

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, available resources cannot support the requirements for the evidenced-based community team. Also, there are limits to the allowable activities and resources for the provision of Targeted Forensic Case Management services to individuals re-entering from the State Forensic Hospital; (3) risk- existing FCST services target those with criminogenic risk factors from low to moderate with a gap in services for moderate to

high MHSA and criminogenic risk; (4) benefits and supports- limited resources and supports for housing, employment and the implementation of SOAR; 5) crisis intervention- mobile crisis services and community-based competency services have yet to be addressed and 6) data sharing- In September 2012, the Lake County Sheriff's Office implemented a new Jail Management System (JMS) in the Detention Center. Improvements need to be made in data sharing between the jail and the community partners/providers to provide a thorough understanding of all of the CJMHSA needs in Lake County.

Target Population: The project will serve adults with behavioral health and criminal justice problems who have high service needs. Justice involved individuals are often indigent and uninsured. Lake County's uninsured population is 24.2% and state behavioral health funding for Lake County was reduced this fiscal year by \$245,096.63 to cover administrative costs of a managing entity for the oversight of those dollars. This money will not be replaced in FY 2014 and additional cuts are likely. According to the data collected by FCST, then analyzed by the University of Central Florida Criminal Justice Program, males have a slightly higher level of crime at 51.7% than females (48.3%). Average age of the criminal population is 34.6. Nearly 45% have been found to be high risk for serious mental illness. Over 30% have high risk criminological factors and 91.3% are found to have a co-occurring disorders; specifically having a high risk for recidivism due to substance use disorder (Potter, 2013). Resources do not match need.

Current Services and Needs: Lake County used implementation grant funding in 2011 and in 2012 a BJA Planning and Implementation Grant to create a diversion program called the Forensic Community Services Team (FCST). The cross-system collaboration led to a referral process and eligibility criteria for program participants. The individuals served were repeat offenders with mental illness or co-occurring disorders that burdened the court system. A total of 358 individuals were referred and screened by Lake FCST, as of October 8, 2013. Of these individuals, 57 were ineligible and 122 were admitted into FCST. Five clients were involuntarily withdrawn due to non-completion of the program and 60 have successfully completed the FCST program. There are currently 23 active clients in the program. The specific needs for the justice involved individuals that have been served in the FCST include stable housing, employment and education. Of the criminal justice individuals served through FCST 27.6% were identified as homeless; 41.3% chronically unemployed and 13.8% were employed part time. Educational and vocational needs were at 27.6%. Lastly, 89.3% had responsibility barriers that include access to transportation, housing, financial strain or low motivation for change.

Partners Investing in People (PIP) of Leesburg, FL is a grassroots stakeholder group who have identified a service gap and are focused on creating a one-stop Offender Re-Entry Center which will expand or enhance SA treatment and related recovery and re-entry services to sentenced adult offenders returning to the community from

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 application. The Florida Criminal Justice, Mental Health, and Substance Abuse (CJMHS) Technical Assistance Center estimated that individuals with severe and persistent mental illness and those with co-occurring disorders make up sixty percent (60%) of the jail population. Individuals with serious mental illness or with developmental disabilities are often housed in the administrative confinement area in the Lake County Detention Center where they occupy approximately 30 of the 50 beds there. Others with mental illness or substance use disorders are housed in the general population. According to the trend analysis, Forensic Baker Acts increased slightly in 2012 as in years 2010 and 2011 while arrestees with SMI in Lake County had a steady decline from 2010 to 2012. The percentage of arrestees with SMI Co-Occurring had a steady decrease from 2010-2012. It is important to note that there was an increase in CIT training and the implementation of the Forensic Community Services Team in 2011. Forensic cases under F.S. 916 have increased in the past two years from 38 in Forensic Case Management to 44. There has been little change in the average daily population within the Lake County jail. This can be attributed to maximum capacity. The percentage of male arrestees stayed within the average, with no increase or decrease, however, female arrestees increased steadily between 2010 and 2012. See the charts in **Attachment C** detailing trends in Lake County.

