

**AGREEMENT #15057
FOR BEHAVIORAL HEALTH TREATMENT COURT COLLABORATIVE SERVICES**

This Agreement is entered into by and between Lake County, on behalf of the Nineteenth Judicial Circuit Court, in Lake County (hereinafter the "County") and NICASA BEHAVIORAL HEALTH SERVICES, 31979 N. Fish Lake Road, Round Lake, Illinois 60073 (hereinafter Provider).

RECITALS

WHEREAS, the County is seeking a Provider for Behavioral Health Treatment Court Collaborative services for Nineteenth Judicial Circuit Court; and

WHEREAS, the Provider has the professional expertise and credentials to provide these services and has agreed to assume responsibility for this agreement; and

WHEREAS, the Lake County Board at its regular meeting on February 10, 2015 has authorized the Purchasing Agent to enter into this Agreement;

NOW, therefore, the County and the Provider agree as follows:

SECTION 1. AGREEMENT DOCUMENTS

The AGREEMENT Documents that constitute the entire agreement between the County and the Provider are:

- A. This agreement and all its terms and conditions,
- B. BHTCC Program Narrative noted within as Exhibit A.
- C. Scope of Work with Nicasa with Cost noted within as Exhibit B

In the event of conflict between or among the above Documents, the Documents listed above are in order of precedence.

SECTION 2. SCOPE OF WORK

Scope of work as noted within BHTCC Program Narrative Exhibit A and Cost Breakdown Exhibit A

SECTION 3. DURATION

This Agreement shall commence upon execution and shall remain in effect for an initial two (2) year period, the County reserves the right to extend this contract for two (2) additional, one (1) year periods, subject to acceptable performance by the Provider. At the end of any contract term, the County reserves the right to extend this contract for a period of up to sixty (60) days for the purpose of getting a new contract in place. For any year beyond the initial year, this contract is contingent on the appropriation of sufficient funds.

SECTION 4. PRICING

The County will pay to the Provider an amount not to exceed annual amount \$195,000.00 based on the cost breakdown identified in Exhibit B and contingent upon SAMSHA reauthorization of the grant.

SECTION 5. PURCHASE ORDER, INVOICES AND PAYMENTS

A Purchase Order will be issued for the work covered by this Agreement. Please identify the Purchase Order number on all invoices. Provider's invoices shall be a detailed accounting of hours worked, hourly wage, benefit expense breakdown and other reimbursement requests. Payment shall be made in accordance with applicable provisions of the "Local Government Prompt Payment Act".

Invoices shall be submitted by the 15th of the month for the previous calendar month.

Invoices shall be submitted to:

Nineteenth Judicial Circuit
Attention: Robyn McGarrigle, Community Resource Liaison
215 W. Water Street
Waukegan, Illinois 60085

SECTION 6. INDEMNIFICATION

The Provider agrees to indemnify, save harmless and defend Lake County, its agents, servants, employees, and each of them against and hold it and them harmless from any and all lawsuits, claims, demands, liabilities, losses, and expenses; including court costs and attorney's fees for or on account of any injury to any person, or any death at any time resulting from such injury, or any damage to property, which may arise or which may be alleged to have arisen out of, or in connection with the work covered by this project. The foregoing indemnity shall apply except if such injury is caused directly by the willful and wanton conduct of Lake County, its agents, servants, or employees or any other person indemnified hereafter.

SECTION 7. INSURANCE

The provider must obtain, for the Contract term and any extension of it, insurance issued by a company or companies qualified to do business in the State of Illinois with an A.M. Best Rating of at least A-and provide the County with a Certificate of Insurance 15 days before the start of the project, and thereafter annually for contracts/ projects that will last more than one year. Insurance in the following types and amounts is necessary and/or where applicable:

Workers Compensation (Coverage A) and Employers Liability (Coverage B)

Workers Compensation Insurance covering all liability of the Contractor arising under the Worker's Compensation Act and Worker's Occupational Disease Act at limits in accordance with the laws of the State of Illinois. Employers' Liability Insurance shall be maintained to respond to claims for damages because of bodily injury, occupational sickness, or disease or death of the Contractor's employees, with limits listed below:

Employers Liability

- a) Each Accident \$1,000,000
- b) Disease-Policy Limit \$1,000,000
- c) Disease-Each Employee \$1,000,000

Such Insurance shall contain a waiver of subrogation in favor of Lake County.

Commercial General Liability Insurance

In a broad form on an occurrence basis shall be maintained, to include, but not be limited to, coverage for property damage, bodily injury (including death), personal injury and advertising injury in the following coverage forms where exposure exists:

- Premises and Operations
- Independent Contractors
- Products/Completed Operations
- Liability assumed under an Insured Contract/ Contractual Liability
- Personal Injury and Advertising Injury

With limits of liability not less than:

\$ 1,000,000 Each Occurrence

\$ 1,000,000 Products-Completed Operations

\$ 1,000,000 Personal and Advertising injury limit

\$ 2,000,000 General aggregate; the CGL policy shall be endorsed to provide that the General Aggregate limit applies separately to each of the contractor's projects away from premises owned or rented to contractor.

Automobile Liability Insurance (if applicable)

Automobile liability insurance shall be maintained to respond to claims for damages because of bodily injury, death of a person, or property damage arising out of ownership, maintenance, or use of a motor vehicle. This policy shall be written to cover any auto whether owned, leased, hired, or borrowed.

The Contractor's auto liability insurance, as required above, shall be written with limits of insurance not less than the following:

\$ 1,000,000 Combined single Limit (Each Accident)

Professional Liability – Errors and Omissions (if applicable)

The Engineers/Architects/Consultants for the plans of the project shall be written with limits of insurance not less than the following:

\$ 1,000,000 per claim per policy year

Coverage shall be provided for up to three (3) years after project completion. Policy is to be on a primary basis if other professional liability is carried.

Professional Liability – Cyber Liability (if applicable)

Cyber Liability Insurance for property damage to electronic information and/or data; first and third party risks associated with e-business, internet, etc., with limits of insurance not less than the following:

\$ 1,000,000 per occurrence limit

Technology Errors and Omissions (if applicable)

The Contractor's Software Developer and/or IT Consultant for the plans, including developing and implementing technology for Lake County, or of the project, shall be written with limits of insurance not less than the following:

\$ 1,000,000 per occurrence limit

Excess/ Umbrella Liability (if applicable)

The Contractor's Excess/ Umbrella liability insurance shall be written with the umbrella follow form and outline the underlying coverage, limits of insurance will be based on size of project:

\$ 2,000,000 per occurrence limit (minimum, and may be higher depending on the project)

Liability Insurance Conditions

Contractor agrees that with respect to the above required insurance:

- a) The CGL policy shall be endorsed for the general aggregate to apply on a "per Project" basis;
- b) The Contractor's insurance shall be primary in the event of a claim.
- c) Contractor agrees that with respect to the above required insurance, Lake County shall be named as additional insured, including its agents, officers, and employees and be provided with thirty (30) days' notice, in writing by endorsement, of cancellation or material change;
- d) Lake County shall be provided with Certificates of Insurance and endorsements evidencing the above required insurance, prior to commencement of this Contract and thereafter with certificates evidencing renewals or replacements of said policies of insurance at least thirty (30) days prior to the expiration of cancellation of any such policies. Said Notices and Certificates of Insurance shall be provided to:

Lake County
Purchasing Division
18 N. County 9th Floor
Waukegan, Illinois 60085
Attn: RuthAnne Hall, Lake County Purchasing Agent

Failure to Comply: In the event the Contractor fails to obtain or maintain any insurance coverage required under this agreement, Lake County may purchase such insurance coverage and charge the expense to the proposer.

SECTION 8. INDEPENDENT CONTRACTOR

The Provider shall, at all times, be deemed to be an independent contractor and shall not be deemed to be an employee or agent of Lake County, the Nineteenth Judicial Circuit Court or the State of Illinois.

SECTION 9. DISPUTE RESOLUTION

All issues, claims, or disputes arising out of this Agreement shall be resolved in accordance with the Appeals and Remedies Provisions in Article 9 of the Lake County Purchasing Ordinance.

SECTION 10. NO IMPLIED WAIVERS

The failure of either party at any time to require performance by the other party of any provision of this Agreement shall not affect in any way the full right to require such performance at any time thereafter. Nor shall the waiver by either party of a breach of any provision of this Agreement be taken or held to be a waiver of the provision itself.

SECTION 11. SEVERABILITY

If any part of this Agreement shall be held to be invalid for any reason, the remainder of this Agreement shall be valid to the fullest extent permitted by law.

SECTION 12. JURISDICTION, VENUE, CHOICE OF LAW

This RFP and any contract resulting there from shall be governed by and construed according to the laws of the State of Illinois. Jurisdiction and venue shall be exclusively found in the Nineteenth Judicial Circuit Court, State of Illinois.

SECTION 13. ASSIGNMENT, ALTERATIONS AND MODIFICATIONS

This is a personal services/professional services contract. Except as otherwise provided herein, this Agreement shall not be assigned, altered or modified without the express written consent of both parties. This Agreement supersedes any and all other agreements, oral or written, between the parties hereto with respect to the subject matter hereof.

SECTION 14. TERMINATION

Lake County reserves the right to terminate this contract, or any part of this contract, upon thirty (30) days written notice. In case of such termination, the Provider shall be entitled to receive payment from Lake County for work completed to date in accordance with the terms and conditions of this contract. In the event that this Contract is terminated due to Provider's default, Lake County shall be entitled to purchase substitute items and/or services elsewhere and charge the Provider with any or all losses incurred, including attorney's fees and expenses.

SECTION 15. EQUAL OPPORTUNITY

The Provider will comply with all state and federal statutes and regulations ensuring equal opportunities for persons in any class protected by law, including but not limited to the federal Civil Rights Act of 1964 as amended, and the Illinois Human Rights Act as amended.

The Provider will accept referrals from Lake County and will under no circumstances reject an otherwise qualified client because of his or her disability, gender, racial or ethnic background or any other legally protected characteristic.


The Provider will comply with Title III of the Americans with Disabilities Act of 1990 as amended by ensuring that qualified individuals with disabilities are not denied the benefits of Provider's services on the basis of the disability. The Provider will provide appropriate auxiliary aids and services, including qualified interpreters, when necessary to ensure effective communication with a disabled client.

Any evidence of discrimination will result in immediate termination of this Agreement.

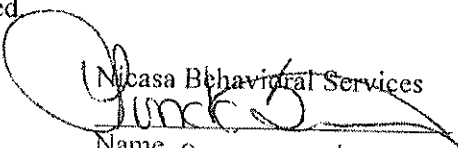
Nothing in this equal opportunity provision will be construed to create an agency or employment relationship between the Provider and the Nineteenth Judicial Circuit Court, or Lake County.

IN WITNESS HEREOF, the undersigned have caused this Agreement to be executed in their respective names on the dates hereinafter enumerated

LAKE COUNTY:


RuthAnne Hall
Purchasing Agent
Lake County

Date 3/20/15


Monica Behavioral Services

Name

Chief Operating Officer

Title

Date 3/20/15

Abstract

Lake County, located in the far northeastern corner of the state of Illinois, is applying for a SAMHSA grant to *enhance* the 19th Judicial Circuit's Therapeutic Intensive Monitoring (TIM) courts. These problem-solving courts consist of the TIM Drug Court, TIM Mental Health Court, and TIM Veterans Treatment and Assistance Court (VTAC). These courts serve a target population that has a substance use disorder (SUD), and/or mental illness.

In Illinois, there are 24 circuit courts that serve as the courts of original jurisdiction. Lake County is one of six counties with a circuit that is a single county. The remaining 18 serve circuits that comprise as few as two and as many as twelve counties per circuit. Illinois has no municipal court system.

