



*The Eleventh Judicial Circuit of Florida  
Criminal Justice, Mental Health, and  
Substance Abuse Reinvestment Grant  
Program*

Submitted To:

**Florida Department of Children and Families  
Office of Substance Abuse and Mental Health  
GRANT # DCF RFA 2021 001**

**PROJECT APPLICATION**

Submitted By:



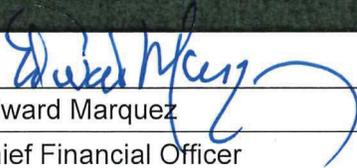
**Collaborative Partners**



**March 12, 2021**

**APPENDIX C – COVER PAGE FOR GRANT APPLICATION**

**Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant**

PROPOSAL INFORMATION		
Type of Grant:	Planning Grant <input type="checkbox"/>	Implementation and Expansion Grant <input checked="" type="checkbox"/>
Project Title:	Criminal Justice Intensive Case Management Team	
County(ies):	MIAMI-DADE COUNTY	
Preferred Project Start Date:	May 1, 2021	
APPLICANT INFORMATION		
Type of Applicant	County Government <input checked="" type="checkbox"/> Consortium of County Governments <input type="checkbox"/> Managing Entity <input type="checkbox"/> NFP Community Provider <input type="checkbox"/> Law Enforcement Agency <input type="checkbox"/>	
Applicant Organization Name:	MIAMI-DADE COUNTY	
Contact Name & Title:	Daniel T. Wall, Assistant Director	
Street Address	Stephen P. Clark Center, 111 NW 1st Street, 22nd Floor	
City, State and Zip Code:	Miami, Florida 33128	
Email:	Daniel.Wall@miamidade.gov	
Phone:	(305) 546-5942	
ADDITIONAL CONTACT		
Participating Organization Name:	Eleventh Judicial Circuit of Florida	
Contact Name & Title:	Sandra M. Lonergan, Trial Court Administrator	
Street Address	175 NW Avenue, Suite 3016	
City, State and Zip Code:	Miami, Florida 33128	
Email:	slonergan@jud11.flcourts.org	
Phone:	(305) 349-7001	
FUNDING REQUEST AND MATCHING FUNDS		
	Total Amount of Grant Funds Requested	Total Matching Funds:
Program Year 1	\$400,000	\$400,000
Program Year 2	\$400,000	\$400,000
Program Year 3	\$400,000	\$400,000
<b>Total Project Cost</b>	<b>\$1,200,000</b>	<b>\$1,200,000</b>
CERTIFYING OFFICIAL		
Certifying Official's Signature:		
Certifying Official's Name (printed):	Edward Marquez	
Title:	Chief Financial Officer	
Date:	03/08/2021	

**DCF RFA 2021 001: Miami-Dade County – 2021**

**Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant  
Program for the Eleventh Judicial Circuit of Florida**

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**DCF RFA 2021 001: Miami-Dade County – 2021**

**Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant  
Program for the Eleventh Judicial Circuit of Florida**

*The Public Health Trust of Miami-Dade County Florida, dba Jackson Health System*

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APPENDIX D – STATEMENT OF MANDATORY ASSURANCES

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

APPENDIX H – COMMITMENT OF MATCH DONATION FORMS  
(FOR THE ENTIRE GRANT PERIOD)

TO: (name of county) Miami-Dade County  
FROM: (donor name) Eleventh Judicial Circuit of Florida Miami-Dade Criminal Mental Health Project  
ADDRESS: 1351 NW 12 Street, Room 7200  
Miami, Florida 33125

The following \_\_\_ space, \_\_\_ equipment, \_\_\_ goods or supplies, and  services, are donated to the County \_\_\_\_\_ permanently (title passes to the County) \_\_\_\_\_ temporarily (title is retained by the donor), for the period 05/01/2021 to 04/30/2024.

**Description and Basis for Valuation (See next page)**

<u>Description</u>	<u>Value</u>
(1) <u>Criminal Justice Case Management Team</u>	<u>\$ 551,349</u>
(2) <u>Case Management Visits</u>	<u>\$ 3,651</u>
(3) <u>(See attached budget sheet)</u>	<u>\$ _____</u>
(4) <u>_____</u>	<u>\$ _____</u>
TOTAL VALUE \$ <u>555,000</u>	

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

\_\_\_\_\_  
(Donor Signature)

\_\_\_\_\_  
(Date)

  
(County Designee Signature)

3-3-2021  
(Date)

**Appendix H (cont.)  
BASIS OF VALUATION**

**Building/Space**

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

2. Title passes to the County:

Depreciation

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

Use Allowance

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

**Equipment**

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

**Goods or Supplies**

FMV at time of donation

**Personnel Services**

1. Staff of another agency or organization:
 

Annual Salary	Number of hours 2080	X	to be provided	=	\$ 551,349
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2. Volunteer -- Comparable annual salary \$ \_\_\_\_\_
 

Annual Salary	Number of hours 2080	X	to be provided	=	\$ _____
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**APPENDIX H – COMMITMENT OF MATCH DONATION FORMS**  
(FOR THE ENTIRE GRANT PERIOD)

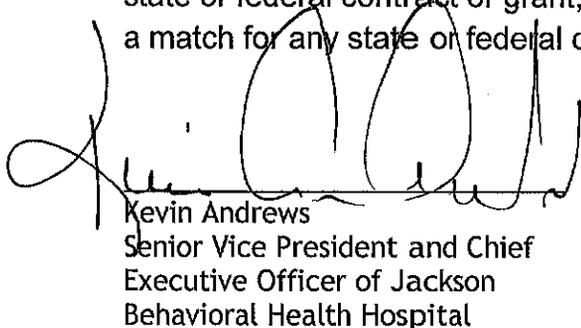
TO: Miami-Dade County  
 FROM: Public Health Trust of Miami-Dade County FL dba Jackson Health System  
 ADDRESS: 1611 NW 12<sup>th</sup> Avenue, Miami, FL 33136

The following \_\_\_ space,  equipment,  goods or supplies, and  services, are donated to the Count \_\_\_ permanently (title passes to the County)  temporarily (title is retained by the donor) for the period Grant beginning date to grant ending date (36 months).

**Description and Basis for Valuation**

Description	Value Years 1 - 3
(1) Treatment & patient care for those with SMI: ED assessments, Medication, Inpatient hospitalization, and Outpatient treatment	\$474,861
(2) Administrative and Labor Costs: ARNP, SW Supervisor, ED LCSW, Directors of Care Coordination, Outpatient & Community Health & Mental Health Case Management, Financial Analyst	\$154,680
(3) Four (4) Laptops and MS Office Suite	\$6,088
(4) IT Annual Support	\$9,371
<b>TOTAL VALUE</b>	<b>\$645,000</b>

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

  
 Kevin Andrews  
 Senior Vice President and Chief Executive Officer of Jackson Behavioral Health Hospital  
 Date 3/3/21

\_\_\_\_\_  
 (County Designee Signature) Date

**Building/Space**

1. Donor retains title:

a. Fair commercial rental value - Substantiated in provider's records by written confirmation(s) of fair commercial rental value by qualified individuals, e.g., Realtors, property managers, etc.

b. (1) Established monthly rental of space \$ \_\_\_\_\_

(2) Number of months donated during the contract \_\_\_\_\_

Value to the project [b.(1) X b.(2)] \$ \_\_\_\_\_

2. Title passes to the County:

**Depreciation**

a. Cost of Fair Market Value (FMV) at acquisition (excluding land) \$ \_\_\_\_\_

b. Estimated useful life at date of acquisition \_\_\_\_\_ yrs.

c. Annual depreciation (a./b.) \$ \_\_\_\_\_

d. Total square footage \_\_\_\_\_ sq. ft.

e. Number of square feet to be used on the grant program \_\_\_\_\_ sq. ft.

f. Percentage of time during contract period the project will occupy the building or space \_\_\_\_\_ %

Value to project (e./d. X f. X c.) \$ \_\_\_\_\_

**Use Allowance**

a. To be used in the absence of depreciation schedule (i.e., when the item is not normally depreciated in the County's accounting records).

b. May include an allowance for space as well as the normal cost of upkeep, such as repairs and maintenance, insurance, etc.

**Equipment**

1. Donor retains title: Fair Rental Value

*Four (4) new Laptop Computers and Software purchased in Year 1 for use by Court employees.*

2. Title passes to County:

a. FMV at time of donation \$ \_\_\_\_\_

or

b. Annual value to project (not to exceed 6 2/3% X a.) = \$ \_\_\_\_\_

**Goods or Supplies**

FMV at time of donation *Medications*

**Personnel Services**

1. Staff of another agency or organization: ***Please see attached.***

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

2. Volunteer -- Comparable annual salary \$ \_\_\_\_\_

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

**Appendix I - MATCH SUMMARY**  
**(for the entire grant period)**

Date - March 3, 2021

County - Miami-Dade County

Type of Grant - Implementation Grant

Match Requirement Percentage - 100%

Total Match Required for the Grant \$ 1,200,000

**Match Committed:**

Cash	\$	<u>                    </u>
In-Kind	\$	<u>1,200,000</u>
Total	\$	<u>1,200,000</u>

Comments: \_\_\_\_\_

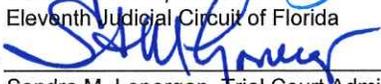
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Prepared By 

Dennise Saurez, Chief Financial Officer  
Eleventh Judicial Circuit of Florida

Approved By 

Sandra M. Lonergan, Trial Court Administrator  
Eleventh Judicial Circuit of Florida

## PROJECT NARRATIVE

### Project Summary

The 11th Judicial Circuit Criminal Mental Health Project (CMHP) was established in 2000 to divert individuals with serious mental illnesses (SMI) and co-occurring SMI and substance use disorders (SUD), who are involved in or at risk of becoming involved in the justice system, into community-based treatment and support services. The Project incorporates pre-booking and post-booking jail diversion programs. This includes diversion of individuals from admission to state forensic treatment facilities. The CMHP was awarded CJMHSA Reinvestment Grants in 2008, 2010 and 2016. All 3 projects were very successful and were sustained with recurring annual funding following completion of the grant periods. Previous grants focused on expanding post-booking jail diversion services to individuals charged with felony offenses, expediting access and approval rates for federal entitlement benefits, and providing evidence-based assessment, referral, and community reentry supports for incarcerated individuals enrolling in jail diversion services.

Building upon the successful implementation of past grant awards, the CMHP proposes to collaborate with Jackson Health System, South Florida Behavioral Health Network, and Fresh Start of Miami-Dade, Inc. to develop and implement a *Forensic Intensive Case Management (FICM)* team using the Critical Time Intervention (CTI) model of care coordination. This team will provide enhanced care-coordination for individuals with SMI or co-occurring SMI and SUD, who are high-cost, high-need recidivists to the criminal justice and acute care treatment systems. These individuals will have histories of frequent contacts with law enforcement, emergency services, emergency departments, and repeat admissions to hospitals and crisis stabilization units. They may also demonstrate lack of engagement in traditional treatment services and have histories of chronic homelessness. **It should be noted that the term “forensic” as used in this proposal applies to anyone with criminal justice involvement, not just those subject to services under Ch. 916, F.S.**

FICM is an adaptation of Intensive Case Management for justice-involved individuals with serious mental illnesses. This form of case management provides assertive outreach to high-risk, high-need individuals, and focuses on both mental health and criminal justice outcomes. This approach goes beyond passive, centralized service linkage models by delivering case management services within the community when and where they are needed. This may include where participants live or spend their time, within participants' homes, or at places of employment.

The goals of FICM include reducing admission to acute care treatment services, as well as reducing arrest and incarceration. Case managers will be specially trained to address criminogenic risks and needs associated with the Target Population and will possess expertise in working with the criminal justice system. Additionally, case managers will be supported by a comprehensive team of clinical and justice system professionals.

The FICM team will consist of specially trained staff, including a supervisor, case managers, and peer support specialists, that will provide tailored packages of care to high-risk, high-need individuals. The intervention team will be supported by a multidisciplinary team consisting of consulting professionals from the behavioral health and criminal justice systems. Disciplines and professionals participating on the multidisciplinary team will include psychiatry, nursing, social work, peer support, judges, court staff, and other criminal justice professionals. Working together, along with other community treatment providers, community partners, program participants, and caregivers, the team will ensure program participants receive optimal service planning, service linkages, and service delivery that will promote successful recovery outcomes and minimize the likelihood of reincarceration and readmission to crisis and acute care treatment settings.

The overall aims are to:

- Divert individuals in need of treatment away from the criminal justice system;
- Provide linkages to housing, psychiatric treatment, primary care, medication, access to entitlement benefits, and supportive services;
- Monitor ongoing access to treatment and services;
- Improve mental health outcomes and daily functioning;
- Reduce recidivism to the criminal justice and acute care treatment systems;
- Facilitate more successful community reintegration using an evidence-based approach to community reentry and transition planning, supported and guided by robust, evidence-based risk and need assessment;
- Promote, support, encourage, and assist recovery through comprehensive service delivery guided by an evidence-based approach to care coordination that is both strength-based and recovery-focused;
- Maximize program participants' potential, recovery, and wellbeing in a collaborative relationship, that is holistic, supportive, empowering, and ultimately seeks to foster and reinforce effective illness self-management and self-determination;
- Involve participants and caregivers in producing services by using and valuing the lived experiences of peer support specialists, program participants, and caregivers; and
- Follow the principles of least restrictive practice.

### **Tab 5: Statement of the Problem**

People with SMI who become involved in the criminal justice system demonstrate substantial disparities in rates of access to community-based mental health and primary care treatment services. Patterns of service utilization tend to reveal disproportionate use of costly acute care services provided in hospitals, crisis units, and correctional facilities, with limited and inconsistent access to prevention and routine care in non-institutional settings.

A 1991 survey of 1,401 members of the National Alliance for the Mentally Ill (NAMI), an advocacy group for families of individuals with serious mental illnesses (SMI; e.g., schizophrenia spectrum disorders, bipolar disorder, major depressive disorder), found that 40 percent of family members with mental illnesses had been in jail at some point in their lives.<sup>1</sup>

According to the most recent prevalence estimates, 16.9% of all jail detainees (14.5% of men and 31.0% of women) experience serious mental illnesses.<sup>2</sup> Considering that in 2019 law enforcement nationwide made 10.1 million arrests,<sup>3</sup> this suggests that more than 1.7 million involved people with SMIs. Roughly three-quarters of these individuals also experience co-occurring substance use disorders, which increase the likelihood of becoming involved in the justice system.<sup>4</sup> In Florida alone, it is estimated that 115,000 people with SMIs requiring immediate treatment are arrested and booked into local jails annually.<sup>5</sup>

The impact of failing to provide adequate community-based treatment to those most in need is considerable. An analysis by the *Louis de la Parte Florida Mental Health Institute* at the *University of South Florida* found that, over a five year, period 97 individuals with serious mental illnesses in Miami-Dade County who were identified as “heavy users” of acute care and institutional services accounted for nearly 2,200 bookings into the county jail, 27,000 days in jail, and 13,000 days in crisis units, state hospitals, and emergency rooms.<sup>6</sup> On average, each individual was booked into the county jail between four and

<sup>1</sup> Steinwachs, D.M., Kasper, J.D., & Skinner, E.A. (1992) Final Report: NAMI Family Survey, Arlington, Va.: National Alliance for the Mentally Ill.

<sup>2</sup> See Steadman et al (2009): <https://csgjusticecenter.org/wp-content/uploads/2014/12/Prevalence-of-Serious-Mental-Illness-among-Jail-Inmates.pdf>

<sup>3</sup> U.S. Department of Justice, Federal Bureau of Investigation. Crime in the United States, 2018. 2019; Clarksburg, WV. Found at <https://ucr.fbi.gov/crime-in-the-u.s/2019/crime-in-the-u.s.-2019/topic-pages/persons-arrested>

<sup>4</sup> Abram, K.M. and Teplin, L.A. Co-occurring disorders among mentally ill jail detainees, *American Psychologist*. 1991; 46(10): 1036-1045.

<sup>5</sup> Based on FDLE report of 679,221 total statewide arrests in 2019 and assuming SMI prevalence of 16.9%: <http://www.fdle.state.fl.us/FSAC/UCR/2019/UCR-Crime-in-Florida-Abstract-Statewide-2019A.aspx>

<sup>6</sup> Florida Mental Health Institute. Miami-Dade County Heavy User Data Analysis. Tampa, FL: Florida Mental Health Institute; 2010 (Unpublished data).

five times per year and spent nearly a quarter of their time incarcerated or in other institutional settings, only to eventually be returned to the streets. The cost to taxpayers for these services was conservatively estimated at nearly \$14 million with little impact on reducing recidivism and virtually no return on investment.

**Table 1. CMHP Heavy User Data Analysis – 5 Year Period**

<b>Event type (n=97):</b>	<b>Total events:</b>	<b>Cost/day</b>	<b>Total cost</b>
Arrests	2,172	-	-
Jail days	26,640	\$178	\$4.7 million
Civil commitment initiations	710	-	-
Inpatient psychiatric days	7,000	\$291	\$2 million
State hospital days	3,200	\$331	\$1 million
Emergency room days	2,600	\$2,338	\$6 million
<b>Total</b>	<b>39,440</b>	<b>-</b>	<b>\$13.7 million</b>

While the analysis of heavy user data demonstrates the way in which substantial costs and demand for services can be generated by a relatively small number of individuals, there's an even larger drain on resources and systems associated with the fact that the criminal justice system, and jails in particular, have become places where large numbers of people with mental illnesses spend significant amounts of time. For most individuals, admissions to jail tend to be much briefer and more episodic than those experienced by heavy users; however the sheer volume and chronic nature of individuals with untreated or undertreated mental illnesses cycling in and out of the justice system over time has resulted in staggering public costs, not to mention devastating impacts on individuals and families.

The Miami-Dade County jail currently serves as the largest psychiatric institution in the State of Florida and contains roughly as many beds serving inmates with mental illnesses as all state civil and forensic mental health hospitals combined.<sup>7</sup> On any given day, 60 percent of jail inmates (2,200 individuals) are classified as having mental health treatment needs. Based on a daily cost of \$265 per bed, the county spends \$636 thousand per day, or more than \$232 million per year to house inmates with mental illnesses.<sup>8</sup>

<sup>7</sup> There are approximately 1,500 civil beds and 1,100 forensic beds divided among 7 state funded treatment facilities, for a total of 2,600 state hospital beds:

<http://www.dcf.state.fl.us/admin/publications/docs/quickfacts.pdf>

<sup>8</sup> Jackson Health System, Corrections Health Services. CHS Operational Statistics. Miami, FL: Jackson Health System, Corrections Health Services; 2019 (Unpublished data).

The tragic and unnecessary consequences of the county jail serving as the *de facto* psychiatric hospital for the indigent have not gone unnoticed by local, state, and federal officials and advocacy organizations. In 2005, the Miami-Dade County Grand Jury released a report titled *Mental Illness and the Criminal Justice System: A Prescription for Disaster/A Recipe for Improvement*<sup>9</sup> detailing the crisis of people with untreated mental illnesses who become entangled in the criminal justice system. The report concluded that individuals with mental illnesses who lack resources to access treatment are faced with a woefully inadequate system of community-based care. In 2006, an affidavit<sup>10</sup> was filed by the organization Human Rights Watch which found that conditions under which inmates were housed at the county's Pre-Trial Detention Center grossly failed to meet basic international human rights standards for the treatment of prisoners. In 2008, the United States Department of Justice (DOJ) initiated an investigation under the *Civil Rights of Institutionalized Persons Act* of the conditions under which inmates were held in the Miami-Dade County jail, including a specific focus on inmates with mental illnesses.<sup>11</sup>

Among other findings, the results of these inquiries revealed what many, particularly those who work in the criminal justice system, already knew:

“We found the setting and conditions less than ideal for treating persons suffering from mental illness... Notwithstanding the bleak environment, we were also reminded that the primary function of the jail is to provide a secure facility to detain persons accused of committing crimes. The jail's primary goal of maintaining custody, providing security and preventing escape of inmates is at odds with providing medical care to very sick people.” (Grand Jury report, p. 13)

Despite this dismal assessment, Miami-Dade County has made substantial improvements around how inmates with mental illnesses are now treated within the jail. The county entered into a consent decree with the DOJ<sup>12</sup> in 2013 which resulted in dramatic improvements in screening, assessment, and treatment of inmates with mental illnesses. Along with these advances has come recognition of the need to better identify and expand capacity to serve individuals who are eligible to participate in mental health jail diversion programs operating within the county.

To this end, a CJMHSA Reinvestment Grant was awarded in 2016 which enabled the county, through its 11<sup>th</sup> Judicial Circuit Criminal Mental Health Project (CMHP) working with the Miami-Dade Corrections and Rehabilitation Department and Jackson Health System – Corrections Health Services, to establish a jail in-reach program to expedite identification and screening of jail diversion program candidates. The project also

<sup>9</sup> See: [https://www.miamisao.com/publications/grand\\_jury/2000s/gj2004s.pdf](https://www.miamisao.com/publications/grand_jury/2000s/gj2004s.pdf)

<sup>10</sup> See: [http://www.pdmiami.com/Affidavit\\_of\\_Jennifer\\_C.\\_Daskal.pdf](http://www.pdmiami.com/Affidavit_of_Jennifer_C._Daskal.pdf)

<sup>11</sup> See: <https://www.justice.gov/crt/special-litigation-section-case-summaries/download#miamidade-summ>

<sup>12</sup> [https://www.justice.gov/sites/default/files/crt/legacy/2013/06/05/miami-dade\\_agreement\\_5-1-13.pdf](https://www.justice.gov/sites/default/files/crt/legacy/2013/06/05/miami-dade_agreement_5-1-13.pdf)

implemented an evidence-based approach to re-entry planning and execution which has significantly improved linkages to community-based services and support for individuals leaving the jail. This project was fully funded and sustained by the county upon completion of grant funding and continues to be an invaluable asset to the local community.

