



LEON COUNTY CRIMINAL JUSTICE MENTAL HEALTH ADVISORY COUNCIL

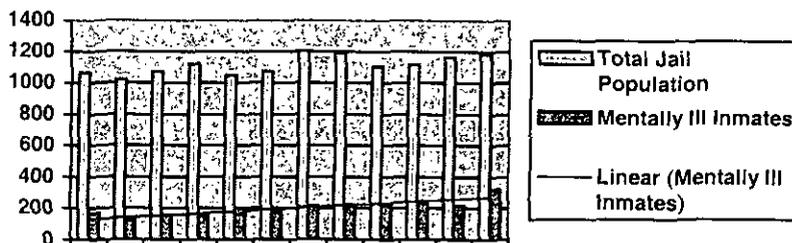
INTEGRATION OF COMMUNITY FORENSIC MENTAL HEALTH SERVICES STRATEGIC PLAN 2007-2010

Statement of the Problem / Critical Issues

By every measure, mental illness is a rapidly growing challenge in Leon County, Florida. Admissions for mental health treatment increase significantly at every facility annually. This growth in civil commitments in Leon County is entirely consistent with the increasing demands of mentally ill persons in the criminal justice system. The mentally ill population is routinely rearrested, and places disproportionate strain on criminal justice resources. Admissions for mental health treatment have increased significantly every year. In 2000, for example, Baker Act receiving facilities in Leon County involuntarily admitted 572 patients. By 2006, the facilities involuntarily admitted 1,246 patients, representing a 118% increase in involuntary admissions. Based on admissions through August 2007, 1,340 involuntary admissions are anticipated this year.

The growth in civil commitment data in Leon County is entirely consistent with the increasing demands of mentally ill persons in the criminal justice system. Since 2004, the absolute number of and proportion of seriously mentally ill inmates increased steadily and alarmingly. The average monthly number of inmates in the Leon County Jail as compared to the overall jail population has increased from 15.6% to 27.2%. In October of 2004, 152 of 1,153 (13.2%) jail inmates were diagnosed with a major mental illness, receiving mental health services after screening and diagnosis or were prescribed psychotropic medication. The number and proportion of these mental health inmates increased consistently since then and in August of 2007, 299 of 1,182 (25.3%) inmates were receiving mental health services. August was no aberration. In July 2007 346 of 1,185 (29.1%) inmates received services or were diagnosed with a major mental illness after screening. Costs associated with mentally ill jail inmates likewise continue to increase. The Leon County Sheriff's Office spent \$128,082.74 in 2004, \$149,245.55 in 2005 and \$162,645.23 in 2006 to medicate jail inmates.

Jail Population with Diagnosed Mental Illness
Quarterly Comparison - October 2004 through August 2007



To address the issues of mentally ill persons in the criminal justice system Second Circuit Chief Judge Francis directed Circuit Judge Sjostrom to propose a Criminal Justice Mental Health Advisory Council for Leon County. After a series of successful initial meetings, the Leon County Mental Health Advisory Council conducted a preliminary analysis of law enforcement responses to calls for service involving mentally ill persons. That data supports the anecdotal experience of many law enforcement officers that a relatively small population of the mentally ill consumes criminal justice resources disproportionately.

A database query of Tallahassee Police Department records over 3.5 years showed 2,813 incident reports involving 2,021 mentally ill persons. 130 of these individual persons generated at least 3 and as many as 13 calls each or 21% of the total incidents. One individual with 13 mental illness calls over the period studied had a total of 27 reports, including 13 arrests (generally trespass violations) over the same period. While the mentally ill population is expected to require law enforcement services at a higher rate than the general population, an effective specialized response would conserve criminal justice resources by providing officers and the criminal justice system meaningful alternatives to arrest and incarceration.

Through its initial assessments the Criminal Justice Mental Health Advisory Council clearly found that Leon County lacks integration and treatment resources necessary to maximize efficient screening, classification, community-based treatment, and case resolution for mentally ill persons who enter the criminal justice system. Additionally, treatment resources, supervised mental health pretrial release, court enforced community treatment and mental health probation were used episodically, inconsistently and without effective data collection or outcome measurement.

