adults, and juveniles within the adult system, with mental illness or co-occurring mental illness and substance use disorders.

Objective #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.			
	Task	**Performance Measure**	**Lead Person or Organization**	**Projected Completion Date**
1.1	Establish legally binding agreements with all participating entities to establish programs and diversion initiatives for the target population.	G/CC will execute 1 MOU with each participating partner.	Project Director G/CC	March 31, 2017
1.2	Provide, directly or by agreement, 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.	G/CC will ensure its existing case management database is updated, as necessary, to capture output and outcome information required for the grant in at least 6 areas (mental health services, substance abuse services, arrests, receipt of benefits, employment, and stable housing).	Project Director G/CC	March 31, 2017
1.3	Implement a specialized program to identify arrestees with mental illness or co-occurring mental illness and substance use disorders at Intercept 1 (law enforcement) and Intercept 2 (initial detention/first court appearance) to divert eligible clients to community-based treatment.	G/CC will establish formal processes to identify and divert the target population through 3 MOUs with Monroe County law enforcement, jail, and court.	Project Director G/CC	March 31, 2017
1.4	Implement linkages to community-based, evidence-based treatment programs for the target population.	G/CC will establish 1 formal linkage agreement with each participating treatment provider.	Project Director G/CC	March 31, 2017
1.5	Implement linkages to community services, transitional housing, and supportive housing programs designed to prevent high-risk populations from becoming involved in the criminal justice system.	G/CC will establish 1 formal linkage agreement with each participating supportive services provider.	Project Director G/CC	March 31, 2017

Goal 2: Maintain and strengthen connections and communications between Monroe County government, law enforcement, treatment providers, and supportive services providers to ensure a robust diversion and treatment service delivery system in Monroe County.

Objective #2:	Create and encourage collaboration among key stakeholders in implementing and providing ongoing oversight and quality improvement activities of the expanded diversion project.			
	Task	**Performance Measure**	**Lead Person or Organization**	**Projected Completion Date**
2.1	Participate in Planning Council meetings regularly.	The Planning Council will convene a minimum of 4 times per year.	Planning Council, All Partners	Quarterly
2.2	Assess the progress of the diversion project based on established timelines and review attainment of goals.	Progress against proposed timelines and performance measures will be assessed at least 4 times per year at Planning Council meetings.	Planning Council, All Partners	Quarterly

2.3	Make necessary adjustments to implementation activities, as needed.	Program adjustments will be determined, agreed upon, and made, as necessary, at Planning Council meetings held at least 4 times per year.	Planning Council, All Partners	Quarterly

Goal 3: Develop a system of care in Monroe County that is welcoming, recovery-oriented, integrated, trauma-informed, and culturally competent in order to most effectively meet the needs of individuals and families with multiple co-occurring conditions of all types (mental health, substance abuse, medical, cognitive, housing, legal, parenting, etc.) and help them to make progress to achieve the happiest, most hopeful, and productive lives they possibly can.

Objective #3:	Incorporate and acculturate the Comprehensive, Continuous, Integrated System of Care (CCISC) and Recovery models of best practices across diversion (law enforcement, criminal justice, and corrections), treatment, and supportive service provider approaches.			
	Task	**Performance Measure**	**Lead Person or Organization**	**Projected Completion Date**
3.1	Implement specialized responses by law enforcement agencies through annual Crisis Intervention Team (CIT) and/or Baker/Marchman Act trainings.	At least 3 CIT and/or Baker/Marchman Act trainings (1 per year) will be delivered throughout the grant term.	Project Director G/CC, Trainer / Subcontractor	Annually

3.8.5.3.2 DESCRIPTION OF THE STRATEGIC PLAN.

In 2008, Monroe County was awarded a Planning grant. The Monroe County Criminal Justice Mental Health and Substance Abuse Planning Council collaborated with a host of community partners to develop an array of jail diversion interventions for persons with mental illness and co-occurring substance use disorders. To develop the initial Strategic Plan, the County conducted community needs and resource assessments; researched and reviewed evidenced-based best practice models for adult diversion; examined service capacity and options to identify needs and gaps; involved stakeholders representing all of the Keys (Lower, Middle, and Upper); established additional collaborations and partnerships to provide for inter-agency coordination and communication; reviewed and recommended the expansion of existing professional, consumer, and family support systems; reviewed various screening and assessment tools; examined various jail and court processes and procedures; identified target populations within the adult detention system; identified training needs and implemented County-wide trainings on the Baker Act, HIPAA, supportive housing, and data training; examined local housing needs and researched national best practices for housing the diversion population; and reviewed data reporting and information sharing policies. Additionally, the Planning Council developed a resource library of publications and materials relating to criminal justice diversion and evidence-based practices for the treatment of inmates with mental illness and co-occurring substance use disorders, which has served as a valuable resource for community law enforcement, criminal justice, corrections, and treatment providers. These activities were implemented through Council meetings, work group meetings, community partnerships like the Monroe County Community Alliance, coordination with the Southernmost Homeless Assistance League (SHAL), and collaboration meetings with criminal justice, corrections, treatment providers, homeless providers, and community providers.

In 2011, Monroe County was awarded an Implementation grant. As a result of this grant, Monroe County 1) enhanced its reentry planning procedures, 2) increased referrals to the reentry program from the courts and criminal justice staff, 3) increased participant involvement with supportive services, 4) increased leverage options within the program to support ongoing participation, 5) improved the County's data collection system, 6) increased the number of relevant staff trained in the Crisis Intervention Team (CIT) model, 7) implemented 24-hour emergency medical services for CIT referrals, 8) averted increased spending on criminal justice, and 9) averted increased spending on forensic beds.

Monroe County significantly enhanced its reentry planning procedures through the implementation of a successful Reentry Program. 100% of Reentry Program clients were screened using comprehensive, evidence-based screening tools for medical health, mental health, substance abuse, housing, education, employment, and readiness for change. Additionally, 100% of Reentry Program participants completed reentry transition plans, and a total of 216 referrals to community resources, including mental health and substance abuse treatment, housing, employment, DCF, VA Services, and AA/NA, were provided by the program.

In order to ensure adequate referrals for the Reentry Program, Monroe County worked diligently to enhance communication and cooperation with the courts and criminal justice staff. Through these sustained efforts, Monroe County was able to increase referrals from several important municipal partners, including Pre-Trial Services, the Public Defender's Office, the State Attorney's Office, Court Options, and the Court.

In order to increase Reentry Program participant involvement with supportive services, the program established admission criteria that required support services participation prior to admission to the program and emphasized ongoing participation in support programs during and following the program. Efforts to establish more effective communication with 12-Step and other support program personnel were undertaken. Lastly, in an effort to address some of the inmate behaviors which contribute to re-arrest and recidivism, the Monroe County Sheriff's Office is continuing to fund a Behavior Modification and Life Skills Program that includes an Anger Management Group, Batterer's Group, Parenting Group, and an Employment Preparation track.

The Program Administration worked with the judicial/criminal justice system to utilize court hearings for judicial placement into the program and for court ordered probation supervision through "sentencing to the program" as a condition of probation. Court Options supported the Planning Council to re-establish the judicial committee to review the potential for developing a Special Docket / Problem-Solving Court for Misdemeanors. This committee met with the positive result of the establishment of a Specialty Docket. The system implementation has been established with stakeholders agreeing upon procedures, staff roles, and the delineation of responsibilities.

The Reentry Program Director worked with the Detention Center's Classification and Information Technology departments to retrieve and report on Reentry Program participants' re-arrest and recidivism data, as well as tracking CIT related incidents and changes in Officer reporting as a result of CIT training. Routine documentation of clinical assessments, program monitoring tools, referrals, program participation, treatment, housing, and legal status is recorded for the Reentry Program.

The development and implementation of the Florida Keys CIT training program in Monroe County was the shining star of the Implementation grant. The program was developed as a collaboration with the Monroe County Sheriff's Office (MCSO) Road Patrol and Corrections and the Key West Police Department (KWPD), with the two agencies training together. 204 Deputies, Officers, and Criminal Justice staff, along with an additional 21 Communications Specialists, completed Crisis Intervention Team (CIT) trainings based on the Memphis model. This collaboration, as well as the partnerships that were developed and nurtured with community stakeholders, including treatment and housing providers/training presenters/trainers, consumers, and family members, improved the communication and processes among the various community agencies with law enforcement and corrections. This has been particularly successful with the utilization of the Baker Act and Marchman Act as to improved access to services for the community by law enforcement and corrections with two Monroe County Crisis

Stabilization Units (CSUs), Lower Keys Medical Center/ER, and the Guidance/Care Center Mental Health Center. There continues to be strong demand for CIT training in Monroe County, and participants continue to rate CIT trainings as being useful, increasing knowledge, and increasing skills with handling persons in crisis.

Officers of the Key West Police Department and the Monroe County Sheriff's Office bring CIT referrals to the emergency room of the Lower Keys Medical Center. These patients are accepted, treated as appropriate, and either admitted to inpatient care or referred to the appropriate external resource. This system is fully functional, and no changes are anticipated at this time.

A financial analysis of the jail utilization of the adult target population during the term of the Implementation grant indicated the following:

- The total number of jail bed days reviewed was 16,701.
- The total number of jail bed days for the target population was 7,921 or 47% of the total.
- The total number of jail bed days for the control group (individuals who were offered the Reentry program and declined) was 8,780 or 53% of the total.
- There was a difference of 859 jail bed days between the target population and control group.
- When calculating the standard cost per bed day at $92, this indicates a savings of $79,028.
- This data represents a baseline of information which can be followed up to determine savings resulting from the Reentry Program in subsequent years.

Regarding the recidivism rates for the grant period:

- The total of re-incarceration events reviewed for the grant period was 228.
- Reentry Program clients had 77 re-incarceration events or 34%.
- Control group members had 151 re-incarceration events or 66%.