The CMHP was established in 2000 to divert individuals with SMI or co-occurring SMI and substance use disorders away from the criminal justice system and into comprehensive community-based treatment and support services. The program operates two primary components: pre-booking jail diversion consisting of Crisis Intervention Team (CIT) training for law enforcement officers and post-booking jail diversion serving individuals booked into the county jail and awaiting adjudication. In addition, the CMHP offers a variety of overlay services intended to: Streamline screening and identification of program participants; Develop evidence-based community reentry plans to ensure appropriate linkages to community-based treatment and support services; Improve outcomes among individuals with histories of non-compliance with treatment; and Expedite access to federal and state entitlement benefits. The CMHP provides an effective, cost-efficient solution to a community problem and works by eliminating gaps in services, and by forging productive and innovative relationships among all stakeholders who have an interest in the welfare and safety of one of our community's most vulnerable populations.

The current proposal will build upon the success of the CMHP and stems from a recommendation made by the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center made during a TA site visit related to the Reinvestment Grant received in 2016. During this visit it was observed that, while the majority of people served by the CMHP did well with traditional services linkages and program monitoring, there remained a small but costly subset of individuals who would likely benefit from a more intensive approach to outreach and care coordination. To this end, this project proposes to create a specialized, community-facing *Forensic Intensive Case Management* (FICM) team using the Critical Time Intervention (CTI) model of care coordination to serve individuals with SMI or co-occurring SMI and SUD, who are high-cost, high-need recidivists to the criminal justice and acute care treatment systems. These individuals will have histories of frequent contacts with law enforcement, emergency services, emergency departments, and repeat admissions to hospitals and crisis stabilization units. They may also demonstrate lack of engagement in traditional treatment services and have histories of chronic homelessness.

### ***Geographic environment and socio-economic factors***

The project will be implemented in Miami-Dade County which has an estimated population of more than 2.7 million individuals. According to the United States Census Bureau (2019), 79.0% of the population is white and 17.7% is black; 69.4% of the population is of Hispanic origin; 53.7% of the population was born outside of the United States; and 74.9% of the population speaks a language other than English at home.

As of December 2020, the unemployment rate in Miami-Dade County was 7.3% (Bureau of Labor Statistics). In 2014, the median household income in Miami-Dade County was \$51,347 with 15.7% of the population below the poverty level (U.S. Census Bureau, 2019).

**Target population**

The Target Population includes adults with serious mental illnesses who have histories of repeated involvement in the justice, acute care treatment, and/or homeless systems; and who are:

1. Arrested and booked into the county jail or brought to a crisis receiving facility by law enforcement.
2. Assessed to be at moderate to high risk of future recidivism to the justice system, acute care treatment, and/or other institutional settings.
3. Determined to meet criteria for enhanced care coordination services.
4. Screened to ensure they do not have significant histories of violence and are not likely to pose public safety concerns.

Table 2 summarizes characteristics of populations currently served by the CMHP. The Target Population for the proposed project is anticipated to exhibit similar profiles.

**Table 2. Diagnoses, Homelessness, Jail Bookings, and Co-Occurring Disorders among CMHP Participants**

Primary Axis I Diagnosis	Misd Jail Diversion	Felony Jail Diversion	Forensic Fac Diversion	All CMHP participants
Schiz Spectrum D/O	77.9%	54.3%	68.3%	68.6%
Bipolar D/O	13.3%	27.3%	19.5%	18.7%
Major Depressive D/O	4.3%	9.4%	4.9%	6.6%
Other Mood D/O	2.3%	6.8%	2.4%	3.6%
Cognitive D/O	1.1%	0.7%	0.0%	1.0%
Other Axis I D/O	0.5%	0.7%	0.0%	0.6%
Substance Use D/O	0.5%	0.0%	4.9%	0.6%
Anxiety D/O	0.2%	0.7%	0.0%	0.4%
<b>Grand total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
<b>Homeless at Arrest</b>	76.3%	30.2%	56.5%	55.7%
<b>Avg Prior Jail Bookings</b>	16.1	6.3	17.1	11.6
<b>Co-Occurring SUD</b>	76.0%	78.3%	78.1%	77.7%

On average, the CMHP receives 875 referrals per year and enrolls approximately 400 individuals. Jackson Health System, through Jackson Behavioral Health Hospital (JBHH), the primary crisis receiving facility from which program participants will be recruited,

receives approximately 40 visits per day totaling just under 15,000 visits per year. Approximately 25% of daily visits (10 visits per day) are accompanied by law enforcement. Of these, 42.5% are admitted, resulting in 4.25 law enforcement-initiated admissions per day, or 1,551 admissions per year. The Target Population will be drawn from the 400 enrolled CMHP clients and the 1,551 JBHH admissions for a total broader category of persons served in any capacity of 1,951 as all individuals will be screened for potential participation.<sup>13</sup> The projected subset of persons served over the life of the proposed project is 150. This figure is based on a maximum enrollment at any time of 40 people on the team, with an estimate 9-month length of engagement. To allow for a 3-month implementation period to get up and running with staffing and recruitment, it is estimated that 40 participants will be served in the Year 1, and 55 participants will be served in each of Years 2 and 3.

All participants will be screened for past and current legal involvement to ensure there is no significant public safety risk and to ensure they do not have a past or present serious offenses that would preclude participation in the project. Participants' clinical histories and diagnostic impressions will also be reviewed to confirm diagnosis of a serious mental illness. All participants will be assessed using validated, evidence-based risk and need assessment tools including the Ohio Risk Assessment System – Community Supervision Tool (ORAS-CST), the Texas Christian University Drug Screen V (TCUDS-V), and the Brief Psychiatric Rating Scale (BPRS). Those identified to be at moderate to high risk of future recidivism to the justice and acute care treatment systems, and who agree to participate in the project, will receive enhanced outreach and care coordination services, as well as linkages to evidence-based treatment and support services in the community.

The majority of individuals served by the CMHP are diagnosed with schizophrenia or bipolar disorder. Among the subset of individuals served by the CMHP who are identified as heavy users, rates of homelessness at time of arrest are typically between 70 and 80 percent. An even higher percentage of individuals are not receiving any type of entitlement benefits and have no other means of economic self-sufficiency at the time of program entry. Not surprisingly, the vast majority of individuals served by the CMHP report they were not receiving any type of mental health treatment at the time of arrest. In fact, only about one quarter of participants report receiving mental health treatment at the time of arrest, and in most cases the treatment received is considered episodic and minimal at best.

### ***Analysis of current jail population***

Since the start of the pandemic, jail bookings in Miami-Dade County have decreased by 36%, totaling 33,193 for the period from March 1, 2020 through February 28, 2021 as compared to 51,682 bookings in the immediate year prior.<sup>14</sup> Similarly, the average daily population in the jail over this same period of time has decreased by 16% from 4,300 to just under 3,600. The mental health population, on the other hand, has decreased by just

<sup>13</sup> It should be noted that there is likely duplication in this figure as many people served in the jail are also served at Jackson, and some individuals may appear more than once during the year in either setting.

<sup>14</sup> See: <https://gis-mdc.opendata.arcgis.com/datasets/jail-bookings-may-29-2015-to-current>

4% from an average of 2,300 to 2,200 individuals on any given day. As a share of the overall inmate population, those with mental health treatment needs actually increased by 15% from just over half to nearly two-thirds of the average daily population. Furthermore, the mental health population has been steadily increasing at a rate of 4% (80 individuals) per month from a low of 2,000 in April 2020 to over 2,600 in December 2020.<sup>15</sup>

Trends affecting the mental health population in the jail are at least partially due to improvements in screening and assessment that have been implemented within the jail since entering into the federal consent decree with the DOJ. More comprehensive medical screening and assessment now begins with the intake process. At the time of booking, Jackson Health System – Corrections Health Services provides an initial health assessment. The assessment addresses past and present treatment for mental illnesses, use of psychotherapeutic medications, family history of mental illness, current need for treatment, treatment for drug or alcohol problems in the past six months, and suicidality. Individuals identified as possibly experiencing mental illnesses are directed as to CHS staff, including a psychiatrist or social worker as needed, where a more in-depth health assessment is completed. Based on the outcome of assessment, housing and classification decisions are made.

Factors that put the Target Population at-risk of entering or re-entering the criminal or juvenile justice systems include untreated or undertreated mental illnesses, homelessness, lack of stable housing and employment, lack of adaptive social supports, and co-occurring substance use disorders. In addition, alternative housing and treatment placements have become even more difficult to access in the face of the pandemic leaving few other options for those who come into contact with law enforcement.

### ***Priority as community concern***

Miami-Dade County has recognized and responded to the problems related to people with mental illnesses involved in the justice system by taking steps to improve the community's infrastructure and ability to respond to individuals more effectively and appropriately. In response to a 2005 Grand Jury report critical of the conditions in the county jail, the county mayor convened a task force to implement the Grand Jury's recommendations.<sup>16</sup> To date, 7,500 law enforcement officers representing all 36 municipalities in the county, as well as the Miami-Dade Corrections and Rehabilitation Department and Miami-Dade Public Schools, have completed 40-hour Crisis Intervention Team (CIT) training provided by the CMHP. The county has demonstrated the priority it places on the CMHP by sustaining multiple grant-funded projects, including 3 prior CJMHPSA Reinvestment Grants, that have expanded the role of the program. In addition, with the support of a voter approved general obligation bond, the county is currently in the process of developing a first-of-its-kind mental health facility which will provide

<sup>15</sup> Jackson Health System, Corrections Health Services. CHS Operational Statistics. Miami, FL: Jackson Health System, Corrections Health Services; 2021 (Unpublished data).

<sup>16</sup> See: <http://www.pacenterofexcellence.pitt.edu/documents/Miami-Dade-County-Final-Report.pdf>

treatment, diversion, and re-entry service to individuals involved in the justice system. This Public-Private Partnership, opening in early 2022, involves renovating a former state mental health facility – encompassing 181,000 square feet and 208 beds – to house services difficult to access or unavailable in the community. Capital costs are supported by an investment of \$51.1 million from Miami-Dade County and the Jackson Health System – Public Health Trust. By co-locating key services and resources (e.g., treatment and social services, social supports, access to benefits) it is anticipated that many of the barriers that contribute to system fragmentation, lack of accountability, and difficulty in accessing services will be minimized or eliminated.

The community has also completed multiple sequential intercept mappings with the most recent being in 2014. The event was attended by a broad array of community leaders and stakeholders, encompassing more than 100 participants, which were concerned about individuals with serious mental illnesses and co-occurring substance use disorders involved in, or at risk of becoming involved in, the criminal justice system. The Summit was designed to identify strengths, weaknesses and areas of unmet need across the community, and to develop comprehensive recommendations for system improvements. This final report to the community has served as a blueprint for effectively responding to people with behavioral health needs that come into contact with the justice system. The report includes the identified community priorities and recommendations that will serve to inform and drive policy and legislation. The next mapping will likely take place within the next 24 months.

As part of a nationwide effort to reduce the over-representation of individuals with mental illnesses in jails, Miami-Dade County has actively participated in the planning and implementation of the *Stepping-Up Initiative*<sup>17</sup> sponsored by the Council of State Governments (CSG) Justice Center, the National Association of Counties (NACo), and the American Psychiatric Association (APA) Foundation. Miami-Dade County was selected as one of four launch sites for the nationwide initiative and is identified as one of the initiative's *Innovator Counties* because of the strong progress our community has made on this issue.

<sup>17</sup> See: <https://stepuptogether.org/>

**Tab 6: Project Design and Implementation**

***Planning Council: Dade-Miami Criminal Justice Council***

The Dade-Miami Criminal Justice Council was jointly created by the City of Miami Commission and the Miami-Dade County Board of County Commissioners in 1978. This Council assumed all responsibilities formerly carried out by the Dade County Criminal Justice Advisory Council (established in 1972). The Council’s purpose is to encourage and facilitate coordination and cooperation between and among the various agencies of the criminal justice system of Miami-Dade County and to provide advice, analysis, and technical assistance to criminal justice-related agencies. As part of the Council, the Public Safety Coordinating Council (PSCC) Committee is charged with carrying out the duties required by s. 951.26, F.S. and is independent from, and shall not be subject to, the modifications by the Council. The current PSCC Chairperson is Judge Nushin Sayfie, Administrative Judge for the Circuit Court Criminal Division of the 11th Judicial Circuit of Florida. The composition of the group includes all the necessary stakeholders to be in compliance with Florida Statute 394.657(2)(a). Please see attachment 1 for full list of members.

***Planning council activities***

The PSCC meets quarterly but unfortunately has not met in the past year due to the COVID-19 pandemic. Pursuant to the Florida statutes, all meetings must be in person and a quorum has not been achievable.

The Strategic Plan 2016 was reviewed by the PSCC on September 14, 2016. The plan has been revised and updated (please see attached Strategic Plan 2021). It will be on the agenda for approval at the next scheduled meeting and the council will remain involved in program implementation and expansion. A standing item will be added to the agenda of the PSCC and it will be discussed at quarterly meetings.

***Strategic plan***

Please see Appendix A

**Table 3. Objectives, Tasks and Timetables**

<b>Objective</b>	<b>Task</b>	<b>Responsible Party</b>	<b>Timetable</b>
Objective 1 – Establish or Expand Diversion Programs	Establishing legally binding agreements with all participating entities to establish programs and diversion initiatives for the Target Population: Contracts will be executed between all project partners.	AOC, JBHH, FS	Months 1-3
	Providing an information system to track persons served during their involvement with the Reinvestment	AOC	Month 1

	Grant Program and for at least one year after discharge, including but not limited to, arrests, receipt of benefits, employment, and stable Housing: The Florida Drug Court Case Management System currently in use by CMHP will be used to track program participants.		
	Implementing strategies that support the Applicant's strategic plan for diverting the Target Population from the criminal or juvenile justice systems: Activities will include hiring staff, providing training, developing screening and recruitment materials, and convening stakeholder meetings.	AOC, JBHH	Months 1-3
Objective 2 – Collaboration	Participating in regular Planning Council or Committee meetings: Meetings occur on a quarterly basis and are currently attended by project staff.	AOC	Ongoing on a quarterly basis
	Assessing project progress of the project based on established timelines and review attainment of goals: Project staff will meet weekly to discuss implementation and operations. At least monthly will review progress against established timelines.	AOC	Monthly
	Data sharing: Any required data sharing agreements will be executed within the first three months. Program staff data sharing and data needs during weekly meetings.	AOC, JBHH	Ongoing
	Coordination with Managing Entities: Managing entity will be included in implementation, training, and weekly meetings. Will consult with ME on any issues related to ME funded services or providers.	AOC, JBHH, ME	Ongoing
	Making necessary adjustments to implementation activities, as needed: Will review implementation	AOC, JBHH, FS	Ongoing

	and operations during weekly meetings and make adjustments as needed.		
Objective 3 – Adapt intervention to address criminogenic risks and needs	Provide training to program staff regarding criminogenic risks and needs, and how they impact recidivism and treatment outcomes among the Target Population.	AOC	Ongoing
	Provide training to program staff on use of the Ohio Risk Assessment System-Community Supervision Tool and Texas Christian University Drug Screen V	AOC	Upon hiring
	Readminister risk and need assessment prior to participant discharge from the program.	AOC, FS	Ongoing
	Ensure program participants have access to evidence-based cognitive behavioral therapies designed to address criminogenic risk and criminal thinking.	AOC, FS	Ongoing

AOC = Administrative Office of the Courts (Includes CMHP), JBHH = Jackson Behavioral Health Hospital, FS = Fresh Start of Miami-Dade, Inc., ME = Managing Entity

### ***Planning council participation***

The Project Director (or designee) will provide a verbal and written report at each council meeting which will describe progress toward goals as well as barriers and concerns. The council will serve as a forum to collaborate with criminal justice and behavioral health stakeholders. Minutes are distributed to council members and all attendees.

### ***Interagency communication***

To establish on-going communication and collaboration among project partners (i.e., CMHP, JHS, SFBHN), bi-monthly meetings will be held to review project operations, explore opportunities for performance improvement, and streamline data sharing and information exchange. Project partners will have weekly staff meetings to address and review participant referrals, screening, assessments, transition plans, engagement, linkage to treatment/services, court issues, and ongoing community support. Stakeholders will also review and discuss program implementation and operations during quarterly PSCC meetings.

In addition to the on-going communication and collaboration among project partners, the success and effectiveness of the project depends on the commitment of stakeholders throughout the community. Such cross-system collaboration is essential for the transition from the criminal justice system to the community mental health system. Program operations rely on collaboration among community stakeholders including: the State

Attorney's Office, the Public Defender's Office, the Miami-Dade County Department of Corrections and Rehabilitation, the Florida Department of Children and Families, the Social Security Administration, Veterans Administration, United States Citizen and Immigration Service (USCIS), the Homeless Trust, public and private behavioral health providers, Jackson Memorial Hospital-Public Health Trust, law enforcement agencies, family members, and mental health consumers. Staff will take an active role in supporting mental health recovery, community integration and will participate on a variety of community forums, meetings, and agency board of directors. This includes advocacy, consumer, and family organizations such as NAMI of Miami, The Consumer Network, and the Key Clubhouse.

### ***Screening and assessment***

The importance of utilizing valid and reliable screening and assessment tools is indisputable. There are high prevalence rates of behavioral health and related disorders in acute care and justice settings. Programs that use comprehensive assessments have better outcomes and are less likely to experience people with undetected disorders who cycle back through the criminal justice system.

The process for screening/assessment, referral, and transition planning is as follows:

- I. **Screening/assessment:** At the time of booking, Jackson Health System, Corrections Health Services (CHS) provides an initial health assessment. The assessment will address past and present treatment for mental illnesses, use of psychotherapeutic medications, family history of mental illnesses, current need for treatment, treatment for drug or alcohol problems in the past six months, and suicidality. Individuals with mental illnesses, who are identified, classified and directed as necessary to CHS staff, including a psychiatrist or social worker as needed, where a more in-depth health assessment is completed.
- II. Potential pre-booking program participants will be screened upon admission to the Jackson Behavioral Health Hospital (JBHH) Emergency Department. A thorough and comprehensive screening and assessment will be conducted as described above. Individuals that meet basic thresholds for eligibility (documented SMI, criminal justice involvement, high utilization of JBHH Emergency Department) will be directed to program staff for a more in-depth assessment of criminogenic risk and needs.
- III. **Referral:** Upon referral and acceptance, the proposed project will utilize validated assessment tools to determine mental health, substance use, and criminogenic risks/needs to inform the transition plan and to determine the appropriate level of treatment, support services, and community supervision. A two page summary is developed that is used to inform an individualized transition plan aimed at reducing criminal justice recidivism and improved psychiatric and recovery outcomes. The tools include:

1. The Brief Psychiatric Rating Scale (BPRS): Designed to measure psychiatric symptoms such as anxiety, depression, and psychoses.
2. The Texas Christian University Drug Screen V (TCUDS V): Includes 19 items that examine diagnostic symptoms of drug use.
3. Ohio Risk Assessment: Community Supervision Tool (ORAS-CST): Dynamic risk/needs assessment tool to be used with adult offenders. It offers criminal justice stakeholders the ability to assess individuals at various decision points across the criminal justice system.

**IV. Transition planning:** The project will utilize the *APIC Model*,<sup>1</sup> which is a best-practice approach for transition planning and community re-entry from jail for people with mental health and co-occurring substance use disorders. The model has been identified to promote the behavioral health and criminal justice partnerships necessary to successfully identify which people need services, what services they need, and how to match these needs upon transition to the community. The outcomes of inadequate transition planning may precipitate increased incidence of psychiatric symptoms, relapse to substance abuse, hospitalization, suicide, homelessness and re-arrest. In contrast, effective transition planning can minimize the risks of reentry and can enhance public safety by increasing the possibility that individuals will access and participate in housing, treatment and services that promote improved individual recovery outcomes.

The APIC Model represents a transition plan that is individualized for each program participant. The goal of the plan is to support community living, reduce maladaptive behaviors, and decrease the chances that individuals will re-offend and reappear in the criminal justice system.

**Table 4. APIC Model Overview**

<p><b>The APIC Model provides a set of critical elements that are likely to improve outcomes for the target population. APIC is an acronym standing for: <u>A</u>ssess, <u>P</u>lan, <u>I</u>dentify, and <u>C</u>oordinate:</b></p>
<p><b>Assess</b> the clinical and social needs and public safety risks of the individual. Gather information, catalog needs, consider cultural issues, engage individual in self-assessment, and ensure access to and means to pay for services.</p>
<p><b>Plan</b> for the treatment and services required to address the individual’s needs. Address critical period following release from jail, as well as long-term needs, seek family input, address housing needs, arrange integrated treatment for people with co-occurring disorders, and ensure access to medications as needed.</p>

<sup>1</sup> See: <https://csgjusticecenter.org/jc/publications/a-best-practice-approach-to-community-re-entry-from-jails-for-inmates-with-co-occurring-disorders-the-apic-model-2/>

<https://csgjusticecenter.org/wp-content/uploads/2013/12/Guidelines-for-Successful-Transition.pdf>

**Identify** programs responsible for services. Specify appropriate referrals in the treatment plan, forward treatment summaries to the provider, and ensure the treatment plan reflects the individual’s level of disability, motivation for change, and availability of community resources.

**Coordinate** the transition plan to ensure implementation and to avoid gaps in care. Utilize case management services, make referral and placement decisions cooperatively, provide consumers with specific contact information for providers, and follow up with consumers who miss scheduled appointments.