The critical issues for Leon County include (1) effective, early screening for mental illness at every stage of the criminal justice process; (2) classifying mentally ill defendants as soon as appropriate with respect to clinical diagnosis and treatment, appropriateness for pretrial and diversion services, community competency restoration services and commitment to the State Hospital; (3) implementation of pretrial and post-adjudication alternatives to incarceration if appropriate; (4) ensuring integration of resources to maximize efficient administration of justice; (5) systematic collection of meaningful data; (6) developing valid outcome measurement and establishing a system for accountability.

Regional Partnership Strategic Planning Process

On April 16, 2007, Judge Sjostrom issued a memorandum inviting stakeholders to form the Advisory Council. Stakeholders responded and the Advisory Council has met monthly since that time. Additionally, the Advisory Council formed subcommittees to consider and address the issues of Crisis Intervention Team (CIT) training, Data and Analysis, Misdemeanor Mental Health Docket (already in existence) a proposed felony mental health court, housing and benefits for mentally ill persons, outpatient and inpatient treatment resources, grant applications and legislative proposals. Advisory Council members included representatives from:

- 2nd Judicial Circuit Judiciary and Court Administrator's Office,
- Office of the Public Defender,
- Office of the State Attorney,
- Leon County Sheriff's Office,

- Tallahassee Police Department,
- Leon County Clerk of Court,
- Department of Children and Families,
- Apalachee Community Mental Health Service,
- Ability 1st,
- Center of Independent Living
- Local chapter of the National Alliance on Mental Illness,
- Homeless Coalition
- Peer consumer of mental health services,
- Peer consumer of substance abuse services,
- Family member of a primary consumer of mental health services.

The Leon County Commission formalized the Advisory Council's mission and processes on September 11, 2007 by adopting an enabling resolution required under Section I.C. of the Grant. Since that adoption, the Advisory Council and its Grant Application subcommittee met frequently to consider and prepare this application. On Saturday, September 29, fourteen members of the planning council and County Commission staff conducted an all day retreat to draft the grant application consistent with this strategic plan. The Leon County Board of County Commissioner's voted to approve this application on October 23, 2007.

As part of the strategic planning process the Advisory Council focused on beginning an effort to systematically collect comprehensive data. The first step included the demographic profile of Leon County and the City of Tallahassee. Leon County and the City of Tallahassee are situated at the hub of a larger service area that includes smaller cities and rural communities within the Second Judicial Circuit. The total population of the entire circuit was 354,625 as of the 2006 U.S. Census Bureau Community Survey. Leon County's population is 272,497 or over 75% of the circuit's entire population. In addition, many residents of these smaller, predominately rural, counties receive substantial health services including mental health services in and through Leon County resources. The following tables reflect the demographic make up and community profile of Leon County and the City of Tallahassee (all data is from the Tallahassee/Leon County Planning Department's 2007 Statistical Digest available at http://www.tal.gov.com/planning/support/stat_digest.cfm):

Leon County Population by Age, Race (2006 Estimate)

Age Group	All Races	White	Black	Hispanic	Other
0-4	15,300	7,993	6,164	598	545
5-17	39,890	20,872	16,057	1,542	1,419
18-34	101,038	54,467	36,954	6,356	3,261
35-54	69,015	45,497	19,511	2,286	1,721
55-64	24,418	18,358	5,173	431	456
65-79	16,147	12,180	3,431	233	303
80+	6,689	5,393	1,123	74	99
Total	272,497	164,760	88,413	11,520	7,804

Median Family Income

Median Family Income	1990	2000	Annual Change
Leon County	\$37,000	\$52,962	3.6%
City of Tallahassee	\$34,764	\$49,359	3.5%
Unincorporated Leon County	\$40,057	\$57,232	3.6%
Florida	\$32,212	\$45,625	3.5%

Households by Type (2000 Census)

	Families	Living Alone	Other Non-Family
Leon County	56%	30%	14%
City of Tallahassee	47%	35%	18%
Unincorporated Area	75%	20%	5%
Florida	66%	27%	7%