A review of admission information in Florida forensic institutions for the duration of the Implementation grant period indicates that none of the Reentry Program clients were admitted to forensic institutions or received involuntary psychiatric evaluations. A review of the competency restoration services statistics in Miami/Dade/Monroe Counties indicates that none of the Reentry Program clients received competency restoration services.

As mentioned above, the Planning Council reconvened in August 2016. As a result of this meeting, the original 2009 Strategic Plan has been updated to reflect the current priorities in Monroe County, which revolve around expanding capacity to provide diversion services for adults, and juveniles within the adult system, with mental illness or co-occurring mental illness and substance use disorders at Intercept 1 (law enforcement) and Intercept 2 (initial detention/first court appearance). The overarching goals of the updated Strategic Plan are to 1) Expand Monroe County's capacity to divert

and deliver appropriate recovery-oriented services for adults, and juveniles within the adult system, with mental illness or co-occurring mental illness and substance use disorders; 2) Maintain and strengthen connections and communications between Monroe County government, law enforcement, treatment providers, and supportive services providers to ensure a robust diversion and treatment service delivery system in Monroe County; and 3) Develop a system of care in Monroe County that is welcoming, recovery-oriented, integrated, trauma-informed, and culturally competent in order to most effectively meet the needs of individuals and families with multiple co-occurring conditions of all types (mental health, substance abuse, medical, cognitive, housing, legal, parenting, etc.) and help them to make progress to achieve the happiest, most hopeful, and productive lives they possibly can.

To date, the most significant challenges or barriers to Strategic Plan implementation have involved: 1) changes in the judicial system resulting in different judges being elected, with related changes in their staffs, and changes in judicial representation on the Planning Council membership; 2) changes in staff in the State Attorney's Office, also changing representation in the Planning Council membership; 3) changes in the local Detention Center's Correctional Medical Services to a new vendor, requiring the orientation and training of new staff; 4) continuous changes in staffing in the Jail In-House Program (JIP), which provides substance abuse treatment services within the Detention Center and is a vital resource for the Reentry Program, as well as the other programs operated by the local treatment provider who serves as the referral source for various community outpatient mental health and substance abuse services planned for Reentry Program participants. In a community as small as Key West, significant personnel changes, or reductions in the availability of services in one program can heavily impact clients in other programs.

3.8.5.3.3 PROJECT DESIGN AND IMPLEMENTATION.

3.8.5.3.3.1 Project goals, strategies, milestones, and key activities toward meeting the objectives outlined in *Section 2.2*.

The project goals, strategies, milestones, and key activities toward meeting the objectives outlined in Section 2.2 are detailed in the chart below:

Goal 1: Expand Monroe County's capacity to divert and deliver appropriate recovery-oriented services for adults, and juveniles within the adult system, with mental illness or co-occurring mental illness and substance use disorders.

Objective #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.				
	Task	**Performance Measure**	**Lead Person or Organization**	**Projected Completion Date**
1.1	Establish legally binding agreements with all participating entities to establish programs and diversion initiatives for the target population.	G/CC will execute 1 MOU with each participating partner.	Project Director G/CC	March 31, 2017

1.2	Provide, directly or by agreement, 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.	G/CC will ensure its existing case management database is updated, as necessary, to capture output and outcome information required for the grant in at least 6 areas (mental health services, substance abuse services, arrests, receipt of benefits, employment, and stable housing).	Project Director G/CC	March 31, 2017
1.3	Implement a specialized program to identify arrestees with mental illness or co-occurring mental illness and substance use disorders at Intercept 1 (law enforcement) and Intercept 2 (initial detention/first court appearance) to divert eligible clients to community-based treatment.	G/CC will establish formal processes to identify and divert the target population through 3 MOUs with Monroe County law enforcement, jail, and court.	Project Director G/CC	March 31, 2017
1.4	Implement linkages to community-based, evidence-based treatment programs for the target population.	G/CC will establish 1 formal linkage agreement with each participating treatment provider.	Project Director G/CC	March 31, 2017
1.5	Implement linkages to community services, transitional housing, and supportive housing programs designed to prevent high-risk populations from becoming involved in the criminal justice system.	G/CC will establish 1 formal linkage agreement with each participating supportive services provider.	Project Director G/CC	March 31, 2017

Goal 2: Maintain and strengthen connections and communications between Monroe County government, law enforcement, treatment providers, and supportive services providers to ensure a robust diversion and treatment service delivery system in Monroe County.

Objective #2: Create and encourage collaboration among key stakeholders in implementing and providing ongoing oversight and quality improvement activities of the expanded diversion project.				
	Task	**Performance Measure**	**Lead Person or Organization**	**Projected Completion Date**
2.1	Participate in Planning Council meetings regularly.	The Planning Council will convene a minimum of 4 times per year.	Project Director G/CC	Quarterly
2.2	Assess the progress of the diversion project based on established timelines and review attainment of goals.	Progress against proposed timelines and performance measures will be assessed at least 4 times per year at Planning Council meetings.	Project Director G/CC	Quarterly
2.3	Make necessary adjustments to implementation activities, as needed.	Program adjustments will be determined, agreed upon, and made, as necessary, at Planning Council meetings	Project Director G/CC	Quarterly

		held at least 4 times per year.		

Goal 3: Develop a system of care in Monroe County that is welcoming, recovery-oriented, integrated, trauma-informed, and culturally competent in order to most effectively meet the needs of individuals and families with multiple co-occurring conditions of all types (mental health, substance abuse, medical, cognitive, housing, legal, parenting, etc.) and help them to make progress to achieve the happiest, most hopeful, and productive lives they possibly can.

Objective #3: Incorporate and acculturate the Comprehensive, Continuous, Integrated System of Care (CCISC) and Recovery models of best practices across diversion (law enforcement, criminal justice, and corrections), treatment, and supportive service provider approaches.				
	Task	**Performance Measure**	**Lead Person or Organization**	**Projected Completion Date**
3.1	Implement specialized responses by law enforcement agencies through annual Crisis Intervention Team (CIT) and/or Baker/Marchman Act trainings.	At least 3 CIT and/or Baker/Marchman Act trainings (1 per year) will be delivered throughout the grant term.	Project Director G/CC	Annually

3.8.5.3.3.2 Organization and key stakeholder responsible for each task or key activity necessary to accomplish the objectives.

Guidance/Care Center, Inc.'s Project Director, Maureen Kempa, will assume primary responsibility for each task or key activity necessary to accomplish the objectives described above. Ms. Kempa possesses a Master of Arts degree in Community Counseling and has 18 years of experience implementing projects in the behavioral health/human services field. Ms. Kempa is a National Certified Counselor (NCC) licensed by the State of Florida and is also a recipient of the Outstanding Community Advocate of the Year award from Monroe County's 16th Judicial Circuit.

3.8.5.3.3.3 How the planning council or committee will participate and remain involved in Program implementation or expansion on an ongoing basis.

The Planning Council will participate and remain involved in the diversion expansion program on an ongoing basis. Although G/CC will be the Lead Applicant for the grant proposal, other Planning Council members will also be directly involved in the implementation and day-to-day operation of the project. Because the expanded diversion project involves CIT and Baker/Marchman Act training for law enforcement, diversion for mentally ill arrestees at initial detention and first court appearance, and the provision of community-based treatment and supportive services, regular coordination and communication between G/CC and law enforcement, the jail, the municipal court, and housing service providers will be necessary for the success of the program. Each of these entities is represented on the Monroe County Planning Council. If awarded Expansion grant funding, G/CC will execute formal MOUs and linkage agreements with all partners that will clearly delineate roles, responsibilities, and expectations for the program.

3.8.5.3.3.4 How the agencies and organizations involved will communicate throughout the lifetime of the project.

The Planning Council will meet quarterly throughout the grant term. During each of these meetings, the Planning Council will assess the progress of the expanded diversion project based on established timelines, review attainment of goals, and make necessary adjustments to implementation activities, as needed. All formal decisions regarding the diversion project expansion will be brought to a vote at the Planning Council meetings, and any changes to the project will need a majority to pass. The executive committee may also act between meetings if an urgent decision is needed and members will be prepared to be involved as needed. In addition, unscheduled meetings can be called upon the request of the lead agency which may be conducted electronically or via conference call when in-person calls can't be coordinated due to schedule conflicts.

3.8.5.3.3.5 The plan to screen potential participants and conduct tailored, validated needs-based assessments.

As described above, each arrestee identified as having a potential mental health issue will receive a preliminary screening to obtain information about the client and to determine appropriateness for diversion and intensive outpatient treatment. G/CC will complete the screening and will gather preliminary data related to the individual's mental health status, substance use, primary care needs, and living situation. If an individual is appropriate for the diversion program, staff will complete a more comprehensive assessment once admitted to determine the unique problems that affect the client and to ascertain and prioritize needs. The comprehensive assessment will obtain a detailed history of mental illness, including age of onset, duration and severity of any substance use, previous treatment history, homelessness history, educational and employment history, information regarding family and relationships, and information about behavioral risk factors for HIV, STDs, and Hepatitis.

For screenings taking place in the municipal court setting, G/CC clinicians will use the Modified Mini Screen (MMS) as the preliminary screening tool. MMS is a 22-item scale designed to identify persons in need of an assessment in the domains of Mood Disorders, Anxiety Disorders, and Psychotic Disorders. The client responds "yes" or "no" to each question, and each yes response scores 1, with scores ranging from 1 to 22. Scores in the mid-range of 6 to 9 indicate a moderate likelihood of a mental disorder, and there should be serious consideration to referring the client for a diagnostic assessment. Scores of 10 or more indicate a high likelihood of a mental disorder, and clients definitely should receive a referral for a diagnostic assessment. Additionally, positive responses to the question related to suicidality and both the trauma-related questions indicate the need for a referral for further evaluation, regardless of the total score on the MMS. A clinician typically can administer the MMS in about 15 minutes. MMS validation studies in public sector settings in New York State, including jails, shelters, outreach programs, and traditional chemical dependency

treatment programs, showed good sensitivity, specificity, and reliability. MMS also performs equally well for men and women and for African Americans and Caucasians.