**APIC model implementation**

**Table 5: Assess**

<b>Objective #1.1:</b>	Conduct universal screening as early in the booking/intake process as feasible and throughout the criminal justice continuum to detect substance use disorders, mental disorders, co-occurring substance use and mental disorders, and criminogenic risk.			
	<b>Task</b>	<b>Performance Measure</b>	<b>Lead Agency(s)</b>	<b>Timeframe</b>
1.1.1	Regularly screen and rescreen individuals upon entry into the jail and JBHH ED using valid and reliable screening instruments.	Health screening tool	CHS JBHH	Within 8 hours of jail admission and rescreened every 14 days
<b>Objective #1.2:</b>	For individuals with positive screens, follow up with comprehensive assessments to guide appropriate placement and service delivery, and to determine eligibility for participation in diversion programs.			
	<b>Task</b>	<b>Performance Measure</b>	<b>Lead Agency(s)</b>	<b>Timeframe</b>
1.2.1	Assess demographics and pathways to criminal involvement	CJIS	CMHP	Upon referral

1.2.2	Assess clinical needs (e.g., identification of probable or identified diagnoses, severity of associated impairments, and motivation for change)	Medical and Mental Health Evaluation  MHSF-III TCUDS V	CHS/JBHH  CMHP	Within 24-48 hours of booking  Upon referral Upon referral
1.2.3	Assess strengths and protective factors (e.g., family and community support)	JDP Needs Assessment	CMHP	Upon referral
1.2.4	Assess social and community support needs (e.g., housing, education, employment, and transportation)	JDP Needs Assessment	CMHP	Upon referral
1.2.5	Assess public safety risks and needs, including changeable (dynamic) and unchangeable (static) risk factors, or behaviors and attitudes that research indicates are relating to criminal behavior	ORAS	CMHP	Upon referral

**Table 6: Plan**

<b>Objective #2.1:</b>	Develop Individualized treatment and service plans using information obtained from the risk and needs screening and assessment process			
	<b>Task</b>	<b>Performance Measure</b>	<b>Lead Agency(s)</b>	<b>Timeframe</b>
2.1.1	Determine the appropriate level of treatment and intensity of supervision, when applicable, for individuals with behavioral health needs.	Transition plan	CMHP	Within 24-48 hours of referral
2.1.2	Identify and target individuals' multiple criminogenic needs in order to have the most impact on recidivism.	Transition plan	CMHP	Within 24-48 hours of referral

2.1.3	Address the aspects of individuals' disorders that affect function to promote effectiveness of interventions.	CMHP Risk and Need Assessment	CMHP	Within 24-48 hours of referral
2.1.4	Develop strategies for integrating appropriate recovery support services into service delivery models.	Weekly team meetings	CMHP	Weekly
		Linkage to peer support	CMHP	Upon acceptance into diversion program
2.1.5	Acknowledge dosage of treatment as an important factor in recidivism reduction, requiring the proper planning and identification of what, where, and how intensive services provided to individuals will be.	Weekly team meetings	CMHP JBHH	Weekly
		Case plan reviews		Weekly
<b>Objective #2.2:</b>	<b>Develop collaborative responses between behavioral health and criminal justice that match individuals' levels of risk and behavioral health need with the appropriate levels of supervision and treatment.</b>			
	<b>Task</b>	<b>Performance Measure</b>	<b>Lead Agency(s)</b>	<b>Timeframe</b>
2.2.1	Administer risk and need assessment to all program participants	CMHP Risk and Need Assessment	CMHP	Within 24-48 hours of referral
2.2.2	Staff cases with treatment team and develop transition plan.	Transition plan	CMHP JBHH CHS	Within 24-48 hours of referral
2.2.3	Engage quarterly forensic stakeholders meeting to discuss issues relevant to project operations.	Forensic Stakeholders' Meeting	All community and CJ partners	Quarterly
2.2.4	Discuss forensic treatment needs and systems issues with SFBHN strategic planning committee	Strategic Planning Committee Meeting	SFBHN CMHP CBOs	Monthly as needed

**Table 7: Identify**

<b>Objective #3.1:</b>	Anticipate that the periods following release (the first hours, days, and weeks) are critical and identify appropriate interventions as part of transition planning practices for individuals with mental and co-occurring substance use disorders leaving correctional settings.			
	<b>Task</b>	<b>Performance Measure</b>	<b>Lead Agency(s)</b>	<b>Timeframe</b>
3.1.1	Identify reentry housing needs	Transition plan	CMHP	Upon referral
3.1.2	Identify treatment	Transition plan	CMHP	Upon referral
3.1.3	Identify economic self-sufficiency needs	SOAR assessment	CMHP	Upon referral
3.1.4	Assess need for trauma	CMHP Risk and Need Assessment	CMHP	Upon referral
3.1.5	Identify recovery support needs	CMHP Risk and Need Assessment	CMHP	Upon referral
<b>Objective #3.2:</b>	Develop policies and practices that facilitate continuity of care through the implementation of strategies that promote direct linkages (i.e., warm hand-offs) for post-release treatment and supervision agencies.			
	<b>Task</b>	<b>Performance Measure</b>	<b>Lead Agency(s)</b>	<b>Timeframe</b>
3.2.1	Develop agreed upon referral protocols among project partners	Referral procedure	CMHP JBHH CHS	Within 3-month of award. Review and update as needed
3.2.2	Develop referral protocol for community treatment linkages	Development of standard referral form	CMHP CBOs	Within 3-month of award. Review and update as needed
3.2.3	Develop court reporting protocols	Development of standardized court report	CMHP Judiciary PDO SAO CBOs	Within 3-month of award. Review and update as needed

**Table 8: Coordinate**

<b>Objective #4.1:</b>	Support adherence to treatment plans and supervision conditions through coordinated strategies.			
	<b>Task</b>	<b>Performance Measure</b>	<b>Lead Agency(s)</b>	<b>Timeframe</b>
4.1.1	Provide a system of incentives and graduated sanctions to promote participation in treatment; maintain a “firm but fair” relationship style; and employ problem-solving strategies to encourage compliance, promote public safety, and improve treatment outcomes.	Court reports  Program progress reports	CMHP Judiciary PDO SAO CBOs	Based on frequency of court monitoring  Monthly
4.1.2	Establish clear protocols and understanding across systems on handling behaviors that constitute technical violations of community supervision conditions.	Court reports  Program progress reports	CMHP Judiciary PDO SAO CBOs	Based on frequency of court monitoring  Monthly
<b>Objective #4.2:</b>	<b>Develop mechanisms to share information from assessments and treatment programs across different points in the criminal justice system to advance cross-system goals.</b>			
	<b>Task</b>	<b>Performance Measure</b>	<b>Lead Agency(s)</b>	<b>Timeframe</b>
4.2.1	Develop agreed upon referral protocols for communication and information sharing	Referral procedure	CMHP JBHH	Within 3 month of award. Review and update as needed
4.2.2	Identify release of information forms and other consent forms, as needed, to facilitate information exchange among project partners	Release forms	CMHP JBHH CHS	Within 3 month of award. Review and update as needed

4.2.3	Review participant activity in criminal justice and behavioral health information systems		CMHP	Upon initiation of program operations and ongoing thereafter
<b>Objective #4.3:</b>	Encourage and support cross training to facilitate collaboration between workforces and agencies working with people with mental and co-occurring substance use disorders who are involved in the criminal justice system.			
	<b>Task</b>	<b>Performance Measure</b>	<b>Lead Agency(s)</b>	<b>Timeframe</b>
4.3.1	Participate in community training opportunities	Attendance at trainings	CMHP JBHH CHS	As available
4.3.2	Provide training and technical support to community stakeholders regarding project operations and	Training and TA provided	CMHP SFBHN	As needed
4.3.3	Explore opportunities to expand community collaborations	Bi-weekly project operations meeting  Quarterly forensic stakeholder meetings	CMHP JBHH CHS SFBHN	Bi-weekly  Quarterly
<b>Objective #4.4:</b>	Collect and analyze data			
	<b>Task</b>	<b>Performance Measure</b>	<b>Lead Agency(s)</b>	<b>Timeframe</b>
4.4.1	Evaluate program performance	Collection of outcome and performance measures	CMHP	Ongoing with monthly review

4.4.2	Identify gaps in performance	Weekly treatment team meetings  Bi-weekly project operations meeting  Quarterly forensic stakeholder meetings	CMHP JBHH	Weekly  Bi-weekly  Quarterly
4.4.3	Plan for long-term sustainability.	Provide update on sustainability activities in quarterly PSCC report	CMHP JBHH SFBHN	Quarterly

**Facilitation of care coordination**

The proposed design was chosen with care coordination in mind because of the difficulty the Target Population demonstrates in engaging and remaining in services and supports. The intervention selected is referred to as Critical Time Intervention (CTI; reviewed in detail below) and is a nine-month care coordination intervention designed to support individuals with SMI in the transition to community living. Unlike more passive forms of case management and services linkage which are based on referrals and dependent on clients following through on their own, CTI employs a more assertive approach that meets client where they are to support and encourage compliance with services and supports. As a community-facing intervention, CTI does not wait for the client to come into services but, rather, goes to the client in the community to provide support and encouragement.

**Law enforcement assessment**

The CMHP has provided Crisis Intervention Team (CIT) training to all 36 municipalities in Miami-Dade County, as well as well as Miami-Dade Public Schools and the Miami-Dade Corrections and Rehabilitation Department. To date, 7,500 officers have been trained. A significant number of program participants are anticipated to be recruited from individuals diverted to treatment pre-booking by law enforcement officers.

**Peer support specialists**

The CMHP has a long history of employing Peer Support Specialists with 6 current positions on staff. The proposed project will employ two additional full-time Peer Support Specialists.

### **Approach, Design, and Implementation**

Building upon the successful implementation of past grant awards, the CMHP proposes to collaborate with Jackson Health System, South Florida Behavioral Health Network, and Fresh Start of Miami-Dade, Inc. to develop and implement a *Forensic Intensive Case Management (FICM)* team using the Critical Time Intervention (CTI) model of care coordination. This team will provide enhanced care-coordination for individuals with SMI or co-occurring SMI and SUD, who are high-cost, high-need recidivists to the criminal justice and acute care treatment systems. These individuals will have histories of frequent contacts with law enforcement, emergency services, emergency departments, and repeat admissions to hospitals and crisis stabilization units. They may also demonstrate lack of engagement in traditional treatment services and have histories of chronic homelessness. **It should be noted that the term “forensic” as used in this proposal applies to anyone with criminal justice involvement, not just those subject to services under Ch. 916, F.S.**

FICM is an adaptation of Intensive Case Management for justice-involved individuals with serious mental illnesses. This form of case management provides assertive outreach to high-risk, high-need individuals, and focuses on both mental health and criminal justice outcomes. This approach goes beyond passive, centralized service linkage models by delivering case management services within the community when and where they are needed. This may include where participants live or spend their time, within participants' homes, or at places of employment.

The goals of FICM include reducing admission to acute care treatment services, as well as reducing arrest and incarceration. Case managers will be specially trained to address criminogenic risks and needs associated with the Target Population and will possess expertise in working with the criminal justice system. Additionally, case managers will be supported by a comprehensive team of clinical and justice system professionals.

The FICM team will consist of specially trained staff, including a supervisor, case managers, and peer support specialists, that will provide tailored packages of care to high-risk, high-need individuals. The intervention team will be supported by a multidisciplinary team consisting of consulting professionals from the behavioral health and criminal justice systems. Disciplines and professionals participating on the multidisciplinary team will include psychiatry, nursing, social work, peer support, judges, court staff, and other criminal justice professionals. Working together, along with other community treatment providers, community partners, program participants, and caregivers, the team will ensure program participants receive optimal service planning, service linkages, and service delivery that will promote successful recovery outcomes and minimize the likelihood of reincarceration and readmission to crisis and acute care treatment settings.

The overall aims are to:

- Divert individuals in need of treatment away from the criminal justice system;
- Provide linkages to housing, psychiatric treatment, primary care, medication, access to entitlement benefits, and supportive services;
- Monitor ongoing access to treatment and services;
- Improve mental health outcomes and daily functioning;
- Reduce recidivism to the criminal justice and acute care treatment systems;
- Facilitate more successful community reintegration using an evidence-based approach to community reentry and transition planning, supported and guided by robust, evidence-based risk and need assessment;
- Promote, support, encourage, and assist recovery through comprehensive service delivery guided by an evidence-based approach to care coordination that is both strength-based and recovery-focused;
- Maximize program participants' potential, recovery, and wellbeing in a collaborative relationship, that is holistic, supportive, empowering, and ultimately seeks to foster and reinforce effective illness self-management and self-determination;
- Involve participants and caregivers in producing services by using and valuing the lived experiences of peer support specialists, program participants, and caregivers; and
- Follow the principles of least restrictive practice.

### ***Intervention<sup>2</sup>***

Critical Time Intervention (CTI) is an intensive 9-month care coordination model designed to assist adults with mental illnesses who are going through critical transitions, and who have functional impairments which preclude them from managing their transitional needs independently. CTI promotes a focus on recovery, psychiatric rehabilitation, and bridges the gap between institutional living and community services. CTI differs from traditional case management because it is time limited, focused, and follows a three phased approach.

As an Evidence-Based Practice there are four core principles that define CTI and set it apart from other services:

1. Focuses on a critical transition period and is time limited.
2. Enhances continuity of care and prevents recurrent homelessness and hospitalizations.
3. Identifies and strengthens formal and natural community supports.
4. Complements rather than duplicates existing services.

Core Components:

1. Addresses a period of transition.
2. Time-limited.
3. Phased approach.

<sup>2</sup> Portions of this section were copied or adapted from: <https://www.criticaltime.org/>

4. Focused.
5. Decreasing intensity over time.
6. Community-based.
7. No early discharge.
8. Small caseloads.
9. Harm reduction approach.
10. Weekly team supervision.
11. Regular full caseload review.

CTI assists individuals not connected to other community-based services navigate critical transitions and meeting their needs. Critical transitions are, among other circumstances, discharge from psychiatric inpatient settings and transitioning from residential settings to independent living. CTI activities aim to prevent the reoccurrence of status that qualified the person for a referral to care coordination services. CTI is divided into three identified phases lasting three months each, not including pre-CTI.

Pre-CTI consists of outreach activities aimed to establish a relationship and develop rapport with the person served. Pre-CTI services begin before an individual is discharged from a hospital or other institution in order to establish an initial relationship before the transition begins. Pre-CTI can also be used with an individual who is homeless prior to the individual moving into housing.

### ***Background***

The CTI model was developed in New York City during the mid-1980s when many people with psychiatric disorders were becoming homeless. It was borne out of the observation that many individuals with mental illnesses who had been placed into housing out of shelter became homeless again. Discharge planning was useful up until placement in housing, but it did not provide the type of assistance needed to remain in housing. In particular, discharge planning alone did not provide adequate or necessary supports to successfully navigate the period of transition from shelter to permanent housing, along with all of the accompanying challenges of engaging a complex and fragmented system of care and social services.

CTI was designed as a phased, time limited intervention for people adjusting to a “critical time” of transition in their lives. It is based on the, since proven, hypothesis that people embarking on the critical period of transition from homelessness to housing would meet with more sustainable success if they were connected to long-term support from community resources. Thus, if the CTI team maintained continuity of care during the first nine months of the transition while simultaneously passing responsibility on to community supports, then this support would remain in place after the end of the intervention and would enable the effects of a time-limited intervention to last long after its actual endpoint. From the beginning, CTI was thought of as an intervention that could be applied to other contexts, which is the focus of the current proposal.

### **CTI Model**

CTI is a time-limited, evidence-based practice that mobilizes support for vulnerable and high-risk populations during periods of transition. It facilitates community integration and continuity of care by ensuring that a person has strong ties to the community and support systems during these critical periods. CTI has been applied with veterans, people with mental illnesses, people who have been homeless or in prison, and many other groups. The model has been widely used on four continents.

**Table 9: Phases of CTI**

<b>Phase</b>	<b>Transition</b>	<b>Try-out</b>	<b>Transfer of Care</b>
<b>Purpose</b>	<p>Provide support &amp; begin to connect client to people and agencies that will assume the primary role of support.</p> <p>CIT provides assessment of social and health needs and develops and implements an individualized service plan to address immediate needs related to critical transition.</p> <p>In this phase, there is frequent contact with the individual in the community, focusing on active engagement with behavioral health services, and identifying and addressing housing-related issues in order to prevent future episodes of homelessness or housing instability.</p> <p>A transition plan is implemented while providing emotional support.</p>	<p>Monitor and strengthen support network and client's skills.</p> <p>CTI supports an individual's engagement and effective participation in their own support system. Facilitates and tests the individual's new problem-solving skills.</p> <p>In this phase, the team increasingly encourages individuals to manage problems independently after connecting them to supportive services.</p>	<p>Terminate CTI services with support network safely in place.</p> <p>CTI remains available to solve problems in collaboration with the individual, and their providers and natural supports prior to discharge.</p> <p>This phase promotes the transfer from CTI to other community supports, both formal and informal, and termination of CTI services occurs with a support network safely in place.</p>
<b>Activities</b>	<p>CTI worker engages the individual. This includes making home visits or visits in the community, including in shelters or on the streets, introducing the</p>	<p>CTI worker monitors the effectiveness of the support network, helps to modify network necessary, continues case</p>	<p>CTI worker provides consultation, but little direct service. The worker lets the individual solve their own problems. The worker ensures key</p>

	<p>individual to providers, and meeting with caregivers, helping the individual negotiate ground rules for relationships, mediating conflicts, and assessing the potential of the individual's support system. Focuses on urgent/basic needs such as food, immediate medical care, shelter, clothing, and access to essential medications.</p> <p>Accompanies the individual to community providers, forges connections to the social service system, and assists the individual to apply for available entitlement benefits as indicated (e.g., Social Security, Social Security disability, Medicaid, food and nutrition, phone, etc...)</p> <ul style="list-style-type: none"> <li>• Make home visits</li> <li>• Engage in collaborative assessments</li> <li>• Meet with existing supports</li> <li>• Introduce client to new supports</li> <li>• Give support and advice to client and caregivers</li> </ul>	<p>management activities as necessary, and continues community-based visits.</p> <p>Provides psychoeducation about illness self-management and successful navigation of the service system. Completes any Phase I activities that still need resolution.</p> <p>Less frequent visits and provides social crisis interventions and troubleshooting.</p> <ul style="list-style-type: none"> <li>• Observe operation of support network</li> <li>• Mediate conflicts between client and caregivers</li> <li>• Help modify network as necessary</li> <li>• Encourage client to take more responsibility</li> </ul>	<p>caregivers/providers meet and agree on long-term support system.</p> <p>Reinforces the roles of support network members.</p> <p>Develops and begins to set in motion plan for long-term goals (e.g., employment, education, family reunification, etc...).</p> <p>May hold a ceremonial recognition of successful transition out of CTI services.</p> <p>A final meeting is held to formally recognize the end of the intervention.</p> <ul style="list-style-type: none"> <li>• Step back to ensure that supports can function independently</li> <li>• Develop and begin to set in motion plan for long-term goals</li> <li>• Hold meeting with client and supports to mark final transfer of care</li> <li>• Meet with client for last time to review progress made</li> </ul>
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**Evidence for effectiveness**

Strong evidence supports CTI's effectiveness. The model meets the Coalition for Evidence-based Policy's rigorous "Top Tier" standard for interventions "shown in well-designed and implemented randomized controlled trials, preferably conducted in typical community settings, to produce sizable, sustained benefits to participants and/or society."

CTI was first tested in a randomized trial with homeless men in a large men's shelter in New York City in the early 1990s. CTI significantly reduced the risk of recurrent homelessness following placement into housing. Over the 18-month follow-up period,

those assigned to CTI had only one third the number of homeless nights as the comparison group.

A decade later, a second randomized trial tested the model with homeless men and women after discharge from inpatient treatment. Once again, a large protective effect of CTI was found on both homelessness and rehospitalization, supporting the model's effectiveness and demonstrating its applicability to hospital settings. In both studies, the impact of CTI persisted for nine months after the intervention ended.