Geographic environment: Lake County is located between Sumter and Orange Counties, two of the fastest growing counties in the state. The latest census data for Lake County estimates the population is 297,052 in a mix of small urban and rural communities (U.S. Census, 2010). This represents a trend toward growth at the rate of about 2% annually over the past three years (Quality of Life Surveys, 2013, 2011, 2009). Lake County faces many challenges. Formerly the third fastest growing county in Florida (Lake County Community Assessment, 2012), the economic downturn has had a financial impact on Lake County and the loss of property tax revenue led to direct cuts in social services funding. Population statistics demonstrate that 23% are children

and adolescents under 18 years and 24% of adults are 65 years of age or older. Racial/ethnic diversity is low with 8.4% African Americans, 9.8% Hispanic and 87% of the population identifying as White. A very small number of individuals identify as of Asian or Native American.

Social and economic disparities in Lake County include homelessness (3.43 % of the population), poverty (24.8 % of households <\$24K), illiteracy (24 %) and high numbers of uninsured (24 %), underinsured and elderly concerns (2012). Overall poor health behaviors are generally on the rise in Lake County (Well Florida Council, LCMAPP, 2012) and over 31% of hospitalizations in the county are due to mental health conditions (2012).

Priority as a community concern: A local program such as FCST is designed to increase public safety, decrease costs, and reduce recidivism. According to Public Defender Mike Graves, the FCST *“is progressive... and is the only program of its kind in the Fifth Judicial Circuit.”* (The Daily Commercial, June 10, 2013). The FCST maintains cross-system collaboration throughout treatment. Involvement with the FCST increases the individual’s support and ensures compliance with treatment so that the person can successfully complete the terms of probation and thereby decrease jail days. An average Lake County jail bed cost \$58 a day; however, the cost rises an average of \$30 per day for individuals with severe mental illness to \$88. For such an individual, a 180 day stay would cost \$15,840. Comparatively, FCST costs \$34 per day. A 180 day program is \$6,120. In Lake County, participation in the FCST by an offender with serious behavioral health problems versus 180 days in jail provided a cost savings to the county of \$9,720 per program participant. To date, FCST successfully discharged 60 individuals, saving the county \$583,200.

Analysis of the current population of the jail: The screening and assessment process for mental illness and substance abuse in the jail begins with nursing staff using a questionnaire designed for and used by corrections facilities nation-wide. If an arrestee reports mental illness or substance dependence, or a history of or current treatment with psychiatric medication a referral may be made to the licensed counselor at the jail for further assessment and/ or to the contracted physician for psychiatric evaluation and medication orders to be continued. Inmates are asked to provide a signed release of medical records from their community providers. Medications are not typically initiated unless there are confirmatory documents of previous diagnosis and treatment. At the time of this writing, the percentages of inmates receiving psychiatric medications by type at the jail are as follows: Anti-psychotics (5%), Anti-depressants (7%), and Mood stabilizers (7%).

According to the Director of the jail medical services unit, the percentage of individuals admitted to the jail that are identified with serious or severe mental illness, substance use disorder, or co-occurring mental health and substance use disorder are as follows: **Severe Mental Illness (12%); Substance Use Disorder (80%); Co-**

Occurring Mental Health and Substance Use Disorders (50%). As noted earlier, there has been an increase in females incarcerated and a decrease in people with mental health or substance use booked into jail. Concurrently, Forensic Baker Acts increased slightly (Lake Co. Sheriff's Report, 20102.) While these BA52's might have been diverted from jail, without the right supports, these individuals returning back into the community without intervention/treatment are at risk for arrest/re-arrest.