G/CC will administer the comprehensive biopsychosocial co-occurring assessment tool mandated by the Managing Entity, the South Florida Behavioral Health Network (SFBHN). This 27-page assessment addresses all areas of a client's life, including employment, living situation, family relationships, primary care and behavioral health disorders, and legal issues. The behavioral health section of the assessment addresses all signs and symptoms related to mental health and substance use disorders coinciding with those in the DSM 5. The assessment lends itself to providing personal feedback to the clients and collaborating with the clients to develop a Wellness and Recovery Plan (i.e. treatment plan) that is individualized, identifies the clients' strengths and barriers, prioritizes their needs, and identifies the dosage, duration, and frequency of services that are most appropriate.

In addition to the SFBHN assessment tool, G/CC will utilize the Correctional Assessment and Intervention System™ (CAIS). CAIS is a supervision strategy model that combines risk and needs assessments in one face-to-face assessment interview. The interview focuses on the underlying motivation for criminal behavior, which increases the chances for potential success. CAIS prepares behavioral health workers to best manage the supervision relationship to build rapport, which is one of the defining aspects of the assessment process, and helps them identify the important issues they will face during supervision. Based on the risk and needs assessment, CAIS provides concrete supervision strategies and recommends programs most likely to produce success. Gender-specific program and supervision recommendations for females, developed by NCCD's Center for Girls and Young Women, are also part of CAIS. The risk assessment used in the CAIS system is research-based and has been employed and validated widely across the United States. As part of each CAIS implementation project, NCCD validates the risk instrument periodically and customizes the instrument for each agency to ensure it optimally classifies cases. Seven separate evaluations of the CAIS supervision assessment (formerly known as Client Management Classification or CMC) by separate researchers in five states have found a significant reduction in recidivism.[1]

3.8.5.3.3.6 How the Program will coordinate care to increase access to mental health, substance abuse, co-occurring treatment, support services, and ancillary social services (i.e., housing, primary care, benefits, etc.).

G/CC will provide treatment, wellness and recovery planning, and Care Managed services grounded in a Whole Health philosophy, ensuring that the program meets the behavioral health and primary care needs of each individual through services that include mental health and substance abuse treatment, primary health care, psychiatric care, linkages to housing, prescription coverage, and more. G/CC's Care Managers will provide linkages to other community organizations for needed and necessary services

[1] National Council on Crime and Delinquency (NCCD). (n.d.). CAIS. Retrieved from: http://www.nccdglobal.org/assessment/correctional-assessment-and-intervention-system-cais

including healthcare (including G/CC's on-site primary healthcare clinic in order to provide medical care and wellness services to those not having a primary care physician or those not having primary healthcare services in the past 12-months), residential treatment, homeless services and transitional housing for the clients who need it, affordable child care, establishment/restoration of benefits, identification and important documents, education, crisis care, transportation services, and relevant workshops/trainings in terms of independent living skills that include but are not limited to budgeting, financial education, GED, vocational training, community college, workforce, crisis care, and other wraparound services to assist the individual to gain and maintain stability and self-sufficiency in the community. Bus passes and/or G/CC transportation will be available for those in need of transportation.

3.8.5.3.3.7 How law enforcement will assess their current process at intercept points, capacity, and how they intend to implement or expand diversion initiatives (e.g., processes, training, etc.).

As part of the proposed expanded diversion project, G/CC will work with Monroe County law enforcement to assess their current processes for dealing with mentally ill arrestees at Intercept 1 (community encounter/arrest) and Intercept 2 (initial detention). To assist in this process, Monroe County law enforcement will receive annual trainings on Crisis Intervention Team (CIT) training and/or the Baker/Marchman Act to ensure their standard operating procedures are up-to-date with current best practices.

Monroe County will follow the national CIT training curriculum model that was developed through a partnership between the National Alliance on Mental Illness (NAMI), the University of Memphis CIT Center, CIT International, and the International Association of Chiefs of Police. This curriculum provides an outline for local programs to follow, and programs often make adaptations within these guidelines to meet local needs. Monroe County officers will undergo 40 hours of intensive training that provides them with the skills and relationships they need to most effectively manage encounters with people in crisis. Through CIT training, officers will be provided with connections to a team of local clinicians and fellow officers who can provide advice and support on how to best handle encounters with mentally ill residents, opportunities to engage in personal interactions with people who have experienced and recovered from mental health crisis and with family members who have cared for loved ones with mental illness, verbal de-escalation skills to help ensure safety for themselves and the citizens they serve, and scenario-based role-playing to practice their new skills in responding to common crisis situations.[2]

Monroe County law enforcement will also receive training on the Baker Act and Marchman Act, which govern the rules around voluntary and involuntary commitment for people with mental illness and substance abuse issues, respectively. After completing this training, officers should be better able to implement the Baker Act voluntary and involuntary examination criteria, identify which patients are legally eligible to consent to

[2] National Alliance on Mental Illness (NAMI). (2016). *What is CIT?* Retrieved from http://www.nami.org/Law-Enforcement-and-Mental-Health/What-Is-CIT.

admission and treatment, discuss requirements under the Florida Mental Health Act, including appropriate admission and discharge in compliance with the law, implement the criteria for involuntary admission of individuals under Florida's Marchman Act for substance abuse impairment, and comply with the federal Emergency Medical Treatment and Active Labor Act (EMTALA) and the Florida Baker Act laws.

3.8.5.3.3.8 If the Applicant is a consortium of counties, describe the collaboration and the relationship between the partner counties.

N/A

3.8.5.3.4 STRATEGIES TO SERVE THE TARGET POPULATION.

For the proposed expanded diversion project, G/CC will coordinate closely with the rest of the members of the Monroe County Planning Council to employ several strategies to serve the target population, including specialized responses by law enforcement agencies (3.8.5.3.4.1), specialized diversion programs (3.8.5.3.4.5), linkages to community-based, evidence-based treatment programs (3.8.5.3.4.9), and community services and programs designed to prevent high-risk populations from becoming involved in the criminal justice system (3.8.5.3.4.10).

As described above, specialized law enforcement responses at Intercept 1 will be expanded through CIT and Baker/Marchman Act training. This strategy falls under Strategic Plan Goal 3, to develop a system of care in Monroe County that is welcoming, recovery-oriented, integrated, trauma-informed, and culturally competent in order to most effectively meet the needs of individuals and families with multiple co-occurring conditions of all types (mental health, substance abuse, medical, cognitive, housing, legal, parenting, etc.) and help them to make progress to achieve the happiest, most hopeful, and productive lives they possibly can. The measurable objectives for this strategy include 3 law enforcement trainings on CIT and/or Baker/Marchman Act to be delivered by the end of the grant term. Ongoing trainings ensure that turnover in police force is addressed.

Specialized diversion programs will be expanded at Intercept 2 (initial detention/first court appearance) to identify arrestees with mental illness or co-occurring mental illness and substance use disorders and divert eligible clients to community-based treatment. G/CC has an existing agreement with the Monroe County Jail whereby the jail provides program facilities and space in the jail facility for pre-release activities (last four months of incarceration) in connection with G/CC's offender re-entry program (Intercept 4). Under the Expansion grant, G/CC will expand services to begin screening potential clients for diversion eligibility upon initial detention as a more appropriate and cost-effective alternative to incarceration. G/CC will also work with the municipal court to begin screening for diversion-eligible clients at the initial court appearance. G/CC's clinical and care coordinator diversion program staff will coordinate with Pre-Trial Services, public defenders, Veterans Justice Outreach (VJO) specialists, judges, and other court staff to provide screening, assessment, initial engagement, and linkage for

the target population. G/CC Care Coordinators will provide assistance with coordinating court monitoring and reporting. This intervention falls under Strategic Plan Goal 1, to expand Monroe County's capacity to divert and deliver appropriate recovery-oriented services for adults, and juveniles within the adult system, with mental illness or co-occurring mental illness and substance use disorders. The success of this strategy will be measured through the execution of 3 MOUs with Monroe County law enforcement, the jail, and municipal court within 3 months of project startup, which will establish formal processes between the partner agencies to carry out these activities.

Upon admission to the expanded diversion program, clients will be linked to community-based, evidence-based mental health treatment programs provided by G/CC. In order to minimize potential barriers to accessing services (e.g., transportation, child care, etc.), G/CC will offer home-based services for all clients. For those clients not able to meet at their homes, G/CC will arrange an alternate meeting place that is convenient for the client (community center, McDonald's, etc.). All clients will receive a comprehensive psychiatric evaluation from a licensed psychiatrist who has experience with addictions. Clients will receive psychotropic medications as needed, including the Medication Assisted Treatments for substance abuse. The psychiatrist will review the psychotropic medications monthly and/or quarterly to determine the effectiveness of the medication, identify any side effects from the medication, and adjust the dosage, frequency, or type of medication as deemed necessary. Based on the findings from the psychiatric evaluation, the clients will receive appropriate mental health services within the curriculums of this project and/or receive linkages for additional psychiatric services, including medication management.