To build consensus and empower a greater number of public entities and social service agencies to utilize a trauma-informed approach to adult men and women with both behavioral health issues and criminal-justice involvement, the 19th Judicial Circuit's TIM teams will form the foundation of a Behavioral Health Treatment Court Collaborative (BHTCC). This BHTCC will include a variety of public entities and agencies that will build consensus on the project's goals, objectives, and strategies and develop sustainability plan; oversee the implementation of the enhanced services, and make adaptations as necessary based on interim evaluation reports. Additional stakeholders and agencies will be recruited to allow the dissemination of knowledge of trauma-informed care and recovery support services to a broad range of Lake County entities.

The 19th Judicial Circuit TIM teams have identified the need for services to improve the employability of TIM court participants and to explore safe and sober housing for men and women in recovery and to develop individualized housing solutions. Coupled with this safe and sober housing is the need to provide additional peer-to-peer recovery support services in the evening and weekend hours. Current services and capacity has proven to be inadequate to effectively serve offenders with Borderline Personality Disorders (BPD) – with or without a co-occurring SUD. In addition, the infrastructure of the TIM court stakeholders needs to be strengthened to provide more effective case management and information and referrals.

Strategies to meet these needs include enhancing the TIM courts through the services of an Employment Specialist, a Safe Housing Advocate and a Recovery Peer. Dual Diagnosis Counselors will deliver the evidenced-based Dialectical Behavioral Therapy (DBT) protocol that has proven to positively impact treatment outcomes with those with (BPD). Linkages between key stakeholders will be strengthened through the use of ServicePoint program – a county-wide, web-based human services software platform that allows service providers to manage real-time client and resource data

The BHTCC project will be evaluated by Dr. Gary McClelland of the Mental Health Services and Policy Program of the Feinberg School of Medicine at Northwestern University.

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Section A:

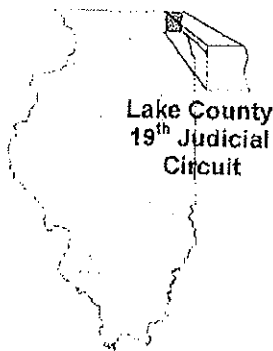
Population of Focus

The population of focus for the BHTCC Project is adult men and women involved with the Lake County 19th Judicial Circuit Court whose behavioral health needs and/or military service records qualify them to participate in one of three of the county's Behavioral Health Courts. These specialty problem-solving courts include Therapeutic Intensive Monitoring (TIM) Drug, Mental Health, and Veterans' Courts.

TIM Drug Court participants must be adult (18 years or older) legal residents of Lake County who are post adjudication with a probationable Class 2-4 felony. They have been assessed to be dependent on alcohol or other drugs and have acknowledged their addiction. Their criminal record shows no history of violence and their current charge(s) do not involve a DUI or allegations of drug dealing, drug trafficking, or intent to deliver. State Drug Court statute allows a defendant to participate in the program only one time. For this reason, the TIM Drug Court team selects only those clients assessed to be at high-risk of reoffending and determined to be in high-need of extensive resources. Formal evaluation of Drug Court clients completed in the late fall of 2012 documented that over 61% of Drug Court clients had four or more prior treatment episodes, 67% had 10 or more arrests, 64% had serious co-occurring substance use and mental health disorders, 70% had a history of trauma, 56% had no high school diploma, 80% had a history of prior homelessness, and 74% were unemployed at the time of assessment. Initial start-up of the county's Drug Court was very slow as the newly-formed TIM team struggled to develop a non-adversarial approach and agree on suitability of potential candidates. To date, an examination of the demographics of the 121 men and women who have participated in Drug Court show that 67.5% were men, 32.5% were women, 68% were Caucasian, 27% were African American, 4% were Hispanic, and one person was a Native American. The average age of participants in Drug Court is 39.5. The current capacity of the TIM Drug Court is 50 defendants and there are currently 33 open cases.

TIM Mental Health Court serves participants whose serious mental illness (SMI) is related to or created their current charge(s). These defendants may be at pre-plea or post – adjudicatory dispositions depending on their level of risk and have either probationable misdemeanor or felony charges. Those defendants who are assessed as at high risk of reoffending enter Mental Health Court post-adjudication. They have no history of violence and are adult legal residents of the county. Demographics show that, of the 104 men and women served to date, a little more than half – 51% of participants were female and 49% were male, 73% were Caucasian, 24% were African American, two participants were Hispanic and one person was Asian. The average age was 33-years-old. Currently, 38.7% of those in Mental Health Court have a co-occurring disorder, but this figure has fluctuated much higher. The capacity of the TIM Mental Health Court is 50 participants and it has a current caseload of 25.

TIM Veterans Treatment and Assistance Court (VTAC) serves defendants who have been discharged under general or honorable conditions and are eligible for VA services, have completed boot camp, have a service related-disability, or are current active military. They have been charged with a probationable felony or misdemeanor and are in the pre-plea and post adjudicatory stage based on the risk of reoffending. As the newest specialty court, 48 men have been served to date with an average age of 46. Thirty-five percent were Caucasian, 56% were African American, one was Latino, and two were mixed race. Ninety-three percent of VTAC participants have a substance abuse addiction and/or mental illness. With capacity to serve 50 veterans, VTAC has a current caseload of 34.



Judicial District to be served:

With a growing population of more than 703,000, Lake County, IL is a suburban area of 457 square miles located just north of Cook County, IL (which includes the city of Chicago) and south of Kenosha County, WI (U.S. Census, 2012). Characterized by extreme contrasts, Lake County includes communities of tremendous wealth along the North Shore, and pockets of extreme poverty among the urbanized areas. An eastern industrialized Lake Michigan shoreline contrasts sharply with western rural farmland. A population of highly educated professionals shares the county with first-generation immigrants and multi-generational welfare recipients.

Twenty percent of Lake County residents are Latino, 64.5% are Caucasian, 7.3% are African American, and 6.8% are Asian.

Lake County is served by the 19th Judicial Circuit Court. In Illinois, there are 24 circuit courts that serve as the courts of original jurisdiction. Lake County is one of six counties with a circuit that is a single county. The remaining 18 serve circuits that comprise as few as two and as many as twelve counties per circuit. Illinois has no municipal court system. A circuit court has two types of judges – circuit court judges that are elected for six-year terms and may be retained by voters for additional six-year terms and associate judges that are appointed by a circuit court judge to serve four-year terms. A circuit judge can hear any case brought before the court while associate judges cannot hear cases with a potential prison term of one or more years (felonies). The circuit judges in a circuit elect a chief circuit court judge who has general administrative authority and can assign cases to general or specialized divisions within the circuit.

Lake County's Chief Circuit Judge is the Honorable Judge John T. Phillips who was the founder of the county's Behavioral Health Courts and continues to preside over Drug Court.

The appropriateness of Lake County as the geographic focus for this project is amply demonstrated by its growing commitment to the behavioral health needs of those involved with its criminal justice system. In June of 2005, recognizing the rapid growth of drug-related crimes, the 19th Judicial Circuit piloted the TIM Drug Court. In 2007, drawing from the successes and lessons learned in Drug Court and recognizing that serious mental illness (SMI) and co-occurring disorders were contributing to the county's crime rate and adding a strain on the county's capacity and resources, the county added the TIM Mental Health Court. In 2011, in response to the increase in criminal-justice involved veterans, the Veteran's Treatment and Assistance Court (VTAC) was added to the battery of specialty courts offered by the 19th Judicial Circuit Court. Each TIM Court has a team that includes: the Chief Judge or presiding judge, the Lake County State's Attorney, the Public Defender's Office, the 19th Judicial Circuit's Adult Probation and Division of Psychological Services, the Lake County Health Department/Community Health Center (LCHD/CHC), and several treatment providers. The VTAC team includes the Veterans' Administration James A. Lovell Federal Health Care Center in North Chicago, IL, the Veteran's Assistance Commission, and the Chief of Police of Waukegan. This core team will serve as the foundation of the Behavioral Health Treatment Court Collaborative (BHTCC) for the proposed project.

Statement of Need:

In Illinois, the negative consequences of alcohol and drug abuse account for 73% of the child welfare/family assistance program budget (CASA, 2010). Over 5,500 deaths per year are attributable directly or indirectly to the use of alcohol and other drugs. The annual economic cost to the state associated with alcohol and drugs mortality is in excess of \$3.5 billion. Nearly 10% of discharges from general hospitals in Illinois are 100% attributable or related to alcohol use — with annual costs exceeding \$1 billion. Forty thousand discharges from Illinois hospitals are directly attributable to other drug use at a cost of more than \$300 million. State-wide, less than 4% of those in need of substance abuse services seek the help they need (IDHS/DASA, 2009). Applying statewide-substance abuse and dependency rates to the county, one can extrapolate that as many as 41,000 Lake County adults may be struggling with untreated dependency and abuse issues.

Three jurisdictions in Lake County receive Community Development Block Grant (CDBG) funds under the entitlement allocation: Lake County as an urban county, and the Cities of Waukegan and North Chicago. These three entities form the Lake County Consortium and collaborate on countywide planning of services for the homeless. In 2010, the Consortium released the *2010-2014 Housing and Community Development Consolidated Plan*. Listed as high priorities by all members of the Consortium are substance abuse treatment, intensive case management, and mental/behavioral health care (Lake County Consortium, 2010).

These statistics grow more dire within the criminal justice system. Nationwide, 50% of incarcerated people have mental health problems, 60% have substance use disorder (SUD) and one-third of them have both. Less than 15% of those with SUDs receive any treatment after admission. Only 34% of those with mental illness receive treatment after admission (SAMHSA, 2012b).

Locally, approximately 8,000 inmates are booked into the Lake County Sheriff's Office Robert Babcox Justice Center (aka the County Jail) each year. Approximately 12% of these are adjudicated cases with sentences of up to 364 days in length. The Lake County Sheriff's office reports, at any given time, 60% of the inmates either have a SUD or are in jail due to substance abuse. Eighteen percent are on psychotropic medication while incarcerated. This figure does not reflect those with undiagnosed mental illness (Chief Witherspoon, 2014).

SAMSHA reports that an overwhelming number of criminal justice-involved people have experienced significant trauma that has scarred their hearts and minds. This is especially true for women who are more likely to have experienced physical and/or sexual abuse than their male counterparts or women in the population at large. Experiences within the criminal justice system often add new trauma and deepen these wounds (SAMHSA, 2014).

Lake County is home to almost 40,000 veterans with 12% receiving Veterans' Administration (VA)-compensation for service-related disabilities. Of the 10,500 veterans registered with Lake County Veteran's Assistance Commission, 4,500 are unemployed (Peck, 2014). The National Alliance on Mental Illness (NAMI) reports behavioral health cases — including Post Traumatic Stress Disorder (PTSD), alcohol, and depression among war veterans grew by 58% from 2006 to 2007. One in every five soldiers who fought in Iraq or Afghanistan is suffering from PTSD or major depression (Tanielian and Jaycox, 2008).

Affordable housing is scarce in Lake County especially for those with criminal justice involvement, SUDs, SMI and co-occurring disorders. Typically TIM Drug and Mental Health Court participants are treated first at Haymarket Center, a behavioral health services organization — based in neighboring Cook County — that provides integrated mental health and substance

abuse inpatient treatment. When released from Haymarket Center, the offender is placed at Nicasa Behavioral Health Service's Bridge House – a halfway recovery home with 24-hour supervision that offers daily recovery support programming. A typical stay at Bridge House is five months. Veterans are first treated at the Veterans' Administration's James A. Lovell Federal Health Care Center and then moved to temporary housing on the grounds of the VA. Eventually, however, all participants must find their own affordable, sober, and safe housing. While there are Oxford houses in Lake County, cumulatively 60% of all TIM court participants have co-occurring disorders and 20% have mental illness only. These people are denied access to these self-run, self-supported addiction recovery homes.

Joy Gossman, Lake County's Public Defender, said at the first planning meeting for this BHTCC grant application, the people in TIM courts have been chosen because they have the strongest need of recovery support services and the highest risk of reoffending. The move from halfway home to safe and supportive housing has been, for many TIM court participants, exceedingly difficult and the point of relapse. The need for safe housing and additional peer-to-peer recovery support services during the evening and weekend hours is deemed as critical to this enhancement project.