In fiscal year 2012-2013 Lake County ordered over 20 individuals to forensic state hospital placement. Presently five inmates in LCDH are awaiting disposition of their felony cases as either Incompetent to Proceed, Restored to Competency or Not Guilty by Reason of Insanity as per Florida Statute 916. At the time of this proposal, Circuit 5's most intensive outpatient program, Florida Assertive Community Treatment Team remains at capacity and leaves few openings to individuals upon their return to the community. Increasing resources to this group, especially for treatment and housing will reduce the likelihood of relapse and re-offending and promote successful completion of the conditions of their release. The funding from the Criminal Justice Mental Health and Substance Abuse Reinvestment Grant would greatly assist Lake County in the enhancement of the FCST as the Centralized Coordination project. The funding will increase needed resources; thus, reducing the utilization of Forensic State Hospital beds by 10% by adding intensive treatment options for conditional release.

Project Design and Implementation: Through the present grant opportunity Lake County, in partnership with LifeStream will collaborate in the **Centralized Coordination Project** with the Forensic Community Services Team for justice-involved individuals with acute mental illness or co-occurring substance use disorders referred by law enforcement, corrections staff or the courts. The program will allow for participants to be referred 1) pre-booking, 2) post-booking either before or immediately after first court appearance, or 3) upon re-entry from state forensic hospital beds through conditional release, reducing time in hospital or custody. LifeStream agrees to act as the lead agency working with Lake County Board of County Commissioners, Lake County Sheriff's Office, the Courts, the Department of Children and Families Program Office and other community provider agencies. The CCP-FCST will serve as a central point of contact. Involvement and decision-making of the BOCC and PSCC is ongoing through planned quarterly meetings with their FCST Task Force Subcommittee also meeting quarterly to enhance communication and ensure alignment with the Strategic Plan and funding. S. Glass and M. Dwyer are county and program liaisons respectively.

The chart below describes the goals, objectives, key activities and the specific roles of the proposed project.

<p>The Goal of the proposed Central Coordination Project-Forensic Community Services Team Program (CCP-FCST) is to increase public safety by successfully diverting individuals with behavioral health disorders from incarceration through improving 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 at the misdemeanor and non-violent felony level.</p>