Unemployment Rate

	2004	2005	2006
Leon County	3.8%	3.3%	2.7%
City of Tallahassee	4.5%	3.3%	2.8%
Unincorporated Area	2.6%	3.2%	2.6%

Educational Attainment Population Over 25 (2005)

Education	2000	Percent	2005	Percent
Less than 9 th grade	4,218	3.1%	4,316	3.1%
9 th -12 th grade, no diploma	10,749	7.8%	7,729	5.5%
H.S. graduate / GED	25,963	18.9%	26,014	18.5%
Some college, no degree	27,956	20.3%	27,616	19.6
Associate's degree	11,255	8.2%	12,436	8.8%
Bachelor's degree	33,040	24.0%	36,124	25.7
Graduate or professional degree	24,356	17.7%	26,572	18.9%
Total	137,537		140,807	

Leon County's Advisory Council used as part of its strategic planning process nationally published information addressing the administration of criminal justice for mentally ill defendants including:

- The Consensus Project of the Bureau of Justice Administration.
- Bureau of Justice Administration, Essential Elements of a Mental Health Court.
- Bureau of Justice Administration, A Guide to Mental Health Court Design and Implementation.
- Council of State Governments, A Guide to Collecting Mental Health Court Outcome Data.
- Bureau of Justice Administration, Navigating the Mental Health Maze, A Guide for Court Practitioners.
- Clark, J. (2004) Non-Specialty First Appearance Court Models for Diverting Persons with Mental Illness: Alternatives to Mental Health Courts.

- Griffin, Steadman & Petrila, The Use of Criminal Charges and Sanctions in Mental Health Courts, Vol. 53 No. 10 Journal Psychiatric Services (Oct. 2002).

Vision/Mission

Leon County's vision for the administration of criminal justice for mentally ill defendants is a comprehensive, measurable integration of crisis intervention training, screening, pretrial and post-adjudication community mental health services and judicial case management to enhance public safety, reduce delay, eliminate unnecessary incarceration, maximize treatment efficacy and reduce recidivism.

Leon County's mission is to ensure that law enforcement officers and other criminal justice professionals receive training necessary to recognize and effectively manage individuals with severe and persistent mental illnesses; to establish a mental health court to provide a single point of judicial contact for the efficient, effective resolution of mental health cases and issues in the criminal justice system; to provide for community safety by providing appropriate screening and monitoring of mentally ill defendants to ensure compliance with court ordered conditions of mental health pretrial release and probation and reduce re-offense, re-arrest and recidivism; to ensure that every seriously mentally ill defendant be considered for and if appropriate provided with appropriate community psychiatric treatment and support including for pretrial supervision, competency restoration and probation supervision; to maximize community resource integration including employment, housing, transportation and effective management of mental illness, in order to permit the mentally ill to live in the least restrictive environment and manner possible; and to collect meaningful data to permit an accurate assessment of the efficacy, cost-effectiveness and efficiency of Leon County's practices and procedures regarding mentally ill criminal defendants.

Values

The criminal justice system must address mentally ill defendants consistently and effectively. Failure to recognize and address mental illness damages public safety, wastes resources, incarcerates defendants unnecessarily and for too long, may result in lost federal benefits and therefore community treatment resources, can cause decompensation, delays necessary commitment to the State Hospital and prison, and promotes recidivism. Leon County values cost effective public policy and is committed to effective data collection, analysis and outcome measurement to ensure responsible expenditure of public resources.

Conceptual Model

Leon County seeks to maximize local resources and experience by inclusive planning, design, implementation and monitoring. Leon County established a broad-based collaboration of practitioners, policy makers, and community member stakeholders representing the criminal justice, mental health provider, substance abuse, and related systems to guide the planning and administration of this integrated response to mentally ill criminal defendants.