Also critical to this project is outreach to the Latino community, immigration lawyers, defense attorneys, probation officer, and local police departments. Participation in a TIM court is voluntary and the courts are underutilized by the Latino community.

There is a 90-day waiting period from arrest to referral to a TIM court – more than two thirds of which is taken up by the defense weighing options. In addition, too many arrests are made when diversion to community resources may be possible. While the core TIM team is well-grounded in a trauma-informed approach to criminal justice, others serving and interacting – including police departments lawyers, and social service agencies – are not. There is a need to disseminate this approach throughout the county (SAMHSA, 2014).

There is an identified need for more psychological support for participants who suffer from Borderline Personality Disorder (BPD) and co-occurring SUD. BPD is a pervasive pattern of instability of self-image, affects, and interpersonal relationships. Driven by a frantic need to avoid abandonment, many suffering from BPD have unstable relationships, display impulsive behaviors that are potentially self harming, and may display inappropriate intense anger. It is anticipated that progress in treatment with this population will be slow and uneven without targeted interventions (2005a). Because of past experience with BPD, a population that can be so manipulative that it has, at times, literally torn the TIM Drug team apart, these offenders are rarely selected to participate in the Circuit's TIM Drug and Mental Health Courts and VTAC. Historically, they become the failures that are sent to prison or jail. This project will allow them to participate in TIM courts and receive the services they require to succeed.

The county has lost a valuable resource for TIM court participants. The College of Lake County has closed its Repatriate Program. This program offered a "one-stop-shop" array of services that included life skills education, resume development and job interviewing skills, training and certification in Microsoft Office, and limited vocational training for ex-offenders. Without this resource and without the capacity to make connections to other available employment enhancement resources, TIM court participants are having a difficult time finding a job or finding a job that pays what could be considered a living wage. What community resources there are, however, are clustered in the far eastern portion of the county and are extremely limited in the western portion of the county.

An additional identified need is to coordinate the intensive case management among the various stakeholders serving TIM participants. While the Public Defender's office has recently gone "live" on the county's ServicePoint program - a county-wide, web-based human services software platform that allows service providers to manage real-time client and resource data - other key stakeholders such as the State's Attorney's office, County Jail, and some service providers have not.

Relationship of Population of Focus to Overall Population

The following chart details the ethnicity of almost 8,000 men and women who were booked at the County Jail and the 2,300 men and women who were released to Lake County Adult Probation in 2013 in comparison to the county's overall demographics.

	Caucasian	Afr. Amer.	Latino	Asian	Unknown
Booked into Jail	48%	34%	11%	.6%	6%
Released to Probation	48%	23%	23%	1%	
Lake County Demographics	64.5%	7.3%	20%	6.8%	

While the ratio of males to females in the county is fairly equal, approximately 80% of those booked into the jail and released to Adult Probation were male, 20% were female.

The following chart shows the age range of those bonded into Lake County Jail and those released to Adult Probation in 2013.

	18 to 20	21-30	31-40	41-50	Over 50
Booked into Jail	10.6%	40%	23.3%	16.1%	10%
Released to Adult Probation	14%	34%	21%	18%	11%

Socioeconomic status is not tracked either in the jail or at Adult Probation.

Since the inception of the TIM courts, collectively, 65% of participants were Caucasian -- closely matching the demographics of the county as a whole (64.5%). African Americans account for only 7.3% of the population as a whole but are disproportionately represented in the criminal justice system and comprise fully 29% of TIM courts participants. In May of 2012, Rob Paral and Associates -- a consulting firm experienced in applied analysis of emerging populations and human service development -- completed a series of studies or "portraits" of Lake County. These portraits document major needs and opportunities in a county undergoing rapid demographic, social, and economic change. The portraits were commissioned by the Lake County Community Foundation (a subsidiary of the Chicago Community Foundation). Paral and Associates' portrait of African Americans in Lake County documents that African Americans in the county generally have lower levels of educational attainment than the county's population overall and have unemployment rates that are more than double that of the county as a whole -- 14.8%. This is a deepening and persistent statistic. Median income of an African American household is 57% of Lake County households as a whole. One-sixth of this population is living below the poverty level (Paral and Associates, 2012). Poverty and unemployment and prevalence of drugs are predictors of criminal justice-involvement (Correctional Ministries and Chaplains Association, 2012).

While substance abuse impacts the entire community, historically its impact has been greater on African American adults, families, and children. Compared to white families, black families are more likely to be poor, living in single parent households, unemployed, lacking in health care, and living in crowded conditions (Turner and Wallace, 2003). The drug use in this

population is more likely to lead to involvement with the criminal justice system (Alexander, 2010).

Surprisingly, Latinos are the fastest growing minority population representing 20% of Lake County's population and 23% of those released to Adult Probation in 2013, yet only 3% (n=8) of TIM clients have been Latino. Several theories have been postulated by the team preparing this application – lack of knowledge of the availability of the TIM courts, lack of trust in the judicial system, reluctance to admit there is a problem, immigration status, inappropriateness for TIM courts because of the nature of the crimes committed – have all been discussed. During the preparation of the post-grant-award's health disparity statement and plan to decrease the differences in access, service use and outcomes among Lake County's subpopulation, a more thorough study of this population will be conducted.

This population has specific challenges in Lake County. While one in five Lake County residents is Latino, Latinos represent almost two out of every five people (37%) in poverty in the county. Forty-seven percent of Lake County Latinos are immigrants and immigrants in the county have a poverty rate that is 1.5 times higher than those who are native born. (Paral and Associates, 2012).

Latinos' education level is far behind that of the population as a whole. Forty-five percent of Latino adults – age 25 or older – have not completed a high school education (compared to 12.0% of the population as a whole). Unemployment is disproportionately higher among Latinos – 9.7% as compared to 6.8% in the overall county (Paral and Associates, 2012).

Nationwide, Latinos have high prevalence rates for substance use and abuse, the highest rate of dependency and the greatest need for alcohol and drug treatment. This may be attributable to the culture's respect for the group and its behavior over individual choice (i.e., association with peers who use), poverty, single family households, exposure to violence, or a whole host of risk factors. Close identification to one's culture and to one's family and getting in touch with one's spirituality are powerful mitigating factors in this pattern of abuse (De La Rosa, et al. 2005). In addition, the high gang activity, early onset of first use that is indicated by this gang activity and the multi-generational participation in gangs are all powerful indicators of Latino substance-abuse (Delgado, 2005).

A risk factor facing the African American and Latino populations of Lake County is an extremely active and violent gang presence in northern Lake County. The Serrano 13's, La Familia, Latin Kings, and Vice Lords are among the most active and established. These gangs are non-discriminatory, accepting both men and women, and membership is multi-generational. The Lake County Metropolitan Enforcement Group currently has a database of more than 5,000 active gang members. Gang members heavily use alcohol and are involved in the selling of marijuana, heroin, and cocaine (Lewakowski, 2011).

Breakdown of CSAT and CMHS Funds

Administrative and infrastructure costs will be shared equally. It is estimated that the vast majority of clients will have co-occurring disorders and will be funded by both CMHS and CSAT. Cost allocation will be based on services that the client will receive.

Section B: Proposed Evidence-Based Service/Practice

The overall purpose of this project is to develop a Behavioral Health Treatment Court Collaborative (BHTCC) to enhance the services available to participants in the 19th Judicial Circuit's Specialty courts. The project will explore safe and sober housing opportunities, provide

speedy assessments for potential participants in the Specialty Courts and deliver evidenced-based trauma-informed services to adult men and women involved in the criminal justice system within a recovery oriented system of care. The project will include enhancements that will encourage sustained recovery, improve the lives of Specialty Court participants, and improve public health and public safety. The project will be carefully evaluated to document the effectiveness of this approach.

GOAL 1: Increase appropriate stakeholder participation in 19th Judicial Circuit Court of Lake County to address the behavioral health needs of adult men and women who are involved with the criminal justice system and who also have substance abuse disorders, mental illness, or co-occurring substance abuse disorders and mental illness. The BHTCC will assure relevant interagency collaboration, oversee the project's evaluations and develop and implement plans for long term sustainability of integrated and collaborative processes.

Objective 1.1: Allocate .2 FTE Project Director to oversee the project and assist in the recruitment of additional community stakeholders and outreach to defense attorneys.

Objective 1.2: Contract with Nicasa for a .1 Project Coordinator who will participate in the BHTCC, recruit appropriate stakeholders, liaison with Veterans-serving organization and ensure that fidelity to a recovery-oriented system of care is maintained.

Objective 1.3: Convene first BHTCC workshop within two months of notice of award to begin to build consensus toward project's goals and objectives.

Objective 1.4: Within four months of notice of award, the BHTCC will have achieved consensus on the project goals, objectives, and strategies to pursue over the course of the grant period.

Objective 1.5: All members of the collaborative will outreach to additional community stakeholders, including defense attorneys and police departments, to receive training in a trauma-informed approach to divert men and women with behavioral health issues from the criminal justice system.

GOAL 2: Enhance the trauma-informed, recovery-oriented system of care delivered to adult men and women involved in the criminal justice system who are eligible for one of three specialty courts – Therapeutic Intensive Monitoring (TIM) Drug Court, Mental Health Court, and Veterans' Court.

Objective 2.1: Contract with Nicasa to supply a 1.5 FTE dual diagnosis counselor to provide Dialectical Behavior Therapy (DBT) and deliver appropriate trauma-informed and recovery-support training to BHTCC stakeholders.

Objective 2.2: Lake County Health Department/Community Health Center will allocate .7 FTE Safe Housing Advocate to connect participants with safe, sober, and appropriate housing.

Objective 2.3 Contract with Nicasa to provide a .7 FTE Employment Specialist to connect participants with appropriate educational, vocational and employment supportive resources and establish a computer lab in western Lake County.

Objective 2.4: Contract with Nicasa to provide .6 FTE Recovery Peer to provide on-going peer-to-peer recovery support services, recruit successful TIM court

- graduates to mentor and support current TIM court participants and improve accessibility to treatment and recovery support services during the critical evening and weekend hours.
- Objective 2.5:** Deliver the enhanced services to the following number of adult men and women involved with TIM Drug Court, Mental Health Court, and Veterans' Court: Year 1 - 36, Year 2 through 4 -- 72 each year, to serve 252 men and women over the course of the grant project.
- GOAL 3: Improve the communication among BHTCC workgroup stakeholders and the Specialty Team around issues of resource availability, case management, information and referral.**
- Objective 3.1:** BHTCC Workgroup will identify key stakeholders who will go "live" on ServicePoint in year 1 of the grant project.
- Objective 3.2** Contract with Bowman Systems to assist Lake County Community Development to establish ServicePoint within identified facilities
- Objective 3.3** Bowman and Lake County Community Development will train identified personnel in the use of ServicePoint
- GOAL 4: Document short and long-term outcomes among clients who participate in the enhanced Specialty Courts through compliance with CSAT GPRA item administration and follow-up expectations, and implementation of local performance assessment data collection, analysis, and reporting activities.**
- Objective 4.1:** Implement CSAT GPRA and local performance assessment data collection, analysis, and reporting activities.
- Objective 4.2:** Conduct at least the following numbers of six-month follow-up contacts with participating clients, while maintaining a follow-up contact rate of at least 80%: Year 1 - 4; Year 2 - 60; Year 3 - 58, Year 4 - 58.
- Objective 4.3:** Observe statistically significant outcomes in desired directions among clients who participate in the enhanced treatment services, across the range of personal, family, other interpersonal, and societal levels of functioning represented in the GPRA items and other local performance assessment tools.

Achievement of these goals and objectives will divert adult men and women with behavioral health issues from the criminal justice system, engage them quickly into treatment and prevent further involvement into the criminal justice system. It will strengthen the existing TIM court teams, build judicial and peer leadership and enhance cross-system training on trauma-informed care and recovery support. It will allow enhanced services to give the target population the opportunity to thrive, reach their full potential and become contributing members of their Lake County community.