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 A. Review and revise existing MOU between LifeStream and Lake County, LCSO and other LE agencies defining Transportation Plan for persons requiring involuntary examination and/or diversion. B. Review and revise MOU between Lake County and the Homeless Coalition outlining planning strategies and housing alternatives. C. Hire and train additional staff in all procedures and EBP's D. Educate the community and law enforcement organizations on the expanded program and opportunities for coordination the project offers. E. CCP-FCST will act as a clearinghouse of information and resources available to Law Enforcement and CJMHTSA involved people and their families.	Responsible Party A. County Comm.-Comm. Sullivan, Services, LCSO-Major Longo, B. PCSS,FCST manager, Mike Dwyer. Lake Co., Homeless Co., B. Wheeler C. Lake Co., FCST,LCSO, DCF,NAMI D. Lake Co.,FCST,LCSO, E. DCF,NAMI-Jerry Manesis
Objective 2- Assure that individuals and entities who will be working with the target population are adequately trained in identifying or delivering recovery-oriented services.	
Key Activities A. CJMHTSA collaborative partners will enhance and strengthen the CIT program throughout Lake County and increase number of trainees. B. Law enforcement agencies and CCP-FCST partners will review procedures regarding response to calls involving MHTSA disordered individuals and/or their families. C. As part of the CIT Steering Committee CCP-FCST will make procedural recommendations based on the CIT model D. CIT officers will be routinely dispatched, when available, for calls involving possible behavior health issues to divert individuals from arrest. E. CCP-FCST Crisis Intervention Specialist will provide consultation for CIT involved calls amenable to diversion.	Responsible Party A. CIT Steering Comm., LE organizations, trainers B. LE agencies, FCST C. FCST D. Lake 911 E. FCST Specialist
Objective 3- Increase access to MH or SA treatment or prevention services for program participants identified as the Target Population	
Key Activities A. With consents, share participant roster with partners. B. Prepare and distribute statistics (non-identifiable) C. CCP-FCST will conduct tailored, validated risk-needs-receptivity based assessment of referred individuals. D. Identify those multi-system involved persons who are moderate to high in criminogenic risks and needs and high in functional impairments for participation in the program; E. CCP-FCST will provide treatment, rehabilitation and support services to enrolled participants.	Responsible Party A. & B.FCST Program Ass't C. Jail Screener, referral agents, Jail Medical D. Jail Screener- John Velez E. FCST Clinical and CM staff-Ellie Stubbs,
Objective 4- Increase public safety by reducing the number of arrests for the target population.	
Key Activities A. Update PSCC on accomplishment of Strategic Goals at quarterly meetings with minutes sent to the BOCC. B. Reduce risk of entry/re-entry into the Criminal Justice system through management of behavioral health disorders and SUD; C. Address criminogenic risks through interventions, services and supports to change criminal thinking and associations of target group, safe stable housing and jobs/benefits. D. Share data between partners on program referrals, completions, re-arrests, VOP	Responsible Party A. FCST; S. Glass, County Contract Mgr., Consumers B & C. FCST CMs/ clinicians D. CCP-FCST Program Ass't; Lake Co. Project Mgr.
Objective 5- Reduce barriers to successful diversion and community integration for the target population.	
Key Activities A. Establish role of the Crisis Intervention Specialist as a consultant to CIT officers responding to calls involving behavior health problems B. Establish on-call services for program participants. C. Identify housing alternatives for emergency, transitional and permanent housing D. Leverage existing housing continuum resources within LifeStream E. Assess options for self-sufficiency of program participants F. Link to benefits/jobs; provide supportive employment.	Responsible Party A.CCP-FCST Mgr., LE B. FCST C. LSBC, FCST, Homeless D.LSBC E & F. FCST CM, Comm. Partners, Stakeholders.

The CCP-FCST is expected to serve an additional 150 unduplicated individuals with current misdemeanor offenses having moderate to high-risk criminogenic risk factors, and moderate to high severity of mental illness or co-occurring disorders. On a case by case basis, non-violent felony offenders re-entering from jail or state hospital may also be served as determined by collaboration with the Court, State Attorney and Public Defender. Partners are also in the planning stages for establishment of a Re-entry Center for individuals returning from jail or prison to the community (PSCC Strategic Objective 4:4.4, 2013). Resources from this 2013 Reinvestment Grant will add capacity for services specifically for the forensic population in Lake County who are returning from forensic state hospital beds.

The CCP-FCST will utilize several SAMHSA endorsed, evidence-based (EBP) and promising programs and practices to coordinate the opportunities for delivery of diversion and treatment services to adults with mental illness/co-occurring disorders in Lake County. The Memphis Model of Crisis Intervention Training will be used for LE and first responder training. Assertive Community Treatment (ACT) will be the model for treatment, rehabilitation and support services with integration of elements of Forensic ACT. Under the agency's current BJA CJMHCP planning and implementation grant, LifeStream has been utilizing Forensic Intensive Case Management (FICM) endorsed by the National GAINS Center for Mental Health Services, Integrated Co-occurring Treatment principles and methods, Illness Management and Recovery and Supported Housing, all endorsed by SAMHSA. Specific evidenced-based therapeutic practices such as Cognitive Behavioral Therapy and Motivational Interviewing and Enhancement Therapy, already utilized by LifeStream in related programming, are part of each clinical team member's skill set and case managers work from a strengths-based model. Because ACT subsumes these practices, expanding the existing FCST program, (currently functioning as a 2012 planning and implementation grant) is the next logical step in quality improvement of the program operations and outcomes. LifeStream, the county's choice as service provider, is experienced in the provision of ACT services, through the operation of a team, with fidelity to the PACT model, since 2001. The team leader has participated in fidelity monitoring of other teams in the state as part of the development of a revised monitoring tool based on the Dartmouth survey instrument.