Leon County's conceptual model is a synthesis of published national best practices, comparable governmental experience and local resources and expertise. The elements of Leon County's conceptual model were taken in large part from the Bureau of Justice Information's Essential Elements project. However, these elements have been substantially adapted to reflect Leon

County's local conditions and resources as identified by local stakeholders. This conceptual model also attempts to identify realistically available resources. The model also seeks to target pretrial and post-resolution resources for appropriate defendants. Mental health supervised pretrial release and community competency restoration is not offered to defendants accused of sex crimes, gun crimes, serious violent crimes or defendants whose mental illness is so severe that it cannot be safely treated outside of a secure facility.

Because Leon County's implementation model seeks to improve the administration of justice throughout the criminal judicial process, its conceptual target population is all seriously mentally ill criminal defendants. Leon County's model is not solely or primarily diversionary nor is it limited to defendants charged with misdemeanors. The model seeks to reduce delays and increase effectiveness in determination of competency, competency restoration, and case resolution including for cases that will ultimately be resolved through felony trials. Consequently, the target population model attempts to identify mentally ill defendants as early as practicable after arrest based on prior criminal justice and mental health history, the known defendant population, as well as by effective initial screening based on symptom presentation and defendant self-reports.

The model attempts to reduce delays in identification, avoid interruption of medication, treatment and benefit eligibility, and avoid delays in incompetency orders, competency restoration and case resolution. Conceptually the Leon County model can be divided into three primary areas: 1. Crisis Intervention; 2. Mental Health Court; and 3. Treatment and Support.

1. CRISIS INTERVENTION: Crisis Intervention Teams (CIT) in Leon County are designed to prepare law enforcement officers to respond appropriately to calls for service involving people who are experiencing a psychiatric crisis, persons with developmental disabilities, and persons with diminished mental capacity as a result of dementia, Alzheimer's and other degenerative brain diseases. An appropriate response to such service calls requires specialized knowledge and skill. Leon County's CIT Training Program trains officers to recognize symptoms, communicate effectively with individuals in crisis, and respond appropriately.

Leon County's CIT Training Program was developed from the nationally recognized Memphis, Tennessee Police Department model for Crisis Intervention Teams. The "Memphis Model" has been implemented across the country and is in our view the "Best Practice" for Crisis Intervention Team Training. Crisis Intervention Teams consist of officers with specialized training in the recognition and management of service calls involving the mentally ill. Ideally, CIT trained officers are deployed in routine patrol assignments with each patrol zone or district covered by at least one CIT trained officer on every shift. CIT officers are then available to be dispatched directly to calls involving mentally ill persons. Through an extraordinary commitment to this Best Practice CIT Training Model, Leon County seeks to enhance officer safety, enhance subject safety, avoid unnecessary incarceration, save scarce resources, reduce use of force escalation, reduce violent incidents in the county jail and improve overall public safety.

Leon County's CIT Training Program was implemented in 2004. Leon County's CIT Training Program is sponsored by the Tallahassee Police Department and offered to all law enforcement

agencies in Leon and surrounding counties. The training is a 40-hour program covering topics including signs and symptoms of mental illness; psychotropic medications; communications and crisis de-escalation skills; community resources and diversionary alternatives to incarceration. Dedicated volunteers including physicians, psychologists, social workers, other mental health specialists and a cadre of law enforcement instructors staff the CIT Training Program.

Leon County conducted ten 40-hour crisis intervention schools since program inception in 2004. 137 officers have completed Leon County's Crisis Intervention Training Program. 74 officers of the Tallahassee Police Department and 25 Leon County Sheriff's deputies have completed from the program. Additionally, officers with the FSU, FAMU and FDLE Capitol Police have also completed the program. Post-course participant feedback from trained officers has been remarkably high. This high level of officer satisfaction is also reflected in the strong willingness of trained officers to participate in the program as instructors. An aggressive training schedule and the commitment of individual officers to the values, principles and practices of CIT Training resulted in officers better prepared to respond to calls involving the mentally ill. CIT Training for dispatch personnel, corrections and probation officers remains to be developed and implemented. Dispatch personnel present a particular challenge because their limited number creates a critical personnel shortage to cover the substantial time commitment for CIT Training. Dispatch personnel are a critical link in law enforcement response and their training will multiply the effectiveness of Leon County's commitment to the CIT best practice.