***Proposed implementation plan and responsibilities***

In consultation with the multidisciplinary team consisting of support staff from JBHH and the CMHP, grant funded staff will be responsible for:

1. Serving as a single point of accountability for the coordination of care with all involved parties (e.g., criminal justice, behavioral health, primary care, housing, access to benefits, ancillary services and incidental needs).
2. Working with JBHH and the CMHP to identify eligible candidates.
3. Engaging (Pre-CTI) the individual within in 72 hours of referral in their current setting (e.g., crisis unit, detoxification unit, jail) with introduction made by JBHH or CMHP staff.
4. Developing a community re-entry plan with the participant using the APIC model.
5. Developing an intervention or phase plan with participants based on shared decision making that emphasizes illness self-management, recovery, and wellness, including transition to community-based services and supports. Intervention goals should realistic and attainable, addressing no more than 3 areas at a time and evolving with respect to the individual's progress, participation, and choices.
6. Monitoring and recording length of time from enrollment to linkage to treatment and support services (e.g., housing, outpatient services, access to entitlement benefits).
7. Providing frequent contacts ranging from daily contact to a minimum of three contacts per week for the first 30 days of enrollment, and at least six community-based meetings per month for the remaining 2 months of Phase 1. During Phase 2, community-based meetings will occur at least bi-weekly. During Phase 3, community-based meetings will occur at least once per month. Grant funded staff should consider the participants' safety needs, level of independence, and their wishes when establishing the optimal contact schedule. This includes telephone or face-to-face contact (which may be

- conducted electronically through video conferencing). Leaving a voicemail is not considered contact. If a participant is not responding to attempted contacts, grant funded staff will document attempts and make active attempts to physically locate and engage the participant in the community.
8. Grant funded staff will pro-actively assist participants in the prevention of crisis episodes. Staff will assist the participant in the development of a detailed crisis plan, and to ensure the plan is widely distributed to key care givers and recovery supports to the extent allowed by the participant.
  9. Coordinating across systems, to include behavioral health and primary care treatment needs, as well as other services and supports that impact recovery outcomes.
  10. Assessing the participants' eligibility for entitlement benefits including Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), Veterans' Administration benefits, housing benefits, and other public benefits, and assist in obtaining benefits. Participants eligible for Social Security Administration benefits will be referred to the CMHP's SSI/SSDI, Outreach, Access, and Recovery (SOAR) Unit.
  11. Ensuring linkage to psychiatric services for medication management within 7 days of discharge from inpatient or residential treatment, or release from jail. If no appointments are available, grant funded staff will document and report to the multidisciplinary team.
  12. Coordinating with the multidisciplinary team to identify service gaps and request purchase of needed services not available in the existing system of care.
  13. With the assistance of the multidisciplinary team, developing partnerships and agreements with community partners to leverage resources and share data.
  14. Completing Critical Time Intervention training provided by the South Florida Behavioral Health Network, and utilize any other tools, training, documents, forms, and learning opportunities made available by the Managing Entity.
  15. Ensuring that caseload ratios are observed. The maximum caseload ratio for a full-time CTI Case Manager is 1:20. The maximum caseload ratio for a full-time CTI Supervisor or Peer Specialist 1:10. Due to the varying level of intensity of work during each phase, admission to the team will be staggered to maintain a caseload of participants who are in each phase.
  16. CTI Supervisor should be a licensed professional or have extensive experience in the provision of services to the target population, preferably including clinical

- experience. Supervisor will also have experience in the provision of guidance, feedback, and training to team members to ensure quality of services and to maintain and facilitate skills of staff to ensure fidelity to the evidence-based CTI model.
17. Grant funded staff and select members of the multidisciplinary team will meet at least weekly for supervision and to discuss progress of each participant, with an emphasis on high priority cases and participants with more complex needs.
  18. Grand funded staff will be responsible for working with the multidisciplinary team, treatment providers, and other community partners to collect all data elements as permitted by law.

### ***Performance measures***

The CMHP is experienced in collecting, analyzing, and reporting both quantitative and qualitative data measures. The project currently collects extensive information about participants to effectively manage operations and make program adjustments as necessary. Systems-level performance and outcome data is collected and analyzed on a regular basis to measure effectiveness and efficiency as well as to identify opportunities and barriers. Regular staff meetings are held to address and review participant referrals, screening, assessments, transition plans, engagement, linkage to treatment/services, court issues, and ongoing community support. Performance outcomes are discussed internally and shared with external partners, and stakeholders.

A wealth of information is currently collected to manage and operate the CMHP. Criminal case information is collected from the Criminal Justice Information System (CJIS) and referring attorneys. Clinical information is received from Corrections Health Services (CHS) and community providers. CMHP staff enter both criminal and clinical data into the Bowman System, Homeless Management Information System (HMIS) Service Point platform, as well as the Florida Drug Court Case Management System. CMHP staff enter data on each participant prior to enrollment, at enrollment, throughout the enrollment period and at program exit. The CMHP team leaders supervise data collection, as well as analyze and report performance measurements on a monthly basis. Demographic information collected includes race, ethnicity, gender, age, income level, housing status (pre and post enrollment) and level of education. Criminal Justice information collected includes date of arrest, criminal charges (violent or non-violent), jail bookings, history of arrests, attendance at scheduled judicial status hearings, jail bookings, days spent in jail before enrollment, during program participation and after program exit, time from referral to admission and total time in program. Clinical treatment information includes diagnosis, treatment history, adherence with treatment plan, risk and need level, trauma care, attendance at scheduled psychiatric and therapeutic sessions (pre and post enrollment), drug urinalysis dates and results, time from enrollment to access treatment, housing, services, and peer support. Performance is documented in a monthly report outlining number of referrals received, screened, assessed, enrolled, retained, successfully completed and unsuccessfully completed. Data is continuously monitored and evaluated

by management to ensure project goals and objectives are met. The CMHP’s robust data collection efforts will clearly identify and maximize the impact of the proposed project components.

The Strategic Plan 2021 includes required performance measures related to the goals, objectives and specific tasks to be completed for project implementation as well as the universal and supplemental measures requested for the project as follows:

**Table 10: Performance Measures**

<b>Universal Measure</b>	<b>Methodology</b>	<b>Proposed Target</b>
Percent of participants who are arrested or rearrested for a new criminal offense while receiving services.	Baseline information will be collected at program entry from the Criminal Justice Information System (CJIS) and at quarterly reports.	50%
Percent assisted in applying for social security or other benefits for which they may be eligible but were not receiving at program start date.	All program participants will be screened for social security benefits at the intake process. Those individuals that are eligible will be assisted with application process by SOAR entitlement staff.	100%
Percent diverted from State Mental Hospital Treatment Facility.	All program participants will be screened and assessed utilizing validated tools to determine psychiatric, substance use and criminogenic risk and need. An APIC (Assessment, Plan, Identify and Coordinate) transition plan will be developed and reviewed monthly to ensure that treatment and services are individualized and accessed.	100%
Percent who successfully complete Program services.	Program Participants will voluntarily agree to participate in CMHP and will be linked to community-based treatment and services as indicated in APIC plan.	50%
<b>Supplemental Measure</b>	<b>Methodology</b>	<b>Proposed Target</b>
Percent who are arrested or rearrested within six months following their ending date of program services.	Information will be collected from CJIS on a quarterly basis.	50%
Percent of attendance at scheduled therapeutic sessions.	Court Specialists receive monthly reports regarding adherence to the APIC transition	50%

	plan that is reported at monthly court hearings.	
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These measures will be carefully compiled into a quarterly report that will be utilized to disseminate information to project partners and stakeholders but also as a management tool to address performance. The report will be utilized as a project roadmap to achieving successful project goals and objectives.

**Capability and experience**

This proposal will build upon the success of the CMHP and represents a collaborative effort among stakeholders in the criminal justice and behavioral healthcare systems in Miami-Dade County. The collaboration will be among the CMHP, JHS, SFBHN, and Fresh Start of Miami, Inc. This effort will be accomplished through an enhanced cross-system collaboration focused on providing effective criminal justice and behavioral health treatment interventions with the goals of reducing recidivism and promoting recovery.

***Criminal Mental Health Project (CMHP):***

The Eleventh Judicial Criminal Mental Health Project (CMHP) was established in 2000 to divert individuals with serious mental illnesses (SMI) and co-occurring SMI and substance use disorders (SUD), who are involved in or at risk of becoming involved in the justice system, into community-based treatment and support services. The Project incorporates pre-booking and post-booking jail diversion programs. This includes diversion of individuals from admission to state forensic treatment facilities. The CMHP was awarded CJMHSA Reinvestment Grants in 2008, 2010 and 2016. All 3 projects were very successful and were sustained with recurring annual funding following completion of the grant periods. Previous grants focused on expanding post-booking jail diversion services to individuals charged with felony offenses, expediting access and approval rates for federal entitlement benefits, and providing evidence-based assessment, referral, and community reentry supports for incarcerated individuals enrolling in jail diversion services.

The CMHP works by coordinating diversion services and helping to facilitate productive relationships among traditional and non-traditional stakeholders. The goal is to eliminate gaps in services and to improve communication across systems and stakeholders. The program operates two components. The pre-booking diversion, Crisis Intervention Team (CIT) training for law enforcement officers, provides training and collaborates with 36 police municipalities in Miami-Dade County. The post-booking diversion misdemeanor and felony programs serve individuals booked into the jail and are awaiting adjudication.

***Jackson Health System (JHS):***

Jackson Health System is a publicly funded organization and the safety net healthcare provider for Miami-Dade County residents. Jackson Behavioral Health Hospital (JBHH) is a free-standing hospital consisting of 239 beds treating adults, geriatric, child and adolescent and patients with mental health, substance use, and co-occurring disorders. The hospital has an emergency/intake and referral center as well as two outpatient locations and a crisis stabilization facility in northern Miami-Dade County. JBHH provides

a full continuum of mental health care including inpatient and outpatient, from treatment through discharge, all services are offered for those experiencing difficulties due to behavioral, emotional, psychiatric, and/or other issues.

JBHH operates a 24-hour 20-bed Crisis Stabilization Unit for persons who pose harm to themselves or others. The Detoxification Unit provides inpatient substance medical detoxification for adults 18 and older. JBHH has an Emergency Department for mental health and substance abuse assessment, screening, and emergency evaluation for adults with co-occurring problems. The goal is to meet the needs of each client at every stage of treatment.

In association with the medical expertise of the University of Miami Leonard M. Miller School of Medicine's Department of Psychiatry, services are provided in a supportive and family-like environment. The project team consists of psychiatrists, advanced registered nurse practitioners, social workers, case managers, and peer specialists.

***South Florida Behavioral Health Network (SFBHN):***

South Florida Behavioral Health Network is a nonprofit, managing entity that provides comprehensive planning, coordination, collaboration, advocacy, contract management and fiscal oversight of behavioral health prevention and treatment services in South Florida. The organization is committed to improving the lives of people with mental disorders and addiction problems. Their goal is to develop, implement and refine a coordinated system of behavioral health care within the community that enhances prevention, treatment and recovery services for those at risk of or who are suffering from mental health and substance abuse problems. Adults who have mental illness or co-occurring mental health and substance use disorders that are in, or at risk of entering the criminal justice system have been identified as a priority group and resources are made available to access the system of care.

***Fresh Start of Miami-Dade, Inc.:***

Fresh Start of Miami-Dade, Inc. is a 501C-3 non-profit organization located in Miami Gardens, in the Northwestern part of Miami-Dade County, Florida. Since 2000, Fresh Start of Miami-Dade, Inc. has provided an array of educational opportunities and community-based supportive recovery services for adults that have been diagnosed with mental health and possible co-occurring substance abuse disorders. Fresh Start, a Peer operated organization, is committed to providing mental health awareness to the community to reduce the stigma of mental illness, promote access to healthcare services, successful community integration and recovery. The organization has a history of collaboration with community partners and has built its success upon building strong relationships. The agency has strong ties to the Miami Gardens Police Department, Faith-based organizations and local businesses as well as medical and mental health providers.

***Community collaboration and resources***

The success and effectiveness of the project depends on the commitment of stakeholders throughout the community as well as the current continuum of care for treatment, housing

and supportive services. Access to services and cross-system collaboration is essential for the transition from the criminal justice system to the community mental health system. Program operations rely on collaboration among community stakeholders including: the State Attorney's Office, the Public Defender's Office, the Miami-Dade County Department of Corrections and Rehabilitation, the Florida Department of Children and Families, the Social Security Administration, Veterans Administration, United States Citizen and Immigration Service (USCIS), the Miami-Dade Homeless Trust, public and private behavioral health providers, Jackson Memorial Hospital-Public Health Trust, law enforcement agencies, family members, and mental health consumers. CMHP staff takes an active role in supporting mental health recovery and community integration and participates on a variety of community forums, meetings and agency board of directors. This includes advocacy, consumer and family organizations such as NAMI of Miami, The Consumer Network, Florida Partners in Crisis and the Key Clubhouse.

In addition, Jackson Behavioral Health Hospital (JBHH) will work closely with the Eleventh Judicial Circuit Criminal Mental Health Project to develop and implement the Criminal Justice Specialty Case Management Team.

Specifically, for the proposed Specialized Case Management program, JBHH's team will provide initial assessments, and psychiatric evaluations. medication evaluation and management, and service-planning and monitoring for adults who have a mental illness, substance use disorder, or co-occurring disorder. Services are available in multiple languages, including English and Spanish, and for the deaf/deaf and hard of hearing community. The partnership with the Court means that participants will receive enhanced linkages with other community services that they may need.

***Anticipated role of advocates, peer specialists, family members, and responsible partners***

The CMHP has a long history of employing Peer Support Specialists with 6 current positions on staff. The proposed project will employ two additional full-time Peer Support Specialists. Fresh Start of Miami, Inc. will be a valued partner on this project. As a peer run organization that provides an array of educational opportunities and community-based supportive recovery services for adults that have been diagnosed with mental health and possible co-occurring substance abuse disorders, the organization will provide valuable resources and training to peer specialist staff as well as in-depth comprehension of current issues and barriers faced by the target population. In addition, project staff will actively collaborate and include advocacy, consumer and family organizations such as NAMI of Miami, The Key Clubhouse and Mental Health South Florida Advocacy.

**Proposed Staff**

The grant funding will be utilized to develop the project, which will be comprised of staff that will be dedicated solely to the project. Positions to be hired by the CMHP and Fresh Start. Fresh Start was selected as a peer run organization that is the sole provider in Miami-Dade County focused on providing peer specialist training as well as community

support to individuals with serious mental illnesses and cooccurring substance use disorders.

**Position title**

- Criminal Justice Intensive Case Manager (CMHP) (2) Full time positions will provide assertive outreach to high-risk, high-need individuals that are at risk of and/or involved in the criminal justice system and will bridge the gap between institutional care (jail/hospitalization) and community services.
- Recovery Support Peer Specialist (Fresh Start) (2) Full time positions to engage program participants and provide community support for re-entry and follow-along in the community
- Research Assistant (CMHP) (1) Part-time- will collect all necessary information and data to record outcomes for the grant performance measures report

The in-kind match will be drawn from existing positions that are currently serving the target population at JHS, JBHH and the court (CMHP) and Administrative Office of the Court (AOC):

- Project Director (CMHP 20%) will coordinate and supervise team efforts
- MH Coordinator (CMHP 20%) will coordinate outcome and performance measures
- Misdemeanor Team Leader (CHMP 20%)- will coordinate and supervise court case scheduling, monitoring, transition plans to the community
- Felony Team Leader (CMHP 20%) will coordinate and supervise court case scheduling, monitoring, transition plans to the community
- Intake Specialist (CMHP 20%) will interview potential program participants, utilize evidence-based screening tools and develop recommendations for transition plans to the community
- County Court Judge (AOC 15%) presides over Misdemeanor Mental Health Specialized Problem-Solving docket
- Circuit Court Judge (AOC 15%) presides over Felony Mental Health Specialized Problem-Solving docket
- Senior Director Outpatient and Community Health Services (JBHH 4.5%) oversees outpatient services
- Director Mental Health Case Management (JBHH 4.5%) oversees the referral process from Emergency Department to inpatient and the community
- Social Worker Emergency Department (JBHH 4%) complete initial screening/assessment to identify individuals for project
- Director Care Coordination (JBHH 5%) Supervise Case Managers and Peer Specialists providing direct service
- Social Work Supervisor (JBHH 5%) coordinate linkage of program participants from JBHH ED and inpatient services
- ARNP/Psychiatrist (JBHH 15%) coordination of medication management services
- Financial Analyst (JBHH 3%) support data collection and JBHH project expenses

## **Evaluation and Sustainability**

### ***Evaluation***

The Strategic Plan 2016 includes required performance measures as well as the additional measures requested for the project. These measures will be carefully compiled into a monthly report that will be utilized to disseminate information to project partners and stakeholders but also as a management tool to address performance. The plan will be utilized as a project roadmap to achieving successful project goals and objectives. In addition, the APIC Model Implementation includes performance measures and time frames that will be included in the evaluation of the project.

An estimate of how the project will reduce expenditures associated with the incarceration can be determined by collecting information on the number of referrals that result in diversion from the county jail and the number of individuals formally enrolled in the project. Individuals that are diverted from the jail will have a lower average length of stay (LOS) that can be translated into a lower average cost. Based on past performance of the CMHP, it is estimated that the individuals enrolled in the project will have a 45% reduction in total annual jail days and costs.

### ***Sustainability***

The CMHP has been successful in demonstrating improved public safety, meaningful cost avoidance, decreased burdens on the justice system, and improved recovery outcomes among individuals served by its programs. To date, Miami-Dade County has demonstrated enthusiastic support for sustaining the CMHP and for the development of a more effective system of care. In 2006, the county sustained CMHP operations by providing funding to support staff positions created under a federal targeted capacity expansion grant.

The Implementation/Expansion Grant received in 2008, to expand post-booking, pre-trial jail diversion to include individuals charged with lower level felonies was sustained by Miami-Dade County upon the grant completion. The Implementation/Expansion Grant of 2010 to develop a consolidated entitlement benefits access unit to expedite access to SSI/SSDI, Medicaid, and other means of self-sufficiency for individuals re-entering the community from the jail was sustained by the South Florida Behavioral Health Network. In addition, through the Homeless Trust, the county has demonstrated a sustained commitment to provide housing and wraparound services to chronically homeless individuals served by the CMHP.

CMHP, JHS, Fresh Start and the SFBHN, will work with community partners and the county planning council to maximize strategic planning under the proposed expansion. Program information and program outcomes will be made available to county, state, and federal funding agencies and policy makers with the goal of demonstrating that ongoing investment in the types of services proposed under this expansion will result more cost effective and sustainable programs that make substantial contributions to improving public safety and public health. The collaboration on the proposed expansion will enhance

efforts to sustain operations by lending broader applicability to the project and its outcomes, and by increasing the relevance of evaluation findings to various policymakers and funding entities.

**Tab 7: Project Timeline**

<b>Goals</b>	<b>Objectives</b>	<b>Key activities</b>	<b>Milestones</b>	<b>Responsible partners</b>
Establish on-going communication, collaboration, and partnerships among all relevant county partners with respect to people with mental illness, substance use disorders, or co-occurring disorders who are in, or at risk of entering, the criminal justice systems	Continue to hold regular stakeholder meetings	Meet with stakeholders to explore opportunities to improve or streamline data sharing and information exchange	Ongoing, starting upon grant award	CMHP, JHS, SFBHN, Fresh Start
	Develop reports summarizing project activities, processes, and outcomes	Submit semi-annual progress report	Ongoing, beginning in month 6	CMHP
		Submit annual fiscal report	Ongoing, beginning in Month 12	CMHP
		Complete annual evaluation report	Ongoing, beginning in Month 12	CHMP
Protect public safety  Effectively divert and treat people with mental illness, substance use disorders, or co-occurring disorders who are in, or at risk of entering, the criminal justice systems	Implement Community Transition and Re-entry Collaboration	Hire and train staff	Ongoing, beginning in month 2	CMHP
		Implement standard operating procedures	Ongoing, beginning in month 2	CMHP
	Utilize Information Tracking system	Develop monthly performance measure report	Ongoing, beginning in month 2	CMHP

Avert increased spending on criminal and/or juvenile justice	Assist program participants in accessing treatment and support services	Begin recruitment of program participants	Ongoing, beginning in month	JHS, SFBHN, CMHP
Avert increased spending on F.S 916 Forensic Beds	Identify needs, strengths, and risk factors for program participants	Begin administering risk and needs screening and assessment	Ongoing, beginning in month 2	CMHP, SFBHN
		Begin linking program participants to community-based treatment services and supports and assist with community re-entry and reintegration.	Ongoing, beginning in Month 2	CMHP, SFBHN
		Monitor program participants' linkage and access to services	Ongoing, beginning in Month 2	CMHP
		Begin data collection and analysis	Ongoing, beginning in Month 2	CMHP



DANIELLA LEVINE CAVA  
MAYOR  
MIAMI-DADE COUNTY

March 8, 2021

Ms. Shevaun Harris, Secretary  
Florida Department of Children and Families  
1317 Winewood Boulevard  
Building 6, Room 231  
Tallahassee, FL 32399

Re: Miami-Dade County Support Letter for FDCF Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant

Dear Secretary Harris:

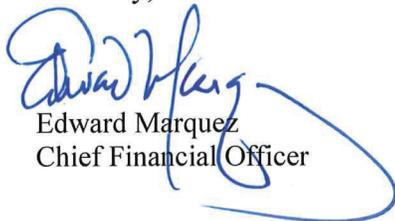
As Chief Financial Officer, on behalf of Miami-Dade County Mayor Daniella Levine Cava, I am pleased to provide this support letter for Miami-Dade County's grant application submitted on behalf of the Eleventh Judicial Circuit of Florida, for their "Criminal Mental Health Project" (CMHP) to the Florida Department of Children and Families for the "Criminal Justice, Mental Health, and Substance Abuse Reinvestment" grant program.

This initiative will build upon the success of the CMHP and form a Criminal Justice Intensive Case Management Team to provide enhanced care-coordination for adults with severe mental illness (SMI), co-occurring SMI and substance use disorder (SUD), who are high-cost, high-need recidivists to the criminal justice and acute care treatment systems. Project goals include reducing admissions to acute care treatment services, as well as reducing arrest and incarceration. The project request is for \$1.2 million, with a combined in-kind match of \$1.2 million from Jackson Health System and the Eleventh Judicial Circuit of Florida, Administrative Office of the Court.

Miami-Dade County is committed to improving the lives of people with behavioral health disorders that are involved in the criminal justice system. We have a long standing and active collaboration with the Court's Criminal Mental Health Project, to support public safety, successful reentry and community integration for individuals identified with serious mental illnesses involved in the criminal justice system. Our shared goal is to divert individuals away from the criminal justice system and into community-based treatment and services.

Should you have any questions, please contact me at [edward.marquez@miamidade.gov](mailto:edward.marquez@miamidade.gov) or at (305) 375-1451.