Law enforcement partners in the CCP-FCST will be trained in recovery principles, trauma informed services and CIT as strategies for identifying and dealing with calls involving mentally ill offenders. In Fiscal Year 2012-2013 more than half of the Baker Acts that were initiated by LEO's were overturned at the Access Center. Through the availability of crisis consultation and on-call services, cases like these could potentially be diverted from the BA-52 process. This will reduce the LEO's processing time and transportation time for such cases. Data on active FCST caseload will be shared (with signed agreements and releases) with emergency dispatchers so that the team can be

contacted in an emergency for consultation and diversion options. Transportation agreements between the County and the provider will be revised to account for alternative dispositions. The CCP-FCST office will offer an alternative to law enforcement for resources to individuals diverted pre-arrest. Crisis counseling, linkage to housing and food programs and natural supports as well as access to medication will be available to diverted individuals. If eligible, these individuals can then be screened for enrollment into FCST.

Expanding the FCST into a Central Coordination Project provides several enhancements to the program which will be accomplished through the grant funding. These include 1) revision of admission criteria from individuals with higher behavioral health needs and lower criminogenic needs to those with higher behavioral health needs and higher criminogenic risks and needs; 2) opening admission to non-violent felony offenders who were placed in state hospital facilities as either Not Guilty by Reason of Insanity or Incompetent to Proceed who are re-entering detention placement for disposition of charges and possible return to the community on conditional release, 3) advancement of the program model from intensive strengths-based case management to assertive community treatment.; 4) adding trauma assessment to the screening process; 5) improving risk assessment processes beginning in the jail with brief assessment followed by in-depth assessment in the community; 6) making after-hours on-call consultation available to law enforcement regarding program participants; 8) offering crisis consultation services to CIT officers; 7) improving data sharing with law enforcement; 8) strengthening delivery of SA services to participants with co-occurring disorders; and 9) increasing the number of women referred and accepted into the program.

Screenings will be conducted in various locations according to the intercept point for diversion. The instruments used have been tested successfully for target population. Locations include Lake County jail, LifeStream inpatient crisis stabilization unit (CSU) hospital or detox; residential SA program (Adult Choice); at the FCST location in Tavares, or at program participants' residence. A case staffing takes place at the jail with the referral source, Howard Lawrence, a Licensed Mental Health Counselor who is also a member of the task force. The FCST screener, John Velez then meets with the inmate and conducts a semi-structured interview; provides informed consent to include risk and benefits of the program and expectations for successful completion, and administers GAIN Short Screen instrument. Additional screening instruments are also used where indicated. The PHQ-9 (assesses for mood disorder), PCL-C (Post Traumatic Stress Disorder checklist), Texas Christian University Drug screen and ORAS-reentry tool, (a risk assessment measure of the likelihood of re-offending), are identified instruments. Special risk factors are identified such as pregnancy, children in dependency, IV drug use, trauma history and motivation for treatment and assistance is identified. The instruments are scored and data verifies if the referral meets the

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 diversion/transition plan is developed with the inmate that may include voucher for medications, contact with family/primary support network and first appointment and map to the Forensic Community Center. If in detention, initial contact with the individual will be made prior to their release and a case manager and clinician will participate in the development of the transition plan for re-entry into the community. This may include collaboration with the State Attorney for the development of a conditional release plan. Consumers are served while in jail and then while living in the community in a three stage process. Individuals may be court ordered to treatment in lieu of detention time; may have sentencing deferred until completion of the program or may have their charges dropped or reduced. Due to the severity of behavioral health disorders of the targeted population and need for public safety the projected caseload per direct service staff member is 15 persons at any given point in time with an average stay of 6 to 9 months and an estimated 150 persons served over the three year period. Contacts will range from daily during initial engagement to an average of three times per week.

