

## **Program Vision**

*We believe jail should not be a first or only option for those living with Mental Illness who enter or are at risk for entering the Criminal Justice system. With a paradigm shift achieved through training and developing additional options, those living with Mental Illness can benefit from receiving the care and treatment they require. Recognizing Mental Illness, acting with compassion, and connecting the individual to appropriate services will serve the individual, reduce the prevalence of those living with Mental Illness in jail, and reduce recidivism.*

## **Program Mission**

*We are committed to a system wide collaborative approach resulting in reducing the prevalence of those living with Mental Illness in our jail. We will continuously review policy and practice to identify areas for improvement from initial Criminal Justice interaction through completion of the individual's Criminal Justice episode. We will focus on alternatives to jail and minimize barriers to release without compromising public safety. We will seek to connect those living with Mental Illness and co-occurring Substance Use Disorders to meaningful individualized services.*

## **Core values/ Guiding principles:**

At each step, we ask ourselves, does this policy/ procedure aid to...

1. Reduce the number of people living with Mental Illness booked into jail
  2. Reduce the length of time spent in jail
  3. Increase connections to treatment
  4. Reduce recidivism
- Planning Team adopted the Vision, Mission, and Guiding Principles upon the onset of this study.
  - The Planning Team also is tasked with defining Serious Mental Illness to be adopted across the Criminal Justice and Behavioral Health systems.

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Alachua County Board of County Commissioners (AC-BoCC) and subcontracted partner Meridian Behavioral HealthCare have jointly applied for **\$1,135,144** (BJA funding of **\$729,639**) over the three year period (October 2020 – September 2023) for the Justice and Mental Health Collaboration Program (ID BJA-2020-18312, Embedding Clinicians in Law Enforcement Agencies). In 2015, the AC-BoCC, partners from law enforcement, behavioral health, and criminal justice joined the National Stepping Up Initiative, demonstrating a commitment to reducing the number of adults living with mental illness in the County Jail. The JMHCP Category 1 (2017-MO-BX-0027) team conducted a process analysis of the prevalence of individuals living with mental illnesses in the County Jail identifying areas needing improvement and results in difficulty addressing the problem.

**JMHCP Grant 1 Goals addressed:**

- Collected extensive data from primary agencies
- Developed a report with research consultants, informing the strategic plan presented to the Alachua County Public Safety Coordinating Council
- Developed informal planning, law enforcement advisory, and data collection/ evaluation teams
- Provided inter-agency training for law enforcement and behavioral health

**Planning Grant results:**

1. Evaluated co-responder model data since inception (serves up to 80 per month per team).
2. Significant, although splintered, services and initiatives exist, though incomplete coordination.
3. Proposing interventions that have been shown by empirical evidence to reduce recidivism including expanding our co-responder model.
4. Data collection is fragmented and difficult to access for evaluation.
5. Selected and implementing validated screening tools at jail booking and in the field to target offenders with a moderate or high risk of recidivism and a need for treatment services.

**Implementation Grant Objectives and Deliverables (Illustrated throughout this document):**

1. Promote effective strategies by law enforcement to identify and reduce risk of harm to individuals with MI or CMISA and to public safety by Embedding a Clinician into Law Enforcement Agencies resulting in mitigating unnecessary jail admissions.
2. Develop a formalized Coordinating body to consistently liaise between partner agencies via MOU's and subcontracts post award coordinated by Program Manager.
3. Promote effective strategies to expand the use of Mental Health courts and related services by dedicating a Peer Specialist to the grant and leveraging Peer Specialists in partner agencies.
4. Small scale manual data collection from partners and advocate for a common database hub.
5. Formalize the coordinating, law enforcement, and data teams using MOU's developing cross-system and inter-agency teams.
6. Utilize Technical Assistance support
7. Submission of all required financial, programmatic, and final reports.

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Our comprehensive strategic plan responds to the identified need to reduce the prevalence of those persons living with mental illness in the Alachua County Jail. This plan is informed by documented research of the system-wide process analysis conducted throughout the two-year comprehensive study. These recommendations will carry with them a strategy for implementation which will be sustainable and designed to be monitored over the long-term. The initial Category 1 Planning Grant (JMHCP 2017-2020) conducted a comprehensive process analysis at the criminal justice and behavioral health intersect using a mixed-method study consisting of two research consultants. The consultants divided the responsibilities in that one evaluated the quantitative data and the other focused on the qualitative data including 23 interviews comprised of 39 key leaders from a comprehensive cross-section of partner agency leaders to determine the perception of the County's needs as it relates to JMHCP.

Additionally, we seek to identify performance measures suitable for tracking the prevalence of individuals living with mental illness in the local criminal justice system as well as baseline data for each measure. Finally, we hope to use JMHCP Grant 2, Implementation funds (\$1,135,144, Federal \$729,639, Match \$405,505) including funds budgeted for training to address weaknesses and/or gaps identified in the strategic planning process. Full budget narrative can be found in Appendix B.

### **Strengths and Weaknesses**

Alachua County Board of County Commissioners Department of Court Services provides various County pre/ post sentence supervision, community service, specialty courts (Adult Felony Drug Court, Mental Health Court, Veterans Treatment Court, and Felony Forensics (916) Court), Centralized Screening Team (jail booking screening and advocates for pre-trial release options), residential substance use treatment (Metamorphosis), and outpatient mental health services (OPUS). Court Services is a unique hybrid in that it advocates for jail release options, operates the County Work Release facility, and provides a wide range of mental health and substance use treatment programs. Court Services' mission is, "To reduce the need for incarceration by rendering timely and accurate information to the Court while providing a continuum of cost-effective, community-based supervision and therapeutic services to the citizens of Alachua County with emphasis on accountability and preserving public safety.

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Alachua County Department of Court Services has been recognized with an Achievement Award from the National Association of Counties (NACo). The awards honor innovative, effective county government programs that strengthen services for residents. The Achievement Award is for the County's Mental Health First Aid (MHFA) Training Program. The MHFA program was approved as a mandated training for all County employees by the County Commission in January 2016 and has trained 2,126 employees (including 1,131 County staff, 867 staff from the Constitutional and Judicial Officers' organizations, 67 staff from the municipalities, and 61 staff from charitable agencies and other agencies). This, too, was a collaborative effort in partnership with Meridian as the training provider, along with internal Court Services staff and Partnership for Strong Families. The training curriculum of MHFA is an evidence-based strategy to assist lay people, including front line employees, to identify mental health issues among citizens when presented and then respond with a five-step action plan.

Adult Felony Drug, Mental Health, Veterans Treatment, and Felony Forensic Courts are in partnership between the Eighth Judicial Circuit Court, the State Attorney's Office, the Public Defender's Office, Alachua County Department of Court Services, Defense attorneys, Clerk's Office, and treatment providers. Alachua County's Drug Court is the second oldest in Florida and has a strong collaborative history supporting the citizens they serve.

