

Statement of the Problem: The Lake County Public Safety Coordinating Council (PSCC) was formed in 2005 to monitor the county jail population and find ways to reduce jail overcrowding. This led to the County's application for and award of a Re-investment Planning Grant in 2008 and an Implementation Grant in 2011. The Council is committed to initiatives that increase public safety and address the needs of justice-involved individuals who have mental health and substance use disorders and has established a strategic plan to this end. The PSCC conducts quarterly meetings and membership make-up is a cross-system representation in compliance with s. 394.657(2)(a). This is demonstrated by the Lake County Public Records, PSCC Member List and Minutes, 2012-2013. Recent meetings occurred in January, April, July and October, 2012, and in January, April, and October, 2013. See **Attachment A:** agenda and minutes for recent meetings. The purpose of the meetings is twofold: (1) Increase Public Safety; and (2) Improve the accessibility and effectiveness of treatment services for adults who have a mental illness, or co-occurring disorders, and who are involved in the criminal justice system. **Members include:** B. King, State Attorney; M. A. Graves, Public Defender; Judge L. Semento, Lake County Circuit Judge; Judge J. Baxley, County Judge; Major D. Mass, Chief Correctional Officer; Major W. S. Longo, Sheriff Designee; Commissioner T. Sullivan, Board of County Commissioners; Lt. V. Wherry, local police chief association designee; Jane B., Primary Consumer of mental health services; Courtney P., Primary Consumer of substance abuse services; J. Manesis, family member of a primary consumer of community-based treatment services (these members provide consultation on the needs of SMI individuals); B. Wheeler, Mid Florida Homeless Coalition; R. Bedson, Chief Probation Officer of the Department of Juvenile Justice; J. Winkler, State Probation Circuit Administrator; T. Deaton, Director of County Probation; J. Cherry, President/CEO LifeStream Behavioral Center; K. Smallridge, Haven of Lake and Sumter Counties; B. McDonald, Central Florida Health Alliance; and N. Thomas, Community Representative.

Progress has been made in meeting the original PSCC Strategic Plan goals and initiation of a revision of the PSCC Strategic Plan was held on July 9, 2013 and approved on October 8, 2013. See **Attachment B:** Strategic Plan. However, gaps remain to be addressed through the procurement of this grant funding. Gaps have been identified in the following areas: (1) Sequential Intercepts- without additional resources there will be continued gaps in services for individuals with severe mental illness pre-booking at Intercept One, and Five; (2) programming- although the community, through LifeStream, has a jail diversion team in place providing Intensive Case Management,

incarceration for criminal offenses. The most recent event was a Community Service Resource and Career Fair. The next re-entry fair is scheduled for December 12, 2013.

Although the aforementioned efforts and services exist, the needs continue to outweigh the services provided for those with MHSA problems. State contracted MHSA services are under-funded relative to need and services for indigent adults are limited primarily to crisis stabilization and outpatient psychiatric medication maintenance; not outpatient therapy/counseling. Lake County currently lacks specialized courts (e.g. Mental Health Courts, Veterans Courts) having preference instead for community-based treatment. The needs of individuals include outpatient MH care for indigent and uninsured; supported employment opportunities, affordable housing, and transportation. **Extent of the problem with data and trend analysis:** Lake County has identified adult criminal justice involved individuals with mental health, substance abuse and co-occurring disorders as a priority population and as the target group for this grant

and adolescents under 18 years and 24% of adults are 65 years of age or older.

Occurring Mental Health and Substance Use Disorders (50%). As noted earlier, there has been an increase in females incarcerated an5.0717()7.48.07072

Objective 1- Establish a Central Coordination Project as an expansion of the Forensic Community Services Team within 8 months of the execution of the MOU.

Key Activities

program criteria and the person desires to voluntarily participate. A recommendation is then provided to the to the jail diversion team along with planning and coordination with the jail diversion court liaison to facilitate acceptance into the program at the arraignment hearing. Those individuals who meet the eligibility criteria and pose the greatest risk for returning to the criminal justice system will be offered assistance. The FCST Court Liaison will be available in the courtroom and by phone or office contact for any consultation needed throughout the referral and engagement phase. This staff member insures that crucial communication is conveyed in all cases and answers any questions the Judge, State Attorney or Public Defender might have about the program or cooperation of participants.

After acceptance and informed consent, a diver

assessment, engage with the team and begin community reintegration. Frequency of contact will decrease (Phase II- 90 to 120 days) as progress is made in illness management, reduction of substance use and harm-related behaviors and the development of pro-social and productive activities. During Phase III (30 to 45 days) participants will transition to other programs at LifeStream such as Targeted Case Management, Florida ACT, AIMS vocational program and medication clinic or remain in the team for aftercare services. The participants may be served from months or up to 1 year, unless it is determined that continued treatment would be beneficial and necessary for public safety. As individuals phase out of the program, new participants will be added.

Ancillary services available to participants of this program will be accessed through coordination by the FCST program. These services will address needs in the four recovery domains of housing, health, purpose and community. They include: 1) integrated primary behavioral health care through our Wellness Integration Network (WIN clinic), a SAMHSA grant funded program; 2) rental housing, -5.07072(m)-8.6053(;)

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Lake County and it continues to grow. The project staff will meet with leadership in these organizations to provide information on the benefits of CIT, and encourage their participation with the target of increasing trained agencies from 53% to 77%.

The CCP-FCST will work with local law enforcement jurisdictions to review policies and procedures and enhance protocols for calls involving mentally ill or substance impaired individuals. The project will fund basic implementation of on-call and crisis intervention resources for availability to CIT officers through CCP-FCST. Although resources are not yet in place for full implementation of a Mobile Crisis Team, by creating a position to respond to calls involving known recidivists pre-arrest or pre-booking and implementing an on-call system with current staffing, the CCP-FCST will add capacity to divert more individuals at Intercept One. Initially this intervention will be on a case by case basis until there is sustainability for a full Mobile Crisis Program in the county.

Capability and Experience: The Lake County BOCC has the capability and experience to meet the goals and objectives set forth in the proposal as demonstrated by the outcomes already achieved through initial jail diversion efforts. Statistics demonstrate 64.4% successful completion; recidivism rate post successful completion of 19% versus 50% recidivism for those without successful completion.

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Roles of Consumers: The PSCC membership has a designated family member, a primary consumer of a mental health services and a primary consumer of a substance abuse services. The insight provided by these individuals was instrumental to the development of this application. Their input assisted with the identification of the evidenced-based practices currently being utilized and the ones proposed. They also assisted with the development of the Peer Recovery Coach position. Peer Recovery Coaches are employed members of the team. Responsibilities are to represent the group of consumers served; engage in the person-centered planning process; facilitate consumer's engagement in the recovery planning process; participate in the quarterly Task Force partner's meetings where outcomes and other data will be reviewed; and assist if needed in resolving any complaints from the(o)-5.075(m)-8.608(p)-5.067(l)18 oesooee08(p)-5

Evaluation: Evaluation and collaborative partnerships will continue to maintain and build long-term support resources to sustain the CCP-FSCT by evaluating compliance and performance measures as related to program specific requirements through an