CIT Training should also be linked directly to as many mental health stakeholders as possible. Corrections officers, jail medical personnel, probation officers, crisis unit personnel, hospital emergency room staff, crisis unit personnel, court officers and staff, defense and prosecution counsel would all benefit directly from Crisis Intervention Training. Additionally, such training is a crucial component of Leon County's sustained, effective commitment to a comprehensive, integrated, effective response to the challenge of mental illness.

Moreover, many residents of smaller counties surrounding Leon County, predominately rural counties receive substantial health services – including mental health services – in and through Leon County. Because of the resource limitations of these small jurisdictions, many of these counties are likely to be severely taxed by an unassisted commitment of a local law enforcement officer to a 40-hour training program. Moreover, because of the more rural character of these communities, it is necessary to develop training protocols and materials tailored to community needs and resources. Therefore, the council identified development of a regional Crisis Intervention Team training program as an element of our conceptual model.

The Advisory Council is committed to broadly training community mental health stakeholders. In addition to the direct benefit of enhancing the provision of services to the mentally ill, the broad shared values of Crisis Intervention Training can also serve to sustain Leon County's more general goals of providing effective mental health care and treatment.

2. MENTAL HEALTH COURT: Leon County's relatively small population makes feasible a single point of judicial contact model to maximize the efficient use of mental health treatment and case management resources. Leon County's model seeks to initially assign to mental health court all appropriate cases for the purpose of resolving assessment, evaluation, pretrial release,

competency determination and restoration, resolution by plea agreement and probation supervision. Only those cases that will be resolved by trial will be returned to the trial division.

The existing practice is to divide all felony cases and assign them at random to one of three felony trial divisions. This practice results in a multiplicity of court appearances for lawyers and providers. Moreover, since no trial division employs even a separate mental health docket, lawyers and providers have no reliable method of predicting when their case might be considered by the assigned judge on a particular day. Consequently, resources are wasted awaiting the resolution of perhaps dozens of cases with no mental health issue.

Leon County's single point of judicial contact model recognizes that the true work of the mental health court team happens largely outside of the courtroom and maximizes the resources available for that critical work. Terms of participation for mental health pretrial diversion, pretrial release and mental health probation must be clear and individualized to ensure the efficacy of treatment, ensure public safety, and maximize the overall goals of the model. Communications of the terms of participation to each defendant must be unambiguous. Pretrial release orders and plea agreements must be unambiguous and effectively communicated. The consequences of violation – including arrest, incarceration, and potential imprisonment – must be effectively communicated. Terms of participation must be realistic – strict enough to reasonably demand effective treatment and participation, and flexible enough to provide a realistic chance of compliance.

Additionally, Leon County's model provides for misdemeanor and felony mental health dockets to be conducted on the same day, in the same courtroom at consecutive times. This arrangement means that all mental health cases will be addressed in a single day by one county court and one circuit court judge with all other work days reserved for treatment, case management and allied services. Additionally, the coordinated misdemeanor and felony dockets will permit the most effective use and coverage of judicial officer resources.

Leon County residents who struggle with psychiatric disabilities and are involved in the criminal justice system often have considerable difficulty, because of the severity of their symptoms, understanding the charges against them. These individuals may have been arrested for either misdemeanor or felony crimes, of greater or lesser severity. In any case, their inability to assist their attorneys in their defense or to understand the nature of their charges may render them incompetent to proceed through the system. Too often, individuals who are incompetent to proceed have been unable to access the services that they require within the legal system. Although resources do exist to work with those clients who have been sentenced under FS 916, individuals who have been arrested for misdemeanor crimes are often not able to access competency restoration services. In addition, the demand for competency restoration for individuals arrested for felony and misdemeanor far outstrips the current funded capacity.