Evidence-Based Practices:

The 19th Judicial Circuit TIM courts are guided by the 10 key components of problem solving courts set forth by the Bureau of Justice Assistance. Treatment services are integrated into the justice system case processing. In a non-adversarial atmosphere the State's Attorney and the Public Defender's office promote public safety while protecting the participant's due process. Identification/eligibility is determined as quickly as possible to facilitate entry into the TIM Drug, Mental Health, or VTAC. The courts provide a continuum of treatment and rehabilitation services with frequent monitoring to ensure compliance. The TIM teams have developed a

coordinated strategy to respond to participants' compliance. There is frequent and ongoing judicial interaction with all participants. The Assistant Director of Adult Probation monitors the achievement of program goals to gauge effectiveness of the courts. The TIM team attends several trainings and workshops across the country to take advantage of interdisciplinary education opportunities. Each team contains representation from the Judiciary, Adult Probation, Psychological Services, Lake County Jail, Lake County Health Department/Community Health Center (LCHD/CHC), Nicasa Behavioral Health Services and other agencies as required. Representatives from Lake County's Veterans Administration serve on the VTAC TIM team (BJA, 2004).

Entry into a TIM court is voluntary. The Lake County State Attorney's office reviews every case brought before it to determine potential eligibility into the TIM courts. This office reviews the results of a short psychological screening performed by Adult Probation. Once agreement is reached to participate, Adult Probation performs a GAIN-I assessment. This is a comprehensive biopsychosocial assessment tool that provides ASAM information and DSM-IV diagnoses. It meets common reporting requirements (CARF, JCAHO, insurance, CDS/TEDS, Medicaid, CSAT, NIDA) for assessment, diagnosis, placement, treatment planning, performance and outcome monitoring, economic analysis, and program planning (GAINCC, 2014). The arrest to referral timeline is currently 90 days, but two-thirds of this time period is the discovery phase as defense attorneys weigh their options. A request to participate may be submitted by the Public Defender's office, a probation officer, a defendant, or a defense attorney.

The results of the assessment are included in the information sent to the TIM Team. This team has access to information from Adult Probation that has included the results of a Level of Service Inventory – Revised (LSI-R) assessment. The LSI-R is a tool that addresses criminogenic risks and needs within ten subscales including criminal history, employment, finances, family, housing, recreation, companions, alcohol/drug, emotional, and attitude. LSI-R total score predict risks of recidivism and subscale scores identify offenders with the highest criminogenic needs. It is equally valid across different types of correctional programs – incarceration, residential settings, community supervision. Its predictive validity stayed constant within groupings of ethnicity, sex, and age (Flores, et al., 2006).

With the addition of key BHTCC paid staff, the project will be enhanced by an atmosphere that supports recovery. The individualized treatment plan for each individual will have recommendations across the four major dimensions that support a life in recovery – health, home, purpose, and community. The plans will incorporate the guiding principles of recovery: that it emerges from hope; is person-driven; occurs via many pathways; is holistic and supported by allies, peers, relationships, and social networks; is both influenced by and based on culture and cultural background; is supported by addressing trauma; involves individual, family, and community strengths and responsibilities; and that it is always based on respect (SAMHSA, 2012a).

To enhance the services within the three TIM courts, a Safe Housing Advocate will begin addressing the need for safe supportive housing at entry into the TIM court. As stated in *Section A*, a typical Drug, Mental Health, or VTAC client enters inpatient treatment first either at Haymarket Center for Drug and Mental Health clients or in the VA's James A. Lovell Federal Health Center for VTAC clients. From there they step down to either Nicasa's Bridge House halfway recovery home or similar housing on the VA property. It is this second step down after leaving this supportive and supervised housing that must be addressed through this project. The Housing Advocate will link each client into appropriate settings with close established ties with

supportive peers that are convenient for employment, public transportation, and community resources (CSAT, 2005b). Long-term housing is particularly important to those with mental illness and co-occurring disorders. Studies have confirmed that when this population has access to long-term stable and supportive housing they had significant improvements in both short-term and long-term treatment outcomes (CSAT, 2005a; O'Hara, 2007).

The opportunity for successful recovery will be greatly enhanced by the addition of recovery peers to the county's BHTCC. Peers in recovery will be available in the evening and weekend hours to act as role models, trusted confidants, and mentors. They will be problem-solvers, resource brokers, advocates, community organizers, consultants, and friends (White, 2009). The SAMHSA, Financing Center of Excellence documents that peers receiving recovery services from peers demonstrate the following outcomes:

- Demonstrated ability to better meet basic needs
- Increase in recovery capital
- Increases in ability to cope
- Quick re-engagement in treatment when relapse occurs
- Decrease in substance use or cessation of use
- Increased education/employment
- Decreased involvement in the criminal justice system
- Improved relationships
- Increase in the belief that recovery is possible
- Decreased isolation
- Increased participation in community and family activities
- Housing stability (SAMHSA, 2011)

The Peer-to-Peer services will revolve around four types of social support:

- Emotional support such as that found in peer-led support groups. The Recovery Peer will organize groups of past and present TIM court participants to actively support the efforts and challenges they all face.
- Informational support sharing knowledge and information regarding resources
- Instrumental support that provides concrete assistance such as transportation or help accessing services
- Affiliational support that facilitates linkages with other people and opportunities to promote social and recreational skills that create a feeling of community and belonging (CSAT, 2009)

Most critically, these services will take place in the evening and weekend hours when other case management and monitoring services for TIM Court participants are at a minimum. While the relationship will be established during the halfway house stage of the treatment protocol, the majority of the services will take place after the step-down move to safe, stable housing. Peer support is a key principle of a trauma-informed approach to service delivery (SAMHSA, 2012c). More than 60 men and women have successfully graduated from TIM courts. This is an untapped resource that can be marshaled into a supportive peer group to strengthen and support the recoveries of current TIM court participants.

Gainful employment is difficult to access with the target population of adult men and women with criminal justice-involvement and behavioral health challenges. Often, employed individuals are actually under-employed in jobs that are unfulfilling and/or at extremely low

wages making achieving recovery difficult. People in recovery need to have meaningful daily activities such as a job and the independence, income, and resources to participate in society (SAMHSA, 2012a).

This population may need GED preparation and testing, job skills training (resume and interview skills), computer skills training and other vocational and educational training. This is especially important with the female population which is more likely to have employment histories at much lower wages than their male counterparts (SAMHSA, 2005b). The 19th Judicial Circuit TIM Courts will be enhanced through the use of an Employment Specialist who will connect participants with existing community resources to improve employability and advocate with potential employers to hire TIM Court participants. A computer lab will be established at Nicasa's Round Lake facility allowing access to the internet for TIM participants. Integrating such employment-enhancement services into the treatment protocol is an evidenced-based practice proven to improve treatment outcomes (CSAT, 2000; CSAT, 2005a).

All members of the BHTCC will receive regular training in Trauma-Informed care to ensure that all services and interactions are delivered in an environment perceived as safe to all participants. This approach will allow all members – not just the core TIM team – to realize the effect of trauma on not only substance abuse and mental illness, but other systems such as criminal justice, child welfare, and primary health care and that this trauma may be a barrier to positive outcomes (SAMHSA, 2012c). Of particular importance is the participation of local chiefs of police whose officers will have the best opportunity to divert an individual from further criminal justice involvement.

In addition to realizing the effect of trauma, the training will allow the entire BHTCC to recognize the signs of trauma and respond by promoting a culture of based on resilience, recovery, and healing from trauma. In a trauma-informed approach, operations and decisions are transparent and trustworthy. There is collaboration and mutuality that recognizes that there is a sharing of power in the decision-making process. The process is empowering, recognizes the strengths of the clients, and is individualized to respect the uniqueness of each client. Peer support is critical and all services build on the resiliency each client has rather than the deficits. This method recognizes that everyone has a role to play in a trauma-informed approach, not just therapists, and addresses cultural, historical, and gender issues, actively moving past stereotypes (2012c). In a sequential intercept model, the first intercept for potential diversion is the police officer who may not realize his or her critical role in a trauma-informed approach. Training this population will be an on-going focus of the BHTCC project (SAMHSA, 2014).

To address the need for evidence-based best practices in serving someone with Borderline Personality Disorder (BPD), the dual diagnosis specialists will offer Dialectical Behavior Therapy (DBT) to appropriate clients. Originally designed and proven effective with BPD, DBT is now used to treat a wide variety of disorders and conditions including:

- Suicidal ideations
- Substance abuse disorders
- Eating disorders
- Depression and one or more personality disorders
- Schizophrenia
- Domestic violence victims
- Forensic settings for youth and adults (NREPP, 2012).

DBT uses a behavioral, problem-solving approach with acceptance-based strategies. It has five components: skill training, individual behavioral treatment plans that enhance

motivation, generalization (access to the therapist outside of clinical setting, homework and inclusion of the family), structuring of the environment with a programmatic emphasis and on the reinforcement of adaptive behaviors, and motivational enhancement of the therapists through the use of a team approach (2012).

The psychoeducational, structured group format is designed to develop and enhance client capabilities. This weekly group is divided into four modules:

- Core mindfulness skills that aim to reduce the confusion about the self and increase self-awareness which helps clients become more aware of their thoughts, emotions, and urges and gradually learn how to manage them more effectively and appropriately.
- Interpersonal effectiveness skills that help clients reduce the interpersonal chaos often found in their lives. Clients identify what they want to get out of an interaction and then are taught the skills most likely to achieve the desired outcome.
- Emotion regulation skills in which clients are taught general information about emotions and learn about the connection between their thoughts, feelings, and behaviors. Self-validation is emphasized in this model, as are skills to help manage emotions more effectively.
- Distress tolerance skills are also known as crisis survival skills and its goals are to help clients survive a crisis without doing anything to make it worse – such as suicide attempts, drugs, or self-harm (Van Dyke, 2012).

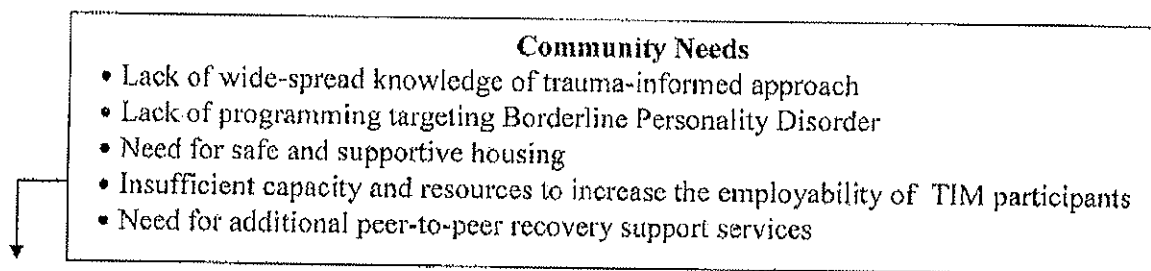
Individual therapy sessions are held weekly and help the client use the skills taught in group to reduce target behaviors. Telephone consultation is used to coach clients to use these skills and is a brief interaction to help clients identify what skills might be most helpful in whatever situation they are facing (2012).

The dual diagnosis specialists will form a DBT team with the 19th Judicial Circuit Court's psychiatrist to provide support and case discussion. This team is important to prevent burnout and any feelings of ineffectiveness when working with a difficult population. The team approach enhances both the motivation and capabilities of the treatment providers (Koener, 2012).

DBT has been proven effective with both males and females and across an ethnically diverse population including Native Americans, Asians, Latinos, and African Americans (NREPP, 2012). It has been implemented in forensic settings for offenders with BPD and proven to result in fewer violence incidents and reduced self-reports of anger episodes (Rotter and Carr, 2013).

A trauma-informed approach, grounded in respect for unique cultural, gender, and historical issues, and individualized treatment plans will allow the BHTCC to begin to address disparities in subpopulations served through this CSAT-funded project.