Based on the findings from the assessments, the client, in collaboration with the therapist, will develop an individualized Wellness and Recovery Plan. Wellness and Recovery planning is a critical aspect of the treatment process, which lends itself to the development of a collaborative and cooperative contract between the client and service provider. Wellness and Recovery planning will allow the client to provide input into the identification of goals and objectives, establish timeframes for achieving them, and prioritize needs. A single comprehensive Wellness and Recovery Plan will integrate the goals and objectives for mental health treatment with the goals and objectives for substance abuse treatment, if/as necessary, to prevent parallel and uncoordinated treatment. Wellness and Recovery Plans will occur monthly as a collaborative effort between the client and the therapist. These monthly reviews will allow for recognition of progress and accomplishments during the previous month, discussions of treatment goals and objectives for the upcoming month, and amendments to the previously agreed upon goals and objectives. All participants will receive at least one (1) 60-minute individual therapy session weekly and three (3) one-hour case management sessions weekly for six months or longer until services are completed.

In delivering these services, G/CC will implement the following evidence-based practices.

Correctional Assessment and Intervention System™ (CAIS)

As described above, G/CC will utilize the Correctional Assessment and Intervention System™ (CAIS), a supervision strategy model that combines risk and needs assessments in one face-to-face assessment interview. The risk assessment used in the CAIS system is research-based and has been employed and validated widely across the United States. Seven separate evaluations of the CAIS supervision assessment (formerly known as Client Management Classification or CMC) by separate researchers in five states have found a significant reduction in recidivism.

Motivational Interviewing (MI)

G/CC integrates the spirit and evidenced-based practices, tools, and techniques from the Motivational Interviewing (MI) model pioneered by Dr. William R. Miller throughout its services. These fundamental concepts and approaches were elaborated by Dr. Miller's work with Dr. Stephen Rollnick. MI is an interpersonal style that balances directive and client-centered components and is shaped by a guiding philosophy and understanding of what triggers change. It is not restricted to formal counseling settings. The components of MI are: 1) Express Empathy, 2) Develop Discrepancy, 3) Roll with Resistance, and 4) Support Self-Efficacy.

Express Empathy: G/CC's philosophy embodies the concept of expressing and developing empathy and empathic communication skills from the initial meeting to completion of G/CC program services. Developing the capacity for empathy is a critical element in the G/CC whole person education model in overcoming criminality and substance abuse. G/CC's approach in teaching all participants the motivational interviewing skill of empathic communication involves incorporating the spirit and techniques of MI in all available program services, and it is an effective method for teaching non-threatening communication skills. Empathy is expressed through skillful reflective listening in which the counselor seeks to understand the client's feelings and perspectives without judging, criticizing, or blaming. An empathic counselor seeks to build a working therapeutic alliance and supports the patient's self-esteem, which further promotes change.

Develop Discrepancy: The G/CC treatment model integrates styles and practices of MI in the program services and approach that promote discrepancy in the program participants. G/CC recognizes that discrepancy is related to the importance of change. G/CC's philosophy and teaching practices recognize that participants are motivated to change through the perceived discrepancy between their current behavior and the important personal goals and values they want to have. Throughout all phases of a participant's treatment they will be engaged in various settings that promote and amplify this discrepancy, which increases motivation to change.

Roll with Resistance: G/CC's model integrates the MI style and approach in various aspects of program services. Philosophically, G/CC understands and develops tools, exercises, and techniques aimed at using a participant's resistance as a doorway to empowering them to change. The G/CC approach of being a self-help and mutual help oriented program demonstrates the use of techniques, counseling styles, and the use of

the community to assist participants into looking into their personal behaviors and developing problem solving methods they devise to change their behavior.

Support Self-Efficacy: The G/CC model integrates the use of this MI concept in the program services offered to all participants in that it is a self-help and mutual help model that emphasizes that the possibility of change must emanate from the participant the change is intended for. This is characterized in the philosophy and approach that G/CC programs are schools for Moral Development based on Dr. Lawrence Kohlberg's model that identifies that the conditions that facilitate change must include credible role models, sustained responsibility, and conflict.

Moral Reconation Therapy (MRT)

Moral Reconation Therapy® (MRT) is the premiere cognitive-behavioral program for offender populations and substance abuse treatment that leads to enhanced moral reasoning, better decision making, and more appropriate behavior. MRT has specific curriculums adapted to address mental health needs as well as the treatment of co-occurring disorders. Developed in 1985 by Dr. Gregory Little and Dr. Kenneth Robinson, nearly 200 published outcome studies have documented that MRT-treated offenders show significantly lower recidivism for periods as long as 20 years after treatment. MRT was originally developed as the cognitive-behavioral component within a prison-based therapeutic community. Because of its remarkable success, the program grew to be implemented across a wide variety of settings, including general population, juvenile detention, parole and probation, community corrections, hospital and outpatient, educational, and drug courts. MRT has been proven to lead to increased participation and completion rates, decreased disciplinary infractions, beneficial changes in personality characteristics, and significantly lower recidivism rates.[3]

Seeking Safety

Seeking Safety by Lisa Najavits is an effective treatment for persons with co-occurring disorders. SAMHSA's National Registry of Evidence-Based Programs and Practices recognizes Seeking Safety as an evidence-based practice for substance abuse treatment. Seeking Safety is a present-focused therapy to help people attain safety from trauma/PTSD and substance abuse. The treatment is flexible for use in groups and individual sessions for women, men, and mixed-gender using all or fewer sessions in a variety of settings (outpatient, inpatient, residential). It also is effective with people who have a trauma history but do not meet criteria for PTSD. Seeking Safety consists of 25 topics that staff can conduct in an order that is most appropriate for the client's needs. G/CC successfully uses this model in its other programs and has trainers on staff. Seeking Safety has five key principles: 1) Safety as the overarching goal (helping clients attain safety in their relationships, thinking, behavior, and emotions); 2) Integrated treatment (working on both posttraumatic stress disorder (PTSD) and substance abuse at the same time); 3) A focus on ideals to counteract the loss of ideals in both PTSD and substance abuse; 4) Four content areas: cognitive, behavioral, interpersonal, and case management; and 5) Attention to clinician processes (helping clinicians work on

[3] Moral Reconation Therapy (MRT). (n.d.). *About MRT*. Retrieved from http://www.moral-reconation-therapy.com/aboutmrt.html.

countertransference, self-care, and other issues). Expected outcomes are reduced symptoms of trauma, mental illness, and substance use.

Individual Placement & Support (IPS)

As part of the recovery process, G/CC's Care Coordinators will help clients find and maintain jobs following the evidence-based Individual Placement & Support (IPS) model. Working in coordination with clients and the program's Therapists, G/CC's Care Coordinators will help clients identify employment goals and provide assistance in securing jobs. After clients are hired, the Care Coordinators will provide continuous support to help them overcome barriers and succeed in their new positions. Anyone in the program who wants to find a job will be provided with help to find a paid job at regular wages in the general workforce. Job searches will be uniquely tailored to help clients find jobs that match their strengths, interests, preference for work hours, and location. Care Coordinators will also help clients understand how employment impacts access to insurance and government benefits. Supported employment services will be available for as long as they are needed by the client.[4]

Justice Steps (JSTEPS)

To encourage offender engagement in programs, G/CC will incorporate Contingency Management/Motivational Incentives throughout its programs following the Justice Steps (JSTEPS) model. JSTEPS is designed as an adapted Contingency Management (CM) protocol for justice settings that tailors responses to offender behavior to meet the needs of the individual. CM involves three main steps: 1) a behavioral contract specifying target behaviors that support certain goals (abstaining from drugs, consistent medication management, remaining crime-free); 2) a systematic reinforcement of target behaviors with rewards to encourage positive behaviors; and 3) the use of swift and certain responses where the value of the response increases to sustain the effects. Rewards have been used widely in treatment programs and have been shown to successfully change the targeted behaviors including decreasing the number of positive drug tests and increasing treatment attendance. The expectation is that these services will assist to break the cycle of criminal behavior, alcohol and/or drug use, and incarceration or other penalties; reduce substance abuse related crime and violence and related health and social costs to the public; and increase citizens' safety.[5]

Linkages to community services and programs designed to prevent high-risk populations from becoming involved in the criminal justice system also fall under Goal 1. Numerous studies have shown that without social supports, offenders are more likely to recidivate, so programs that help clients meet basic needs are essential to preventing further involvement with the criminal justice system. Specific community linkages provided will include the Rural Health Network (RHN), Community Health of South Florida, Inc. (CHI), and Good Health Clinic for those clients not selecting the G/CC Center for Wellness for their health home; Independence Cay, Florida Keys Outreach Coalition for the Homeless, Inc. (FKOC), Heron, and Peacock Supported Living for

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[4] National Alliance on Mental Illness (NAMI). (n.d.). *IPS Supported Employment Fact Sheet.* Retrieved from: https://www2.nami.org/factsheets/IPSsupportedemployment_factsheet.pdf.

[5] Taxman, FS, et. al. (2010). JSTEPS: *Using Structured Rewards and Sanctions in Justice Supervision Programs.* Retrieved from: https://www.gmuace.org/documents/research/jsteps/JSTEPS_manual.pdf.

housing linkages; The Village South or other providers within the South Florida Behavioral Health Network (SFBHN) for connections to long-term substance abuse treatment; Wesley House for services to family members and dependent children; the South Florida Workforce program for employment opportunities; Florida Keys Community College for educational opportunities; Monroe County Homeless Services Continuum of Care for community strategic planning and policy development on housing and homelessness issues; and Salvation Army for linkages to clothing. G/CC will establish 1 formal linkage agreement with each participating partner within the first three months of the grant term.

Progress towards all goals and objectives will be supervised on a quarterly basis by the Monroe County Planning Council.

3.8.5.4 PERFORMANCE MEASURES.

3.8.5.4.1 DATA COLLECTION PROCESS.

For this project, Dr. Frank Scafidi, Ph.D., Chief Clinical Officer for WestCare, the parent organization of G/CC, will be the Lead Evaluator. Dr. Scafidi is a licensed psychologist who has over 25 years of experience conducting program evaluation and research. He has been the evaluator on numerous CSAP, CSAT, HRSA, ACF, and CDC projects and participated in numerous national cross-site evaluations. Dr. Scafidi has extensive experience with web-based reporting systems for federal grants, including the CSAT Services Accountability Improvement System (GPRA), DCI, CSAP PMRTS, Drug Free Communities COMET, and CDC Patient Evaluation and Management System.