Competency restoration involves a variety of interventions. Generally it refers to competency training, as accomplished by the specific employment of a manualized competency restoration program that aims to help the individual understand, at the simplest level, the legal process, the courtroom situation, and the nature of the charges against them. At another level, competency restoration may also include access to psychiatric services that allow the individual involved to

contain and ameliorate the symptoms that may often impede their ability to proceed through the system. One of the most significant symptoms of many major psychiatric disorders is the development of thought disorder, or difficulty in maintaining coherent and rational comprehension of ongoing events. Thought disorders may often be ameliorated through the use of appropriate psychiatric medications, without which the individual involved may not be able to comprehend the nature of their charges despite the most energetic attempts at competency restoration. However, with appropriate psychiatric and competency training interventions, many of the individuals who would have been unable to negotiate the legal system in which they had become involved due to their illness, may proceed to resolution of their charges in a timely fashion. The proper application of these interventions may save hundreds of court hours, and considerable funds in legal system costs, by promoting and making possible a rapid resolution of charges.

The mental health court responsible for the coordination of many services will include one circuit and one county court judge, a mental health coordinator, a prosecutor, a defense attorney, a pretrial release officer, and a county probation officer. The court specifically includes a trained mental health coordinator responsible for overall administration of the court team to promote communication, efficiency, and sustainability. Team members should be trained in court process, the resources of the mental health court, the goals of the overall program and their responsibility for data collection and outcome measurement. New team members must complete a period of orientation before the mental health court is implemented.

Periodic review and revision of court processes must be a core responsibility of the court team. Data collection and analysis and communication with stakeholders through the advisory council must regularly identify flaws and implement improvements in the mental health court's processes. The court must collect timely information regarding participant compliance with medication, attendance for treatment sessions, abstaining from drugs and alcohol, and supervision conditions. Case staffing meetings provide a routine opportunity to share information and consider responses to positive and negative behaviors.

In addition to sanctions, the court must consider the entire range of available resources to address noncompliance including review of treatment plans, medications, benefits, housing, and other treatment needs. Revocation of probation and pretrial release is not the only sanction for every violation. Sanctions must be consistent and predictable. The court should apply sanctions in a consistent and graduated fashion. All potential sanctions should be made clear to participants prior to their entry into the program.

Leon County's single point of contact mental health court model will also serve the value of sustainability. By centralizing court appearances, the mental health court will permit the development of judicial and lawyer expertise and will provide a central point of contact for stakeholder collaboration to recognize and address system failures and opportunities for improvement.

3. TREATMENT AND SUPPORT: Community mental health in Leon County is intended to provide a wide array of services for clients who struggle with psychiatric and substance abuse issues. As in other counties in Florida, these services are provided by a variety of community non-profit

agencies under whose services are monitored and coordinated through the Department of Children and Families in Circuit II. Individuals grappling with these issues require a variety of services including psychiatric care and financial support in obtaining medicine, support in obtaining housing and employment, and sometimes case management. Those individuals who are involved in the legal system may require specific aid in negotiating their charges, obtaining benefits that may have been suspended while incarcerated, and sometimes restoration of competency.

The primary need for many of these individuals is for access to affordable psychiatric care. Individuals in recovery from severe and persistent mental illnesses are now known to suffer from biologically based and genetically informed brain diseases that can often be contained and ameliorated through accurate assessment, and the regular prescription of psychiatric medications. For many of these individuals, even the most severe psychiatric symptoms may be addressed through accurate psychiatric attention. The psychiatric resources to provide adequate treatment for many individuals in recovery from these diseases exist within Leon County, although current funding too often prevents the full utilization of these resources. These resources exist within the community mental health network that currently serves the county.

In order to access these currently existing psychiatric resources, and in order to access other community supports necessary to Recovery such as employment and housing, individuals within the community mental health system of Leon County often require the aid of trained and experienced case managers. Case managers help individuals in recovery to negotiate the often bewildering maze of regulations and uncertainty surrounding access to these supports. As with psychiatric support, these resources currently exist with the Leon County community mental health system, but may not be sufficient or accessible because of funding issues.