Sincerely,



Edward Marquez  
Chief Financial Officer



ELEVENTH JUDICIAL CIRCUIT OF FLORIDA  
ADMINISTRATIVE OFFICE OF THE COURTS

BERTILA SOTO  
CHIEF JUDGE  
SANDRA M. LONERGAN  
TRIAL COURT ADMINISTRATOR

LAWSON E. THOMAS COURTHOUSE CENTER  
175 N.W. FIRST AVENUE  
MIAMI, FLORIDA 33128  
(305) 349-7000  
FAX: (305) 349-7003

March 3, 2021

Ms. Michele Staffieri  
Florida Department of Children and Families  
1317 Winewood Boulevard  
Building 6, Room 231  
Tallahassee, FL 32399

Re: Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant  
Grant # DCF RFA 2021 001

Dear Ms. Staffieri:

The Eleventh Judicial Circuit (Circuit) is committed to improving the lives of people with behavioral health disorders that are involved in the criminal justice system. The Criminal Mental Health Project (CMHP) has been in existence since the year 2000. The vision is directed toward public safety, successful reentry and community integration for individuals identified with serious mental illnesses (SMI) and substance use disorders (SUD) involved in the criminal justice system. The shared goal is to divert individuals away from the criminal justice system and into community-based treatment and services.

The grant proposal intends to build upon the successes of the CMHP to develop and implement a Criminal Justice Intensive Case Management Team to provide enhanced care-coordination for adults with SMI or co-occurring SMI and SUD. This form of case management provides assertive outreach to high-risk, high-need individuals, and focuses on both mental health and criminal justice outcomes. The goals include reducing admission of these individuals to acute care treatment services, as well as reducing arrest and incarceration.

Should you have any questions, please contact Amaury Casadesus, Senior Grants Administrator at [acasadesus@jud11.flcourts.org](mailto:acasadesus@jud11.flcourts.org) or (305) 349-5626.

Sincerely,

Sandra M. Lonergan  
Trial Court Administrator

February 24, 2021

Florida Department of Children and Families  
1317 Winewood Boulevard  
Building 6, Room 231  
Tallahassee, FL 32399

Re: Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant  
Grant # DCF RFA 2021 001

To Whom It May Concern:

The Public Health Trust of Miami-Dade County FL dba as Jackson Health System supports the application being submitted by Miami-Dade County on behalf of the Eleventh Judicial Circuit Criminal Mental Health Project (CMHP) for the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant program. The proposal is intended to build upon the success of the CMHP and proposes to develop and implement a Criminal Justice Intensive Case Management Team to provide enhanced care-coordination for adults with SMI or co-occurring SMI and SUD, who are high-cost, high-need recidivists to the criminal justice and acute care and behavioral health treatment systems. This form of case management provides assertive outreach to high-risk, high-need individuals, and focuses on both mental health and criminal justice outcomes. The goals include reducing admission to acute care and behavioral health treatment services, as well as reducing arrest and incarceration.

Jackson Behavioral Health Hospital (JBHH) is committed to improving the lives of people with behavioral health disorders, including those who are involved in the criminal justice system. Jackson is the safety-net health system for the County and has a long standing and active collaboration with the Court's CMHP. Our aligned vision is directed toward public safety, successful reentry and community integration for individuals identified with serious mental illnesses involved in the criminal justice system. Our shared goal is to divert individuals away from the criminal justice system and into community-based treatment and services.

Should you have any questions, please contact Kevin Andrews, Senior Vice President and CEO of JBHH, at 305-355-7250.

Sincerely,



Carlos A. Migoya  
President and Chief Executive Officer

# Fresh Start of Miami-Dade, Inc.

18441 NW 2<sup>nd</sup> Avenue, Suite 106 - 108  
Miami Gardens, FL 33169  
(305)623-9937 Phone \* (305)623-9917 Fax  
[www.freshstartmiami.org](http://www.freshstartmiami.org)

---

March 1, 2021

Florida Department of Children and Families  
1317 Winewood Boulevard  
Building 6, Room 231  
Tallahassee, FL 32399

Re: Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant  
Grant # DCF RFA 2021 001

To Whom It May Concern:

Fresh Start of Miami-Dade, Inc. supports the application being submitted by Miami-Dade County on behalf of the Eleventh Judicial Circuit Criminal Mental Health Project (CMHP) for the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant program. The proposal is intended to build upon the success of the CMHP and proposes to develop and implement a Criminal Justice Intensive Case Management Team to provide enhanced care-coordination for adults with Serious Mental Illnesses (SMI) or co-occurring SMI and Substance Use Disorders (SUD), who are high-cost, high-need recidivists to the criminal justice and acute care treatment systems. Team members will provide assertive outreach and focus on both mental health and criminal justice outcomes. Peer Specialists will be an integral component of the team and will serve to actively engage program participants in the community wherever they may need support.

Our organization will hire and providing training to the peer specialists for this project. Research demonstrates that Peer Specialists provide positive outcomes for improving the lives of people with behavioral health disorders that are involved in the criminal justice system. Our organization has a long standing and active collaboration with the Court's Criminal Mental Health Project (CMHP). Our aligned vision is directed toward improved public safety, successful reentry and community integration and our shared goal is to divert individuals away from the criminal justice system and into community-based treatment and services.

Should you have any questions, please contact Sandra McQueen-Baker, CEO, email: [smcqueenbaker@fsmdi.com](mailto:smcqueenbaker@fsmdi.com) or phone: 786-295-9383.

Sincerely,



Sandra McQueen-Baker  
CEO



**THRIVING MIND  
SOUTH FLORIDA®**

A network of exceptional mental health  
and substance use providers.

7205 Corporate Center Drive, Suite 200  
Miami, Florida 33126  
(305) 858-3335  
[ThrivingMind.org](http://ThrivingMind.org)

Contracting As South Florida  
Behavioral Health Network, Inc.

February 23, 2021

Florida Department of Children and Families  
1317 Winewood Boulevard  
Building 6, Room 231  
Tallahassee, FL 32399

Re: Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant  
Grant # DCF RFA 2021 001

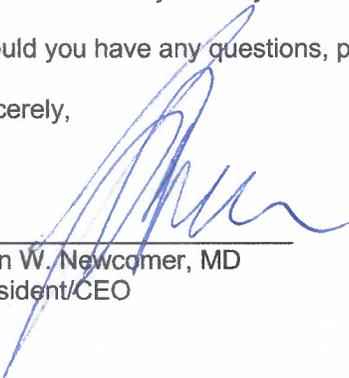
To Whom It May Concern:

Thriving Mind South Florida (Thriving Mind) supports the application being submitted by Miami-Dade County on behalf of the Eleventh Judicial Circuit Criminal Mental Health Project (CMHP) for the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant program. The proposal is intended to build upon the success of the CMHP and proposes to develop and implement a Criminal Justice Intensive Case Management Team to provide enhanced care-coordination for adults with SMI or co-occurring SMI and SUD, who are high-cost, high-need recidivists to the criminal justice and acute care treatment systems. This form of case management provides assertive outreach to high-risk, high-need individuals, and focuses on both mental health and criminal justice outcomes. The goals include reducing admission to acute care treatment services, as well as reducing arrest and incarceration.

Thriving Mind is committed to improving the lives of people with behavioral health disorders that are involved in the criminal justice system. Our organization has a long standing and active collaboration with the Court's Criminal Mental Health Project (CMHP). Our aligned vision is directed toward public safety, successful reentry and community integration for individuals identified with serious mental illnesses involved in the criminal justice system. Our shared goal is to divert individuals away from the criminal justice system and into community-based treatment and services.

Should you have any questions, please contact 305-858-3335.

Sincerely,



---

John W. Newcomer, MD  
President/CEO

## **JOB DESCRIPTION**

**OFFICIAL JOB TITLE:** Project Director, Jail Diversion Program

**SCOPE OF WORK:** This is a highly responsible position that provides administration, management, and supervision of the program operations as well as general oversight of the expansion and enhancement of all program activities.

### **RESPONSIBILITIES:**

- Oversee the expansion and enhancement of project operations
- Work closely with the Mental Health Project Coordinator to monitor project implementation and service expansion
- Provide direct supervision to the CIT Coordinator, Misdemeanor Team Leader, Felony Team Leader, Entitlement Specialists and Peer Specialists
- Ensure quarterly reports, annual reports, and final reports are submitted within required timeframes to AOC and Florida Department of Children and Families (FDCF)
- Responsible for strategic planning including grant development and implementation
- Coordinate and participate in stakeholder meetings
- Act as a boundary spanner and liaison with the Florida Department of Children & Families (FDCF), South Florida Behavioral Health Network, contracted providers, the Court, Police Departments, and other community stakeholders to ensure effective communication and collaboration
- Assist with the development and or identification of training needs
- Provide training to staff and other stakeholders
- Perform numerous public relations and community education presentations
- Promote community integration, recovery, and system transformation
- Ensure other related duties are completed

# State Courts System Position Description

**To Be Completed By Office of Personnel Services:**

State Courts System Class Title \_\_\_\_\_ Class Code \_\_\_\_\_  
 Organization Code \_\_\_\_\_ Position Number \_\_\_\_\_  
 Court/Location \_\_\_\_\_ Date Established \_\_\_\_\_  
 Type of Action \_\_\_\_\_ Effective Date \_\_\_\_\_

**To Be Completed By Employee: Timothy T Coffey**

**Scope of Work**

- Coordinates and provides administrative oversight for programs and projects within the 11<sup>th</sup> Judicial Circuit Criminal Mental Health Project (CMHP)

**Essential Duties**

Duties	% of Time
• Oversee coordination of activities across programs and projects within the CMHP	15%
• Provide primary management of special projects including development of Mental Health Diversion Facility, establishment of Forensic Hospital Diversion Pilot Project, and coordination of special task forces and workgroups	30%
• Meet with Director of the CMHP’s Jail Diversion Program (JDP) on program operations, performance, and development weekly.	10%
• Coordinate research activities and oversee maintenance and analysis of statistical information for programs and projects within the CMHP	5%
• Serve as liaison with government and agency partners involved in serving CMHP clients And facilitating cross systems operations and planning.	10%
• Coordinate development of grant and funding proposals	10%

**Other Duties**

This area would include any additional tasks asked by the Director and is included under Administrative duties.

Duties	% of Time
• Serve as designee for judge at various community meetings and events	1%
• Serve as representative on the Domestic Violence and Child Fatality Review Teams	1%
• Assist with the development and coordination of special events for the CMHP & AOC	1%
• Participate in various community stakeholder meetings and events	1%
• Attend special meetings and conferences	1%

Please describe the nature of and extent of work-related contacts within and outside your unit.

- Work closely with JDP staff to identify, implement, and monitor quality assurance and performance improvement activities.
- Work with staff throughout the Administrative Office of the Courts to coordinate CMHP program and project activities within the organization.

- Serves as a Liaison between CMHP, courts, with staff from Florida Department of Children and Families, Florida Department of Corrections, mental health providers, community stakeholders, and Agency for Health Care Administration to facilitate operations and activities across CMHP projects and programs.
- Serves as a CMHP and AOC representative concerning project goals, objectives and operations.

**Supervisory Responsibilities**

**15%**

- Provides direct supervision of Entitlement specialists and CIT coordinator.
- Prepare employee evaluations and process e-par.
- Supervises and manages data collection activities of CMHP staff
- Coordinates, monitors, and follows up on CMHP program activities in conjunction with Jail Diversion Program Director.
- Serves as back-up in the absence of Jail Diversion Program Director.

**Equipment**

N/A

**Employee's Name and Signature**

The information on the previous page and above is an accurate description of the duties of my position. I have had the opportunity to read and discuss my position description with my supervisor. I fully understand that my review will be based on this; however, my signature on the form does not signify agreement or disagreement with its contents.

---

Employee's Name and Signature

Date



**To Be Completed by the Supervisor:**

Please describe the extent of instruction and review of work that you provide for this position.

This staff member and I confer daily with regard to the general welfare of the Program. We discuss and plan long range program enhancements.

**Knowledge, Skills, Abilities**

Please identify any knowledge, skills and abilities that are necessary to perform the duties of this position. Please include any physical requirements such as lifting, bending, or standing.

This position requires a Masters Degree in Clinical Psychology and/or Sociology. It also necessitates the individual have good organizational, communication and managerial skills. There is some lifting, bending or standing as pertains to any personnel employed in an office environment.

**Special Qualifications**

Please identify any special qualifications required of this position including any licensure or certification.  
N/A

The supervisor must review and agree with the description of the position prior to submission to the Personnel Office. The supervisor has the right to make changes as necessary to the position description to ensure its accuracy.

The above job description accurately represents this employee's assigned duties and responsibilities.

# State Courts System Position Description

---

Employee Name: Alejandro Aristizabal Class Title: \_\_\_\_\_

Court: County Criminal Division: \_\_\_\_\_

**To Be Completed By Employee:**

**Scope of Work**

In a short paragraph please describe the purpose and overall responsibilities of your position.

This position is responsible for providing daily coordination and supervision of program operations for the Felony Diversion Program. This includes providing supervision to the 3 Court Case Management Specialists and the 3 Peer Specialists assigned to the program as well as maintaining effective program operations as evidenced by monthly, quarterly and annual outcome reports. The Team Leader is also responsible to manage referrals, determine eligibility for all program participants and to communicate effectively with all criminal justice and community stakeholders.

**Essential Duties**

Please describe each essential duty of your job in detail. Essential duties are the fundamental duties of the position for which the position exists. Begin each description with an action verb. In the column to the right, estimate the percentage of time you spend performing each duty. The time should total 100 percent. Keep in mind that you may be required to perform other related duties that are not listed in this position description. Please begin with the duty on which you spend the most time. Attach additional sheets if necessary.

Duties	% of Time
• Will provide daily coordination and supervision of staff and team operations	30%
• Maintain on-going communication with all stakeholders	20%
• Will manage referrals and determine eligibility for program participants	30%
• Prepare monthly, quarterly and annual reports	5%
• Monitor and assure accuracy, timeliness, and consistency of all documentation	5%
• Monitor continuing care for individuals integrated into the community	5%
• Attend and participate in training activities, staff meetings, case conferences, and supervisory sessions	5%

**Other Duties**

Please describe duties not listed above which you are asked to perform.

Duties	% of Time
NA	

Please describe the nature of and extent of work-related contacts within and outside your unit.

The success and effectiveness of the Felony Jail Diversion Program depends on the commitment of stakeholders throughout the community. Such cross-system collaboration is essential for the transition from the criminal justice system to the community mental health system. Program operations rely on collaboration among community stakeholders including: the State Attorney’s Office, the Public Defender’s Office, private referral sources, the Miami-Dade County Department of Corrections and Rehabilitation, the Florida Department of Children and Families, the Social Security Administration, public and private community mental health providers, Jackson Memorial Hospital-Public Health Trust, law enforcement agencies, family members, and mental health consumers.

**Supervisory Responsibilities**

Please list the positions by title which report directly to you. If there is more than one position in a class, list the class title with the number of positions supervised in parentheses.

Court Case Management Specialists (3)  
Peer Specialists (3)

**Equipment**

Please list any machines, tools, etc., used to perform assigned duties.

Computer

**Employee's Name and Signature**

The information on the previous page and above is an accurate description of the duties of my position. I have had the opportunity to read and discuss my position description with my supervisor. I fully understand that my review will be based on this; however, my signature on the form does not signify agreement or disagreement with its contents.

---

Employee's Name and Signature

Date

---

**To Be Completed by the Supervisor:**

Please describe the extent of instruction and review of work that you provide for this position.

This staff member and I confer daily with regard to the program operations and client concerns

**Knowledge, Skills, Abilities:**

Please identify any knowledge, skills and abilities that are necessary to perform the duties of this position.

The position requires knowledge of behavioral health and criminal justice issues as well knowledge of community resources. Communication and organizational skills are necessary to perform the functions of the job.

Please include any physical requirements such as lifting, bending, or standing.

**Special Qualifications**

Please identify any special qualifications required of this position including any licensure or certification.

NA

The supervisor must review and agree with the description of the position prior to submission to the Personnel Office. The supervisor has the right to make changes as necessary to the position description to ensure its accuracy.

The above job description accurately represents this employee's assigned duties and responsibilities.

*Cindy A. Schwartz*

*10/23/20*

---

Supervisor's Signature and Title

Date

---

**To Be Completed By Office of Personnel Services:**

Employee's Name Michelle Espinosa- Clark  
State Courts System Class \_\_\_\_\_ Class Code \_\_\_\_\_  
Organization Code \_\_\_\_\_ Position Number \_\_\_\_\_  
Court/Location \_\_\_\_\_ Date Established \_\_\_\_\_  
Type of Action \_\_\_\_\_ Effective Date \_\_\_\_\_

---

////////////////////////////////////  
**To Be Completed By Employee in Consultation With the Supervisor:**

**Scope of Work:**

In a short paragraph please describe the purpose and overall responsibilities of your position.

This position is responsible for providing daily coordination and supervision of program operations for the Misdemeanor Jail Diversion Program. This includes providing supervision to the 2 Jail Diversion Specialists and the 3 Peer Specialists assigned to the program as well as maintaining effective program operations as evidenced by monthly, quarterly and annual outcome reports. The Team Leader is also responsible to determine eligibility for all program participants and to communicate effectively with all criminal justice and community stakeholders.

**Essential Duties:**

Please describe each essential duty of your job in detail. Essential duties are the fundamental duties of the position for which the position exists. Begin each description with an action verb. In the column to the right, estimate the percentage of time you spend performing each duty. The time should total 100 percent. Keep in mind that you may be required to perform other related duties that are not listed in this position description. Please begin with the duty on which you spend the most time. Attach additional sheets if necessary.

Duties \_\_\_\_\_ % of Time \_\_\_\_\_

- Will determine eligibility for program participants 20%
- Will provide daily coordination and supervision of staff and team operations 40%
- Prepare quarterly and annual reports 10%
- Ensure quality standards are maintained 5%
- Maintain on-going communication with all stakeholders 5%
- Conduct Quality Improvement monitoring activities as assigned and inform appropriate parties of deviations and improvement needs 2%
- Monitor and assure accuracy, timeliness, and consistency of all documentation 2%
- Monitor continuing care for individuals integrated into the community 2%
- Attend and participate in training activities, staff meetings, case conferences, and supervisory sessions 10%

**Other Duties:**

Please describe duties not listed above which you are asked to perform.

NA

Please describe the nature of and extent of work-related contacts within and outside your unit.

The success and effectiveness of the Misdemeanor Jail Diversion Program depends on the commitment of stakeholders throughout the community. Such cross-system collaboration is essential for the transition from the criminal justice system to the community mental health system. Program operations rely on collaboration among community stakeholders including: the State Attorney's Office, the Public Defender's Office, the Miami-Dade County Department of Corrections and Rehabilitation, the Florida Department of Children and Families, the Social Security Administration, public and private community mental health providers, Jackson Memorial Hospital-Public Health Trust, law enforcement agencies, family members, and mental health consumers.

**Supervisory Responsibilities:**

Please list the positions by title which report directly to you. If there is more than one position in a class, list the class title with the number of positions supervised in parentheses.

Jail Diversion Specialists (2)

Peer Specialists (3)

**Equipment:**

Please list any machines, tools, etc., used to perform assigned duties.

Computer

**Employee's Name and Signature**

The information on the previous page and above is an accurate description of the duties of my position. I have had the opportunity to read and discuss my position description with my supervisor. I fully understand that my review will be based on this; however, my signature on the form does not signify agreement or disagreement with its contents.

---

Print Employee's Name and Sign

Date



**To Be Completed by the Supervisor:**

Please describe the extent of instruction and review of work that you provide for this position.

**Competencies:**

Please identify any competencies, such as responsibilities, requirements and complexity of work required of this position. Please include any physical requirements such as lifting, bending, or standing.

**Knowledge, Skills, Abilities and Special Qualifications:**

Please identify any knowledge, skills and abilities that are necessary to perform the duties of this position and special qualifications required of this position including any licensure or certification.

The supervisor must review and agree with the description of the position prior to submission to the Personnel Office. The supervisor has the right to make changes as necessary to the position description to ensure its accuracy.

The above job description accurately represents this employee's assigned duties and responsibilities.

---

Print Supervisor's Name, Title and Signature

Date

Revised 02/2012

**POSITION TITLE: Intake Specialist  
Eleventh Judicial Criminal Mental Health Project**

**GENERAL DESCRIPTION:** The intake specialist position will interview potential program participants and implement evidence-based screening tools to determine program eligibility and to make recommendations for transition plans to the community that will reduce recidivism to the criminal justice system, promote recovery and improve community integration outcomes.

**JOB DUTIES:**

- Coordinate interview schedule
- Engage and interview program participants
- Utilize evidence-based screening tools, i.e. Mental Health Screening Form III, The Ohio Risk Assessment System: Community Supervision Tool (ORAS-CST), and the Texas Christian University Drug Screen V.
- Collect collateral information as necessary
- Develop a 2 page summary utilizing information obtained from screening tools that includes risk and need assessment to form recommendations
- Work collaboratively with team to ensure timely distribution of information
- Demonstrate flexibility and ongoing effort to maintain contact and effective relationships with community and criminal justice system stakeholders
- Demonstrate effective time management and organizational skills
- Other related duties

**QUALIFICATIONS:** Bachelors Degree in criminal justice, psychology, sociology, public health, or related fields and at least 3 years of practical experience in community mental health, forensic mental health, or criminal justice.

**SKILLS & KNOWLEDGE REQUIRED:**

- Knowledge of issues related to criminal justice, community mental health, case management and community resources
- Knowledge of personal computer software, i.e. Word, WordPerfect, Excel, Internet Explorer
- Ability to communicate effectively orally and in writing
- Ability to follow oral and written instructions
- Detail-oriented, goal-oriented
- Ability to maintain complex records
- Ability to establish and maintain effective relationships with co-workers, the judiciary, court administration, and other agencies

**POSITION TITLE: Criminal Justice Intensive Case Manager**

**GENERAL DESCRIPTION:** The position will provide assertive outreach to high-risk, high-need individuals that are at risk of and/or involved in the criminal justice system. It will focus on both mental health and criminal justice outcomes. The goals of Criminal Justice Intensive Case Management Team include reducing admission to acute care treatment services, as well as reducing arrest and incarceration. Case managers will be specially trained to address criminogenic risk and needs associated with the target population and will possess expertise in working with the criminal justice system. The position will help to bridge the gap between institutional care (jail/hospitalization) and community services. The Intensive Case Manager will provide immediate support upon community reentry as well as access to needed psychiatric, medical, social, residential, financial, and other services as necessary to achieve recovery and community integration.