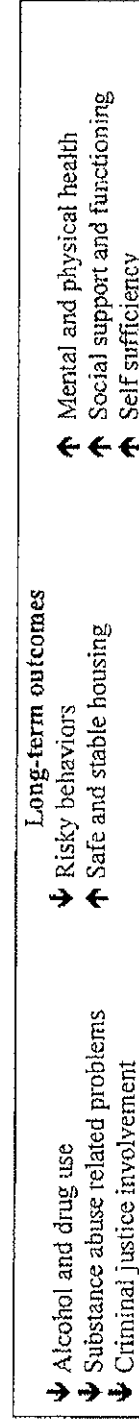
The logic model to meet the identified needs follows:



Resources (Inputs)	Program Components Activities	Outcomes Objectives	Outcomes (Goals)
<p>Extensive history of collaboration among core Specialty Court team members including: Chief Judge, other presiding judges, Probation, Lake County Health Department, Nicasa, Haymarket, and representatives from the offices of Lake County State's Attorney and Public Defender</p> <p>Ability of core team members to recruit additional stakeholders to join the BHTCC</p> <p>.2 FTE Project Director functions as the Coordinator of 19th Judicial Circuit Court's Specialty Courts</p>	<ul style="list-style-type: none"> Contract finalized between Lake County and Nicasa. Core Specialty Team Members and .2 FTE Project Director, and .1 FTE contractual Project Coordinator recruit appropriate stakeholders. .1 FT contractual Project Coordinator finalizes MOU's with members of the BHTCC Twice monthly BHTCC meetings held in months two through four to reach consensus. Subgroup formed to address need for stable and sober housing for program participants. Outreach by BHTCC members to reach first line responders and other stakeholders 	<p>Objective 1.1: Allocate .2 FTE Project Director to oversee the project and assist in the recruitment of additional community stakeholders.</p> <p>Objective 1.2: Contract with Nicasa for a .1 Project Coordinator who will participate in the BHTCC, recruit appropriate stakeholders, liaison with Veterans-serving organization and ensure that the fidelity to a recovery oriented system of care is maintained.</p> <p>Objective 1.3: Convene first BHTCC workshop within two months of notice of award to begin to build consensus toward project's goals and objectives.</p> <p>Objective 1.4: Within four months of notice of award, the BHTCC will have achieved consensus on the project goals, objectives, and strategies to pursue over the course of the grant period.</p> <p>Objective 1.5: All members of the collaborative will outreach to additional community stakeholders to receive training in a trauma-informed approach to divert men and women with behavioral health issues from the criminal justice system.</p>	<p>Goal 1: Increase appropriate stakeholder participation in 19th Judicial Circuit Court of Lake County to address the behavioral health needs of adult men and women who are involved with the criminal justice system and who also have substance abuse disorders, mental illness, or co-occurring substance abuse disorders and mental illness.</p>
<p>Long-standing relationship between Nicasa, LCHD/CHC and Lake County criminal justice system.</p>	<ul style="list-style-type: none"> After Lake County finalizes contract with Nicasa, Nicasa will hire 1.5 FTE Dual Diagnosis Counselors, 	<p>Objective 2.1: Contract with Nicasa to supply 1.5 FTE dual diagnosis counselors to provide trauma-informed counseling services, lead Dialectical Behavior Therapy (DBT) and</p>	<p>Goal 2: Enhance the recovery - oriented system of care delivered to adult men and women involved in</p>

Resources (Inputs)	Program Components Activities	Outcomes Objectives	Outcomes (Goals)
Lake County Health Department will allocate .7 FTE Safe Housing Advocate Nicasa .1 FT Project Coordinator and 1.5 FTE Dual Diagnosis Nicasa's expertise in the field of behavioral health. Nicasa's history and success in training the community. Chief Judge's deep commitment to Lake County Specialty Courts	<ul style="list-style-type: none"> .7 FTE Employment Specialist, and .6 FTE Recovery Peer • Development of individualized housing plans. • Trauma-informed and recovery support training at BHTCC workshops. • Linkages to employment enhancement resources • Installation of a computer lab in western Lake County. • DBT individual and group sessions, telephone calls, and DBT Team meetings. • Outreach to current participants and past participants to form a TIM supportive peer group • Recovery-oriented supportive services at 6 month and on-going 	<p>deliver appropriate trauma-informed and recovery-support training to BHTCC stakeholders.</p> <p>Objective 2.2: LCHD/CHC will provide .7 FTE Safe Housing Advocate to link clients to affordable, safe and stable housing.</p> <p>Objective 2.3 Contract with Nicasa to provide .7 FTE Employment Specialist to link clients to appropriate trainings, job skills, and employment opportunities and open a western Lake computer lab.</p> <p>Objective 2.4: Contract with Nicasa to provide .6 FTE Recovery Peer to provide on-going peer-to-peer recovery support, recruit successful TIM court graduates to mentor and support current TIM court participants and improve accessibility to treatment and recovery support services in the critical evening and weekend hours.</p> <p>Objective 2.5: Deliver the enhanced services to the following number of adult men and women involved with TIM Drug Court, Mental Health Court, and Veterans' Court – 36 – Year 1, 72 – Year 2, 72 – Year 3, and 72 – Year 4.</p> <p>Objective 3.1: BHTCC workgroup will identify users and licenses required to "go live" on ServicePoint within the first grant year.</p>	<p>the criminal justice system who are eligible for one of three specialty courts – Therapeutic Intensive Monitoring (TIM) Drug Court, Mental Health Court, and Veterans' Court.</p> <p>Goal 3: Improve the communication among key BHTCC workgroup stakeholders around</p>
Access to Lake County's ServicePoint case management, Information and Referral Shared Database	<p>Acquiring user and report licensing</p> <p>Configuring individual users to match system</p>		

Resources (Inputs)	Program Components Activities	Outcomes Objectives	Outcomes (Goals)
Lake County Community Development's expertise in connecting multiple agencies county-wide County's relationship with Bowman Systems Key stakeholders: Probation, Nicasa, LCHD/CHC, State's Attorney's office, Lake County Jail, VA, Haymarket	requirements End user training	Objective 3.2 Contract with Bowman Systems to assist Lake County Community Development to establish ServicePoint within identified facilities Objective 3.3 Bowman and Lake County Community Development will train identified personnel in the use of ServicePoint	issues of resource availability, information and referral.
Lake County contract with Northwestern University. Expertise and experience of evaluation team led by Dr. Gary McClelland, Mental Health Services and Policy Program (MHSPP) of the Feinberg School of Medicine at Northwestern University	On-going process and outcome evaluation	Objective 4.1: Implement CSAT GPRA and local performance assessment data collection, analysis, and reporting activities. Objective 4.2: Conduct at least the following numbers of six-month follow-up contacts with participating clients, while maintaining a follow-up contact rate of at least 80%: Year 1 - 4; Year 2 - 60; Year 3 - 58, Year 4 - 58. Objective 4.3: Observe statistically significant outcomes in desired directions among clients across the range of personal, family, other interpersonal, and societal levels of functioning represented in the GPRA items and other local performance assessment tools.	Goal 4: Document short and long-term outcomes among clients who participate in the enhanced Specialty Courts through compliance with CSAT GPRA item administration and follow-up expectations, and implementation of local performance assessment data collection, analysis, and reporting activities.



Section C: Proposed Implementation Approach

Forming the BHTCC

The core TIM Court team members include the Chief Judge John T. Phillips, other representatives of the judiciary, representatives from the 19th Judicial Circuit Court's Adult Probation and Psychological Services and the county jail, Haymarket Center, the Lake County Health Department/Community Health Center (LCHD/CHC), Nicasa Behavioral Health Services, and – for VTAC – the Veterans Administration's James A. Lovell Federal Health Center. Each court is convened weekly. In addition to checking in with clients, the time set forth for each court is used to review new applicants and determine eligibility for future participation.

This core team will also serve in the BHTCC with the addition of several more human service organizations (Catholic Charities, YWCA, PADS, Mano a Mano Family Resource Center), community resources (Waukegan Police Department, the Lake County Chiefs of Police, Waukegan Township, Veterans Assistance Commission, Workforce Development, Julia Argueta – a Latino lawyer) peer and recovery organizations (Frontline Interventions) and the evaluator. The first meeting will be held in the early evening in the second month of the grant award. The first meeting agenda will include reviewing the proposal, its goals and objectives, its initial deliverables – including the written plan for an integrated strategy to implement the project and the health disparities impact statement – and its evaluation responsibilities. Target dates and responsibilities will be set for all deliverables due in the first six months of the project at this meeting.

The BHTCC will continue to meet twice per month through month six and then will meet monthly for the duration of the grant period.

Meaningful and Relevant Results in the community

Accomplishing the goals and objectives outlined in this proposal will increase access to treatment, increase the number of community stakeholders who have a deeper understanding of trauma-informed care and recovery support services, increase access to evidenced-based programming targeting Borderline Personality Disorders with co-occurring SUD, increase the quality of recovery support services including strengthening the employability of TIM participants, and addressing their need for long-term safe and stable housing. The project will form a vibrant and strong TIM court participant and alumni group that will support each other in the years to come.

Project Timeline

Date	Activity	Responsibility
Oct, 2014	Notice of Grant Award	SAMHSA
	All stakeholders notified via email	Chief Judge
	Contract finalized with Northwestern University	Lake Co./Northwestern
	Northwestern University begins its internal IRB process	Northwestern
	Contract with Nicasa is finalized	Lake Co./Nicasa
	Stakeholders are polled to find convenient first meeting date and for additional stakeholders appropriate for inclusion in the BHTCC including peers and representation from TIM court participants.	Project Director
	LCHD/CHC begins search for .7 FTE Safe Housing Advocate	LCHD/CHC
	Nicasa begins search for 1.5 FTE Dual Diagnosis Specialists	Nicasa

Date	Activity	Responsibility
	and .7 FTE Employment Specialist	
	19 th Judicial Circuit Court allocates .2 FTE Project Director	Adult Probation
	Nicasa allocates .1 FTE Project Coordinator	Nicasa
Month 2 Nov. 2014	First meeting of BHTCC is convened. Consensus on goals, objectives and strategies will begin to be developed	Project Director/Project Coordinator
	Second meeting is held in the third week of November to continue the discussion	Project Director/Project Coordinator
Month 3 Dec. 2014	Third and fourth meetings of BHTCC held (fourth may be via "Go to Meeting" software.	Project Director/Project Coordinator
	Internal IRB process completed	Northwestern
Month 4 Jan. 2015	At first meeting of the month, BHTCC workgroup achieves consensus on projects goals, objectives and strategies	Project Director
	At second meeting of the month, BHTCC has identified specific stakeholders who will "go live" on ServicePoint in year one of the project	BHTCC, Project Director
	Lake County Community Development (LCCD) begins necessary preparation for ServicePoint installation at identified sites including contracting with Bowman Systems.	LCCD
	1.5 Dual Diagnosis Specialists are hired and receive training on DBT	Nicasa
	.7 FTE Safe Housing Advocate is hired	LCHD/CHC
	.7 FTE Employment Specialist is hired	Nicasa
	All required reports are submitted to Grants Program Officer	Project Director/Project Coordinator
Month 5 Feb. 2015	Project Coordinator and Dual Diagnosis Specialists train BHTCC on Trauma-Informed Care and Recovery Support training. This training will be on-going, occurring at least two times per year each grant year. Members of the BHTCC recruit additional stakeholders for trauma-informed care.	Nicasa
	Assessments begin to determine eligibility for TIM courts	Nicasa
	New enrollees into TIM Drug Court, Mental Health Court and VTAC are chosen. This is on-going each month.	TIM court team
	.6 FTE Recovery Peer is selected	Nicasa
Month 6 March, 2015	Persons identified as appropriate for TIM courts who have been assessed with mental illness, substance abuse and/or co-occurring disorders begin to receive trauma-informed care and recovery support services through the TIM courts and BHTCC workgroup members. Referrals to smoking cessation classes and registration for Medicaid or the ACA marketplace are made.	TIM court team BHTCC workgroup meetings
	BHTCC meets twice to discuss initial roll-out of enhanced services and refine strategies (if appropriate) to enhance participation by the Latino population	Project Director/Project Coordinator
	Appropriate individuals are engaged in DBT therapies. These are on-going.	
	Recovery Peer begins to actively recruit past successful TIM courts alumni to mentor and support current TIM court participants	
	Nicasa installs 10-unit computer lab in its western Lake	

Date	Activity	Responsibility
	County facility for TIM participants to aid in GED preparation, Office skills training, and job search	
Month 7 April, 2015	First Biannual Report is submitted to Grant Program Officer (GPO) with clear delineation of expenditure of CMHS and CSAT funding included in the report	Project Director Northwestern
Month 12 Sept. 2015	Initial 6-month follow-ups are done. These will be on-going as each month participants reach the six-month milestone	Northwestern
	Initial information on process and outcomes is reviewed by BHTCC workgroup at monthly meeting. Recommendations to improve or enhance system efficiencies and effectiveness are made	Northwestern BHTCC
Month 13 Oct. 2015	Second Biannual Report is submitted to GPO. These reports continue to be delivered on schedule throughout grant period	Project Director Northwestern
	Ongoing evaluation continues that may prompt adaptations to better fit settings and populations	
Month 24 Sept. 2016	BHTCC workgroup, in addition to reviewing data, turn their attention to sustainability strategies to continue the enhanced services when grant funding ends	BHTCC
Month 36 Sept. 2017	BHTCC implements sustainability strategies and reviews effectiveness of such strategies at each monthly meeting	BHTCC
Month 48 Sept. 2018	Grant funding ends. A minimum of 252 adult men and women with criminal justice involvement and behavioral health challenges have been successfully diverted into trauma-informed treatment and recovery support services	BHTCC
Month 49	Final Report is delivered to GPO	Project Director Northwestern

Throughout the grant period, Lake County and Northwestern as the evaluator agree to participate in all SAMHSA workshops and trainings and to participate in and contribute to the cross-site evaluation.