Adult Felony Drug Court is available to eligible defendants who have been arrested and charged with substance abuse related offenses. It is available to eligible participants as a Pre-Trial Diversion program or Post-Plea program. Adult Felony Drug Court provides the following services: group and individual therapy, support groups, random drug testing, and case management. The philosophy of this program is that providing rehabilitation for individuals with substance abuse problems will reduce recidivism. It provides an alternative to incarceration and is based on a therapeutic rather than punitive model. The average length of Adult Felony Drug Court is between 14 -16 months. Successful completion for participants accepted into the Pre-Trial Diversion program will result in the participant's charges being dismissed by the State Attorney's Office or it will be resolved per agreement for participants accepted into the Post-Plea program.

Mental Health Court works with defendants arrested for qualifying misdemeanors, certain criminal traffic offenses, and approved third-degree felonies who are mentally ill or developmentally disabled. The primary goal of Mental Health Court is to provide defendants

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access to the least restrictive treatment, training, and support services necessary to reduce recidivism and ensure public safety. The program is designed to divert those living with mental illness and developmentally disabled defendants from jail and to expedite legal case processing through the criminal justice system. Defendants are referred to Mental Health Court by Judges, the State Attorney's Office, defense attorneys, prosecutors, law enforcement officers, mental health providers, and the Forensic Program Director at the Alachua County Jail. Mental Health Court is a Pre-Trial Diversion program and participants determined to be eligible for this program are not declared mentally incompetent to proceed. Participation in Mental Health Court Program is voluntary. The average length of Mental Health Court is between 9 -12 months. Upon successful completion of Mental Health Court, the charges will be dismissed, and the criminal case closed.

Veterans Treatment Court accepts military veterans and service members arrested for certain non-violent felonies and misdemeanors. Veterans Treatment Court is available to eligible veterans as a Pre-trial Diversion program or as a Post-Plea program. Both tracks utilize a treatment-based, holistic approach focused on the particular needs of veterans. Participants are linked to appropriate tools and services in the community to provide support as needed after the program has been completed. Mentors form a major component of the program; every participant receives a veteran mentor who acts as a source of information and support during the course of the program. The average length of Veterans Treatment Court is 12-14 months.

Felony Forensic Court works with felony defendants that have been found to be Incompetent to Proceed (ITP) or Not Guilty by Reason of Insanity (NGI) and defendants that are on probation and are required to abide with mental health conditions. This court ensures that their criminal case is resolved as quickly as possible, and schedules ongoing court hearings to review their progress while receiving mental health treatment.

Alachua County currently has several grant-funded initiatives which addresses this special population in the local criminal justice system. The Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant (CJMHSAG) Program in Alachua is managed by Meridian Forensics Team and jointly funded by the Florida Department of Children and Families and Alachua County (through matching funds). This Program provides assessment, access to intensive case management, treatment, competency restoration, and a wide array of supportive services (housing, peer specialists, benefits coordination, etc.) to those entering or at risk of involvement in the local

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criminal justice system. This is a three year grant for the period 2020-2023. Similar CJMHSAG grants have been received since 2008, so the totality of the effort is a comprehensive one.

In 2015, Alachua County was successful in its application to serve as a participating jurisdiction in the Stepping Up Initiative Summit meeting organized by the key national organizations, such as the Council on State Governments. Since the participation of our local delegation in this initial meeting, there have been a multitude of public education, outreach and communication activities emanating under the umbrella of the Alachua Stepping Up Initiative.

This Justice and Mental Health Collaboration Program enterprise is a truly collaborative one, with key partner membership including Alachua County and its Dept. of Court Services, UF College of Sociology and Criminology & Law researchers, UF Health/ Shands Vista Psychiatric Hospital (Vista), North Florida Regional/ HCA (N FL), Meridian Behavioral HealthCare (Meridian), Gainesville Police Department (GPD), Department of Children and Families Forensics (DCF), National Alliance on Mental Illness–Gainesville (NAMI), Alachua County Sheriff (ACSO), Alachua County Sheriff’s Office Department of the Jail (ACSO-DOJ), Department of Veterans Administration (VA), Alachua County State Attorney’s Office (SAO), University of Florida Public Safety (UFPD), Criminal Justice, Mental Health and Substance Abuse Planning committee (CJMHSAG), and the Alachua County Public Safety Coordinating Council (PSCC).

Due to the emergence of the Justice and Mental Health Collaboration Grant (JMHCPC) Program funded by DOJ/BJA, the efforts made under Stepping Up are being tied together with the JMHCPC initiative which shares the same overarching objective. The Stepping Up partners—the National Association of Counties (NACo), The Council of State Governments (CSG) Justice Center, and the American Psychiatric Association (APA) Foundation—have agreed to participate in a study of Stepping Up funded by the National Institute on Mental Health (NIMH). Stepping Up has a partnership with George Mason University and Michigan State University to conduct this study. This long-term study will involve matching a large cohort of Stepping Up sites to like jurisdictions that are not involved in Stepping Up. The study will examine the impact of Stepping Up as compared to non-Stepping Up counties in terms of reducing the number of people living with serious mental illness in their jails and improving community-based services.

ACSO oversees the operations of the Sheriff’s community programs, ACSO patrol division, Combined Communications Center (911 shared throughout the county), and the ACSO-Department of the Jail. The ACSO received the National Sheriffs Association’s Triple Crown

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Award in 2000 by simultaneously achieving CALEA, ACA, and NCCHC Accreditation. Acquiring all three at the same time is an extraordinary feat. In fact, *Triple Crown distinction is so rare* that since the establishment of the award in 1993, *fewer than 35 sheriffs' offices have qualified*. This is a one-time award that is *maintained by the agency forever*.

A new and innovative Co-Responder model program, also known as the Mental Health Team (MHT), was implemented in 2018 in partnership between the City of Gainesville's Police Department and our local behavioral health provider, Meridian Behavioral Healthcare. This effort includes a team with a Clinician and Crisis Intervention Team trained law enforcement officer who responds to calls for service involving persons living with mental illness and those mental health calls which include "emotionally charged situations". The focus of the team is to prioritize Criminal Justice diversion for those living with mental illness in our community.

Quantitative data was also ascertained from a mental health-based specialized mental health response team, designated to co-respond to situations of people living with mental illness in crisis. Although there is a wide variety of co-responder models used through the country, they all share the framework of a partnership between a law enforcement officer and a mental health professional (Kridler & Huerter, 2020, p. 4). The sample data obtained in this case, although not representative of all co-responder teams nationwide, still provides insight into the populations served by mobile crisis teams and the operations utilized to effectively divert people living with mental illness out of correctional facilities.

Our team analyzed the co-responder team data which reflects the incidents addressed by the team between April and November 2018. The data included 432 incidents documented by the co-responders. The original data set contained over 75 distinct variables reported in response to each incident. However, the literature surrounding crisis intervention and co-responder teams provided direction to focus on key variables. In this review, we chose to analyze the following 7 categories of variables: (1) nature of the co-responder team incident, (2) demographic characteristics of the persons in crisis (e.g. race, age, sex), (3) mental health diagnoses, (4) relative violence during the incident, (5) duration of the response, (6) a description of the intervention strategies employed, and the (7) outcome of the incident.