**JOB DUTIES:**

- Assertive outreach to include providing face to face services in the community
- Linkage and coordination with community-based service providers and long-term care coordination
- Monitor service delivery by maintaining regular contact with participant and service providers involved with clients
- Partner with Peer Specialist to ensure participant is engaged and actively involved in rehabilitation process
- Introduce participant to providers, caregivers and help the individual to negotiate ground rules for relationships
- Accompany participant to necessary appointments
- Mediate potential conflicts in community with service providers, housing, and other essential services
- Assess basic needs such as food, medical care, medication, and entitlements
- Identifies and strengthen formal and natural supports
- Maintain case documentation including progress notes and all other relevant information to assist participants to comply with program requirements
- Maintain a caseload of clients and monitor their participation in the treatment program through case management appointments, reviewing progress reports, and conferencing cases with treatment personnel
- Prepare and present written and oral status reports to the criminal justice system in a timely manner regarding participant progress
- Investigate and recommend supportive services for clients
- Provides information to the court regarding the individual
- Other related duties

**QUALIFICATIONS:** Bachelor's Degree (Master's Degree preferred) in criminal justice, psychology, sociology, public health, or related fields and at least 2 years of practical experience in community mental health, forensic mental health, or criminal justice.

**SKILLS & KNOWLEDGE REQUIRED:**

- Knowledge of issues related to criminal justice, community mental health, case management and community resources
- Knowledge of personal computer software, i.e. Word, WordPerfect, Excel, Internet Explorer
- Ability to communicate effectively orally and in writing
- Ability to follow oral and written instructions
- Detail-oriented, goal-oriented
- Ability to maintain complex records
- Ability to establish and maintain effective relationships with co-workers, the judiciary, court administration, and other agencies

## Research Assistant

### To Be Completed By Office of Personnel Services:

Employee's Name _____	Class Code _____
State Courts System Class _____	Position Number _____
Organization Code _____	Date Established _____
Court/Location _____	Effective Date _____
Type of Action _____	

### To Be Completed By Employee in Consultation With the Supervisor:

#### Scope of Work:

In a short paragraph please describe the purpose and overall responsibilities of your position. The primary focus of this position is to input, upload and manage all necessary data in the Criminal Mental Health Project data system (Service Point) in order to maintain accurate information that can be utilized for reports that measure effectiveness and efficiencies including performance outcomes and grant reporting. The position will include attending assigned court proceedings to gather and record necessary information on program participants, inputting and uploading data into the data system, preparing reports and auditing participant files to ensure quality standards are maintained.

#### Skills & Knowledge Required:

- Knowledge of issues related to criminal justice, community mental health, case management and community resources
- Prior research or clinical experience with adults with mental illness preferred
- Ability to communicate effectively orally and in writing
- Ability to follow oral and written instructions
- Detail-oriented, goal-oriented
- Ability to maintain complex records
- Ability to establish and maintain effective relationships with co-workers, the judiciary, court administration, and other agencies
- Knowledge of personal computer software, i.e. Word, Excel, Internet Explorer

#### Essential Duties:

Please describe each essential duty of your job in detail. Essential duties are the fundamental duties of the position for which the position exists. Begin each description with an action verb. In the column to the right, estimate the percentage of time you spend performing each duty. The time should total 100 percent. Keep in mind that you may be required to perform other related duties that are not listed in this position description. Please begin with the duty on which you spend the most time. Attach additional sheets if necessary.

Duties	% of Time
• Attend assigned court proceedings to gather and record necessary information on program participants	10%
• Input and upload data into Service Point	35%
• Prepare monthly, quarterly and annual reports	35%

- Audit information as directed to ensure quality standards are maintained 20%

**Other Duties:**

Please describe duties not listed above which you are asked to perform.

Duties \_\_\_\_\_ % of Time \_\_\_\_\_

NA

Please describe the nature of and extent of work-related contacts within and outside your unit.

Maintain contact with all team members as well as outside providers to ensure information is recorded and accurate. Work directly with team leaders and project director on grants and special assignments.

**Supervisory Responsibilities:** Please list the positions by title which report directly to you. If there is more than one position in a class, list the class title with the number of positions supervised in parentheses.

NA

**Equipment:**

Please list any machines, tools, etc., used to perform assigned duties

Computer, printer, scanner, fax, telephone, shredder

**Equipment:**

Please list any machines, tools, etc., used to perform assigned duties.

Computer

**Employee's Name and Signature**

The information on the previous page and above is an accurate description of the duties of my position. I have had the opportunity to read and discuss my position description with my supervisor. I fully understand that my review will be based on this; however, my signature on the form does not signify agreement or disagreement with its contents.

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Print Employee's Name and Sign

Date



**To Be Completed by the Supervisor:**

Please describe the extent of instruction and review of work that you provide for this position.

**Competencies:**

Please identify any competencies, such as responsibilities, requirements and complexity of work required of this position. Please include any physical requirements such as lifting, bending, or standing.

**Knowledge, Skills, Abilities and Special Qualifications:**

Please identify any knowledge, skills and abilities that are necessary to perform the duties of this position and special qualifications required of this position including any licensure or certification.

The supervisor must review and agree with the description of the position prior to submission to the Personnel Office. The supervisor has the right to make changes as necessary to the position description to ensure its accuracy.

The above job description accurately represents this employee's assigned duties and responsibilities.

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Print Supervisor's Name, Title and Signature

Date

Revised 02/2012

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

<b>Subcontractor: Jackson Behavioral Health Hospital Employee Roles</b>				
Name	Job Title	% Time*	Qualifications	Description of Employee Role or Function
Vicki Sevilla	Senior Director, Outpatient & Community Health Services	Varies	MHSA, OTR/L	Oversee outpatient services for program participants and staff providing direct patient care. Ongoing collaboration with Criminal Mental Health Project staff to ensure compliance with grant guidelines.
Patrice Tilson	Director, Mental Health Case Management	Varies	LMHC	Oversee referral process from ED and JBHH inpatient units. Ongoing collaboration with Criminal Mental Health Project staff to ensure compliance with grant guidelines.
Lindsay Adams	Social Worker Emergency Department	Varies	LCSW	Complete initial screening/assessment to identify individuals who may be candidates for the program.
Diane Gilles	Director, Care Coordination	Varies	MSM, CBHCMS	Supervise Case Managers and Peer Specialists providing direct services to program participants.
Lourdes Jimenez	Social Work Supervisor	Varies	LCSW	Coordinate linkage of program participants from JBHH inpatient services.
Tamala Russell-Reed	ARNP/Psychiatry	Varies	ARNP	Coordination of medication management services for program participants. Conduct behavioral psych evaluations.
Jesse Molina	Financial Analyst	Varies	MBA	Support data gathering and JBHH program expenses.
		<ul style="list-style-type: none"> <li>Percent varies by year. Please see budget.</li> </ul>		

**Job Title:** Senior Director, Outpatient & Community Health Services  
**Job Code:** 3153  
**Cost Center:** 88599 - Administration  
**FLSA:** Exempt  
**Revised Date:**

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### **Position Summary**

The Senior Director of Outpatient and Community Health Services is responsible for the administrative and operational management of the Outpatient services and assigned hospital, including but not limited to: budgeting, finance, contracts, facilities, environmental, security, safety, and personnel.

### **Duties & Responsibilities**

Provides day to day oversight and operational management of JBHH Outpatient Services and Jackson Community Mental Health Center. Provides a leadership framework in order to support, manage, plan and coordinate activities within the service lines. Ensures a streamlined operation of the business: by evaluating and organizing responsibilities to ensure maximum efficiency in the flow of work to attain desired objectives. Effectively communicates and incorporates the JHS Vision and Mission into the activities of the service lines. Drives the execution of the divisional goals through continual assessment of the organization needs and growth potential. Supervise Grant / Contract reporting requirements, and maintain professional working relationship with funding sources. In coordination with Clinical leadership, ensure all services and facilities are maintained in accordance with all regulatory and funding requirements including but not limited to DCF, AHCA, SFBHN, TJC. Ensures staff participation in required educational programs and appropriate orientation and training courses to maintain competency in job skills, knowledge and equipment. Role models behaviors of service excellence and CARE values (Compassion, Accountability, Respect and Expertise). The leader understands and adheres to JHS compliance standards as they appear in the Code of Conduct, Compliance Policies, and all other JHS Policies and Procedures and supports the commitment of JHS in adhering to federal, state and local laws, rules and regulations governing ethical business practices for health care providers by demonstrating knowledge of procedures for protecting and maintaining security, confidentiality and integrity of employee, patient, family and organization information. The leader further understands that JHS is committed to its role in preventing health care fraud and abuse and complying with applicable state and federal laws related to health care fraud and abuse. This commitment is supported and enabled through an anonymous hotline which serves as one of several mechanisms for reporting suspected fraud, waste and/or abuse, as well as other compliance related issues. The leader to report through any of the reporting mechanisms (e.g., anonymous hotline, supervisor, Compliance Officer) any suspected health care fraud, waste and/or abuse as well as other compliance-related issues. Performs all other related job duties as assigned.

### **Education**

Bachelor's degree in related field is required. Master's degree is strongly preferred.

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## Experience

Generally requires 7 to 10 years of related experience. Management experience is required.

## License/Certification

Valid license or certification is required as needed, based on the job or specialty.

## Knowledge/Skill/Abilities

General Competencies: Ability to analyze, organize and prioritize work accurately while meeting multiple deadlines. Ability to communicate effectively in both oral and written form. Ability to handle difficult and stressful situations with critical thinking and professional composure. Ability to understand and follow instructions. Ability to exercise sound and independent judgment.

Knowledge and skill in use of job appropriate technology and software applications. Management Competencies: Knowledge of business and management principles involved in strategic planning, resource allocation, human resources modeling, leadership technique, production methods, and coordination of people and resources. Skill in monitoring/assessing the performance to make improvements or take corrective action. Skill in using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions, or approaches to problems. Ability to plan, implement, and evaluate programs. Ability to establish goals and objectives. Ability to recognize, analyze, and solve a variety of problems. Unit Specific Competencies: Knowledge of a wide range of concepts, principles and practices in a professional or administrative occupation and skill in applying this knowledge to difficult and complex work assignments. A comprehensive, intensive, practical knowledge of a technical field and skill in applying this knowledge to the development of new methods, approaches, or procedures.

## Physical Demands

Job function is sedentary in nature and requires sitting for extended periods of time. Function may require frequent standing or walking. Must be able to lift or carry objects weighing up to 20 pounds. Jobs in this group are required to have close visual acuity to perform activities such as: extended use of computers, preparing and analyzing data and analytics, and other components of a typical office environment. Additional information and provision requests for reasonable accommodation will be provided by the home unit/department in collaboration with the Reasonable Accommodations Committee (RAC).

## Work Environment

Jobs in this group are required to function in a fast paced environment with occasional high pressure or emergent and stressful situations. Frequent interaction with a diverse population including team members, providers, patients, insurance companies and other members of the public. Function is subject to inside environmental conditions, with occasional outdoor exposures. Possible exposure to various environments such as: communicable diseases, toxic substances, medicinal preparations and other conditions common to a hospital and medical office environment. May wear Personal Protective Equipment (PPE) such as gloves or a mask when exposed to hospital environment outside of office. Reasonable accommodations can be made to enable people with disabilities to perform the described essential functions. Additional information and provision requests for reasonable accommodation will be provided by the home unit/department in collaboration with the Reasonable Accommodations Committee (RAC).

**Job Title:** Director, Case Management  
**Job Code:** 1611  
**Cost Center:** 67213 - Mental Health Case Mgmt  
**FLSA:** Exempt  
**Revised Date:**

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### **Position Summary**

The Director of Case Management directs the day-to-day operations of the case management area, including case management of inpatient, outpatient, mental health and revenue cycle.

### **Duties & Responsibilities**

Provides leadership in managed care operations for the Jackson Health System. Directs the Case Management, Utilization Management, Disease Management and Renal Management Programs. Develops, implements and manages the PSN Disease Management Program. Develops, implements and manages the Medipass Disease Management Program for Diabetes, CHF, Hypertension, and Asthma. (Pfizer). Develops, implements, and manages the CAP Disease Management Program. Develops, implements and manages the SFCCN AIDS DMI Project for Miami-Dade County. Directs and manages the concurrent review process for PSN patients within the Jackson Health System. Provides leadership regarding PRO activities, Clinical Compliance Program and Medicare 7th Scope of Work. Oversees prospective payment systems related activities for both inpatient and outpatient care. Co-Directs the countywide Medical Management Program during disasters. Directs and manages the Medical Foster Care Case Management Program. Role models behaviors of service excellence and CARE values (Compassion, Accountability, Respect and Expertise). The leader understands and adheres to JHS compliance standards as they appear in the Code of Conduct, Compliance Policies, and all other JHS Policies and Procedures and supports the commitment of JHS in adhering to federal, state and local laws, rules and regulations governing ethical business practices for health care providers by demonstrating knowledge of procedures for protecting and maintaining security, confidentiality and integrity of employee, patient, family and organization information. The leader further understands that JHS is committed to its role in preventing health care fraud and abuse and complying with applicable state and federal laws related to health care fraud and abuse. This commitment is supported and enabled through an anonymous hotline which serves as one of several mechanisms for reporting suspected fraud, waste and/or abuse, as well as other compliance related issues. The leader to report through any of the reporting mechanisms (e.g., anonymous hotline, supervisor, Compliance Officer) any suspected health care fraud, waste and/or abuse as well as other compliance-related issues. Performs all other related job duties as assigned.

### **Education**

Bachelor's degree in related field is required. Master's degree is strongly preferred.

### **Experience**

Generally requires 7 to 10 years of related experience. Management experience is required.

### **License/Certification**

Valid Florida RN license is required. Case Management certification is preferred.

**Knowledge/Skill/Abilities**

General Competencies: Ability to analyze, organize and prioritize work accurately while meeting multiple deadlines. Ability to communicate effectively in both oral and written form. Ability to handle difficult and stressful situations with critical thinking and professional composure. Ability to understand and follow instructions. Ability to exercise sound and independent judgment.

Knowledge and skill in use of job appropriate technology and software applications. Management Competencies: Knowledge of business and management principles involved in strategic planning, resource allocation, human resources modeling, leadership technique, production methods, and coordination of people and resources. Skill in monitoring/assessing the performance to make improvements or take corrective action. Skill in using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions, or approaches to problems. Ability to plan, implement, and evaluate programs. Ability to establish goals and objectives. Ability to recognize, analyze, and solve a variety of problems.

**Physical Demands**

Job function is sedentary in nature and requires sitting for extended periods of time. Function may require frequent standing or walking. Must be able to lift or carry objects weighing up to 20 pounds. Jobs in this group are required to have close visual acuity to perform activities such as: extended use of computers, preparing and analyzing data and analytics, and other components of a typical office environment. Additional information and provision requests for reasonable accommodation will be provided by the home unit/department in collaboration with the Reasonable Accommodations Committee (RAC).

**Work Environment**

Jobs in this group are required to function in a fast paced environment with occasional high pressure or emergent and stressful situations. Frequent interaction with a diverse population including team members, providers, patients, insurance companies and other members of the public. Function is subject to inside environmental conditions, with occasional outdoor exposures. Possible exposure to various environments such as: communicable diseases, toxic substances, medicinal preparations and other conditions common to a hospital and medical office environment. May wear Personal Protective Equipment (PPE) such as gloves or a mask when exposed to hospital environment outside of office. Reasonable accommodations can be made to enable people with disabilities to perform the described essential functions. Additional information and provision requests for reasonable accommodation will be provided by the home unit/department in collaboration with the Reasonable Accommodations Committee (RAC).

**Job Title:** Licensed Clinical Social Worker, MSW  
**Job Code:** 1283  
**Cost Center:** 79509 - BH Crisis Unit  
**FLSA:** Exempt  
**Revised Date:**

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### **Position Summary**

Licensed Clinical Social Worker, LCSW is professional and supervisory clinical social casework in medical, nursing and convalescent facilities of JHS. Employees in this class provide professional supervision over subordinate social workers engaged in direct inpatient or outpatient clinical casework services. Related responsibilities include providing advanced professional casework service in complex cases requiring a high degree of skill and mature judgment in evaluating social diagnostic information and arriving at appropriate support measures. Some positions in the class participate in the clinical casework training of graduate students in an accredited internship program. Incumbents apply considerable knowledge of disease entities and medical or psychiatric terminology associated with a clinical setting in addition to the philosophy, principles and practices of professional social work. Work of subordinate social workers is reviewed for adherence to accepted quality standards of social casework.

### **Duties & Responsibilities**

Works collaboratively with interdisciplinary staff to design and implement appropriate treatment plans, including discharge plans. Provides professional counseling and therapeutic intervention to patients and/or families utilizing treatment modalities appropriate to work with adults and their families. Collaborates with community agencies which provide services for adults and their families. Leads or co-leads patients groups as needed. Submits statistical reports as required. Participates in orientation and training of social work and interdisciplinary staff. Participates on research projects as required for program planning and evaluation. Maintains current knowledge of social work practice including specific knowledge of the bio-psychosocial issues of adults. Participates in Committees as assigned. Supervises students. Provides coverage as assigned. Participates in hospital, departmental and unit meetings. Provide Social Work Services to patients and/or families. Performs other related duties as assigned. Demonstrates behaviors of service excellence and CARE values (Compassion, Accountability, Respect and Expertise).

### **Education**

Master's Degree in Social Work is required.

### **Experience**

Generally requires 5 to 7 years of related experience.

### **License/Certification**

Valid Florida Licensure from the Association of Social Work Boards is required. American Heart Association (AHA) and Basic Life Support (BLS) for Healthcare Providers certification with at least 6 months validity is required.

**Knowledge/Skill/Abilities**

Ability to analyze, organize and prioritize work accurately while meeting multiple deadlines. Ability to communicate effectively in both oral and written form. Ability to handle difficult and stressful situations with professional composure. Ability to understand and follow instructions. Ability to exercise sound and independent judgment Knowledge and skill in use of job appropriate technology and software applications.

**Physical Demands**

Job function requires extended standing or walking. Must be able to carry objects weighing 21 to 50 pounds. Able to lift or move objects weighing 51 to 100 pounds with the use of appropriate devices. Jobs in this group require frequent visual acuity to perform activities related to extended use of computers. Additional information and provision requests for reasonable accommodation will be provided by the home unit/department in collaboration with the Reasonable Accommodations Committee (RAC).

**Work Environment**

Jobs in this group are required to function in a fast paced environment with occasional high pressure or emergent and stressful situations. Frequent interaction with a diverse population including team members, providers, patients, insurance companies and other members of the public. Function is subject to inside environmental conditions, with occasional outdoor exposures. Exposure to various environments such as: communicable diseases, toxic substances, medicinal preparations and other conditions common to a hospital and medical office environment. May also be exposed to needle sticks, airborne infections, medical gases, X-Ray, chemical exposures and other potential hazards. Must wear Personal Protective Equipment (PPE) when exposed to infectious/clinical hospital environment. Reasonable accommodations can be made to enable people with disabilities to perform the described essential functions. Additional information and provision requests for reasonable accommodation will be provided by the home unit/department in collaboration with the Reasonable Accommodations Committee (RAC).

**Job Title:** Director, Care Coordination  
**Job Code:** 3185  
**Cost Center:** 88583 - ADM ASA Outpatient  
**FLSA:** Exempt  
**Revised Date:**

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### **Position Summary**

The Director of Care Coordination provides leadership and oversight of the JBHH division's Care Coordination services for the chronically mental ill . This position will be responsible for the leadership and management as well as development and expansion of JBHH division's care coordination services. The incumbent will provide direct supervision and coaching to ensure that programs are of appropriate quality and that resources are used effectively in accordance with JHS mission and policies. Establish and maintain relationships with other agencies and stakeholders in the community to leverage resources to meet consumer needs. The individual ensures staff maintains compliance with State, Federal, Medicaid, and regulatory body requirements.

### **Duties & Responsibilities**

Provide overall planning, control, organization and monitoring of daily activities of all staff, including certification eligible and certified targeted case managers, care coordinators, peer specialists and TANF/outreach workers in JCMHC and the JBHH Outpatient Center. Assigns cases and insures caseloads are monitored and managed with appropriate resource utilization. Conducts bi-weekly supervision, discusses and provides support with employee progress and/or needs, promotes staff development and use of clinical reasoning and problem solving skills. Coordinates monthly meetings to keep staff abreast of updated regulations and all changes within the organization. Collaboratively works with the Interdisciplinary team in the monitoring and evaluation of the efficiency and efficacy of all care coordination services being delivered to ensure a continuum of care services. Provides leadership and guidance in the development, sustainment and evaluation of all employees. Plans and schedules mandated trainings, provides training tools and ensures credentialing of department staff. Completes performance reviews, addresses performance issues, and facilitates staff development. Interacts with JBHH leadership to ensure coordination of services provided. In coordination with JBHH leadership assists with identification of new program options, expansion and enhancement of current services. Fosters a cooperative and harmonious working climate conducive to maximize effective and efficient usage of center resources, employee morale, productivity, and client satisfaction. Initiates and maintains collaborative working relationships with community stakeholders, managing entities, city and county agencies, and other partners in order to improve service quality for at-risk client populations. Represents agency in internal and external committees as assigned. Sustain staff competencies and clinical ability to maintain quality of services provided including compliance with documentation and service planning and delivery. Identifies substandard performance and plans or assists in implementation of Performance Improvement Plans (PIP). Provides administrative approval for time reporting, leave requests, and expense reports. Recruits, hires and trains new staff including ongoing coaching and orientation to the interdisciplinary team. Assists in preparation of reports and clinical audits as required by regulatory bodies. Provides direct clinical services to clients as necessary and is available to guide, support and direct staff as needed to insure client needs are met. Consistently provides ethical judgement and clinical skills in accordance with JHS policies and legal guidelines

of the institution. Role models behaviors of service excellence and CARE values (Compassion, Accountability, Respect and Expertise). The leader understands and adheres to JHS compliance standards as they appear in the Code of Conduct, Compliance Policies, and all other JHS Policies and Procedures and supports the commitment of JHS in adhering to federal, state and local laws, rules and regulations governing ethical business practices for health care providers by demonstrating knowledge of procedures for protecting and maintaining security, confidentiality and integrity of employee, patient, family and organization information. The leader further understands that JHS is committed to its role in preventing health care fraud and abuse and complying with applicable state and federal laws related to health care fraud and abuse. This commitment is supported and enabled through an anonymous hotline which serves as one of several mechanisms for reporting suspected fraud, waste and/or abuse, as well as other compliance related issues. The leader to report through any of the reporting mechanisms (e.g., anonymous hotline, supervisor, Compliance Officer) any suspected health care fraud, waste and/or abuse as well as other compliance-related issues. Performs all other related job duties as assigned.