More equitable balance

This project will involve frequent and wide-spread training of entities and agencies involved in the lives of men and women involved with the criminal justice system who also have behavioral health issues. This will include police officers, sheriff deputies, and other first responders who will be trained to be the first intercept point in the county, capable of diverting a person from the criminal justice system and into appropriate treatment. For cases that have led to arrest and initial hearing, the Lake County State's Attorney screens every case for potential participation in TIM Mental Health and VTAC (TIM Drug Court is state-mandated to be post-sentencing). Outreach to additional potential referral sources – lawyers serving the Latino population, immigration attorneys, and other potential referral sources will ensure equitable participation in the BHTCC.

Meaningful results

The creation of the BHTCC will ensure that all TIM courts participants will have access to consumer-centered, recovery-oriented, evidence-based, quality driven and trauma-informed services. This project will help reduce the pervasive, harmful, and costly impact of violence, crime, and trauma by integrating trauma-informed care through multiple systems of service. It

will seek to reduce the disparities in access, service use, and outcomes among the Latino and African American subpopulation in Lake County. It will allow those with behavioral health issues to be diverted from the criminal justice system into appropriate treatment. It will also improve the infrastructure of key TIM courts stakeholders through the use of the ServicePoint case management, information, and referral system.

Tracking ethnicity, age, socioeconomic status, and geography of the population of focus. The evaluation that will be funded through this BHTCC grant project will track all relevant demographic data. Through the on-going evaluation process, the BHTCC workgroup will be informed of the key demographic data being served and will develop strategies to address inequities as they arise.

Identify, Recruit and Retain the Population of Focus

The State's Attorney's office reviews each and every case that could come before the 19th Judicial Circuit Court to determine eligibility for one of the TIM courts. Once cleared by this office, the cases are presented to the TIM court teams. If consensus is reached on the suitability of the case/candidate is reached, the Public Defender's office then contacts the candidate's attorney to offer the opportunity to participate in TIM Drug Court, Mental Health Court, or VTAC. At this point it is now a voluntary option either for those in the pre-trial phase or for those whose cases have been adjudicated. If the offender agrees to participate, the offender receives an extensive psychological evaluation from the 19th Judicial Circuit's Psychological Services, is administered the GAIN-I by an Adult Probation counselor, and will, in this BHTCC project, be administered the GPRA. Once admitted into one of the specialty courts, the offender's attorney is a member of the Public Defender's office.

To recruit additional Latinos to participate in the TIM courts, the Project Director and Project Coordinator will outreach to a small group of defense and immigration attorneys who primarily serve this population to educate them about the benefits of the TIM courts, the supportive services available, and the ability of the 19th Judicial Circuit to treat them in an atmosphere that understands and celebrates their diversity. In addition, Mano a Mano Family Resource Center, a social service agency that provides a wide-range of programming to the Latino population of Lake County will participate in the BHTCC and encourage its clients with both criminal justice involvement and behavioral health needs to take advantage of the supportive services offered in these courts.

Military status is noted at booking and all veterans' cases are carefully reviewed to ensure that this option is open to those who have served their country. From VTAC, referrals are made to the VA and its James A. Lovell Federal Health Center for a whole host of supportive services and veterans have been very appreciative of this opportunity .

Retention in all TIM courts is strengthened by the rich array of services that are and will be available to the target population – treatment, holistic referrals to appropriate Lake County agencies, employment improvement services, safe housing advocacy, and peer to peer recovery support services. It is also strengthened by the fact that – if the offender enters Mental Health Court or VTAC in the pretrial phase – the charges will be dropped. Retention is also made easier by the cold hard fact that failure to continue to participate has unwanted consequences – further involvement in the criminal justice system if in the pre-trial phase and jail or prison if in the post-adjudication stage.

Capitalizing on the cultural strengths of minority populations is an effective retention strategy. When serving the African American population, an individualized treatment plan will capitalize on the religious and church activity, employment opportunities, and the ethnic pride that are powerful protective factors in developing a treatment program for this population (Atkinson, 2005). For the African American father, his self-identify is linked to his ability to provide for his family – making the high unemployment rate among Lake County African American's particularly devastating. African American men may be extremely distrustful of entering and remaining in therapy because of a distrust of the mainstream white-oriented system. It is more likely that an African American man living in poverty has a criminal record and is living and coping with this stigma (McGoldrick, et al., 1996).

Women in the African American community are socialized to raise their children against any and all odds. Substance abuse, homelessness, criminal-justice involvement, poverty, domestic violence, trauma, and the subsequent involvement of the foster care system in these women's lives are devastating to them. These clients have a high degree of depression, and a powerful sense of inadequacy. They have low self-esteem, heightened perceptions of dependency, and are vulnerable to exploitation by family, friends, and strangers (Brissett-Chapman, 1998).

In counseling the Latino man, the concept and influence of *machismo* may be explored. Its negative connotations might be depicted as someone who demands strict gender roles, drinks large quantities of alcohol, is extremely authoritarian, and dominate women emotionally and physically. The positive connotations, however, of *machismo* are many. A Latino who is macho supports and protects his family, provides loving structure to family relationships and is supportive of and participatory in family, friends, and community (Atkinson, 2005).

Latina women may be expected to fulfill multiple roles in and out of the home. They may be struggling to maintain traditional values, while fulfilling non-traditional gender roles as single heads of household (2005). Many Latina women are reluctant immigrants, which increases acculturation stress. Approximately 45% of Latina mothers over the age of 20 have not completed high school. Marriage and parenthood are entered into early in life. In addition, the Latino sense of *familismo* – family interdependence – makes them reluctant to speak of family issues and seek help outside the family (De La Rosa, et al., 2005).

Input of Persons with Lived Experience

The Public Defender's office will recruit candidates from current TIM courts and successful graduates from TIM courts to serve on the BHTCC, help achieve consensus on the project's goals, objectives, strategies, and sustainability efforts that will take place during the first four months of the grant and continue to serve on this workgroup overseeing implementation and evaluation throughout the grant period

Project's Stakeholders

The 19th Judicial Circuit Court is taking a leadership role in this BHTCC project. Chief Judge John T. Phillips will convene the BHTCC and recommend additional stakeholders to strengthen the collaborative. The Honorable Judge Christopher Stride presides over all TIM courts and will be active in the BHTCC, as well. Adult Probation will allocate a staff person to serve as Project Director. Adult Probation and Psychological Services will also participate in the BHTCC and will determine appropriate positions to "go live" on ServicePoint during the first year of the grant project. The Public Defender's office will recommend people with lived experience and

consumers of the TIM program to serve on the BHTCC and give input into the project. The State's Attorney's office will also participate in the collaborative, "go live" on ServicePoint, and recommend additional stakeholders. The Sheriff's office will send appropriate jail personnel and additional officers to participate in the collaborative and also "go live" on ServicePoint. All of the criminal justice personnel of Lake County will be able to share their insight into the service needs of the diverse population of Lake County.

Additional stakeholders who have agreed to join the BHTCC and oversee this project include:

Organization	In addition to serving on the BHTCC organization will:
Lake County Community Development	Allocate .1 FTE System Administrator to help identified agencies access ServicePoint.
VA James A. Lovell Federal Health Ctr.	Serve veterans in VTAC, accept referrals for in-patient treatment, and share expertise of Veterans issues and challenges
Veterans Assistance Commission	Encourage veterans to apply to VTAC, accept referrals for VTAC participants, and share knowledge of veterans issues
Haymarket	Accept referrals for inpatient treatment for SUD, SMI, and co-occurring disorders
Nicasa	Hire Dual Diagnosis Counselors, allocate project coordinator, and hire Employment Specialist and Peer Recovery staff, open a computer lab in western Lake County, accept referrals to Bridge House halfway recovery home, register appropriate clients in Medicaid or the ACA marketplace
Lake County Health Department/CHC	Provide Safe Housing Advocate for the project, accept referrals for Behavioral and Primary Health services including smoking cessation. Register eligible clients in Medicaid or ACA marketplace
PADS	Accept referrals for appropriate clients and help with housing needs
Front Line Intervention	Share lived experience and share expertise of the Latino community
Catholic Charities	Accept referrals from the specialty courts for such services as emergency assistance, HIV/AIDS Awareness, housing, and veterans' services, and co-case manage appropriate candidates with appropriate collaborative personnel
Lake County Work Force Development	Accept referrals of TIM court clients to Workforce Development which offers a wide variety of training programs from pet grooming to Masters degrees and help the project's Employment Specialist to network with area employers to encourage their hiring of ex-offenders
Waukegan Township	Accept referrals from the collaborative for clients in need of Township's social services
YWCA	Accept referrals of TIM participants for various services including computer skills and life skills
Julio Argueta,	Network with additional attorneys who primarily serve the Latino community to ensure that all are aware of the opportunity to participate in the behavioral health court, recommend participation to his clients, and share expertise

Organization	In addition to serving on the BHTCC organization will:
Waukegan Police Department	Identify officers to train in trauma-informed approach to criminal justice system
Mano a Mano Family Resource Ctr	Aid in the recruitment of Latino TIM court participants
Lake Co. Chiefs of Police Assn.	Identify additional police departments and officers to receive trauma-informed training.
Northwestern University	Provide the project's evaluation

Statement of Unduplicated Number of Clients to be Served. The below table provides a summary of major quantitative client service and GPRA data collection objectives. The projected number of adult men women admitted to the enhanced TIM court services in Year 1 takes into account a six-month planning period. Over the four years of CSAT funding, it is projected that **an unduplicated count of 252 adult men and women** will be admitted to the *enhanced* TIM court services. Performance assessment activities will include administration of the CSAT *GPRA* items at admission and six-month post-admission follow-up. Projections are provided in terms of the unduplicated number of adults who will participate in the proposed enhanced services. Projected numbers of completed six-month follow-ups are calculated on the basis of a minimally anticipated 80% completion rate.