This project will use the same strategies for data collection employed in other projects that the Evaluator oversees. In order to minimize the burden on the clinical staff and to prevent data bias, the Research Assistant will administer the instruments at all-time points using face-to-face interviews. In accordance with G/CC's current protocols, the Research Assistant will share information from the instruments with staff to assist with treatment and discharge planning and clinical decision-making. To ensure attainment of the most complete follow-up rate possible, the program will use several strategies to track the clients, including: 1) Collection of comprehensive locator information at the time of admission and discharge, including the full name, aliases, names and contact information of other case workers, probation officers, judges, and full names, addresses, and phone numbers of relatives and friends; 2) Use of frequent phone contacts between follow-up periods; 3) Mailing of birthday cards, holiday cards, and follow-up reminders; 4) Providing non-cash incentives to participate in the follow-ups; and 5) Conducting follow-up interviews in convenient locations (e.g., in-home, restaurants, etc.). A report provided by Chestnut for May 2015 documented G/CC's rates for collecting data for 3-month follow-up at 88%, 6-month at 85%, and 12-month at 81%.

The Evaluator will maintain a separate evaluation file for each client admitted to the program that will contain demographic data and the data collection instruments.

Quarterly, the Evaluator will review and clean the database to identify missing data points and inconsistencies. The Evaluator will resolve inconsistencies and missing data points through review of clinical records. The Evaluator will upload the information to an SPSS database along with information from the G/CC intranet system that contains service utilization information. After uploading each database separately, database merging will occur, linking the information by the unique client identifier. The Evaluator will review the merged database to ensure that merging and linking occurred correctly prior to conducting data analyses.

Prior to the main analyses, the Evaluator will conduct an analysis to assess dropout rates to assess whether clients who do not complete services differ in any important ways from those who do, threatening the integrity of the conclusions. If there are systematic differences, the Evaluator will conduct separate analyses not to contaminate the findings. The Evaluator also will conduct analyses to determine if subpopulations (e.g. race, ethnicity, age, gender, etc.) have disparate access to services or use of services.

The project will use repeated measures and multiple outcome design to determine program effectiveness. Prior to conducting outcome analysis, the Evaluator will use correlation analyses to determine the relationship between client-level outcomes and key demographic variables, including race, ethnicity, breadth of substance use, and risk factors that may result in subpopulation disparities. If any significant correlations occur, outcome analyses will use a repeated measures analysis of covariance to control for the variable(s). In addition, the evaluator will use factorial analyses for each significant correlate to look at differential outcomes and interactions among the groups. Regression analysis will also occur to determine whether service dosage or duration relate to specific client-level outcomes. To assess community impact, the Evaluator will compare available community level data across time.

3.8.5.4.2 PROPOSED TARGETS AND METHODOLOGIES.

G/CC proposes the following targets and methodologies to address the measures specified in Section 2.4.2:

Performance Measure / Target	Data Source	Data Analysis
2.4.2.1 Percent of arrests or re-arrests among Program participants while enrolled in the Program: 20%	Centralized Database, CAIS	Ratio analysis comparing number arrested/re-arrested while in program to number enrolled
2.4.2.2 Percent of arrests or re-arrests among Program participants within one year following Program discharge: 30%	Centralized Database, CAIS	Ratio analysis comparing number arrested/re-arrested within one year post program to total number participants one year post Program

2.4.2.3 Percent of Program participants not residing in a stable housing environment at Program admission who reside in a stable housing environment within 90 days of Program admission: 80%	Centralized Database, SFBHN assessment tool	Ratio analysis comparing number residing in stable housing within 90 days of admission to number not having stable housing at admission
2.4.2.4 Percent of Program participants who reside in a stable housing environment one year following Program discharge: 80%	Centralized Database, SFBHN assessment tool	Ratio analysis comparing number residing in stable housing one year post program to total number participants one year post program
2.4.2.5 Percent of Program participants not employed at Program admission who are employed full or part time within 180 days of Program admission: 80%	Centralized Database, SFBHN assessment tool	Ratio analysis comparing number employed within 180 days of admission to number unemployed at admission
2.4.2.6 Percent of Program participants employed full or part time one year following Program discharge: 70%	Centralized Database, SFBHN assessment tool	Ratio analysis comparing number employed one year post program to total number participants one year post program
2.4.2.7 Percent of Program participants the Grantee assists in obtaining social security or other benefits for which they may be eligible but were not receiving at Program admission: 70%	Centralized Database, SFBHN assessment tool	Ratio analysis comparing number that obtain entitlements to number who did not receive them at admission
2.4.2.8 Percent of Program participants diverted from a State Mental Health Treatment Facility: 90%	Centralized Database	Ratio analysis comparing number diverted to treatment to projected number who would have been in a State facility
2.4.2.9.1 80% of clients will have reduced mental health symptoms at discharge, and 70% will maintain improvements at 3, 6, and 12-months post-discharge	Centralized Database, Mini Mental Screen (MMS) and PCL-5	Ratio analysis comparing number reporting fewer symptoms on the MMS and PCL-5 at each time point to number of participants discharged
2.4.2.9.2 75% of clients will be substance free at discharge, and 70% will remain substance free at 3, 6, and 12-months post-discharge	Centralized Database, SFBHN assessment tool, drug tests	Ratio analysis comparing number having substance-free urine screens at each time point to number having a positive urine screen at admission
2.4.2.9.3 80% of clients will have improved physical health at discharge, and 70% will maintain improved health at 3, 6, and 12-months post-discharge	Centralized Database, physicals and labs from Center for Wellness	Ratio analysis comparing number that have improved or stable health indicators at each time point to number having unstable indicators at admission

3.8.5.4.3 ADDITIONAL PROPOSED PERFORMANCE MEASURE.

Three additional proposed performance measures, including proposed targets and methodologies, related to outcomes involving mental health, substance abuse recovery,

and physical health have been included in the chart above (identified as 2.4.2.9.1, 2.4.2.9.2, and 2.4.2.9.3, respectively).

3.8.5.5 CAPABILITY AND EXPERIENCE.

3.8.5.5.1 CAPABILITY AND EXPERIENCE.

Monroe County is fortunate to have a strong network of public officials, law enforcement, treatment providers, and social service providers who have a long history of working together to build the capacity of the County to provide competent, humane responses to meet the needs of its most vulnerable residents.

The lead applicant, G/CC, has licensure from the State of Florida Department of Children and Families and accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF). G/CC has been in operation and providing culturally appropriate outpatient substance abuse treatment services for 43 years and treating homeless individuals for 38 years. In 1990, the agency began providing HIV/AIDS services. G/CC provides services at Key West, Marathon, and Key Largo locations. In addition, G/CC participates in annual health fair events in Key West, Marathon, and Tavernier. G/CC service sites are ADA compliant and accessible to the population of focus by walking, car, bus system, or agency transportation. Services for the expanded CJMHSA diversion program will be home-based to reduce client barriers related to travel and child care.

G/CC's capability of serving the target population is evidenced by its past experience and history of relevant services and activities including: psychiatric services for adults, adolescents, and children; crisis stabilization services for adults and transfer coordination for children and adolescents; jail re-entry and forensic services located in the county detention facility; post-critical event intervention; involuntary psychiatric examination and involuntary medical examination for Baker Act and Marchman Act; detoxification for adults; outpatient mental health and substance abuse services for adults, children, adolescents, and families; residential treatment services for adults with mental illness; mental health and substance abuse intervention services for adults; school-based counseling, intervention, and prevention programs; HIV testing, pre- and post-test counseling services; case management services for adults, children, and forensic populations; club house/consumer run program with supportive employment services; 7 day/week drop-in services for mental health; substance abuse aftercare services; Consumer/Peer Specialists; and CPR and First Aid training. Outpatient substance abuse services are available in the Keys in Key Largo, Marathon, and Key West to persons referred by the State Department of Children and Families (DCF), State Department of Juvenile Justice, and other service providers, those who require treatment because of driving under the influence convictions, and the self-referred.

Additionally, the Monroe County Sheriff's Office (MCSO), since preparation for the initial Planning grant began in 2008, remains a leader in CJMHSA efforts and continues to be a leading member of the Planning Council. The MCSO and all of its staff are dedicated

to the protection of citizens as well as the enhancement of the communities of Monroe County. MCSO's Bureau of Corrections consists of three jail facilities: the Key West detention center, which houses up to 596 inmates; the Marathon detention center, which houses up to 52 inmates; and the Plantation Key detention center, which houses up to 47 inmates. The overall mission of the Corrections Bureau is to provide for custody, control, care, and treatment of incarcerated inmates. The facility also offers a variety of programs to inmates who wish to make a positive change in their lives, including educational, work related, and rehabilitative programs aimed at changing behaviors so when an inmate is released, he or she has a chance at becoming a productive, contributing member of society. Current inmate programs include:

Jail In-House Program

The Jail In-House Program (JIP), managed by G/CC, provides substance abuse services for inmates. These services include assessment and treatment planning, individual and group counseling services, addiction and co-occurring education, relapse and recidivism prevention planning, employment and financial skills, trauma informed services, case management, transition/discharge preparation, and continued recovery planning.

Behavior Modification Program

A new inmate program was begun in an effort to help inmates modify their behavior and develop skills to assist their transition back into society. This program offers classes in life skills, anger management, and parenting for both male and female inmates. A class also is available for male batterers.