The data collected from the co-responder sample reveals rich information regarding the usefulness of mobile crisis teams. It also suggests potential areas for growth for the future practices of co-responder teams. First, the nature of the incidents demonstrates that mental health transcends

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several areas of the law. The data reported 27 different types of police calls involving persons living with mental illness in crisis. This alone clearly shows the importance for the growth and expansion of co-responder teams since proper training for crisis intervention is imperative to properly handle situations of persons living with mental illness in crisis. The sample engages just one Law Enforcement officer and Mental Health professional, yet the team responded effectively to 432 incidents.

As a finding identified in the evaluation of the GPD-Meridian co-responder team, creating a larger mobile crisis team could provide more support to work towards the goal of decriminalizing mental illness. Furthermore, the nature of specific incidents highlights the interconnectedness of mental health with other pertinent law enforcement issues. For example, the most frequent incident, suicide attempts, may suggest that further training is needed for officers outside of the mobile crisis team to be able to diffuse and handle these types of calls. Evidently, the large proportion of incidents referred to the mobile crisis team by another officer confirm the suspicion that more law enforcement officers need the guidance of a mental health professional to feel comfortable handling mental health crisis situations. The final note from the nature of the incidents reported is the high percentage of incidents involving substance abuse. This warrants further study into the cross-section of mental illness and substance abuse, guiding future policy and training to inform law enforcement on the best practices in these multifaceted situations.

This data collectively represents a major aim of our project to capture, evaluate, and develop an illustration of the criminal justice and mental illness intersect in the Alachua County Jail. Analyses were conducted on jail admissions data provided by ACSO-DOJ between 2018 and 2019. This two-year period consists of 14,533 jail admissions and 9,674 admitted individuals. Of those individuals, 70.45% (n = 6,815) were admitted to the jail once during 2018 - 2019, 18.3 percent (n = 1,770) had two jail admissions, and 6.77% (n= 655) were admitted to the jail three times. A small group of individuals had a much larger number of jail admissions during this study period, which ranged from 4 to 20 admissions. Individuals were defined as having a mental illness if their health screening, in at least one jail admission, documented one of the following: history of mental health problems, diagnosed with a mental illness, or a history of psychotropic medication. The distribution of the “mental health complaints” indicator variable was the least consistent of the mental health indicators. Specifically, a much smaller percentage of individuals reported mental health complaints (6.8%; n = 617) compared to reporting a history of mental health



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problems (28.7%; n = 2,784), a mental health diagnosis (28.1; n = 2,722), or history of psychotropic medication (21.7%; n = 2,096). One of the greatest barriers found was the inability to discuss data not supported by validated screenings with sufficient confidence.

In the current analysis, individuals who had documentation in their health screens of *at least one* of three mental health indicators (i.e., mental health problem; mental health diagnosis; history of psychotropic medication) were classified as having a mentally illness (28.8%; n = 2,787), which is consistent with national estimates of jail inmates with mental health problems (approximately 24%) (see James & Glaze, 2006). Those who had none of these indicators documented /reported in their health screening were classified as not mentally ill (71.19%; n = 6,887). Of those inmates meeting the criteria for mental illness in this analysis, approximately 74 percent had all three mental health indicators, 23 percent had two of the mental health indicators, and 2 percent had only one of the mental health indicators.

### **Opportunities for growth**

Alachua County will sunset its 2-year Category 1 Planning Grant on September 30, 2020 (2017-MO-BX-0027). On May 15<sup>th</sup>, 2020, Alachua County submitted the application to the Bureau of Justice Assistance for the funding opportunity: Justice and Mental Health Collaboration Grant Cycle 2 (BJA-2020-17114) with focus on Purpose Area 1: Embedding a Clinician in Law Enforcement Agencies (Competition ID BJA-2020-18312) in partnership with a wide-array of partners noted earlier in this paper and detailed later in Appendix: A.

In the grant application submitted to BJA on May 15<sup>th</sup>, 2020, Alachua County is partnered with Meridian Behavioral HealthCare Inc. (Meridian), collaborating to reduce the prevalence of citizens living with mental illness (MI) and/ or co-occurring mental illness and substance use disorders (CMISA) in the Alachua County Jail. We will promote effective strategies by law enforcement to identify and reduce the risk of harm to individuals with MI or CMISA and to public safety through cross-system and inter-agency centralized coordination and training opportunities. By developing a Diversion 1<sup>st</sup> model, we will mitigate unnecessary jail admissions and promote effective strategies to expand the use of Mental Health Courts and related services. We will build on our law enforcement-clinician co-responder model to expand their proven efficacy and propose interventions that show empirical evidence to reduce recidivism. We will use validated screening and assessment tools to target offenders with moderate or high risk of recidivism and a need for treatment services in the field and at booking into the jail. As a result of the current JMHCP efforts,

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the validated screening form Brief Jail Mental Health Screening Form is in process to be implemented at jail booking soon by our Jail in efforts to collect and evaluate the identification of mental illness via a validated screening form at booking and resulting assessment referrals to capture accurate impressions.

Meridian Behavioral HealthCare is the primary regional Behavioral Health provider delivering services across 13 counties. The Meridian Forensic Team is a multidisciplinary, multi-agency group of professionals whose primary goal is to prevent and divert potential participants from involvement with the criminal justice system, extensive incarcerations and/or commitment to forensic state hospitals. The forensic team is over 12 years old and supported by a \$1.5 million grant from DCF which is matched dollar for dollar by Alachua County.

**Specialty Forensic Courts:** The forensic team assists the courts and attorneys with criminal proceedings, providing Forensic Intervention Services and treatment for citizens in specialty courts which include Alachua County Mental Health Court, Florida 8th Judicial Circuit Division V Felony Forensics Court, and Veterans Treatment Court.

**Forensic Treatment:** Treatment Services help individuals with *mental health, substance abuse, or co-occurring disorders* attain sufficient stability of lifestyle and successful involvement with lesser intensive community programs or self-sufficiency based on individually designed interventions and clinical skill building.

**Peer Support:** The Team includes Certified Peer Specialists, who bring their unique experiences with the Criminal Justice System, Mental Health disorders, and Substance Abuse histories, and who have learned to manage them, fostering trust and hope in those who have been marginalized and stigmatized for much of their lives.

As discussed in detail throughout this document, Alachua County has a strong community commitment towards mental health, especially in the criminal justice system. Qualitative findings call for developing processes to coordinate current efforts more effectively as a cross-system/ inter-agency collaborative effort. This plan is a response to these findings. We recommend to bring all agencies together to determine resources, needs, and processes to work effectively as a single unit. Inter-agency communication has proven to be difficult when all members are willing and tracking a citizen's episodes with criminal justice and mental health is impossible to quantify due to fragmented data and agency specific data collection. Support from public and private leadership realizes the long-term benefits (reduced ED, CSU, and Jail admissions related to mental illness).