A comprehensive strengths-based assessment driven by a person-centered interview will be completed with all persons enrolled. The assessment will inquire into the domains of need delineated in the GAINS re-entry planning form. Areas addressed will include mental status, diagnoses, medical history and current health status, substance use including past treatment; family history and availability of family support, most recent, past and most desired living arrangement, episodes of homelessness, daily living skills, employment history and education, social and leisure skills, financial resources, legal matters, and criminogenic risk. Additionally, the ASAM may be used to determine the level of service need for substance use disorders and the Adverse Childhood Experiences survey will be utilized as an assessment of childhood trauma history that may affect adult functioning.

Each participant's recovery goals are developed into a plan which is individualized and strengths-based. The participant moves through phases in the program until completion. In Phase I (30 to 45 days) participants will require considerably more frequent contact in the first weeks after release from jail in order to complete an in-depth

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, through LifeStream's Hope Springs Apartments, Shelter Plus Care vouchers; 3) linkage to Workforce Central Florida, Goodwill Employment Training or Achievement, Independence and Mastering Skills (AIMS) psychosocial rehabilitation program; 4) both Patient Assistance and Indigent Drug Program for psychiatric medication; 5) provision of LifeStream's residential mental health or substance abuse treatment if needed by an individual, as part of budget match. Open beds in the Neighborhood Stabilization Program will be utilized for immediate housing for individuals in housing crisis or for those re-entering the community from Jail or State Hospital until permanent housing can be found. The CCP-FCST will provide supportive housing and supportive employment as delivered in the ACT model.

The strategies law enforcement utilizes to identify and respond to incidents involving mentally ill offenders further enhances the cross-system collaboration that is currently in place in Lake County. The strategies involve: 1) officers receiving Crisis Intervention Team (CIT) training gain skills to identify signs of MH/SA when responding, 2) consultation and collaboration with forensic behavior health professionals to identify options for diversion from arrest; 3) comprehensive jail screening and assessments identify individuals who can be diverted post-booking. With the strategies in place, 180 individuals are expected to be screened and 150 individuals are expected to be enrolled in the CCP-FCST program. Additional individuals will benefit from services such as crisis intervention or referral to programs more appropriate to their needs.

The CIT program has been embedded in the community with the Lake County Sheriff's Office and LifeStream Behavioral Center. With identified trainers and a trained officer to provide classes and support, this effective police response program is designed for first responders who handle crisis calls involving people with mental illness including those with co-occurring substance use disorders. CIT has been adopted in

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. Operational guidance and clinical support services in the form of a therapist, psychiatrist, and forensic case managers will be provided by LifeStream Behavioral Center. LifeStream has been serving this population for 42 years and the FCST staff members have extensive experience serving adults with mental illness, especially those with SMI.

Project Collaboration Structure: The dedicated probation officer, provided by the BOCC to the FCST caseload, ensures a clear line of communication between therapeutic services and the courts. This officer sets appointments at the FCST office which demonstrates to the client, how probation and the FCST work as a team. The probation officer is an active part of the FCST task force, has formal case staffings with the team once a month, and communicates with them almost daily. The BOCC administrative grant manager, Stephanie Glass is also an active participant of the FCST taskforce and statistical workgroup, as well as the Public Safety Coordinating Council. She makes public presentations and helps facilitate Crisis Intervention Training sessions. The administrative grant manager advocates for and coordinates inter-agency FCST services.

The Lake County Sheriff's Office Detention staff conduct initial inmate screenings, make referrals, and provide a meeting space for the FCST jail screener to conduct further program eligibility assessments. The Lake County Probation office provides a dedicated probation officer trained to work with FCST eligible offenders who work closely with the FCST to coordinate community correction supervision, completion of required court sanctions and appropriate service referrals. LifeStream provides staff supervision and program management; office space, equipment and utilities.

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 participants.