Inmate Work Release Program

The work-release program is a cooperative effort between G/CC's Jail Incarceration Program (JIP), Florida Keys Community College (FKCC), and Workforce. Inmates who complete the program are awarded certificates from FKCC with the potential for college credit, and they may be offered employment through a local hospitality vendor upon their release. The first graduating class for this program was in August of 2016. Of the 10 women in the course, 7 were also JIP participants. The Work Release Program allows selected, low-risk offenders to work in the community while completing the terms of their sentence. The program gives the offender a marketable trade or skill which reduces recidivism. The offender also has the opportunity to pay restitution for their crimes, support their families while incarcerated, and experience a more positive transition back into the community.

Jail Health Services

Armor Correctional Health Services handles inmate medical care under the direction of a medical health administrator, including medical, dental, and psychiatric services. No inmate can be denied medical care due to the inability to pay.[6]

[6] Monroe County Sheriff's Office. (2015). About the Bureau of Corrections. Retrieved from: http://www.keysso.net/jail/detention_center_index.htm

Finally, Monroe County Homeless Services Continuum-of-Care, Inc. (CoC) is the lead agency for the coordination and planning of homeless services in the Florida Keys. The coalition membership includes 33 service provider agencies, veterans groups, formerly homeless residents, and community volunteers. The CoC organizes the collaboration of local agencies to address the needs of homeless residents and provide essential supportive services. By assessing and coordinating interagency communication and services, the CoC avoids unnecessary duplication of effort and closes gaps in services. The CoC also administers the Homeless Management Information System (HMIS) for the County and conducts the Annual Point-In-Time Survey (PIT) of homeless individuals.[7]

3.8.5.5.2 AVAILABILITY OF RESOURCES.

The members of Monroe County Planning Council, including G/CC, are committed to providing the resources necessary to carry out the proposed diversion project expansion. To this end, G/CC will provide the cash match required for each year of the grant term. Additionally, the Lower Keys Medical Center has agreed to provide the in-kind match for the services provided in the emergency room to clients with mental health issues and at-risk of criminal justice involvement. Please see Appendices H and I for full details.

3.8.5.5.3 ROLES OF ADVOCATES, FAMILY, AND PARTNERS.

The Planning Council has recruited local advocates, primary consumers of mental health and substance abuse services, family members, and several partners from diverse sectors of Monroe County, including law enforcement, court officials, treatment providers, and social service providers. Each member has a unique and vital role to play in expanding Monroe County's capacity to provide community-based treatment options as a cost-effective and just alternative to incarceration for Monroe County residents struggling with mental illness and co-occurring substance use disorders.

Advocates, primary consumers, and family members are essential to the Planning Council process because they have the most direct knowledge about the effectiveness of services provided, as well as the negative impacts when services are not available. These members educate the wider Planning Council body about the nature and extent of mental illness, substance abuse, and homelessness, including the needs of the people who are living through these experiences. They are also a powerful voice in advocating for increased community, political, and financial support for expanded diversion efforts.

Effective diversion programs require the commitment of multiple responsible partners for successful implementation. Fortunately, Monroe County has a strong community network committed to CJMHSA initiatives, and several agencies have agreed to partner on the proposed expanded diversion program. As the lead applicant, G/CC will have

[7] Monroe County Homeless Services Continuum-of-Care, Inc. (2015). 2015 Homeless Point-in-Time Report. Retrieved from http://www.monroehomelesscoc.org/2015-PIT-Report.pdf.

primary responsibility for providing CIT and Baker/Marchman Act training for Monroe County law enforcement, delivering mental health and substance abuse treatment services for the target population, and providing general oversight and coordination for the project. Monroe County Sheriff's Office will be responsible for providing G/CC with appropriate referrals at Intercept 1 (law enforcement/community encounters) and Intercept 2 (initial detention) and providing G/CC access to jail inmates to conduct screenings. The municipal court will allow G/CC access to screen for diversion-eligible clients at the initial court appearance (Intercept 2) and provide appropriate referrals. Pre-Trial Services, public defenders, Veterans Justice Outreach (VJO) specialists, judges, and other court staff also will coordinate with G/CC to provide screening, assessment, initial engagement, and linkage for the target population. G/CC will provide assistance with coordinating court monitoring and reporting.

The diversion program also has multiple social service provider partners. The Rural Health Network (RHN), Community Health of South Florida, Inc. (CHI), and Good Health Clinic have agreed to accept referrals for those clients who do not choose the G/CC Center for Wellness for their health home. The Village South or other providers within the South Florida Behavioral Health Network (SFBHN) will provide long-term substance abuse treatment for clients who need these services. Independence Cay, Florida Keys Outreach Coalition for the Homeless, Inc. (FKOC), Heron, and Peacock Supported Living will assist clients with housing supports, and Salvation Army will provide clothing. The South Florida Workforce program will connect diversion clients with employment opportunities, and Florida Keys Community College will help eligible clients access educational opportunities. Wesley House will provide services to family members and dependent children. Finally, the Monroe County Homeless Services Continuum-of-Care will be responsible for community strategic planning and policy development on housing and homelessness issues.

3.8.5.5.4 PROPOSED STAFF, ROLES, AND RESPONSIBILITIES.

G/CC proposes the following staffing plan for the expanded diversion program:

TITLE	Project Director
FTE	.10 FTE
ROLE	• Oversees and directs all Project staff in the implementation of project activities and agency policy; • Supervises clinical activities to assure that ongoing activities take place as scheduled; and • Prepares staff performance evaluations.
QUALIFICATIONS	• Bachelor's Degree in Human Services field; • 5 years of substance abuse and/or administrative responsibilities; • Master's Degree Preferred; and • Florida Certification in Addictions and/or licensure.
TITLE	Clinical Coordinator
FTE	1 FTE
ROLE	• Oversees all clinical and administrative services and daily program operation ensuring quality standards are maintained; • Conducts Continuous Quality Improvement monitoring activities as assigned; • Provides clinical supervision to the therapists and care coordinators; and • Assists the Project Director as requested.

QUALIFICATIONS	• Master's Degree; • 3 years of experience; and • Florida License as LCSW, LMFT, or LMHC.
TITLE	Therapist
FTE	2 FTE
ROLE	• Conducts assessments for clients and their families; • Writes and reviews Interpretive Summaries to ensure they are based on information obtained from the assessment; • Provides individual and family therapy; • Provides in-home/on-site individual and family therapy using the MRT and Seeking Safety models; • Develops Wellness and Recovery Plans with the client; • Completes monthly Wellness and Recovery Plan Reviews; • Documents all clinical services and activities in accordance with licensing, Medicaid, CARF standards, and agency policy and procedure.
QUALIFICATIONS	• Master's Degree in a behavioral health related field; • Two years of previously supervised work-experience is preferred; • Must be Florida Licensed or licensed eligible; • Valid CPR Certificate is required; and • 20 hours of continuing education required annually.
TITLE	Care Coordinator
FTE	2 FTE
ROLE	• Acts as the primary client advocate and keeps abreast of client progress; • Coordinates all services delivered to the client and family internally and through external referral; • Conducts needs assessments; • Develops Service Plans in collaboration with the client and family; • Conducts monthly Service Plan reviews; • Documents all services and activities in accord with licensing, Medicaid, CARF standards, and agency policy and procedure; • Conducts individual case management sessions; • Facilitates access to health insurance and public entitlements; • Assists with linkage to all mental health services including psychiatric appointments and medication; • Prepares monthly Progress Reports, as required, for assigned clients for courts, probation officers, caseworkers, etc.; • Coordinates client and family care with the treatment team and with external providers; and • Arranges transportation for clients, as necessary.
QUALIFICATIONS	• Bachelor's Degree; • One year of work experience; • Valid CPR Certificate is required; and • 20 hours of continuing education required annually.
TITLE	Research Assistant
FTE	1 FTE
ROLE	• Serves as a member of the Research and Evaluation Team; • Collects baseline, discharge, and follow-up data on clients; • Scores assessment instruments; • Develops basic statistical databases; • Enters client data in the statistical database; • Enters data in the evaluation database; • Monitors quantitative and qualitative data collection processes; • Coordinates the compilation and management of data;

	• Maintains a tracking and follow-up log for all clients; • Engages and builds rapport with all clients to assist with tracking and follow-up; • Administers Client Perception Surveys; • Conducts client and/or staff Focus Groups; • Maintains a Research and Evaluation file for each client; • Conducts basic statistical analyses; • Produces reports or assists in the development of reports as required by the Director of Evaluation and Quality; • Produces reports for the Area Director; • Provides feedback to the Area Director regarding attainment of goals and objectives as well as data collection; and • Assists Program Coordinator and Area Director with Performance Improvement activities.
QUALIFICATIONS	• Minimum of a Bachelor's Degree in a research related field; • 1 year or equivalent experience in evaluation and/or research; and • Must travel throughout the Monroe County community to the clients' homes or other convenient locations for the client to gather evaluation data.
TITLE	• Director of Evaluation
FTE	• .05
ROLE	• Acts as an evaluation consultant for all Regions and Programs including outreach, intervention, prevention, and treatment; • Designs and implements process and outcome evaluations for program components; • Coordinates with and assists the Development Department to develop new grants; • Provides evaluation information, including client outcomes, to the Board of Directors, Senior Vice Presidents, Regional Vice Presidents, and Program Directors as agreed; • Conducts staff education and training within the areas of research and evaluation as requested by the Training Director; • Formulates and conducts research projects of interest to the Chief Executive Officer, Senior Vice Presidents, and Regional Vice Presidents; • Writes evaluation components for all grant submissions; • Designs and implements statistical databases; • Trains and supervises Research Assistants; • Develops Policies and Procedures for the Department; • Assists regions and programs with Performance Improvement projects; • Designs and develops questionnaires and surveys; • Acts as the Chairperson for the Information Management Strategic Planning Committee and the Information Management Alignment Team; • Attends national and local grantee meetings as required.
QUALIFICATIONS	• Ph.D. in psychology or related mental health field; • Ability to design and implement databases; • Knowledge and application of research design and methodology; • Knowledge and application of basic and advanced statistics; • Ability to design and implement process and outcome evaluations consistent with the agency's vision, mission, and values; • Understanding of basic mental health and substance abuse theories; • Ability to use statistical analyses to develop and monitor Performance Improvement activities; • Understanding of team building techniques and strategies; • Excellent organizational skills;