### **Pinpoint threats to the success**

During the 2 year Category 1 Grant, we conducted a comprehensive process analysis of the Criminal Justice and Behavioral Health intersect. We found areas to receive priority efforts to include the data sharing protocols currently in place. We were not able to achieve the initial charge to identify citizens living with mental illness coming into contact with Law Enforcement and track their episode from initial contact to completion of treatment. The reasons found were a silo effect between agencies and systems, a lack of coordinated information flow, agency specific data collection needs/ processes, and a lack of a feedback loop to and from CJ/ BH. While we were able to locate an immense amount of data, the quantity was not an issue, rather the connective properties sufficient to track citizens do not exist. The cooperation between entities was not seen as a barrier, rather the lack of deeper understanding of confidentiality (HIPAA, FERPA, 42 CFR II, Criminal Justice standards) and its role in Care Coordination was noted at the operational level.

Our current GPD-Meridian co-responder team has a few barriers to success. They are a single unit made of one Officer and one Clinician working a limited area of the City of Gainesville within 40 hours per week. Taking away from their time in the field are various trainings, meetings, and general daily work expectations. Our system has a second co-responder model operationalized on May 25, 2020, between ACSO and Meridian. These are significant alone, though there do exist geographic and chronological restraints. The City of Gainesville is 62.39 square miles and Alachua County is 969.12 square miles. The Sheriff's addition is beneficial by adding interventions accessible outside of the city limits. Expanding this model leverages resources for notably more coverage of time and area while respecting jurisdictions and organizational needs. We will seek to designate the co-responder teams as an inter-agency task force in efforts to reduce the teams' collective barriers and enable maximization of scarce resources.

### **Operational methods**

#### **Strategy**

During the grant 2 required planning stage (Oct – Dec 2020), we will finalize all contracts and MOU's with our research consultants and partners to detail the collaborative teams' needs and develop the required processes to include, at minimum, daily reports from the five local crisis stabilization units (CSU), emergency department contacts with patients living with mental illness/ co-occurring substance use concerns, psychiatric hospital/ community/ internal programs, jail, and

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law enforcement contacts/ diversions as part of formalizing the efforts made in grant 1. These MOU's and contracts will develop the path to openly share any information relevant to this mission. In the planning stage, our research consultants will develop a golden standard of data collection and sharing protocols in efforts to standardize data collection and evaluate it for reporting, efficacy, and program development.

Alachua County currently has decision-making representatives from each agency who currently provide a point of contact and data sharing to the extent permitted in our current JMHCP planning, LEO, and data teams. Also during the Planning stage, we will advertise, interview, and select new staff (GPD Officer, Meridian Clinician, and 2 (.5 FTE) Peer Specialists). The GPD Officer and Meridian Clinician will form the second co-responder model in the City of Gainesville. The Peer Specialists will make contact with new Jail admits who have been screened or assessed positive for mental illness.

The newly created co-responder team will be trained alongside the current GPD and emerging ASO co-responder models. We will seek to work with the research consultants to standardize the co-responder teams' reporting in both content determined to be of statistical value and in procedure to address the ability of the researchers to code and evaluate the data collected efficiently. We will also seek to develop communication mechanisms that permit for open and uncleaned data (personal identifying information) sharing. It was noted that the inability to share raw data was a barrier to monitoring an individual's CJ/ BH episode.

The Peer Specialists will begin their in-reach to the Jail and report to the specialty courts as a part of their daily responsibilities. In the event an individual is identified as needing additional assistance with meeting their Court ordered release/ supervision/ specialty court/ program requirements, one of the Peer Specialists (.5 FTE x2) will be assigned to provide more intensive contact to include daily phone, text, or in person contact with the individual as well as report to the Court any progress and challenges faced by the individual in an effort to inform the Court with the most up to date and personalized information to make more individualized recommendations for the individual. The Peer Specialists' caseload will be kept to a maximum of 10 per Peer Specialist.

### **Organizational members**

A proposal to meet on a monthly basis, face-to-face or virtual, is available to the Planning Team. The first JMHCP Planning Team meeting was held in October 2018. There have been significant face-to-face meetings and conference calls to date, however there is a need to formalize these partnerships via MOU's and contracts to define partner roles and responsibilities. There are regularly scheduled monthly technical assistance conference call between Planning Team members and the Council for State Governments State Justice Center (CSG/SJC) to discuss Project activities and progress. Specialized meetings are held with the required individuals as needed. Weekly meetings are held between the Consultants, Criminal Justice Liaison, and Program Manager to monitor needs and progress. The informal teams are comprised of dedicated leaders representing their entity's interest while reaching out to improve the systems' responses to those living with mental illness. There is an understanding that we can do better for the benefit of those we serve. Formalizing will develop a structure to work within while respecting the autonomy of each entity and permitting lowest-level-possible change and entity leadership support for higher level systematic changes.

The Planning Team, via the Program Manager or designated proxy, will report progress and recommendations for changes in practice, policies, and systems to the Alachua County Public Safety Coordinating Council (PSCC) via a recommended JMHCP Sub-Committee to provide for a communication path and regular meetings as needs are determined. As part of its role, the CJMHSAG Planning Committee engages in strategic planning via the Sequential Intercept Mapping (SIM) process. There has been and is recommended to continue to be reporting of JMHCP progress and plans to the CJMHSAG Planning Committee in efforts to further the initiatives' shared mission.

Oversight of the program is essential for reporting and receiving direction from the PSCC. It is recommended that a JMHCP Sub-Committee of the PSCC be formed to provide the conduit for regular communications, reporting, and receiving guidance. The coordinating function is the role of the Program Manager. Reports on progress will be made to the Alachua PSCC (or sub-committee) as is scheduled. Reports will also be made to Alachua County Court Services leadership and to the Alachua County BoCC, periodically. Reports will be made to the CJMHSAG Planning Committee and the Stepping Up Alachua working group at their meetings.

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The Stepping Up Initiative for Alachua is a separate group, and the membership comprises a variety of both leaders and staff engaged in the criminal justice system locally with a special focus on BH/SA populations and related services. We are also seeking to understand our County's Behavioral Health resources by identifying and contracting a service/ consultant with the ability to conduct a Countywide Behavioral Health Mapping seminar in initial efforts to begin the process of developing an up to date service inventory.

Internally, any reports will be made available by the Program Manager to the Planning Team, however the engagement of Team members in the work of the Project will be continuous. Formal reporting may not be necessary. A research working group is in place to review processes and identify meaningful data to compile. This includes the Consultants, Criminal Justice Liaison, and the Program Manager. A Data Issues/ Needs working group has been implemented to focus on unique data needs which may arise during course of the Project. This includes internal Court Services programmer, Consultants, Criminal Justice Liaison, and Program Manager. Also, a working group will be assembled to bring Project activities to date and progress, to individuals who are engaged in the operation of the local CJ and BH systems. This would provide a feedback loop, in effect "from the field", for review of findings and initial concepts emanating from the Project.