Access to this system of care is clearly central to an individual's ability to utilize the supports necessary for Recovery. This access is dependent, in many cases, on funding. Individuals with private insurance, or those who are eligible for public funding such as Medicaid or Medicare are fairly easily able to access this system. Those without such funding have many fewer options, and may be limited in their ability to access care. Individuals who are incarcerated lose their Medicaid benefits after thirty days of incarceration, and must complete necessary paperwork to have these benefits restored. As in other counties in Florida, this results in Leon County having a disproportionate number of individuals with severe and persistent mental illnesses who have been incarcerated, who are unable to access care upon release from jail, due to their lack of benefits. Benefit restoration thus becomes a primary feature of the case management process. Benefit restoration involves analyzing the functional and treatment history of the client such that appropriate maximum benefits may be obtained, through the defined appropriate process. Case managers in a variety of community mental health agencies in Leon County, including Ability Ist and Apalachee Center, are experienced in both obtaining first-time benefits, and in restoring those benefits that have been lost through incarceration.

Apalachee Center is the primary Community Mental Health Center for Leon County. Apalachee is a non-profit center that has served the severely and persistently mentally ill population of Leon County since 1948. In Leon County, Apalachee operates an inpatient psychiatric hospital, a crisis stabilization unit, a detoxification unit, a community forensic residential program, and a Drop-In

Center. Apalachee also operates an outpatient service that provides psychiatric care and case management and recovery services. Among the specialty programs operated by Apalachee Center in Leon County are the intensive treatment FACT team, the Apalachee Co-Occurring Disorders Program (ACOD) which is an outpatient program focusing on the treatment of individuals struggling with substance abuse and psychiatric issues, as well as a community forensic team that provides case management and competency restoration services for individuals sentenced under FS 916 in Leon County Jail.

Leon County currently supports an integrated transportation system that is accessible by consumer defendants. The integrated transportation system includes paratransit services for County residents and persons unable to access the available fixed route bus system. For indigent defendants suffering from a mental illness and who lack personal transportation resources, the City's Star Metro paratransit system within the city limits of Tallahassee. Currently, 30-day bus passes and 2 ride passes are routinely available through agency partners including Apalachee Center, Ability 1st and essentially all other agencies serving this population. Independent living services and skills training are also available for consumers in need of assistance to access the transportation system.

In addition to transportation, mentally ill defendants will have immediate access to the continuum of housing resources and related supports within Leon County. These resources are available through homeless services networks coordinated by the Big Bend Homeless Coalition. The continuum consists of outreach, emergency shelter, transitional housing, supported permanent housing, and mainstream subsidized permanent housing. While these resources are limited in availability, Project participants will qualify for priority access to housing through a commitment from the Big Bend Homeless Coalition and local continuum partners.

Leon County's continuum is organized to permit access based on need. Consumer defendants can be qualified for intensive housing services without accessing the entire continuum in order. Thus, an appropriate consumer defendant can have access to supported permanent housing without first being assigned to an emergency shelter in order to maximize the consumer defendant's opportunity for diversion and recovery.

A wide array of vocations services is also available to mentally ill defendants in Leon County. The Division of Vocational Rehabilitation (VR) provides persons with disability related work impairments, comprehensive vocational assessment and rehabilitative supports that allows for the removal of these barriers. VR services are accessed through the local Work Force One Stop Center and through Regional VR offices. There are also numerous local employment services providers that target this population with supported employment services, work readiness preparation and job placement assistance. Persons who receive or have received minimal SSI income and benefits are further assisted in supplementing their income through part-time employment that enables them to increase the quality of their existence without a loss of cash and insurance (Medicaid) benefits. Leon County further provides long-term vocational training and adult education services through its Lively Vo-Tech and Adult Community Education programs.

Over the last several years, Community Mental Health providers in Leon County have made significant strides to include consumers in all aspects of the mental health services delivery system. This has been done in part by the creation of the Recovery Team model that has effectively augmented the traditional case management approach, and utilizes peer specialists as a vital link to recovery for the mental health consumer. In 2006, Leon County further created a coalition of mental health consumers, family members and providers to form an advocacy organization called the Big Bend Consumer Coalition (BBCC). The BBCC has provided an opportunity for consumers to be involved in shaping the treatment services they access. The Project has utilized consumer participation in the development of the Strategic Plan and Project Application via members of the BBCC and other consumer advocacy organizations.