	• Ability to interpret complex data analyses; • Ability to work with multi-disciplinary teams and to interface with internal and external departments; and • Ability to handle multiple responsibilities and to prioritize appropriately.
TITLE	• CIT/Baker/Marchman Act Trainer (Subcontractor)
FTE	• 1 training annually
ROLE	• Trains law enforcement to: o Implement the Baker Act voluntary and involuntary examination criteria; o Identify which patients are legally eligible to consent to admission and treatment; o Discuss requirements under the Florida Mental Health Act, including appropriate admission and discharge in compliance with the law; o Implement the criteria for involuntary admission of individuals under Florida's Marchman Act for substance abuse impairment; and o Comply with the federal Emergency Medical Treatment and Active Labor Act (EMTALA) and the Florida Baker Act laws.
QUALIFICATIONS	• MSW • Consultant, Lenderman & Associates • Former State of Florida Baker Act Director

G/CC will follow its standard recruitment plan to staff the proposed project. First, upon notification of award, all existing qualified staff will be given the opportunity for priority interviews for positions within the new program. These interviews will occur prior to the start of the search for newly created positions. Once this process is complete, the following steps will be taken to ensure all needed staff are available to operate the program: 1) G/CC will post notices in local newspapers, county area periodicals, Indeed, with local colleges and universities in the area, and internally via the company intranet; 2) The Project Director will screen resumes, interview candidates, and administer a position-based skills assessment; and 3) Qualified staff will be hired at the Project Director's discretion.

3.8.5.6 EVALUATION AND SUSTAINABILITY

3.8.5.6.1 EVALUATION.

To ensure the program achieves its intended outcomes and community impact, evaluation will be a critical component of this project, consisting of two primary components: Process and Outcome Evaluation. Process Evaluation will consist of three components, including Implementation Fidelity, Fidelity Monitoring, and Client Perceptions.

Implementation Fidelity will track and evaluate implementation of the project, determine adherence to specified timeframes, identify barriers to implementation, and describe deviations from the Implementation Plan. Evaluation will use a systematic Performance Improvement strategy to identify and define barriers, define strategies to reduce them, and collect and analyze data to determine effectiveness of barrier reduction.

Fidelity Monitoring will assure that EBP implementation is faithful to the models and will allow the early detection and correction of deviations, as well as assist in planning and monitoring any modifications. This will occur by: 1) provision of initial and ongoing training on the EBPs; 2) quarterly review of clinical records to ensure they capture the core elements of the EBPs; and 3) random direct observation of program activities by the Research Assistant. The Evaluator will provide feedback to the staff regarding adherence and will assist in developing a professional development plan for the clinicians to increase fidelity. In this instance, random monitoring will occur more frequently until the clinician reaches acceptable fidelity levels.

Client Perceptions are also an important factor in assessing and understanding program effectiveness and provide invaluable insights into why the program is working and/or how to improve program performance. The clients will complete Client Perception Surveys at discharge to determine their view of and satisfaction with services. Surveys will be anonymous and client-level data only will be available to the Evaluation Team. The Evaluator will compile a report and disseminate it to the staff. Based on the findings from the surveys, the Evaluator, in collaboration with program staff, will develop Performance Improvement initiatives as necessary. The program will use a criterion of 80% satisfaction level to identify those areas requiring improvement or enhancement.

Outcome Evaluation will address the effectiveness of the program in attaining the desired client outcomes and assessing the overall impact on the community. More specifically, the outcome-based evaluation for this project will focus on the program's ability to reduce mental health symptoms, decrease/eliminate substance use, prevent criminal recidivism, increase employment, and improve physical health.

G/CC is a data-driven organization and consistently uses Continuous Quality Improvement (CQI) as an ongoing effort to improve products, services, or processes and constantly evaluates and improves processes and outcomes in light of their efficiency, effectiveness, and flexibility. G/CC has a CQI process that it routinely uses with its existing programs. This project will utilize the same structured CQI strategy (PDSA: Plan-Do-Study-Act) and processes. 1) Identify and describe the deviation, barrier, or unexpected outcome; 2) Generate a fishbone diagram to define all possible causes; 3) Collect data to identify the cause related to the problem and pinpoint the area for intervention; 4) Implement a corrective action; and 5) Collect monitoring data to determine the effectiveness of the action.

In addition, G/CC adheres to the NIATx model for the PDSA cycle, allowing rapid, repeated, and efficient change to ensure high quality processes and program performance as well as timely change. The program will conduct quarterly reviews of its process data and immediate and intermediate outcomes. This is crucial since it will enable the program to document program components that work well, assess the need for improvements, and make timely adjustments in activities and programming. This analysis will include examining any disparate access to care or utilization of services that may occur in various subpopulations. If disparities are present, G/CC will use the NIATx rapid cycle to reduce them. The analyses for the CQI activities will parallel those

for the performance assessment to ensure that the project is attaining the program goals and objectives. Evaluation also tracks adherence to the implementation plan, identifies barriers to implementation, and documents strategies to overcome barriers. Evaluation provides weekly progress reports to the program and assists in developing performance improvement activities to overcome barriers delaying implementation.

The program will conduct at least quarterly reviews of it process data and immediate and intermediate outcome data. This is crucial since it will enable the program to document program components that work well, assess where the program needs to make improvements, and make timely adjustments in activities and programming to address the desired outcomes more effectively and efficiently. Routine analysis will include the following measures: demographics, methods of recruitment, attendance, attrition, planned and unplanned adaptations, cultural problems/issues, indicators of unmet needs, and participant changes in knowledge, attitude, and behavior at program completion and post-completion as they relate to the program's goals and objectives. The analyses for the CQI activities will parallel those for the performance assessment to ensure that the project is attaining the program goals and objectives.

Stakeholder support and service coordination will be defined and measured by 1) the execution of and adherence to MOUs and linkage agreements, as appropriate, and 2) regular attendance at quarterly Planning Council meetings. Although the partners will work closely together on a day-to-day basis in carrying out the expanded diversion program, Planning Council meetings will provide an important setting to assess the progress of the diversion project based on established timelines, review attainment of goals, and make necessary adjustments to implementation activities, as needed.

G/CC will work with the members of the Planning Council to collect relevant data to measure project effectiveness in the areas of promoting public safety, reduction of recidivism, and access to services and supports for the target population. Promoting public safety measures will include collecting data on law enforcement's participation in annual CIT and Baker/Marchman Act training and completion rates. The MCSO will collect and provide data regarding rearrests of program participants and/or violations of the terms of their supervision to allow comparisons of arrest records prior to program participation to measure the reduction of recidivism. Finally, G/CC's program staff will track and measure access to services and supports for the target population on a continual and ongoing basis.

3.8.5.6.1.1 Estimate the effect of the proposed project on the Target Population related to the budget of the jail and juvenile detention center.

3.8.5.6.1.1.1 Estimate how the Program will reduce the expenditures associated with the incarceration of the Target Population.

A substantial body of independent research has found that Assisted Outpatient Treatment (AOT), defined as "a program or collection of services in which community-based mental health treatment is delivered under a civil court order," substantially

reduces costs associated with caring for adults with severe mental illness. There are a host of direct costs (psychiatric emergency/crisis services, inpatient psychiatric stays, etc.) and indirect costs (shelter, law enforcement, court, and jail/prison) that multiply when people with mental illness do not have regular access to treatment services, and a substantial portion of these costs can be reduced and/or averted simply by providing community-based mental health treatment.[8] An expanded diversion program in Monroe County will provide residents living with mental illness and co-occurring substance use disorders access to the treatment and supportive services they need to manage their symptoms, stabilize their lives, and prevent the kinds of misdemeanor behavior (vagrancy, trespassing, etc.) that commonly leads to their arrest and imprisonment, thereby reducing expenditures associated with their incarceration.

3.8.5.6.1.1.2 The proposed methodology to measure the defined outcomes and the corresponding savings or averted costs.

To measure the defined outcomes and corresponding savings/averted costs of the expanded diversion project, Monroe County will follow the recommendations from the report issued by Health Management Associates and presented to the Treatment Advocacy Center in 2015:

"Calculating the net savings from implementing an AOT program requires collecting various data elements to compare costs of treating the relevant population before the implementation of AOT and after. The potential savings include not only a reduction in the cost of providing health services – that is, the direct costs – but also indirect costs for non-health services that may be changed by the implementation of AOT. Relevant costs (not necessarily exhaustive) are listed below.