An additional aspect originating from the Stepping Up initiative is being designated as an Innovator County and receive national recognition. There are three steps to earn this designation identified below, as well as the current progress achieved toward them (further discussed in Appendix D, discussion of a Stepping Up Initiative nationwide study is discussed on page 6):

1. Adopt a shared definition of Serious Mental Illness across systems
  - a. Results from the qualitative interviews have illustrated the system's needs and preferences
  - b. Revisiting this until an agreed upon iteration emerges
2. Implement a validated screening form at booking into jail
  - a. In process between ACSO DOJ, Jail medical, and the electronic medical records scheduled to be upgraded
3. Report the data from the validated screening form and subsequent referred clinical assessments
  - a. We anticipate implementation of the validated screening form in October 2020

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- b. We will collect, evaluate, and report data, as soon as January 2021, with the first quarter results post-implementation of validated screening form at booking and quarterly to inform performance measures and committee reports
- c. We intend to compare current screening processes to the validated screening form incrementally until enough validated screenings have been completed to compare efficacy and process of the validated screening

In response to the qualitative interviews detailing the process analysis for our County's system gaps, through this strategic plan we seek to develop a two-part effort. The first part fulfills the BJA identified Priority Purpose Area 1 to Embed a Clinician in Law Enforcement Agencies by expanding our community's over two-year old co-responder model which currently operates in the confines of the City of Gainesville, currently sharing an Officer from GPD and a Clinician from Meridian. Our plans are based on the success of the GPD-Meridian model with up to 80 persons served per month and a focus on a Diversion 1<sup>st</sup> model resulting in a 97% diversion rate of those calls responded to that were arrest eligible.

JMHCP will operate from Alachua County Court Services, a department under the Alachua County BoCC. JMHCP historically provides reports to the PSCC and CJMHSAG. The Program Manager will receive oversight and strategy from the Court Services, Criminal Justice Liaison. The Program Manager will lead the efforts, monitor adherence, and report to local governing bodies as well as produce the Federal program/ financial and performance reports as required. The Clinician will be a Meridian employee, dedicated 100% to the program, and assigned to the GPD Crisis Intervention Team (CIT) Officer dedicated to the co-responder model. This well-established ride-along model monitors incoming calls and responds to "emotionally charged situations" and mental health calls. Supervision will be shared between GPD, Meridian, and JMHCP. The GPD Officer will be assigned and dedicated to the co-responder model and supervised via GPD ranks. 1 FTE (or 2x .5 FTE) Peer Specialist(s) (PS) will be a Meridian Employee, dedicated 100% to the program, and supervision will be shared between Meridian the Program Manager. The PS will attend specialty courts as a Peer and make continual contact with the citizens identified as needing more help and referred to the program for more personalized contact and advocacy.

Part two of this initiative is central to the overarching cross-system/ inter-agency coordination body developed from the 2017-2020 JMHCP Planning Grant to monitor and collaborate across all partner agencies as a formalized umbrella coordinating body. Toward this

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objective we have commitments from a wide array of partners noted previously. We will continue to seek partners throughout the criminal justice and behavioral health systems in effort to extend the reach of JMHCP partners and develop a more comprehensive view. The coordination of efforts will be managed via designated internal points of contact and monthly meetings of all members of the team to discuss progress, needs, and solutions identified at the agency point via the team member, identified in Appendix A, as it relates to inter-agency collaboration. JMHCP will provide a platform for inter-agency collaboration, voice agency needs, and collaboratively develop/ evaluate processes responding to identified needs. Weekly meetings and daily contact will include grant staff to continually identify progress, needs, and concerns from the field. The JMHCP will function as a translational body between the existing policy makers/ steering bodies to and from the operational leadership groups. This plan of action does not intend to authorize or develop policy. The JMHCP will work as a collaborative effort to determine policy and practice recommendations as identified and appropriate from the field. As an example, JMHCP will report to and receive direction from the Public Safety Coordinating Council and the CJMHSAG Planning Committee to then operationalize and monitor the relevant intents to the agencies represented. A single point of contact will reduce gaps resulting in lack of mid-level communication while providing a voice to all JMHCP partners at a cross-system/ inter-agency perspective. The program portion of embedding clinicians in law enforcement agencies will provide operational coordination and will bring law enforcement and behavioral health together to benefit those served, individual agencies, and the community as a whole.

### **Process oriented**

Each internal agency point of contact will provide her/ his required data from within the agency. All data shared will be from agency point of contact to the JMHCP Program Manager directly using a method compliant with HIPAA and criminal justice standards to include secure email exempt from public records request, person to person, approved technology, and/or secure removable storage. These reports will indicate up to date CSU and program utilization/ availability, involuntary/ voluntary commitment demographics, origin of CSU commitments (law enforcement, walk in, family, ex parte, qualified professional, etc.), jail admissions with(out) mental illness indicators, first appearance releases/ types, and specialty court referrals/ completions. Reporting will adapt as the JMHCP needs and abilities are identified. Data will be centralized in Court



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Services, collected, aggregated, and shared with appropriate parties. Court Services staff has responsibility granted by the ACSO for the regular preparation of comprehensive data reporting and analyses for the Jail, made available on an ongoing basis to the PSCC. For example, CSU availability from each agency will be shared with law enforcement for the purpose of identifying availability as a diversion option. Data collected from agencies will be used to develop a small-scale central data repository and will be developed to track a citizen's touches with behavioral health and criminal justice. Points of contact will cross-reference individuals' episodes independently as needed and this data will be used to help our program collaborative advocate for the individual, enhance care coordination, and inform treatment providers, judicial, and release options appropriate for that individual. Based on multiple reasons discussed throughout this plan and supported by process evaluation and data collection, we will continue to research national models and seek to identify and advocate for suitable centralized/ shared database models for Alachua County.

The co-responder team will maintain a database using a project supplied computer, develop a standardized report, and regularly report to the Program Manager. The data collected will be based on the features developed during the over 2 years of the GPD-Meridian co-responder team experience and data evaluation findings. At minimum these will include demographic information, self-reports of medication/ diagnoses, reason for the call, results of the call, and any additional relevant information about the specific interaction.

All data collected will inform reports to the County leadership, PSCC, CJMHSAG, and grant management/ performance measurement reports for BJA. We will seek to retain our research consultant and statistician to continue evaluation, reporting, and program development at regular intervals. All data collected will be used to further the aim of the coordinating body through constant monitoring and evaluation to inform future program development. This strategic plan endorses that long-term advocacy efforts be undertaken for the establishment of a common/ multi-compatible database which all agencies across the Alachua County criminal justice and behavioral health systems report to and can be accessed by restricted permissions for tracking individuals and for research and evaluation purposes. For multiple reasons identified throughout this plan, the significant value of a movement in the direction of creating such a database is underscored.