Project Staff: Staff will continue to receive on-going training throughout the course of this grant to ensure that the highest quality of services continues. Areas of focus will be: cultural competency, co-occurring issues, motivational enhancement techniques, wellness programming, medical issues, medication adherence, trauma informed care, trauma specific services and criminogenic needs/risk assessment. LifeStream will be the contracted provider. Their Human Resources Department has the capacity to recruit and train experienced appropriately credentialed employees, according to federal and state guidelines, for the program. LifeStream staff is also experienced in serving HIV positive and AIDS afflicted individuals, persons with differing sexual orientations, differing religious backgrounds and disabilities, including literacy and hearing impaired. The chosen staff will mirror the target population with regard to culture and language of the population of focus. The FCST is in place and will be reorganized and expanded to meet the need for a Centralized Coordination Project. Collaborative efforts will provide necessary staff and financial resources needed to achieve work plan goals.

LifeStream provides free on-line training and an annual training conference to employees as a benefit. Required orientation, training and conference attendance secondary to grant award is planned and budgeted for the FCST. Training in ACT will be conducted by Teresa Morales Serrano, a trained ACT Team state peer consultant for fidelity monitoring, which she will also perform for the program on an annual basis. Trauma informed care is utilized in working with both staff and consumers at LifeStream, and compassion fatigue is recognized as a real possibility for staff in these intensive programs. LifeStream was a participant in the 2012 National Council Trauma Informed Care Initiative and served as lead agency in the DCF Circuit 5 Trauma Informed Care Initiative. Communication, team building and supervision along with encouragement of self-care are some of the supports offered to staff.

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[REDACTED]

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 automated data collection system, utilization management techniques, and onsite monitoring. A quality assurance summary of all monitoring will be provided to the Task Force Advisory Committee quarterly for identification of trends, programs deficiencies, and to recommend a unified strategy when necessary. Collecting, reporting and sharing data among partners will support continuity of care, identification of additional system efficiency; reduce duplication of services, and further minimize any gaps that lead to higher utilization or more costly services.

The report findings will be shared with Lake County BOCC, all community partners, elected and appointed officials, and the by reporting such results at local community meetings. The outcome data to be collected and monitored is as follows: (1.) Number of partnerships developed and strengthened to increase resources for CIT training, employment, education, and housing as demonstrated by development of a formal Memorandum of Understanding, Cooperative Agreement, and data collaborative agreements for 3 months, 6 months, and 1 year. Responsible parties to collect the data includes LifeStream Behavioral Center, Lake County Board of County Commissioners; other collaborating agencies. (2.) Recidivism rate of program participants to jail, prison, or psychiatric hospitals as defined by occurrence of re-arrest of participants after initial program involvement. Responsible parties to collect the data include Lake County Sheriff's Organization, LifeStream Behavioral Center, and Lake County Courts and Probation. (3.) Improved access to and effectiveness of mental health and substance abuse services for program participants as measured by participants' continued engagement with the programs services in the first 90 days in the community and improved FARS scores. LifeStream Behavioral Center is the responsible party to collect the data. (4.) Detention bed utilization involvement as evidenced by the number of days

pre-program vs. post program involvement. Lake County Sheriff's Organization is the responsible party to collect the data. (5.) Admissions to state forensic institutions among program participants as evidenced by the number of participants re-offending and committed to State Hospital during and one year post-program involvement. LifeStream is the responsible party to collect the data. (6.) Individual's psychosocial status according to the GAIN assessment as evidenced by Initial GAIN vs. GAIN Follow-up Assessment at 6 months and program discharge. The responsible party to collect the data is LifeStream. (7.) Reduction in spending on psychotropic medications by the detention center medical services unit as evidenced by Pre-program baseline year costs vs. post program implementation costs (adjusted for inflation). The party responsible to collect the data is LCSO.