### **Education**

Bachelor's degree in related field is required. Master's degree is strongly preferred.

### **Experience**

Generally requires 7 to 10 years of related experience. Management experience is required.

### **License/Certification**

Valid license or certification is required as needed, based on the job or specialty. Florida certification board is required.

### **Knowledge/Skill/Abilities**

General Competencies: Ability to analyze, organize and prioritize work accurately while meeting multiple deadlines. Ability to communicate effectively in both oral and written form. Ability to handle difficult and stressful situations with critical thinking and professional composure. Ability to understand and follow instructions. Ability to exercise sound and independent judgment.

Knowledge and skill in use of job appropriate technology and software applications. Management Competencies: Knowledge of business and management principles involved in strategic planning, resource allocation, human resources modeling, leadership technique, production methods, and coordination of people and resources. Skill in monitoring/assessing the performance to make improvements or take corrective action. Skill in using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions, or approaches to problems. Ability to plan, implement, and evaluate programs. Ability to establish goals and objectives. Ability to recognize, analyze, and solve a variety of problems.

### **Physical Demands**

Job function is sedentary in nature and requires sitting for extended periods of time. Function may require frequent standing or walking. Must be able to lift or carry objects weighing up to 20 pounds. Jobs in this group are required to have close visual acuity to perform activities such as: extended use of computers, preparing and analyzing data and analytics, and other components of a typical office environment. Additional information and provision requests for reasonable accommodation will be provided by the home unit/department in collaboration with the Reasonable

Accommodations Committee (RAC).

**Work Environment**

Jobs in this group are required to function in a fast paced environment with occasional high pressure or emergent and stressful situations. Frequent interaction with a diverse population including team members, providers, patients, insurance companies and other members of the public. Function is subject to inside environmental conditions, with occasional outdoor exposures. Possible exposure to various environments such as: communicable diseases, toxic substances, medicinal preparations and other conditions common to a hospital and medical office environment. May wear Personal Protective Equipment (PPE) such as gloves or a mask when exposed to hospital environment outside of office. Reasonable accommodations can be made to enable people with disabilities to perform the described essential functions. Additional information and provision requests for reasonable accommodation will be provided by the home unit/department in collaboration with the Reasonable Accommodations Committee (RAC).

**Job Title:** Social Work Supervisor, MSW  
**Job Code:** 1269  
**Cost Center:** 78909 - BH Social Work  
**FLSA:** Exempt  
**Revised Date:**

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### **Position Summary**

Social Work Supervisor, MSW is advanced professional and supervisory social work in management of a social service activity in an assigned geographical area of a county department or agency. Employees in this class provide professional supervision and management direction to a group of social workers and a supporting staff in a district or regional office including outlying units. Services supervised typically include intake, casework services, review of financial and medical needs, counseling, and planned delivery of social services to eligible individuals and their families. Additional responsibilities include serving as liaison between the department, the community and other agencies in the area, serving as field instructor for undergraduate and graduate students and providing training for other trainee personnel as assigned. Incumbents may work in welfare or other programs providing social services to special clients in a community services activity. Some incumbents in the class have responsibility for county-wide social service programs of a limited nature. Supervision is received from a professional superior in a central location who confers on difficult cases and evaluates quality of results through personal observation of area operations and analysis of reports and records.

### **Duties & Responsibilities**

Provides administrative supervision and/or consultation to social work staff assigned to his/her unit, including ongoing Performance Evaluations of staff. Provides social workers with clinical supervision including age specific treatment modalities for working with patients and families. Is involved in program planning, policy-making, and decision-making for the unit and/or department and communicates this information to unit staff when applicable. Participates in decisions to hire or fire social work staff on the assigned units. Enforces personnel policies on the assigned units. Works collaboratively with community resources specific to populations served (i.e. age, diagnoses, ethnicity, religion, etc.) to coordinate, develop, and implement new programs and to improve existing programs. Participates in and sometimes chairs committees as assigned. Provides professional counseling and therapeutic intervention to patients and/or families on own caseload as well as in complex cases assigned to unit staff. Works collaboratively with interdisciplinary staff to design and implement appropriate treatment plans, including discharge planning. Develops, leads or co-leads groups as needed. Supports and maintains existing standards of the department and of the profession. Analyzes and submits statistical reports on a monthly basis and/or as requested. Participates in orientation and training of social work and interdisciplinary staff. Participates in research projects as required for program planning and evaluation. Maintains current knowledge of social work practice. Participates in initial interview and program planning for incoming students. Supervises students. Role models behaviors of service excellence and CARE values (Compassion, Accountability, Respect and Expertise). Performs all other related job duties as assigned. Performs other duties as assigned.

**Education**

Master's degree in Social Work is required.

**Experience**

Generally requires 5 to 7 years of related experience. Supervisory experience is required.

**License/Certification**

American Heart Association (AHA) Basic Life Support (BLS) for Healthcare Providers certification with at least 6 months validity is required.

**Knowledge/Skill/Abilities**

Ability to analyze, organize and prioritize work accurately while meeting multiple deadlines. Ability to communicate effectively in both oral and written form. Ability to handle difficult and stressful situations with professional composure. Ability to understand and follow instructions. Ability to exercise sound and independent judgment Knowledge and skill in use of job appropriate technology and software applications. Knowledge of business and management principles involved in strategic planning, resource allocation, human resources modeling, leadership technique, production methods, and coordination of people and resources. Skill in monitoring/assessing the performance to make improvements or take corrective action. Skill in using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions, or approaches to problems. Ability to plan, implement, and evaluate programs. Ability to establish goals and objectives. Ability to recognize, analyze, and solve a variety of problems.

**Physical Demands**

Job function requires frequent sitting, standing or walking for extended period of time. Must be able to carry objects weighing up to 20 pounds. Jobs in this group require frequent visual acuity to perform activities related to extended use of computers. Additional information and provision requests for reasonable accommodation will be provided by the home unit/department in collaboration with the Reasonable Accommodations Committee (RAC).

**Work Environment**

Jobs in this group are required to function in a fast paced environment with occasional high pressure or emergent and stressful situations. Frequent interaction with a diverse population including team members, providers, patients, insurance companies and other members of the public. Function is subject to inside environmental conditions, with occasional outdoor exposures. Exposure to various environments such as: communicable diseases, toxic substances, medicinal preparations and other conditions common to a hospital and medical office environment. May also be exposed to needle sticks, airborne infections, medical gases, X-Ray, chemical exposures and other potential hazards. Must wear Personal Protective Equipment (PPE) when exposed to infectious/clinical hospital environment. Reasonable accommodations can be made to enable people with disabilities to perform the described essential functions. Additional information and provision requests for reasonable accommodation will be provided by the home unit/department in collaboration with the Reasonable Accommodations Committee (RAC).

**Job Title:** APRN, Psychiatry  
**Job Code:** 3221  
**Cost Center:** 79409 - M H Adult Clinic  
**FLSA:** Non Exempt  
**Revised Date:** Mar 27 2020 12:00AM

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### **Position Summary**

Advanced Practice Registered Nurse Psychiatry provide a wide range of primary, acute and specialty healthcare services, both autonomously and in partnership with other healthcare professionals, in accordance with State and Federal regulations. These services include managing patients overall care; prescribing medications and treatments; ordering, conducting and interpreting diagnostic tests, such as x-rays, EKGs and lab work; diagnosing and treating chronic and acute conditions, including injuries, infections, diabetes and high blood pressure; performing invasive procedures; counseling; and educating patients on positive health-promoting lifestyle choices and disease, injury and illness prevention.

### **Duties & Responsibilities**

Uses clinical judgments in conducting health assessments making differential diagnosis, and prescribing pharmacological and non-pharmacological treatments. Plans are implemented through independent action, health counseling, and collaboration with other members of the health team. The APRN is responsible for clinical oversight and health center consultation regarding administration of health care policy and procedure of the delivery of on-site health services. The NP promotes optimum health, prevents illness and injury, and manages acute and chronic health problems in the on-site setting. Performs physical examinations and preventive health measures within prescribed guidelines and instructions of Physician. Orders, interprets, and evaluates diagnostic tests to identify and assess patients clinical problems and health care needs. Records physical findings, and formulates plan and prognosis, based on patients condition. Provides written home-going instructions. Makes referrals for follow-up to appropriate community resources. Collaborates with other specialties to ensure interdisciplinary management and continuity of care for both inpatients and outpatients. Collaborates with Physician and other health professionals to prepare comprehensive patient care plan as necessary. Prescribes or recommends medications or other forms of treatment such as physical therapy, inhalation therapy, or related therapeutic procedures. Refers patients to Physician for consultation or to specialized health resources for treatment. Maintains detailed and accurate medical records. Educates and coaches nursing staff on best nursing practices. Initiates search of nursing literature/suggests changes/improvement in patient care standards. Integrates current knowledge of professional issues, trends in health care and technological advances into scope of practice. This job has no supervisory responsibilities. Follows and performs all related unit specific policies and procedures, as detailed on the unit specific competency check-list. Utilizes job and unit specific equipment as required. Demonstrates behaviors of service excellence and CARE values (Compassion, Accountability, Respect and Expertise). Performs other related duties as assigned.

### **Education**

Master's degree in Nursing is required.

**Experience**

Generally requires 5 to 7 years of related experience.

**License/Certification**

Valid Florida Advanced Practice RN license required. Valid APRN Board certification in specialty area required. NRP and BLS required. Must meet and maintain current all unit specific and organizational skills/competencies, certifications/licensures, as required by the nursing area.

**Knowledge/Skill/Abilities**

General Competencies: Ability to analyze, organize and prioritize work accurately while meeting multiple deadlines. Ability to communicate effectively in both oral and written form. Ability to handle difficult and stressful situations with professional composure. Ability to understand and follow instructions. Ability to exercise sound and independent judgment. Knowledge and skill in use of job appropriate technology and software applications. Management Competencies: Knowledge of business and management principles involved in strategic planning, resource allocation, human resources modeling, leadership technique, production methods, and coordination of people and resources. Skill in monitoring/assessing the performance to make improvements or take corrective action. Skill in using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions, or approaches to problems. Ability to plan, implement, and evaluate programs. Ability to establish goals and objectives. Ability to recognize, analyze, and solve a variety of problems. Nursing Competencies: Ability to understand, respects and accommodates patients preferences and needs with regards to their individual beliefs, customs and practices. Must have ability to clearly, accurately and effectively provide information to doctors, other nurses, patients, and family members. Must have ability to show compassion, patience and maintain non-judgmental approach to patients, their families as well as other employees and customers. Unit Specific: Must have clinical knowledge, skill and ability to fully and accurately complete all required unit competencies, as indicated in the unit competency check-list. Knowledge of business and management principles involved in strategic planning, resource allocation, human resources modeling, leadership technique, production methods, and coordination of people and resources. Skill in monitoring/assessing the performance to make improvements or take corrective action. Skill in using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions, or approaches to problems. Ability to plan, implement, and evaluate programs. Ability to establish goals and objectives. Ability to recognize, analyze, and solve a variety of problems.

**Physical Demands**

Job function requires extended standing or walking. Must be able to carry objects weighing 21 to 50 pounds. Able to lift or move objects weighing 51 to 100 pounds with the use of appropriate devices. Jobs in this group require frequent visual acuity to perform activities related to extended use of computers. Additional information and provision requests for reasonable accommodation will be provided by the home unit/department in collaboration with the Reasonable Accommodations Committee (RAC).

## **Work Environment**

Jobs in this group are required to function in a fast paced environment with occasional high pressure or emergent and stressful situations. Frequent interaction with a diverse population including team members, providers, patients, insurance companies and other members of the public. Function is subject to inside environmental conditions, with occasional outdoor exposures. Exposure to various environments such as: communicable diseases, toxic substances, medicinal preparations and other conditions common to a hospital and medical office environment. May also be exposed to needle sticks, airborne infections, medical gases, X-Ray, chemical exposures and other potential hazards. Must wear Personal Protective Equipment (PPE) when exposed to infectious/clinical hospital environment. Reasonable accommodations can be made to enable people with disabilities to perform the described essential functions. Additional information and provision requests for reasonable accommodation will be provided by the home unit/department in collaboration with the Reasonable Accommodations Committee (RAC).

**Job Title:** Financial Analyst  
**Job Code:** 2734  
**Cost Center:** 69409 - BH Administration  
**FLSA:** Exempt  
**Revised Date:** Dec 2 2019 12:00AM

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### **Position Summary**

The Financial Analyst will be under general supervision, applies principles of accounting, statistical and operational analysis in order to maintain overall fiscal success including, but not limited to, variance analysis, preparing journal entries, report generation and manipulation, budgeting and costing. The position's main purpose is to provide decision support.

### **Duties & Responsibilities**

Works with department managers and directors for decision support. Prepares journal entries as needed during monthly close process. Reports budget variances, both positive and negative, to Finance managers and documents resolution. Works with department Financial Managers and other staff in the compilation of information related to financial analysis projects and reports including profitability analysis. Trends operations and performance over time; analyzes variances and makes recommendations for process improvements and more robust internal controls. Performs analysis of various general ledger accounts as assigned. Reviews entries, verifies amounts, compiles and compares balances as to reasonableness. Assists in the facilitation of month end and year end closing. Develops and implements special projects as needed. Proforma creation and market analysis. Statistical reporting and key performance indicator capture. Demonstrates behaviors of service excellence and CARE values (Compassion, Accountability, Respect and Expertise). Performs all other related job duties as assigned.

### **Education**

Bachelor's degree in related field is required

### **Experience**

Generally requires 3 to 5 years of related experience.

### **License/Certification**

Valid license or certification is required as needed, based on the job or specialty.

### **Knowledge/Skill/Abilities**

Ability to analyze, organize and prioritize work accurately while meeting multiple deadlines. Ability to communicate effectively in both oral and written form. Ability to handle difficult and stressful situations with critical thinking and professional composure. Ability to understand and follow instructions. Ability to exercise sound and independent judgment. Knowledge and skill in use of job appropriate technology and software applications.

**Physical Demands**

Job function is sedentary in nature and requires sitting for extended periods of time. Function may require frequent standing or walking. Must be able to lift or carry objects weighing up to 20 pounds. Jobs in this group are required to have close visual acuity to perform activities such as: extended use of computers, preparing and analyzing data and analytics, and other components of a typical office environment. Additional information and provision requests for reasonable accommodation will be provided by the home unit/department in collaboration with the Reasonable Accommodations Committee (RAC).

**Work Environment**

Jobs in this group are required to function in a fast paced environment with occasional high pressure or emergent and stressful situations. Frequent interaction with a diverse population including team members, providers, patients, insurance companies and other members of the public. Function is subject to inside environmental conditions, with occasional outdoor exposures. Possible exposure to various environments such as: communicable diseases, toxic substances, medicinal preparations and other conditions common to a hospital and medical office environment. May wear Personal Protective Equipment (PPE) such as gloves or a mask when exposed to hospital environment outside of office. Reasonable accommodations can be made to enable people with disabilities to perform the described essential functions. Additional information and provision requests for reasonable accommodation will be provided by the home unit/department in collaboration with the Reasonable Accommodations Committee (RAC).

## **ELEVENTH JUDICIAL CIRCUIT CRIMINAL MENTAL HEALTH PROJECT JAIL DIVERSION PROGRAMS**

**POSITION TITLE:** Intensive Peer Support Specialist

**GENERAL DESCRIPTION:** The Peer Specialist is an integral member of the Jail Diversion team and provides individualized supportive services to program participants in the Jail Diversion Program. This may include a wide range of functions as listed below:

**RESPONSIBILITIES:**

- Provide support services to program participant i.e., in-person, face to face, electronic and/or telephone contact
- Accompany participants and provide warm hand-off to community-based treatment, housing and supportive services including transitions from jail, hospital, residential treatment facilities and other residences.
- Accompany program participants to appointments in the community and court using available transportation as necessary, i.e. public transportation, rideshare or county vehicle.
- Provides information to program participants, staff and other stakeholders as necessary.
- Collaborate and coordinate with JDP team members to ensure successful outcomes for participants utilizing all forms of communication.
- Document interactions with program participants utilizing the identified data system such as Service Point and/or Credible
- Handle multiple assignments and assigned case load of participants.
- Performs related work as required.

**QUALIFICATIONS:** High School diploma or GED required. Certified Recovery Peer Specialist preferred but will consider applicants working toward certification, supplemented by knowledge and experience in mental health/substance abuse recovery and must be able to serve as role model of recovery; or any equivalent combination of education and experience that provides the following knowledge, skills and abilities:

- Knowledge of community resources in order to assist with linkage to mental health treatment, housing, supportive services and other community resources.
- Ability to follow directions and communicate effectively.
- Ability to establish and maintain effective relationships with co-workers, judiciary, court administration and community agencies.
- Ability to utilize public transportation.
- Ability to use computer programs such as Microsoft Office Suites and Share Point.

- Ability to manage time effectively.
- Ability to apply excellent organizational skills.

**PHYSICAL DEMANDS:**

Work involves a significant amount of standing, walking, sitting, talking, listening, balancing, stooping, and reaching with hands and arms; must be able to transfer up to 10 pounds.

**Goal #1:** Expand the Jail Diversion Initiatives to increase public safety, avert increased spending on the criminal justice system, and improve the accessibility and effectiveness of treatment services for adults who have a mental illness or co-occurring mental health and substance abuse disorders, which are in or at risk of entering the criminal justice system

<b>Objective #1:</b>	<b>Expand Diversion Initiatives</b>			
	<b>Task</b>	<b>Performance Measure</b>	<b>Lead Person or Organization</b>	<b>Timeline/ Projected Completion Date</b>
1.1	Implement the Criminal Justice Intensive Case Management Team to provide enhanced care-coordination for adults with SMI or co-occurring SMI and SUD, who are high-cost, high-need recidivists to the criminal justice and acute care treatment systems.	a. Hire and train staff  b. Develop and Implement standard operating procedures for Project Partners	Fresh Start to hire Peer Specialists  CMHP to hire Intensive Case Managers and research assistant  Project Director	Within 3 months of grant award  Within 3 months of grant award

1.2	Utilize an information tracking system to collect all necessary performance measures to demonstrate effectiveness.	<ul style="list-style-type: none"> <li>a. Number of participants served</li> <li>b. Percent of arrest or re-arrests while enrolled in the program</li> <li>c. Percent of arrest or re-arrests within one year following the program</li> <li>d. Percent of program participants diverted from a State Mental Health Treatment Facility</li> <li>e. Percent of program participants assisted with social security application</li> <li>f. Percent of individuals to complete program services</li> <li>g. Percent of attendance at scheduled therapeutic sessions</li> </ul>	CMHP Project Director to compile quarterly performance report with research assistant	Information will be collected and will be on-going through the entirety of project
1.3	Establish legally binding agreements with all participating entities to establish programs and diversion initiatives	Develop Professional Service Agreements	Project Director and identified partners	Within 3 months of grant award

<b>Objective #2:</b>	Build effective partnerships through cross-system collaborations			
	<b>Task</b>	<b>Performance Measure</b>	<b>Lead Person or Organization</b>	<b>Projected Completion Date</b>

2.1	Establish on-going communication, collaboration, and partnerships among project partners: CMHP, JHS, Fresh Start and SFBHN	<ul style="list-style-type: none"> <li>a. Letter of commitment from identified partners</li> <li>b. Bi-monthly meetings with stakeholders to explore opportunities for performance improvement, streamline data sharing and information exchange</li> <li>c. Weekly Jail In-Reach Staff meetings</li> </ul>	CMHP Project Director	Upon award
2.2	Report performance measures to Public Safety Coordinating Council	<ul style="list-style-type: none"> <li>a. Quarterly meeting of Public Safety Coordinating Council</li> </ul>	CMHP Project Director	Ongoing beginning month 3

<b>Objective #3:</b>	Provide effective transition planning that will enhance public safety by increasing the possibility that individuals will participate in supervision and complete treatment requirements that will promote recovery and successful community integration			
	<b>Task</b>	<b>Performance Measure</b>	<b>Lead Person or Organization</b>	<b>Projected Completion Date</b>
3.1	Utilize validated risk and needs assessment tools to assist in the development of re-entry and diversion planning to existing evidence-based treatment and services available in the community	<ul style="list-style-type: none"> <li>a. Each program participant will receive an Individualized transition plan that is matched to identified risks/needs and appropriate level of service</li> </ul>	CMHP staff	Ongoing

2.2	Coordination and linkage to treatment and services utilizing APIC transition plan	<ul style="list-style-type: none"> <li>a. APIC (Assess, Plan, Identify and Coordinate)</li> <li>b. Identify community-based evidence-based treatment and services</li> </ul>	Intensive Case Manager	On-going
2.3	Provide on-going support to program participants	<ul style="list-style-type: none"> <li>a. Engage with Peer Specialist</li> </ul>	Peer Specialist	On-going

## **Appendix A: STRATEGIC PLAN** **2021**

### **Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant**

**Statement of the Problem:** People with SMI who become involved in the criminal justice system demonstrate substantial disparities in rates of access to community-based mental health and primary care treatment services. Patterns of service utilization tend to reveal disproportionate use of costly acute care services provided in hospitals, crisis units, and correctional facilities, with limited and inconsistent access to prevention and routine care in non-institutional settings.