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**Appendix A: Organizational Structure**

**Planning Team:**

- David Johnson, JMHC Program Manager
  - Manages all aspects of the Grant
  - Develops reports to PSCC, CJMHSAG, County Leadership, Grant Financials, Grant Performance, and Grant Measurements
- Stuart Wegener, CJ Liaison: Court Service
  - Provides strategic guidance and program oversight
  - Provides liaison throughout systems
- Jeremiah Alberico, Meridian Director of Forensics
  - Represents Meridian's interests
  - Supervises clinical portion of GPD and ACSO co-responders
  - Internal point of contact
- Leah Vail-Compton, DCF Forensics: Headquarters
  - Provides a statewide view and insights
  - Previous Meridian Forensics VP
- Dr Joe Munson, Shands Vista Director of Clinical Services
  - Represents UF Health/ Shands Vista Psychiatric Hospital interests
  - Current "Past President" of the local Mental Health Coalition
  - Internal point of contact
- Paula Ambroso, VA Justice Outreach
  - Represents the Department of Veterans Administration's interests
  - Veteran's representative in Veterans Treatment Court
  - Internal point of contact
- Berthina McGill, N FL/ HCA Intake Coordinator
  - Represents North Florida Regional/ HCA
  - Internal point of contact
- Michelle Hart-Wilhour, ACSO-DOJ Inmate Support Chief
  - Represents the ACSO-DOJ interests
  - Monitors Jail admissions and organizes when a citizen would be better served with treatment
  - Internal point of contact
- MaKenzie Boyer, Meridian Co-Responder Clinician
  - Original co-responder team
- Art Stockwell, President NAMI-Gainesville
  - Represents the consumer interest
  - Internal point of contact

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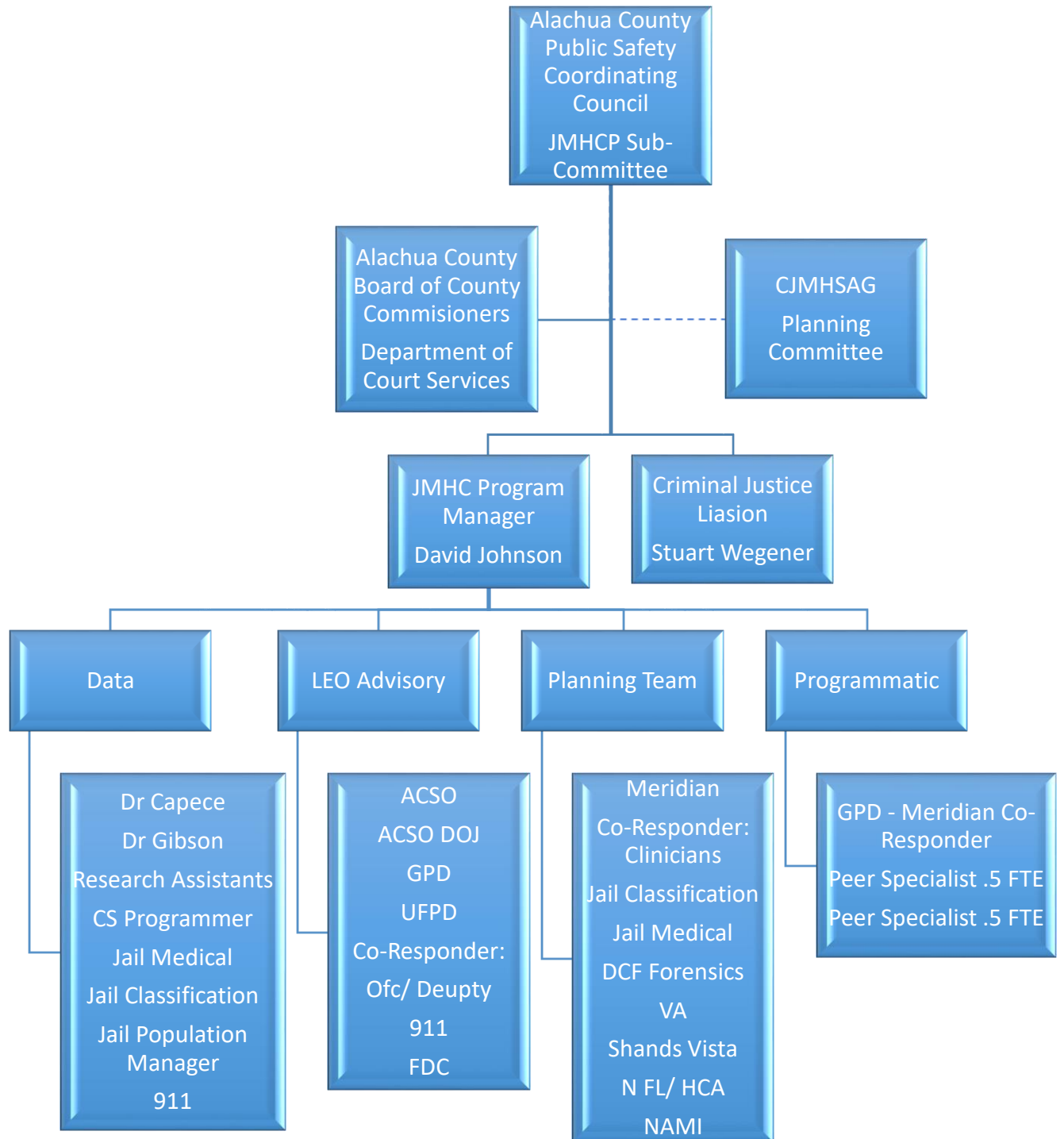
**Law Enforcement Advisory:**

- Lt Victoria Young, GPD
  - Represents GPD's interests
  - Supervises the GPD Officer co-responders
  - Internal point of contact
- Sgt Paul Pardue, ACSO
  - Represents ACSO's interests
  - Supervises the ACSO Deputy co-responders
  - Internal point of contact
- Major Brad Barber, UFPD
  - Represents UFPD's interests
  - One of the original 10 "Police and Mental Health Collaboration" learning sites
    - The only University based site
  - Connects team to the UF Behavioral Consultation Team
  - Internal point of contact
- Ofc Shelley Postle, GPD Co-Responder Officer
  - Original co-responder team

**Data collection/ evaluation:**

- Dr Michael Capece, UF Sociology and Criminology & Law
  - Austin Spitz: Research Assistant
- Dr Chris Gibson, UF Sociology and Criminology & Law
  - Kendall Runyan: Research Assistant
    - Wrote her Thesis on the GPD-Meridian co-responder
- Louis Morales, Court Services
  - Assists is collecting data
- Chris Carusone, Court Services
  - Assists in collecting and cleaning (PII) data sets
- Lillie Perkins, Jail Population Manager
  - Assists in data collection
- Desiree Andrews, ACSO-DOJ Medical (Corizon)
  - Assists in data collection

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Organizational Chart**



**Appendix B: Budget**

**Financials/ Budget Summary (Narrative)**

The total Board of County Commissioners (BoCC) project budget is \$1,135,114. The Federal share requested is \$729,639. The JMHCP partners (BoCC/ Meridian/ GPD) will provide \$405,505 in matching funds. The Federal cost share will be \$266,355 in year one (62.72%), \$259,862 in year two (70.1%), and \$203,422 in year three (59.88%). The County cost share will be \$158,333 in year one (37.28%), \$110,833 in year two (29.9%), and \$136,309 in year three (40.12%).

The Planning stage of this Implementation Grant will begin October 1, 2020 and complete December 31, 2020. The Implementation stage will initiate January 1, 2021. The purchase of computers, phones, supplies, etc, and general preparation to officially begin services upon BJA and Technical Assistance formal approval to conclude planning and begin implementation.