Due to limited funding for individuals without public or private insurance, there are too many instances in which Leon County residents without funds are not able to access the psychiatric and community support services that they need in order to recover from the symptoms of their psychiatric illness. As in other communities in Florida, a substantial number of these individuals may be involved with the criminal justice system in ways that could be rapidly ameliorated if these individuals could be connected with the services that they need in order to maintain their lives in the community. Although the necessary service systems to address these issues currently exist within the community, a significant influx of funding is necessary in order to address these clients.

Strategic Goals and Objectives

Strategy	Performance Measures	Lead Organization	Projected Date to Complete or Implement
Establish Advisory Council and Advisory Council	Meeting Schedule Created/Enact Commission Resolution	Court Admin, Commission Staff	Completed September 11, 2007
Establish Subcommittees	Assign Participants and Establish Meeting Schedule	Mental Health Coordinator	Complete
Submit Grant Application	Advisory Council, Commission Approval	Grant Submission Subcommittee; Commission Staff	October 23 (Commission) November 1 (Submission)
All TPD and LCSO Officers Complete 40 Hours Crisis Intervention Training	Three Training Sessions Per Year; 15 Officers Per Session.	TPD, LCSO, Court Administration	Dec. 2010 On-Going

All Dispatch Personnel Complete Crisis Intervention Training	Two Training Sessions Per Year; 3 Dispatchers per session.	TPD, LCSO, Court Administration	Dec. 2010 On-Going (Grant Funded)
Contract for Mental Health Services to support Mental Health Court	Contract Execution	Commission Staff	Dependent on Receipt of Grant
Contract for Evaluation Services	Contract Execution	Commission Staff, Advisory Council	Dependent on Receipt of Grant
Establish Mental Health Pretrial Release Officer and Probation Officer	Position Filled	Commission Staff, Leon County Probation/Pretrial	Mar 2008
Establish Stakeholder Baseline Data Model, Collection and Reporting Procedures	Procedure Established	Advisory Council	Dec 2007
Establish Mental Health Pretrial Release and Probation Eligibility Criteria	Criteria Approved	Court Administration, Leon County Probation/Pretrial	Feb 2008
Establish Mental Health Court Procedures: Create Database of Mental Health Court Forms and Orders	Create Database	Court Administration	Feb 2008
Establish Mental Health Court Procedures: Establish Mental Health Court Docket Schedules	Docketing System Amended	Court Administration, Clerk of the Court	Feb 2008
Execution of Administrative Order by Chief Judge Establishing Mental Health Court	Order Executed	Chief Judge, Second Judicial Circuit	Feb 2008
Establish Mental Health Court Procedures: Establish Mental Health Court Staffing, Procedures, and Schedules	Approved for Implementation	Advisory Council	Feb 2008
Establish Protocol for Orientation and Training for Mental Health Court Team	Orientation and Training Complete	Advisory Council, Court Administration	Mar 2008

Establish Transfer Protocols of Cases between Mental Health Court and Trial Courts	Protocols Complete	Court Administration	Feb 2008
Develop Performance Measures and Program Improvement for Housing, Vocational Training, and Transportation		Advisory Council	Mar 2008
Ensure that all individuals diverted through or from Mental Health Court receive all possible appropriate follow-up care.	100% of diverted individuals in need of psychiatric treatment will receive referral	Apalachee Center	March 1 st , 2008
Reduce re-arrest rates through utilization of expanded services.	Re-arrest rates for those individuals with cases handled by the Mental Health Court will reduce by 30%.	Court Administrator's Office	March 1 st , 2009
Establish JIS Mental Health Database	System fully operational	Court Administration, Leon County MIS	Jan 2008
Adopt a formal MOU for all advisory council stakeholders	MOU Complete	Commission Staff, Advisory Council	Dec 2007
Report and Evaluation Outcome Data	Distribute Annual Report	Advisory Council	Dec 2008 Annually