	Year 1	Year 2	Year 3	Year 4	Total
# Adults Admitted to Expanded IOP Services	36	72	72	72	252
% of Clients - African American	20%	30%	30%	30%	30%
% of Clients - Hispanic/Latino	10%	20%	20%	20%	18%
% of Clients - Male	63%	63%	63%	63%	63%
% of Clients - Female	37%	37%	37%	37%	37%
# of Completed Baseline GPRA Interviews	36	72	72	72	252
# Clients Assessed using GAIN I Lite	36	72	72	72	252
# of Clients receiving Housing Advocacy Services	36	72	72	72	252
# of Clients receiving Employment Enhancement Services	36	72	72	72	252
# of Clients receiving Trauma-Informed Services	36	72	72	72	252
# of Clients receiving Peer-to-Peer Recovery Support Services during evening and weekend hours	36	72	72	72	72
# of Clients referred to DBT services	12	24	24	24	84
# of Six-month Follow-ups Completed/Due	4/6	60/72	58/72	58/72	160/222

Anticipated Outcomes of Enhanced Services It is anticipated that the responses provided through the six-month follow-up interviews will provide evidence of the following outcomes of provided services among the adults who participate in the proposed BHTCC services: increased rates of alcohol and other drug abstinence; decreased involvement in criminal justice system; improved behavioral functioning; decreased association with anti-social peers; and improved social-connectedness and involvement in the community.

Section D: Staff and Organizational Experience

Lake County, IL is committed to providing public safety and in full support of the TIM specialty courts. The County seeks to enhance the safety of residents through an integrated criminal justice system, including law enforcement, and other programs that reduce crime, recidivism, family violence, and substance abuse. The county's strategic goals published in December of 2013 identify the following strategy: Maintain and further develop adult and youth criminal justice programs that treat social, mental health, and behavioral issues that lead to criminal behavior. The county seeks to coordinate services for incarcerated individuals and ex-offenders that expand access to effective programs focusing on prevention, employment opportunities and reducing recidivism. The strategic plan calls for continual research and development of programs that address mental health and substance abuse issues, including alternatives to incarceration and prevention of recidivism.

The commitment of the 19th Judicial Circuit Court to address the behavioral health needs of Lake County offenders is demonstrated by the hours and resources it allocates to provide Therapeutic Intensive Monitoring Courts – including Drug, Mental Health, and Veterans Courts each week. These courts maintain close ties to grassroot organizations that are familiar with the population of focus and can be called upon to provide services and support to TIM participants. Almost 300 adult men and women have been served in the TIM courts since the first specialty court began in 2005.

The Lake County Health Department/Community Health Center which will provide clinical services through this BHTCC has been serving the culturally diverse communities of Lake County since its inception in 1956. Offering both primary care and behavioral health services the LCHD/CHC is among the top 6 percent of 2,864 local health departments nationwide by population served, financing and workforce. A member of the LCHD/CHC behavioral health services staff has served on the TIM court team since the first Drug Court session was convened. LCHC/CHC is implementing a five-year grant that gives individuals currently living in state-funded mental health institutions the opportunity to live independently with professional support. A four-year grant of \$1.6 million helped establish a Trauma Treatment Program targeting children and their families. The Health Department works closely with the Lake County Jail Medical Unit, providing free opt-out HIV testing to more than 98% of inmates. As troops continue to return from Afghanistan and Iraq, the Health Department's Lake-McHenry Veterans and Family Services provides them and other local veterans with free mental health and support services and links veterans and their families with services that are helping to reduce veteran hospitalizations and homelessness. This year, the LCHD/CHC was the recipient of two large grants to enroll the more than 50,000 uninsured Lake County residents in the Affordable Care Act marketplace and state's Medicaid system.

Founded in 1966, Nicasa is in its 48th year of operation as a behavioral health, substance abuse prevention and treatment agency. As an independent not-for-profit agency, its mission is *"to empower and promote healthy lifestyles to prevent and treat substance abuse, addiction, and other risky behaviors."* Nicasa's vision is *"to be the premier behavioral and social health organization for individuals, families, and communities in northern Illinois and beyond."* Nicasa is and has been licensed by the Illinois Department of Alcoholism and Substance Abuse (DASA) for adult outpatient treatment, youth treatment, residential halfway house treatment, and DUI evaluation and education services since 1983 – the year that DASA began licensing treatment. It is Quality Assurance Certified for Medicaid reimbursement. Nicasa has been a member of the TIM team since its inception. More than 75% of Nicasa's treatment clients have criminal justice

involvement. Nicasa is an Illinois Department of Children's and Family Services (DCFS)-funded Family Advocacy Center that can offer supportive services for families in crisis and is a subrecipient of the LCHD/CHC grant to register Lake County residents for Medicaid or the ACA marketplace.

Staffing

The staffing for this BHTCC includes:

- .2 FTE Project Director (19th Judicial Circuit Adult Probation Employee)
- .1 FTE Project Coordinator (Nicasa Behavioral Health Services Employee)
- .1 FTE System Administrator (Lake County Community Development Employee)
- .7 FTE Safe Housing Advocate (LCHD/CHC Behavioral Health Employee)
- .7 FTE Employment Specialist (Nicasa Employee)
- 1.5 Dual Diagnosis Counselors (Nicasa Employees)
- .6 FTE Recovery Peer (Nicasa Employee)

The 19th Judicial Circuit's Adult Probation will allocate Stephen Fabbri, Assistant Director of Adult Probation to serve as the .2 FTE Project Director of this BHTCC. Stephen has managed and overseen the County's Specialty Courts for the past eight years. He also oversees the Intensive Probation Supervision and the Probation Field Supervision. He has direct supervision over 21 staff members. He has worked in probation since 1985 in positions of increasing authority. He has a Masters Degree in management and a Bachelors Degree in criminal justice. Stephen will ensure that all goals and objectives are met over the course of the grant period, attend all trainings and workshops, and outreach to identified lawyers to encourage participation in TIM courts.

Nicasa has selected Dr. Mary Roberson (Formerly Henderson) to serve .10 FTE as Project Coordinator to assist in the trainings on Trauma Informed Care and Recovery Support services, assist in data collection, outreach to identified lawyers, and supervise Nicasa staff dedicated to the project. Mary is African American and is one of two Managing Directors of Nicasa. She is also the Clinical Director of the agency. She holds a doctorate in Education/Counseling Psychology and has a masters in Human Services Counseling. She is a Licensed Clinical Professional Counselor, a Certified Supervisor Alcohol and Other Drug Abuse Counselor, and a Certified Mental Illness/Substance Abuse (MISA II) Counselor. She has received training in multi-cultural counseling and related competencies, sexual abuse counseling, and therapeutic crisis intervention for youth. She is an adjunct professor at a local university and teaches masters-level classes in diversity. Mary published an article in the July, 2012 issue of *Alcoholism Treatment Quarterly* entitled "Identity Development's Impact on Peer-Supported Recovery Among African American Women". In 2013, she was named an Associate in the Women's Addiction Services Leadership Institute sponsored by SAMHSA.

Lake County Community Development (LCCD) will be instrumental in the project by linking BHTCC stakeholders through the use of Bowman Systems' ServicePoint case management and information and referral county-wide software system that is administered by LCCD. LCCD will dedicate .1 FTE of its system administrator, Brenda O'Connell to the BHTCC project. Brenda has served as the County's ServicePoint system administrator for the past two years and has helped dozens of County and human service organizations "go live" on ServicePoint. She has designed and implemented monthly trainings for Agency Administrators using their feedback to assure that trainings remain relevant and helpful. She has managed

diverse community relationships among homeless services providers, nonprofit housing developers and other human services providers.

The LCHD/CHC will dedicate a .7 FTE Safe Housing Advocate to the project to develop individualized housing plans, advocate for TIM court participants and supply additional housing supportive services as needed.

The project will include 1.5 Dual Diagnosis Counselors who will be Nicasa employees. These Counselors will be Licensed Clinical Social Workers (LCSW) or Licensed Clinical Professional Counselors (LCPC) with a minimum of three years of experience. They will be familiar with Lake County resources and experienced in delivering trauma informed and recovery support services. They must be culturally competent to serve the Latino and African American subpopulation of the target population. These counselors will assist in training the BHTCC in trauma-informed and recovery support service delivery and deliver DBT programming.

Nicasa will allocate a .7 FTE Employment Specialist who will help participants access available training resources for GED preparation, life skills, job skills, and vocational and educational opportunities and provide training in the western Lake County computer lab. This position will require a masters degree or related experience and familiarity with Lake County resources.

Additionally, the .6 FTE Recovery Peer will be a Nicasa employee. This person will have lived experience, be a TIM court graduate, hold a high school degree or higher, and have the enthusiasm to pull together past and present TIM court participants to form a strong and vital alumni peer support group.

Gary M. McClelland, PhD. will serve as the project's evaluator. Dr. McClelland has been on faculty at the Feinberg School of Medicine, Northwestern University, for twenty-five years. He has published in the areas of juvenile justice, mental disorder, HIV/AIDS risk behaviors, substance use and abuse, violence, prostitution, child welfare, child trauma and the criminal victimization of the mentally ill.

From 1989 to 2005, Dr. McClelland was lead methodologist for the *Health Disparities and Public Policy Program* where he worked on several large, federally-funded studies. These studies included *The Northwestern Juvenile Project* which conducted extensive mental health evaluations of youth at entry to the Cook County Juvenile Temporary Detention Center and has continued to follow these subjects for nearly two decades. This study resulted in groundbreaking findings on the prevalence of mental disorder among youth in juvenile detention as well as substance abuse, comorbidity and mortality in this population. The *Northwestern Crime Project* is the largest study of its kind examining the criminal victimization of the mentally ill living in the community. The study duplicated the *National Crime Victimization Survey* among a stratified random sample of persons with severe mental disorder living in community settings. The policy implications of these findings continue to be an important contribution to the field.

Since 2005, Dr. McClelland has worked with the Mental Health Services and Policy Program where his primary focus has been child trauma and the consequences of trauma for youth in child welfare. His work utilizes large administrative data sets and focuses on the immediate needs of policy makers in the Illinois child welfare system. His work has been presented to the DSM-V committee to support the diagnosis of Developmental Trauma Disorder.

All identified key staff and agencies have or will have (if new hire) demonstrated experience and are qualified to serve the population of focus. The commitment to TIM Courts is made at the county level through its strategic plan, ensuring continuity is maintained when there

is a change in the operational environment. TIM courts have flourished and grown through changes in Chief Judge, State's Attorney, Lake County Sheriff and other key county figures.

Section E: Data Collection and Performance Measurement

Qualifications/Ability to Collect CSAT Performance Measure Data. Lake County will contract with the Mental Health Services and Policy Program (MHSP) of the Feinberg School of Medicine to conduct performance measurement, data collection and reporting. The Mental Health Services and Policy Program has extensive experience as both a SAMHSA grantee and as an evaluator on SAMHSA grants. Currently MHSP is a grantee on a SAMHSA Center Grant, *Center for Child Trauma Assessment and Service Planning (CCTASP)*. The purpose of CCTASP is to build an infrastructure to (a) more effectively assess the developmental effects of trauma across child-serving systems, (b) develop intervention resources to address identified needs in practice, and (c) enhance widespread dissemination and application of effective interventions. From CCTASP and other SAMHSA grants, MHSP has developed a staff experienced with all aspects of data collection, data cleaning and data preparation as well as with the CSAT GRPA online tools and technical assistance applications.

Dr. Gary M. McClelland will be the principle investigator for the evaluation. Dr. McClelland has twenty-five years of experience in the areas of juvenile justice, mental disorder, HIV/AIDS risk behaviors, substance use and abuse, violence, prostitution, child welfare, child trauma and the criminal victimization of the mentally ill. Dr. McClelland's Biographical Sketch is include in Section H.

The Augmented GRPA and Additional Measures. The augmented CSAT GPRA is the primary outcomes measure for this project. The augmented GRPA will be administered at intake and at six months to assess:

- Family living conditions,
- Social functioning,
- Substance use/abuse and treatment,
- Criminal status,
- Education,
- Employment status,
- Medical and mental health status, and
- Service use.

MHSP will be responsible for entering the GPRA item data on the CSAT SAIS web site and maintaining a local database of the full versions of the augmented GPRA tool.

Section A of this application demonstrates the range of social and health disparities faced by the study population. To assess issues and problems associated with these challenges, we will collect additional information sensitive to change in the study population.