Total per-person costs for mental health services

- Total state inpatient psychiatric hospital costs
- Total outpatient mental health service costs
  - Evaluation/assessments
  - Crisis services
  - Assertive community treatment (ACT)
  - Case management/care coordination
  - Counseling
  - Medication management
  - Community/social supports

Total per-person costs for other medical services

- Total costs of inpatient psychiatric care in a general hospital
- Total costs of non-psychiatric inpatient care
- Total hospital emergency department
- Total outpatient costs:
  - Physician

[8] Health Management Associates. (2015). State and Community Considerations for Demonstrating the Cost Effectiveness of AOT Services: Final Report. Retrieved from: http://www.treatmentadvocacycenter.org/storage/documents/aot-cost-study.pdf

– Facility diagnostic and treatment costs
– Private duty nursing
– Home health care
– Rehabilitative therapies
– Personal care
– Durable medical equipment
– Lab
– X-ray
– Pharmacy

Total per-person criminal justice costs

- Total general costs per inmate day
- Total general medical costs per inmate day
- Total psychiatric costs per inmate with SMI per day
- Average court costs (e.g., filing fees, courtroom, public defender, prosecutor) per individual
- Average per person costs associated with psychiatric evaluation

Total per-person homelessness services costs

- Emergency shelter costs per day
- Post AOT, policymakers may want to compare shelter costs with costs of permanent supportive housing

Total per-person legal and court costs

- Average court costs (e.g., filing fees, courtroom, attorney) per individual who has been civilly committed
- Average per person costs associated with psychiatric evaluation per individual who has been civilly committed

If not operated within existing services, total per-person "AOT program" administration costs

- Court-costs associated with administration of mental health court
- Court liaisons who work with courts to ensure communications between the treatment system and courts
- Costs of county mental health board staff and technology systems that track service utilization and costs by person

NOTE: It is essential to normalize all costs to the same denominator. Some will be reported by person per month, some by person without a time frame, some for different time periods. To be meaningful, final calculations must put each data element into a format that supports comparison with the other elements. AOT costs can then be analyzed by reviewing total all-costs incurred prior to AOT with costs during and post-AOT."[9]

[9] Health Management Associates. (2015). State and Community Considerations for Demonstrating the Cost Effectiveness of AOT Services: Final Report. Retrieved from: http://www.treatmentadvocacycenter.org/storage/documents/aot-cost-study.pdf

3.8.5.6.1.1.3 An estimate of how the cost savings or averted costs will sustain or expand the mental health, substance abuse, co- occurring mental health, and substance abuse treatment services and supports needed in the community.

Providing cost-effective community-based mental health and substance abuse treatment with additional supportive services as part of an expanded diversion program will result in substantial cost savings for Monroe County. Although there currently is not a comprehensive cost savings study available for Monroe County, findings from the Health Management Associates study may provide a reasonable estimate of what we may be expected by establishing an AOT program in Monroe County.[10]

Summary of Per Person AOT Cost Savings			
	New York		Summit County
	New York City	Outlying 5 counties	
A. Total systems costs pre-AOT	$104,753	$104,284	$35,103
B. Total systems cost post-AOT	$52,386	$39,142	$17,540
C. Cost of AOT "program"	3,641.00	4,289.00	0.00
D. Net AOT cost (B + C)	56,027.00	43,431.00	17,540.00
E. AOT savings (A - D)	$48,726	$60,853	$17,563
	47%	58%	50%

A portion of these savings on incarceration and related costs may then be re-allocated to support and sustain expanded mental health and co-occurring substance abuse treatment services and social supports. Because providing treatment in the community is typically much less expensive than serving people in criminal justice settings, Monroe County also may use these cost savings to benefit other areas of need.

3.8.5.6.1.1.4 How the county's proposed initiative will reduce the number of individuals judicially committed to a state mental health treatment facility.

The proposed project will increase the accessibility of community-based mental health and substance abuse treatment services in Monroe County substantially. This means that, if the County receives an award, Monroe County judges will now have the option to sentence mentally ill individuals who commit minor offenses to community-based treatment, rather than a jail or mental health hospital. Expanded diversion options will result in a reduced number of individuals judicially committed to a state mental health facility.

3.8.5.6.2 SUSTAINABILITY.

[10] *Ibid.*

The long-term sustainability of the expanded diversion program is a high priority for G/CC and Monroe County. The Planning Council is committed to seeking additional federal, state, and local support to preserve and enhance Monroe County's community-based mental health and substance abuse treatment systems. In order to sustain the expanded diversion program beyond the three-year grant term, alternative funding streams must replace grant funded operating expenses by the end of 2019. To this end, the Planning Council will re-establish an ongoing Sustainability Workgroup to procure and maintain the necessary funding to sustain the project and implement future Planning Council recommendations. Quarterly Planning Council meetings will incorporate discussions of sustainability.

Additionally, G/CC is a subsidiary of WestCare Foundation, a national organization dedicated to resource development. WestCare and G/CC use a model for sustainability that emphasizes strategic financing and planning not simply limited only to grant seeking. G/CC continuously works to ensure diversified revenue streams in support of its general operations and programming, including third-party reimbursement (private insurance, Medicare, Medicaid, and managed care companies), private philanthropy, fees for service, and other methods. WestCare's experienced Financial Development staff is committed to securing additional funds for long-term sustainability of the expanded diversion program.

3.8.5.6.3 PROJECT TIMELINE.

G/CC proposes the following timeline for the expanded diversion project:

PROJECT YEAR 2017													
Key Activities & Responsible Staff	**Jan**	**Feb**	**Mar**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Milestones**
Establish legally binding agreements with all participating entities to establish programs and diversion initiatives for the target population **Responsible: G/CC Project Director**	X	X	X										1 MOU or linkage agreement is executed with each partner
Provide, directly or by agreement, 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 **Responsible: G/CC Project Director**	X	X	X										G/CC's case management database is updated to capture all required output and outcome information
Recruit and hire program staff **Responsible: G/CC Project Director / HR**	X	X											All program staff are hired and in place
Deliver EBP trainings for program staff **Responsible: Project Director, Evaluation Director**			X										Staff complete CAIS and MRT trainings

Finalize data collection and evaluation procedures **Responsible: Evaluation Director**	X	X	X										Data collection and evaluation procedures are implemented
Accept referrals **Responsible: Project Director, Care Coordinators, All Partners**				X	X	X	X	X	X	X	X	X	Participants are identified
Services Begin **Responsible: Project Director, All Staff, All Partners**				X									Services begin
Evaluation begin / establish baseline **Responsible: Evaluation Director**				X									Assessments begin
Monitor treatment services **Responsible: Clinical Coordinator**				X	X	X	X	X	X	X	X	X	Fidelity to chosen practices is maintained
Follow-up Evaluations **Responsible: Evaluation Director, Research Assistant**				X	X	X	X	X	X	X	X	X	Outcomes are achieved and reported
Delivery of program services **Responsible: All Staff, All Partners**				X	X	X	X	X	X	X	X	X	65 diversion clients served annually
Participate in quarterly Planning Council meetings **Responsible: Planning Council Members**			X			X			X			X	The Planning Council convenes a minimum of 4 times per year
Assess program progress based on established timelines and review attainment of goals **Responsible: Planning Council Members**			X			X			X			X	Progress against proposed timelines and performance measures will be assessed
Make necessary adjustments to implementation activities, as needed **Responsible: Planning Council Members**			X			X			X			X	Program adjustments will be determined, agreed upon, and made, as necessary
Implement specialized responses by law enforcement agencies through annual Crisis Intervention Team (CIT) and/or Baker/Marchman Act trainings **Responsible: G/CC Project Director, Trainer/Subcontractor**												X	1 annual CIT and/or Baker/Marchman Act training
PROJECT YEAR 2018													
Key Activities & Responsible Staff	**Jan**	**Feb**	**Mar**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Milestones**
Accept referrals **Responsible: Clinical Coordinator, Care Coordinators, All Partners**	X	X	X	X	X	X	X	X	X	X	X	X	Participants are identified
Monitor treatment services **Responsible: Clinical Coordinator**	X	X	X	X	X	X	X	X	X	X	X	X	Fidelity to chosen practices is maintained
Follow-up Evaluations **Responsible: Evaluation Director, Research Assistant**	X	X	X	X	X	X	X	X	X	X	X	X	Outcomes are achieved and reported
Delivery of program services **Responsible: All Staff, All Partners**	X	X	X	X	X	X	X	X	X	X	X	X	65 diversion clients served annually

Participate in quarterly Planning Council meetings **Responsible: Planning Council Members**			X			X			X			X	The Planning Council convenes a minimum of 4 times per year
Assess program progress based on established timelines and review attainment of goals **Responsible: Planning Council Members**			X			X			X			X	Progress against proposed timelines and performance measures will be assessed
Make necessary adjustments to implementation activities, as needed **Responsible: Planning Council Members**			X			X			X			X	Program adjustments will be determined, agreed upon, and made, as necessary
Implement specialized responses by law enforcement agencies through annual Crisis Intervention Team (CIT) and/or Baker/Marchman Act trainings **Responsible: G/CC Project Director, Trainer/Subcontractor**												X	1 annual CIT and/or Baker/Marchman Act training
PROJECT YEAR 2019													
Key Activities & Responsible Staff	**Jan**	**Feb**	**Mar**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Milestones**
Accept referrals **Responsible: Clinical Coordinator, Care Coordinators, All Partners**	X	X	X	X	X	X	X	X	X	X	X	X	Participants are identified
Monitor treatment services **Responsible: Clinical Coordinator**	X	X	X	X	X	X	X	X	X	X	X	X	Fidelity to chosen practices is maintained
Follow-up Evaluations **Responsible: Evaluation Director, Research Assistant**	X	X	X	X	X	X	X	X	X	X	X	X	Outcomes are achieved and reported
Delivery of program services **Responsible: All Staff, All Partners**	X	X	X	X	X	X	X	X	X	X	X	X	65 diversion clients served annually
Participate in quarterly Planning Council meetings **Responsible: Planning Council Members**			X			X			X			X	The Planning Council convenes a minimum of 4 times per year
Assess program progress based on established timelines and review attainment of goals **Responsible: Planning Council Members**			X			X			X			X	Progress against proposed timelines and performance measures will be assessed
Make necessary adjustments to implementation activities, as needed **Responsible: Planning Council Members**			X			X			X			X	Program adjustments will be determined, agreed upon, and made, as necessary

Implement specialized responses by law enforcement agencies through annual Crisis Intervention Team (CIT) and/or Baker/Marchman Act trainings **Responsible: G/CC Project Director, Trainer/Subcontractor**												**X**	1 annual CIT and/or Baker/Marchman Act training