A 1991 survey of 1,401 members of the National Alliance for the Mentally Ill (NAMI), an advocacy group for families of individuals with serious mental illnesses (SMI; e.g., schizophrenia spectrum disorders, bipolar disorder, major depressive disorder), reported that 40 percent of the mentally ill family members had been in jail at some point in their lives.<sup>1</sup> According to the most recent prevalence estimates, 16.9% of all jail detainees (14.5% of men and 31.0% of women) experience serious mental illnesses.<sup>2</sup> Considering that in 2019 law enforcement nationwide made 10.1 million arrests,<sup>3</sup> this suggests that more than 1.7 million involved people with SMIs. Roughly three-quarters of these individuals also experience co-occurring substance use disorders, which increase the likelihood of becoming involved in the justice system.<sup>4</sup> In Florida alone, it is estimated that 115,000 people with SMIs requiring immediate treatment are arrested and booked into local jails annually.<sup>5</sup>

The impact of failing to provide adequate community-based treatment to those most in need is considerable: An analysis by the *Louis de la Parte Florida Mental Health Institute* at the *University of South Florida* found that, over a five year, period 97 individuals with serious mental illnesses in Miami-Dade County who were identified as “heavy users” of acute care and institutional services accounted for nearly 2,200 bookings into the county jail, 27,000 days in jail, and 13,000 days in

<sup>1</sup> Steinwachs, D.M., Kasper, J.D., & Skinner, E.A. (1992) Final Report: NAMI Family Survey, Arlington, Va.: National Alliance for the Mentally Ill.

<sup>2</sup> See Steadman et al (2009): <https://csgjusticecenter.org/wp-content/uploads/2014/12/Prevalence-of-Serious-Mental-Illness-among-Jail-Inmates.pdf>

<sup>3</sup> U.S. Department of Justice, Federal Bureau of Investigation. Crime in the United States, 2018. 2019; Clarksburg, WV. Found at <https://ucr.fbi.gov/crime-in-the-u.s/2019/crime-in-the-u.s.-2019/topic-pages/persons-arrested>

<sup>4</sup> Abram, K.M. and Teplin, L.A. Co-occurring disorders among mentally ill jail detainees, *American Psychologist*. 1991; 46(10): 1036-1045.

<sup>5</sup> Based on FDLE report of 679,221 total statewide arrests in 2019 and assuming SMI prevalence of 16.9%: <http://www.fdle.state.fl.us/FSAC/UCR/2019/UCR-Crime-in-Florida-Abstract-Statewide-2019A.aspx>

crisis units, state hospitals, and emergency rooms.<sup>6</sup> On average, each individual was booked into the county jail between four and five times per year and spent nearly a quarter of their time incarcerated or in other institutional settings, only to eventually be returned to the streets. The cost to taxpayers for these services was conservatively estimated at nearly \$14 million with little impact on reducing recidivism and virtually no return on investment.

**Table 1. CMHP Heavy User Data Analysis – 5 Year Period**

<b>Event type (n=97):</b>	<b>Total events:</b>	<b>Cost/day</b>	<b>Total cost</b>
Arrests	2,172	-	-
Jail days	26,640	\$265	\$4.7 million
Civil commitment initiations	710	-	-
Inpatient psychiatric days	7,000	\$291	\$2 million
State hospital days	3,200	\$331	\$1 million
Emergency room days	2,600	\$2,338	\$6 million
<b>Total</b>	<b>39,440</b>	<b>-</b>	<b>\$13.7 million</b>

While the analysis of heavy user data demonstrates the way in which substantial costs and demand for services can be generated by a relatively small number of individuals, there's an even larger drain on resources and systems associated with the fact that the criminal justice system, and jails in particular, have become places where large numbers of people with mental illnesses spend significant amounts of time. For most individuals, admissions to jail tend to be much briefer and more episodic than those experienced by heavy users; however the sheer volume and chronic nature of individuals with untreated or undertreated mental illnesses cycling in and out of the justice system over time has resulted in staggering public costs, not to mention devastating impacts on individuals and families.

The Miami-Dade County jail currently serves as the largest psychiatric institution in the State of Florida and contains roughly as many beds serving inmates with mental illnesses as all state civil and forensic mental health hospitals combined.<sup>7</sup> On any given day, 60 percent of jail inmates (2,200 individuals) are classified as having mental health treatment needs. Based on a daily cost of \$265 per bed, the

<sup>6</sup> Florida Mental Health Institute. Miami-Dade County Heavy User Data Analysis. Tampa, FL: Florida Mental Health Institute; 2010 (Unpublished data).

<sup>7</sup> There are approximately 1,500 civil beds and 1,100 forensic beds divided among 7 state funded treatment facilities, for a total of 2,600 state hospital beds:  
<http://www.dcf.state.fl.us/admin/publications/docs/quickfacts.pdf>

county spends \$636 thousand per day, or more than \$232 million per year to house inmates with mental illnesses.<sup>8</sup>

Since the start of the pandemic, jail bookings in Miami-Dade County have decreased by 36%, totaling 33,184 for the period from March 1, 2020 through February 28, 2021 as compared to 51,573 bookings in the immediate year prior.<sup>9</sup> Similarly, the average daily population in the jail over this same period of time has decreased by 16% from 4,300 to just under 3,600. The mental health population, on the other hand, has decreased by just 4% from an average of 2,300 to 2,200 individuals on any given day. As a share of the overall inmate population, those with mental health treatment needs actually increased by 15% from just over half to nearly two-thirds of the average daily population. Furthermore, the mental health population has been steadily increasing at a rate of 4% (80 individuals) per month from a low of 2,000 in April 2020 to over 2,600 in December 2020.<sup>10</sup>

The tragic and unnecessary consequences of the county jail serving as the *de facto* psychiatric hospital for the indigent have not gone unnoticed by local, state, and federal officials and advocacy organizations. In 2005, the Miami-Dade County Grand Jury released a report titled *Mental Illness and the Criminal Justice System: A Prescription for Disaster/A Recipe for Improvement*<sup>11</sup> detailing the crisis of people with untreated mental illnesses who become entangled in the criminal justice system. The report concluded that individuals with mental illnesses who lack resources to access treatment are faced with a woefully inadequate system of community-based care. In 2006, an affidavit<sup>12</sup> was filed by the organization Human Rights Watch which found that conditions under which inmates were housed at the county's Pre-Trial Detention Center grossly failed to meet basic international human rights standards for the treatment of prisoners. In 2008, the United States Department of Justice (DOJ) initiated an investigation under the *Civil Rights of Institutionalized Persons Act* of the conditions under which inmates were held in the Miami-Dade County jail, including a specific focus on inmates with mental illnesses.<sup>13</sup>

<sup>8</sup> Jackson Health System, Corrections Health Services. CHS Operational Statistics. Miami, FL: Jackson Health System, Corrections Health Services; 2019 (Unpublished data).

<sup>9</sup> See: <https://gis-mdc.opendata.arcgis.com/datasets/jail-bookings-may-29-2015-to-current>

<sup>10</sup> Jackson Health System, Corrections Health Services. CHS Operational Statistics. Miami, FL: Jackson Health System, Corrections Health Services; 2021 (Unpublished data).

<sup>11</sup> See: [https://www.miamisao.com/publications/grand\\_jury/2000s/gj2004s.pdf](https://www.miamisao.com/publications/grand_jury/2000s/gj2004s.pdf)

<sup>12</sup> See: [http://www.pdmiami.com/Affidavit\\_of\\_Jennifer\\_C.\\_Daskal.pdf](http://www.pdmiami.com/Affidavit_of_Jennifer_C._Daskal.pdf)

<sup>13</sup> See: <https://www.justice.gov/crt/special-litigation-section-case-summaries/download#miamidade-summ>

Among other findings, the results of these inquiries revealed what many, particularly those who work in the criminal justice system, already knew:

“We found the setting and conditions less than ideal for treating persons suffering from mental illness... Notwithstanding the bleak environment, we were also reminded that the primary function of the jail is to provide a secure facility to detain persons accused of committing crimes. The jail’s primary goal of maintaining custody, providing security and preventing escape of inmates is at odds with providing medical care to very sick people.” (Grand Jury report, p. 13)

Despite this dismal assessment, Miami-Dade County has made substantial improvements around how inmates with mental illnesses are now treated within the jail. The county entered into a consent decree with the DOJ<sup>14</sup> in 2013 which resulted in dramatic improvements in screening, assessment, and treatment of inmates with mental illnesses. Along with these advances has come recognition of the need to better identify and expand capacity to serve individuals who are eligible to participate in mental health jail diversion programs operating within the county. To this end, a CJMHSR Reinvestment Grant was awarded in 2016 which enabled the county, through its 11<sup>th</sup> Judicial Circuit Criminal Mental Health Project working with the Miami-Dade Corrections and Rehabilitation Department and Jackson Health System Corrections Health Services, to establish a jail in-reach program to expedite identification and screening of jail diversion program candidates. The project also implemented an evidence-based approach to re-entry planning and execution which has significantly improved linkages to community-based services and support for individuals leaving the jail. This project was fully funded and sustained by the county upon completion of grant funding and continues to be an invaluable asset to the local community.

The 11<sup>th</sup> Judicial Circuit Criminal Mental Health Project (CMHP) was established in 2000 to divert individuals with SMI or co-occurring SMI and substance use disorders away from the criminal justice system and into comprehensive community-based treatment and support services. The program operates two primary components: pre-booking jail diversion consisting of Crisis Intervention Team (CIT) training for law enforcement officers and post-booking jail diversion serving individuals booked into the county jail and awaiting adjudication. In addition, the CMHP offers a variety of overlay services intended to: Streamline screening and identification of program participants; Develop evidence-based community reentry plans to ensure appropriate linkages to community-based treatment and support services; Improve outcomes among individuals with histories of non-compliance with treatment; and Expedite access to federal and state entitlement benefits. The CMHP provides an effective, cost-efficient solution

<sup>14</sup> [https://www.justice.gov/sites/default/files/crt/legacy/2013/06/05/miami-dade\\_agreement\\_5-1-13.pdf](https://www.justice.gov/sites/default/files/crt/legacy/2013/06/05/miami-dade_agreement_5-1-13.pdf)

to a community problem and works by eliminating gaps in services, and by forging productive and innovative relationships among all stakeholders who have an interest in the welfare and safety of one of our community's most vulnerable populations.

The current proposal will build upon the success of the CMHP and stems from a recommendation made by the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center made during a TA site visit related to the Reinvestment Grant received in 2016. During this visit it was observed that, while the majority of people served by the CMHP did well with traditional services linkages and program monitoring, there remained a small but costly subset of individuals who would likely benefit from a more intensive approach to outreach and care coordination. To this end, this project proposes to create a specialized, community-facing team serving individuals with SMI or co-occurring SMI and SUD, who are high-cost, high-need recidivists to the criminal justice and acute care treatment systems. These individuals will have histories of frequent contacts with law enforcement, emergency services, emergency departments, and repeat admissions to hospitals and crisis stabilization units. They may also demonstrate lack of engagement in traditional treatment services and have histories of chronic homelessness.

### **Regional Partnership Strategic Planning Process and Participants**

In 2000, the Eleventh Judicial Circuit of Florida, with funding and technical assistance from the National GAINS Center, convened a two-day summit meeting of traditional and non-traditional stakeholders to review how the Miami-Dade community dealt with individuals entangled in the criminal justice system due to untreated mental illnesses and co-occurring substance use disorders. The participants assessed the available behavioral health services, tailored the technical experts' suggestions with local input, and created the Eleventh Judicial Circuit's Criminal Mental Health Project (CMHP). The CMHP was formalized in a cooperative agreement signed by all of the representatives who participated in the GAINS Center Summit Conference, including the State Attorney's Office, Public Defender's Office, Miami-Dade Corrections and Rehabilitation Department, Florida Department of Children and Families, public and private community mental health providers, Jackson Memorial Hospital-Public Health Trust, law enforcement agencies, consumers and their families, and mental health advocates. This project operates both pre-booking and post-booking jail diversion programs that bring together the resources and services of healthcare providers, social-service agencies, law enforcement personnel, and the courts.

In September 2014, The South Florida Behavioral Health Network (SFBHN), in collaboration with the Eleventh Judicial Circuit Criminal Mental Health Project (CMHP), was awarded a planning grant from the Health Foundation of South Florida (HFSF) to convene a two-day, Criminal Justice/Mental Health Mapping and Summit that would update the system mapping that was developed in 2000. The

event was attended by a broad array of community leaders and stakeholders that were concerned about individuals with serious mental illnesses and co-occurring substance use disorders involved in, or at risk of becoming involved in, the criminal justice system. The Summit was designed to identify strengths, weaknesses and areas of unmet need across the community, and to develop comprehensive recommendations for system improvements. This final report to the community (please see attached report), hopes to serve as a community blueprint for effectively responding to people with behavioral health needs that come into contact with the justice system. The report includes the identified community priorities and recommendations that will serve to inform and drive policy and legislation.

In addition, as part of the nationwide effort to reduce the over-representation of individuals with mental illnesses in the criminal justice system, Miami-Dade County has actively participated in the Stepping –Up Initiative. Miami-Dade County was selected as one of the launch sites for the nationwide initiative because of the strong progress our community has made on this issue. A County resolution was passed on May 5, 2015 committing to actions to address this issue that will institute system-wide change. Toward this goal, a new Behavioral Health/Criminal Justice Cooperative Statement 2015 was presented and signed by stakeholders at the Stepping-Up Initiative Press Conference in May 6, 2015. Signatories included leadership of Miami-Dade County, the Eleventh Judicial Circuit of Florida, Administrative Office of the Courts, the Public Defender’s Office, the State Attorney’s Office, Jackson Health System, NAMI of Miami, the South Florida Behavioral Health Network, and the Miami-Dade County Association of Chiefs of Police.

Stakeholders and members from the local chapter of Partners in Crisis, The Public Safety Coordinating Council Committee of the Dade-Miami Criminal Justice Council, South Florida Behavioral Health Network Stakeholder and Strategic Planning Meetings continue to regularly meet to discuss the program’s progress and opportunities for improvement. Current meetings address performance improvement and maximizing existing resources. The CMHP has been recognized for innovative solutions to promote community reintegration and recovery. Furthermore, the CMHP was instrumental in implementing the SOAR Initiative in Miami-Dade County by developing successful collaborative relationships with the Social Security Administration and the Division of Disability Determination.

### **Vision and Mission Statement**

The vision is to eliminate the criminalization of individuals with mental illnesses that become entangled with the criminal justice system by improving access to community-based comprehensive treatment and services that promote community integration and recovery.

The mission is to develop diversion and linkage to comprehensive care for individuals with mental illness, thereby making jail the last resort.

### **Values**

The CMHP oversees a comprehensive continuum of care that spans both the criminal justice and behavioral health systems. CMHP services are targeted not only toward individuals with serious mental illnesses who are arrested or are at risk of being arrested, but also toward these same individuals as they reintegrate into the community following criminal justice system involvement. By tailoring services and interventions to multiple points or sequential intercepts along the continuum of possible criminal justice system involvement, the CMHP seeks to minimize, or ideally eliminate by prevention, the inappropriate criminalization of people with mental illnesses.

### **Conceptual Model for Addressing Criminal Justice Reinvestment for Persons with Mental Health, Substance Abuse or Co-Occurring Disorders**

The Eleventh Judicial Circuit Criminal Mental Health Project (CMHP) was established in 2000 to divert individuals with serious mental illnesses (SMI; e.g., schizophrenia, bipolar disorder, major depression) or co-occurring serious mental illnesses and substance use disorders away from the criminal justice system and into comprehensive community-based treatment and support services. The CMHP provides an effective, cost-efficient solution to a community problem and works by eliminating gaps in services, and by forging productive and innovative relationships among all stakeholders who have an interest in the welfare and safety of one of our community's most vulnerable populations.

Short-term benefits of the CMHP include reduced numbers of defendants with SMI in the county jail and the criminal justice system, as well as more efficient and effective access to housing, treatment, and wraparound services for the individuals re-entering the community. This decreases the likelihood that individuals will re-offend and reappear in the criminal justice system and increases the likelihood of successful mental health recovery. The long-term benefits include: reduced demand for costly acute care services in county jails, state prisons, state forensic mental health treatment facilities, emergency rooms, and other crisis settings; improved administration of justice; decreased crime and improved public safety; improved public health; decreased injuries to law enforcement officers and people with mental illnesses; and decreased rates of chronic homelessness. The CMHP serves approximately 600 program participants annually.

The CMHP incorporates pre-booking Crisis Intervention Team (CIT) diversion and post-booking, pre-trial diversion programs, as well as a pilot project to divert individuals from admission to state forensic treatment facilities. As the result of an Implementation/Expansion Grant received in 2008, the CMHP expanded post-booking, pre-trial jail diversion to include individuals charged with lower level felonies. In 2010, the program received another Implementation/Expansion Grant

to develop a consolidated entitlement benefits access unit to expedite access to SSI/SSDI, Medicaid, and other means of self-sufficiency for individuals re-entering the community from the jail.

The post-booking component provides individualized transition planning to all program participants including linkages to community-based behavioral health, physical health treatment, support services and housing. The CMHP also provides the full range of project services for a specialized mental health docket in Domestic Violence Court.

The CMHP has been instrumental in reducing arrests and incarcerations of people with mental illnesses, diverting individuals from the justice system, reducing crime in the community, reducing injuries to law enforcement officers and people with mental illnesses, reducing chronic homelessness, improving public safety, and reducing burdens on taxpayers.

Other program specialties include:

- Program staff is known as community mental health experts and are relied upon by Judges, court personnel, law enforcement and other community stakeholders for information on how to access community-based treatment, services, housing, and other community resources.
- In order to determine the appropriate level of treatment, support services and community supervision, the CMHP screens each program participant for Mental Health, Substance Use and Criminogenic Risks and Needs. A two-page summary is developed that is used to develop an individualized transition plan aimed at reducing criminal justice recidivism and improved psychiatric outcomes, recovery and community integration. The evidence-based screening tools include:
  - The Brief Psychiatric Rating Scale (BPRS)
  - The Texas Christian University Drug Screen V (TCUDS V)
  - Ohio Risk Assessment: Community Supervision Tool (ORAS-CST)
- The Entitlement Unit provides assistance applying for social security benefits to program participants and other eligible criminal justice/behavioral health candidates
- Peer Specialists are employed to ensure engagement, support community re-entry and serve as role models of recovery
- The CMHP has overseen the implementation of the Miami-Dade Forensic Alternative Center (MDFAC), which is a program designed to divert individuals with mental illnesses that are committed to state forensic hospitals to placement in community-based treatment and forensic

services. Participants include individuals charged with 2<sup>nd</sup> and 3<sup>rd</sup> degree felonies that do not have significant histories of violent felony offenses and are not likely to face incarceration if convicted of their alleged offenses.

- The Mental Health Diversion Facility, is currently in development and is designed to provide a full continuum of care, including a crisis stabilization unit, short-term residential treatment program, a transitional housing program, day treatment and day activity programs, intensive case management, specialized services addressing the unique needs of people with mental illnesses with histories of involvement in the justices system, and assistance with accessing necessary social services.

The CMHP was awarded CJMHSA Reinvestment Grants in 2008, 2010 and 2016. All 3 projects were very successful and were sustained with recurring annual funding following completion of the grant periods. Previous grants focused on expanding post-booking jail diversion services to individuals charged with felony offenses, expediting access and approval rates for federal entitlement benefits, and providing evidence-based assessment, referral, and community reentry supports for incarcerated individuals enrolling in jail diversion services.

Building upon the successful implementation of past grant awards, the CMHP proposes to collaborate with Jackson Health System to develop and implement a Criminal Justice Intensive Case Management Team to provide enhanced care-coordination for adults with SMI or co-occurring SMI and SUD, who are high-cost, high-need recidivists to the criminal justice and acute care treatment systems. These individuals will have histories of frequent contacts with law enforcement, emergency services, emergency departments, and repeat admissions to hospitals and crisis stabilization units. They may also demonstrate lack of engagement in traditional treatment services and have histories of chronic homelessness.

The project will be an adaptation of Intensive Case Management for justice-involved individuals with serious mental illnesses. This form of case management provides assertive outreach to high-risk, high-need individuals, and focuses on both mental health and criminal justice outcomes. The goals include reducing admission to acute care treatment services, as well as reducing arrest and incarceration. Case managers will be specially trained to address criminogenic risk and needs associated with the target population and will possess expertise in working with the criminal justice system. Additionally, case managers will be supported by a comprehensive team of clinical and justice system professionals.

The team will be designed to:

- Divert individuals in need of treatment away from the criminal justice system.

- Provide linkages to housing, psychiatric treatment, primary care, medication, access to entitlement benefits, and supportive services.
- Monitor ongoing access to treatment and services.
- Improve mental health outcomes and daily functioning; and
- Reduce recidivism to the criminal justice and acute care treatment systems.