First, we will augment the CSAT GPRA with select items from the Addiction Severity Index (ASI). The ASI is a widely used client outcome tool in addictions treatment. A copy of the augmented GRPA is provided in *Attachment 2*. The ASI items selected to augment the GRPA have a high degree of internal consistency, structural stability, and concurrent and predictive validity across client race/ethnic groups, including African Americans and Hispanics/Latinos (Alterman et al., 1998). For example, the lowest value of coefficient a (measure of internal consistency) for any of the five factors identified by Alterman et al. across the various race/ethnic by gender client groups, was 0.74. This tool has been used in several

evaluations of African American and Latino substance abuse treatment clients, including the TCE-HIT and TCE-HIV awards to Nicasa. No concerns about item wording or methods of administration have been raised. The CSAT GPRA items and the additional ASI items are compliant with *DHSS National Standards for Culturally and Linguistically Appropriate Services (CLAS)* in Health and Health Care data collection. These standards include identifying subpopulations vulnerable to disparities, on the basis of racial, ethnic, and sexual/gender group status. The augmented GPRA will be administered at baseline and at the six-month follow up.

Second, we will use the GAIN-I for additional baseline measures, including:

- cognitive impairment,
- mental disorder and treatment,
- primary language,
- substance use/abuse,
- medical conditions,
- treatment history,
- commitment to sobriety,
- risk behaviors and STD exposure,
- marital and living situation,
- criminal and civil legal issues, and
- vocational training and work history.

The GAIN has been normed on both adults and youth (Dennis, Scott et al., 1999; Dennis, Scott et al., 2000) and is used as the biopsychosocial clinical assessment at Chestnut Health Systems. The GAIN has been used in studies that involve large numbers of participants who are female, African American, Hispanic, Native Americans, and youth with co-occurring mental disorders. The GAIN will be administered by Lake County Probation, who will provide the data to MHSP. A copy of the GAIN-I is included in Attachment 2.

Third, *Monthly Status Report* and *Monthly Client Service Record* (see Attachment 2) will be completed by BHTCC staff for each client enrolled in TIM courts each month. Completed client monthly service records will be submitted to MHSP which will be responsible for data entry and cleaning. These service tracking forms will allow for assessment of the types, levels and modality of services provided to each client. In addition to individual status reports, the *Monthly Status Report* will provide open-ended questions for information regarding the project as a whole. This will facilitate the accumulation of staff concerns, if any. Staff will be prompted to report any project changes made and the reasons for any such changes, major accomplishments, any obstacles experienced with the specific client or with project procedures, and indicated needs for technical assistance.

Finally, to obtain further insight into factors or influences that impact project implementation and on-going operations, MHSP team members will conduct interviews with BHTCC staff to obtain information and their perceptions of project implementation and functioning, any unexpected difficulties or obstacles encountered, and strategies that need to be developed in response.

The Process Component. Evaluation of the process component will assess the extent to which the project is implemented as proposed. Quarterly reports will identify both achievement of planned objectives and deviations from planned implementation. Interim reports of performance assessment analysis results and recommendations will be conducted on a semi-annual basis to correspond with scheduled program reports to CSAT. And interim report format

consistent with principles discussed in CSAT SAIS TA Package # 13, *Understanding and Presenting Multiple Outcomes*, will be used.

In addition to quarterly and interim reports, there will be regular verbal and written communication between BHTCC staff and the MHSPP performance assessment team. These will range from telephone contacts and oral presentations to written reports. Contacts will occur both on a scheduled basis at monthly meetings and as needed to assure that the process is on track. Various performance reports available on the CSAT SAIS web site, particularly the Interim Intake Coverage and Six-Month Follow-up Rate reports, will be monitored. Deviations from CSAT expectations regarding these rates will be reviewed and, when called for, steps will be taken to ensure compliance.

Interim performance reports will also present results from the client consumer satisfaction surveys and from the on-going communications between Lake County and other project stakeholders regarding project implementation and goals. These performance assessment reports are valuable for providing updates on the project status to stakeholders, and as evidence to support of the sustainability of CSAT-supported services. BHTCC and MHSPP will collaborate in communicating interim performance assessment reports to IDHS/DASA, the Illinois SSA. IDHS/DASA is a potential source of sustainable funding following the term of the CSAT grant.

Detailed Plan for Reporting and Analysis. The data collection and analysis strategy is consistent with the CSAT SAIS Technical Assistance Package # 13, *Understanding and Presenting Multiple Outcomes*. This approach has the following advantages:

- It assesses the extent to which the project is responding to the needs and characteristics of its targeted participants.
- It determines whether the project is achieving its stated goals and objectives.
- It allows for the tailoring of performance assessment findings and conclusions to particular stakeholder audiences, e.g. current funders, potential sources of sustainability, boards of directors, project staff, and service participants.
- It reports on biopsychosocial domains of major interest, e.g. alcohol and other drug use/abuse, criminal justice involvement, involvement in at-risk behaviors, and social connectedness.

Process Component. Assessment of the fidelity of the process component of the BHTCC project will use several sources of information. These will include:

- the CSAT RFA,
- the original grant application,
- notes from meetings (PI),
- interviews with project staff,
- *Monthly Status Reports* and *Monthly Client Service Records*, and
- client satisfaction surveys.

The process component will use these data to monitor project performance, provide immediate and ongoing feedback to the BHTCC, and assure adherence to the project implementation timeline.

Process Question #1. BHTCC implementation.

Proposed time lines will be compared to actual implementation of each component of the MHTCC project. These components will include:

- staff recruitment and hiring,
- staff training on Dialectical Behavior Therapy,

- achieving consensus with stakeholders on project goals, objectives and strategies,
- preparation of project space and other logistical issues,
- development of written policies and procedures,
- implementation of proposed *BHTCC service delivery* capabilities and functions,
- dissemination of information to Lake County law enforcement, court personnel and other stakeholders,
- the level and type of participation of project partners in the implementation phase,
- implementation of *BHTCC services*, and
- GPRA data collection and reporting.

Process Question #2. *Baseline characteristics of clients.*

Characteristics of admitted clients will be monitored and periodically reported on the basis of race/ethnicity, gender, primary language, and average age. The baseline patterns of alcohol and other drug use, living arrangements, employment status, and criminal justice status of admitted clients at baseline will also be reported. In addition to providing a description of the clients served through this project, this information will be used to determine if the project is serving the intended population. The interim client intake coverage rate reports available through the CSAT SAIS site will be routinely monitored to assess whether the grant is on track to achieve its four-year goal of admitting 252 unduplicated clients.

Process Question #3. *Client characteristics and delivered services.*

Data presented in these reports will describe the service array delivered to clients. It will report case management sessions, treatments administered and their modalities, service referrals and case status at discharge. Relationships between baseline characteristics and service delivery will also be examined.

Outcome Component. The outcome component of the performance assessment will examine (1) the impact of the BHTCC intervention and (2) the satisfaction of BHTCC clients with the services received. Evidence of change will be examined through comparisons of client responses to items on the augmented GPRA at admission and at six-month follow-up, and client satisfaction will be assessed with the client satisfaction survey administered at the time of the six-month follow-up.

Outcome Question #1. *Change in family functioning, social functioning, substance use/abuse, criminal status, education, employment status, medical and mental health status and service use.*

There are eight domains of change in the augmented GPRA that will be assessed between intake and the six-month follow-up assessment. Each of these domains includes several items. For example, measures of substance use assess numerous types of substances and several modalities of treatment. Measures of change between the intake and six-month follow-up assessments will report both the individual items and summary scales, where these exist. For example, the ASI has been psychometrically scaled and summary scores have been established (Alterman et. al. 1998). For the ASI, then, we will report both on the individual ASI items and the ASI scale scores.

The individual items scores are mostly discrete, skewed, or in some other way violate the assumption of standard parametric statistical procedures. Therefore, non-parametric tests (e.g., Wilcoxon Signed Rank Test and Chi-Square Test) will be used to compare changes between admission and six-month follow-up. Client outcomes and trends will be illustrated in project performance assessment reports through use of bar charts, pie charts, graphs, and similar tools.

Outcome Question #2. *Effects of Services on Outcomes.*

To assess the effects of service delivery on outcomes, the change in the augmented GRPA items and scales will be correlated with quantitative measures of service utilization from the *Monthly Status Report* and *Monthly Client Service Record*. Hierarchical linear models will be used to compute effect sizes and confidence bands between type and intensity of services and outcomes measured by the augmented GRPA. Hierarchical linear models will be estimated for both individual items and scale scores.

Outcome Question #3. *Client Satisfaction.*

Client satisfaction will be measured at the six-month follow-up interview (see above). MHSP will report on each item in the client satisfaction survey, as well as summarizing the qualitative comments. This will assess whether clients viewed services to be adequate and appropriate to their individual needs, whether clients had a positive experience providing input into their service plans, and whether or not clients experienced clinicians and staff to be culturally appropriate.

Section F: Electronic Health Record (EHR) Technology

Two subcontractors will deliver clinical services under this BHTCC Project. The Lake County Health Department/Community Health Center (LCHD/CHC) and Nicasa Behavioral Health Services. LCHD/CHC utilizes NextGen, a single integrated, interoperable EHR, Practice Management, and revenue cycle, billing and claims platform. It provides clinical content for over 25 specialties. NextGen is Meaningful Use Stage 2 and ICD-10-ready, and is certified by CCHIT® and the 2014 ONC-ATCB Edition. It is headquartered in Horsham, PA., and has about 1500 employees.

For the past 15 years, all Nicasa has utilized Netsmart Technologies, Inc. CMHC/MIS system to collect clients' Electronic Health Records (EHR). Netsmart Technologies Inc.'s CMHC/MIS version 4.2 is certified by the Drummond Group, Inc. and is listed on the ONC-ATCB website as a complete EHR that meets all the mandatory certification criteria as identified in the Standards and Certification Criteria Final Rule (45 CFR Part 170 Part III). Complete EHR products listed have been certified to meet all of the General Criteria listed in Section 170.302, plus all of the criteria applicable to a type of practice setting. Nicasa is currently in the process of upgrading its EHR to Netsmart's TIER®, a more robust EHR that will include scheduling, assessment, treatment planning, case management, case notes, integrated billing, credentials management, and measuring of key performance indicators. TIER® v 8.0 is 2014 Edition compliant and has been certified by an ONC-ACB in accordance with the applicable certification criteria adopted by the Secretary of the U.S. Department of Health and Human Services. This upgrade will include ICD-10 diagnosis codes and is expected to be completed by December 2014.

EXHIBIT B

Contract with Nicasa for a .15 Project Coordinator who will participate in the BHTCC, recruit appropriate stakeholders, liaison with Veterans serving organization and ensure that fidelity to a recovery-oriented system of care is maintained. \$10,315

Contract with Nicasa to supply a 1.6 FTE dual diagnosis counselor to provide Dialectical Behavior Therapy (DBT) and deliver appropriate trauma-informed and recovery-support training to BHTCC stakeholders. \$54,700

Contract with Nicasa to provide a .7 FTE Employment Specialist to connect participants with appropriate educational, vocational and employment supportive resources and establish a computer lab in western Lake County. \$13,600

Contract with Nicasa to provide .6 FTE Recovery Peer to provide ongoing peer-to-peer recovery support services, recruit successful TIM court graduates to mentor and support current TIM court participants and improve accessibility to treatment and recovery support services during the critical evening and weekend hours. \$10,920

Contract with Nicasa to provide .30 FTE Clinical Site Director to provide lead direction to all staff designated to this contract regarding client centered care and expected outcomes, responsible for quality file review to ensure compliance in accordance with County, State, Federal and CARF rules and regulations, coordination of staff to ensure coverage at all behavioral health courts, direct service as needed. \$16,250

Contract with Nicasa to provide .30 FTE Client Service Specialist to enter client data into client database, check clients in for their appointment, scan and file paperwork and file, make any necessary phone calls to assist counselors with case management and sign the client up for Medicaid or ASA marketplace. \$5,425

Benefits for the above positions \$17,298

Incidentals for above services; training, travel, computers, software, indirect costs \$59,710.