The Program Manager's salary will be \$54,000 annually, the Clinician's salary will be \$50,000, and the Peer Specialist's salary will be \$23,573 resulting in an annual grant expenditure of \$207,199 (including percentages for support staff) for combined personnel with a match of \$81,736. The BoCC will match \$25,000 in year 3 contributing to the Program Manager's salary. The Program Manager and CJ Liaison's salary and fringe benefits are factored with a 3% cost of living adjustment per year of service. 100% of the Program Manager, Clinician, and Peer Specialist's time will be dedicated to the grant. 20% of the CJ Liaison's time (in-kind: Salary: \$11,400, Fringe: \$3,990), 10% of the Meridian co-administrator Program Director's time (annual \$7,201), and 0.25% of the Meridian Senior Vice President (annual \$3,000) will be dedicated to the program. Meridian's executive, fiscal, and quality improvement teams will assist throughout. The co-responder Clinician and Peer Specialist will be employees of Meridian and 100% of salary and fringe benefits will be funded from grant funds. We intend to revisit partner resources prior to end of Grant 2 planning stage and seek to reevaluate resources available, potentially resulting in a budget revision in conjunction with BJA and TA. The City of Gainesville Police Department will provide the Officer half of the co-responder model as In-Kind matching funds. GPD will provide annual matching funds via Officer Salary of \$50,182.08, Fringe Benefits \$28,924.95, Medical \$7,841.60 (at \$3.77 per hour worked).

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The Program Manager's annual fringe at 35% of base salary is \$18,900. The CJ Liaison's annual fringe at 35% of base salary is \$19,950. GPD will provide annual matching funds via Officer annual fringe benefits \$28,924.95 and Medical \$7,841.60 (at \$3.77 per hour worked). The Peer Specialist's annual fringe is \$4,755 resulting in an annual grant expenditure of \$66,565 for combined fringe with a match of \$32,915. The Program Manager and CJ Liaison's salary and fringe benefits are factored with a 3% cost of living adjustment per year of service. 100% of the Program Manager, Clinician, and Peer Specialist's time will be dedicated to the grant. 20% of the CJ Liaison's time will be dedicated to the program. The co-responder Clinician and Peer Specialist will be employees of Meridian and 100% of salary and 20.17% fringe benefits will be funded from grant funds. We intend to revisit partner resources prior to end of grant 2 planning stage and seek to reevaluate resources available, potentially resulting in a budget revision in conjunction with BJA and TA.

Primary travel expenses are budgeted at \$8,283 with a match of \$3,155 and will be associated with daily driving of the co-responder team as part of their essential duties with a combined cost of \$4,845 shared between Officer \$3,155 (in-kind match) and Clinician agencies of grant funds \$1,690. Travel costs of (current estimates \$380 per staff, 2 nights lodging and 2.5 days of per-diem) will be associated with training outside the County to include the Florida Behavioral Health Association's (FBHA) annual conference. We will also continue to seek emerging methods and visit organizations that we can work with to learn with and from. Out of County travel will include mileage, per diem, and overnight. Company vehicles will be used where possible. In addition to technical assistance provided from BJA's technical assistance provider, the Alachua County BoCC anticipates there will be a need to train JMHP staff and partners on specialized skillsets. Because specific training and TA needs will not be determined until post-application efforts towards achievements of MOU's, specifics will be determined in consultation with BJA and the grant partners. At a minimum, training enhancements would allow relevant BoCC and partner organizations' staff to use validated, evidence-based screening and assessment tools to improve current practices, increase staff competencies, and continually develop staff skills. Onboarding training will be conducted in-house and in conjunction with partners.

The Alachua County BoCC, using grant funds, will purchase a computer, monitor, and peripherals for the Program Manager, Clinician, and Peer Specialist(s) who will be located within

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the Alachua County Department of Court Services (total start up \$8,180). This equipment will be purchased in the planning stage of the grant program. An additional \$2,000 per year is intended to account for replacement of damaged equipment/ hardware. Meridian has been budgeted \$2,500 per year for the equipment costs. GPD will supply a vehicle fuel, officer initial uniform and equipment, computer, and initial needs as required in creating a new position for the co-responder model (total in-kind \$47,962). There will be no equipment cost for audiovisual equipment, conference calls, etc. related to planning meetings. The County already has the equipment necessary to facilitate meetings, call-ins, webinars, and more.

The Alachua County BoCC will purchase office supplies to assist the JMHCP team in setting up their workstations at Court Services. Surplus supplies will be used where possible. Up to \$2,000 at the onset of the planning stage in grant funds will be available to purchase standard office and field supplies as necessary to the team's job responsibilities in the first year of the program. Additionally, the Alachua County BoCC is budgeting \$2,500 in years one, two, and \$1,500 year three to purchase the materials necessary to conduct planning meetings and distribute necessary handouts and supplies to partners attending those meetings. Planning meeting materials/ supply costs will be kept low by utilizing existing meeting places. Meridian has budgeted \$200 each year for basic office supplies and printer costs.

Alachua County is budgeting (year 1 and 2: \$35,000, year 3: \$19,000) for two contracts with private research consultants utilized in grant 1 to continue evaluating data in efforts to determine efficacy, cost benefit, and continual development. These consultants are Doctorate level Professors at the University of Florida's College of Sociology and Criminology & Law. No contract will be signed until after the grant is awarded and the details and specific needs of the BoCC and the research consultants are worked out. The continued evaluation and development will be conducted by Dr. Michael Capece and Dr. Chris Gibson. Both have extensive experience consulting and carrying out evaluations of criminal justice organizations and substance abuse programs. Both Dr. Capece and Dr. Gibson have been instrumental in the process evaluation and related data collection during our JMHCP Category 1 grant cycle 1.

The research partnership with the research consultants offers many cost-effectiveness advantages to other research partners. Both are professors at the University of Florida main campus which is located in Alachua County. This allows for frequent in person interaction, elimination of

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travel and lodging costs, and relationship building for longer term partnership in other initiatives. We intend to offer continual training (year 1: \$25,000 and year 2: \$25,000, year 3: \$7,500) throughout the project to include Motivational Interviewing with Train the Trainer. We are currently seeking to contract for a Countywide Behavioral Health System Mapping. In the initial Category 1 Grant, \$30,000 over two years was shown to support our training needs though we are expanding our staff and complexity. In addition to initial onboarding by partners supplying staff in cost-share agreements and the onboarding required by Alachua County BoCC, JMHCP staff will be trained as Motivational Interviewing Train the Trainer proficiency. Training will be ongoing to include routine agency specific and specialized to include the annual Florida Behavioral Health Association (FBHA) Conference annually. Each such conference hosts a statewide opportunity to learn from colleagues and train with emerging initiatives. The FBHA Conference is held in Orlando, Florida at a conference fee of \$380 per attendee. The current rate per person at the hosting hotel is \$618. Travel and overnight trainings will adhere to current Federal limits for per diem and mileage. In December 2019, JMHCP began training inter-agency partners in Motivational Interviewing at a cost of \$1220 for a one-day end-user training for up to 30 staff. The negotiated cost of \$4000 includes one week of Motivational Interviewing trainings spanning from initial end-user to Train the Trainer proficiency for 60 end-users and 24 Train the Trainers. This budget is informed by previous training costs plus additional amounts where appropriate to account for increases in costs as would be expected over 3 years. All negotiations with training providers will be negotiated to be as cost-effective as possible in efforts to maximize effect and working within BJA and the CSG's Justice Center's recommendations and guidelines.