Data systems are in place to organize information that is analyzed and interpreted by experienced staff and will be used to collect and track participant demographic information, and service linkage, utilization, and engagement including treatment services received, housing placement, and forensic admissions. LifeStream utilizes an electronic medical record for documentation of all demographic, clinical and service provision data and will comply with HIPAA and HITECH regulations. Information collected for reporting services will be non-identifiable as to specific participant, and will be securely maintained by program staff working at LifeStream Behavioral Center and Lake County. A specialized data collection team has formed with S. Glass, Lake County; J. N. Moore, Program Assistant; Program Manager/Taskforce Chair – M. Dwyer; and an academic partnership established through the University of Central Florida (UCF) technical assistance services. R. H. Potter, Ph.D., Director of Research in the Department of Criminal Justice will act as our external reviewer to insure that the grant requirements are met or exceeded. The data-driven reports will be generated by a collaborative effort, and then analyzed by the UCF Department of Research. Information will be shared meeting confidentiality regulations, informed consent, and de-identifying program participants.

Stakeholder support and service coordination will be defined and measured by tracking participation in monthly meetings, taskforce quarterly meetings and case staffings. Lake County and LifeStream establish and maintain policies and procedures that require employees to take responsibility for improving overall functioning of the agency and services utilizing data driven process improvement models such as Total Quality Management. Continuous quality improvement results from performance evaluation of project and staff, systematic operations, evaluation of effectiveness and consumer satisfaction. Projected percentages or target numbers and the methodology to be used to report at the end of year two are as follows: 70% reduction of re-arrests among program participants reported through CJS Data sharing; 150 individuals to be served by the program, reported through program counts; Percentage increase from 60% to $\geq 75\%$ in the number of law enforcement officers trained in the CIT model

documented through training rosters; 100% of program participants will receive increased access to services in comprehensive recovery based MHSA treatment services that are community based, 80% fidelity to EBPs measured through fidelity tools; 80% of program participants will reside in a stable housing environment upon re-entry into the community reported in program quarterly reports; 10% reduction in Lake county admissions to forensic state mental health treatment hospitals among the target population who would otherwise met the criteria for forensic state mental health hospital admissions, reported in program statistical tracking; increase of 30% of program participants linked to social security benefits reported in program statistical tracking; 63% decrease in spending on participants' jail days as measure of impact of proposed efforts to increase public safety and the percentage of cost avoidance or reduced spending in the criminal justice system (i.e. law enforcement, courts, jail bed days) cited in quarterly report of days diverted x cost per day; review and revise existing MOU between LifeStream and Lake County defining Transportation Plan for persons requiring involuntary examination by target date of September 30, 2013; review and revise MOU between Lake County and the Homeless Coalition outlining planning strategies and housing alternatives by target date September 30, 2013. See **Attachment D** for detailed table.

Sustainability: Federal, State and local grant opportunities will be pursued as they relate to this population and Lake County has successfully partnered with LifeStream to find or match funding in areas of common interest. The inclusion in this project budget of cash match funds demonstrates the level of commitment to the program sustainability. The taskforce will continuously look for alternative funding sources to keep the program in place once this Reinvestment Grant funding ends. We will investigate all potential financial resources needed to support the continuation of services. Success in sustainability efforts has already been demonstrated by an award to the county of a grant from the Bureau of Justice Assistance to enhance the jail diversion program started in 2011. By the end of two years, if this Reinvestment Grant is awarded, benefits acquisition for participants in the program will have increased by 30% over current numbers.

LifeStream has SOAR trained staff members in place and available to expedite processing of SSI/SSDI applications with the local Social Security Administration Office in Leesburg. At the close of the grant period (3rd year), Medicaid/Medicare and other third party billing, where allowable, will support service delivery to covered individuals. Equal focus for sustainability will be on the integration of evidenced-based practices, collaboration, and political/organizational changes necessary to achieve Strategic Plan Goals and sustainability. Partners and stakeholders must be involved in resource development, an activity that will continue building interagency collaboration.