Recurring costs include a mobile phone stipend of \$50 per month to the Program Manager for a grant total of \$1,650. The Clinician will be provided a mobile phone via during the planning stage with recurring monthly costs of \$60 per mobile phone and \$60 (\$15 additional per) for mobile tablet for a total of \$1,440. As the co-responder team will be primarily mobile as the nature of their work requires, a mobile phone will be provided. As the Program Manager is frequently mobile, a stipend will be provided to support his mobile phone cost. Meridian will provide in-kind office space for project staff (93 square feet at \$18.97 per square foot + use of basic office equipment = \$4,877). In addition to technical assistance provided from BJA's technical assistance provider, the Alachua County BoCC anticipates there will be a need to train JMHCP staff on specialized skillsets. Because specific training and TA needs will not be determined until post-application



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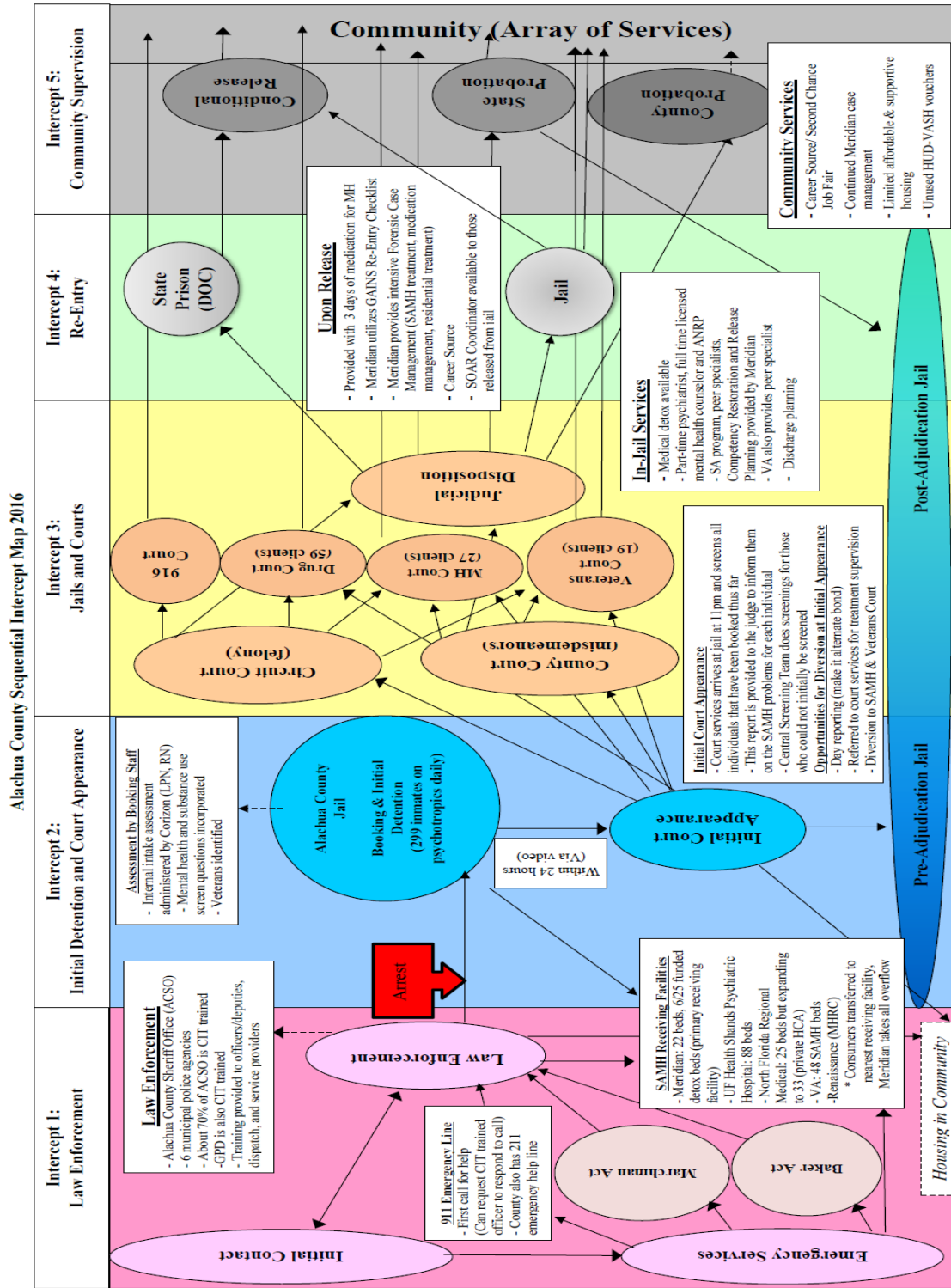
efforts towards achievements of MOU's, specifics will be determined in consultation with BJA and the grant partners. At a minimum, training enhancements would allow relevant BoCC and partner organizations' staff to use validated, evidence-based screening and assessment tools to improve current practices, increase staff competencies, and continually develop staff skills.

Meridian's executive, fiscal, and quality improvement teams will assist throughout. Meridian is providing office space, equipment, and access to EMR which all require additional support throughout the grant cycle, resulting in \$12,292 expenditure in indirect costs.

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Appendix C: Sequential Intercept Map

Alachua County Sequential Intercept Map, as adopted on May 26<sup>th</sup>, 2017



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**Appendix D: Innovator Counties (stepuptgether.org)**

Counties are encouraged to gather accurate, accessible data on the prevalence of people in their jails who have serious mental illness (SMI) to help them understand the scale of the problem in their jurisdictions.

Stepping Up is highlighting counties from around the country for their ability to accurately identify people in their jails who have SMI, collect and share data on these individuals to better connect them to treatment and services, and use this information to inform local policies and practices. To gather this data, these Innovator Counties are implementing Stepping Up's recommended three-step approach:

1. Establish a shared definition of SMI for your Stepping Up efforts that is used throughout local criminal justice and behavioral health systems;
2. Use a validated mental health screening tool on every person booked into the jail and refer people who screen positive for symptoms of SMI to a follow-up clinical assessment by a licensed mental health professional; and
3. Record clinical assessment results and regularly report on this population.

**First cohort of Stepping Up Innovator Counties:**

*Miami-Dade County, FL*

Calaveras County, CA

Champaign County, IL

Douglas County, KS

Franklin County, OH

Johnson County, KS

Pacific County, WA

**Additional Innovator Counties:**

Berks County, PA

Bernalillo County, NM

Douglas County, NE

Fairfax County, VA

Hennepin County, MN

Lubbock County, TX

Montgomery County, PA

Philadelphia County, PA

Polk County, IA

San Luis Obispo County, CA

Sarpy County, NE

Shelby County, AL