

**TAB 4**  
**PROJECT NARRATIVE**

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### **Statement of the Problem**

As a result of areas of concern identified by the Public Safety Coordinating Council regarding the increasing number of adults with mental illness and/or substance use disorders that are arrested and sent to jail for minor offenses, a steering committee led by Lee County Commissioner Bob Janes and comprised of decision makers representing major stakeholders was formed in 2006 to design a program to address the issue. The result was the creation of The Bob Janes Triage Center/Low Demand Shelter (Triage Center) which is a unique collaboration between County government, local law enforcement agencies, the predominant provider of services for persons who are homeless, the community mental health and substance abuse center, the local health care system, NAMI, the United Way and other community partners.

The target population of the Bob Janes Triage Center/Low Demand Shelter (Triage Center) are adults in Lee County exhibiting symptoms of a behavioral health issue (mental health and/or substance use disorders) who are at risk of arrest or prolonged incarceration for low-level minor offenses (i.e. open container, disorderly conduct, disturbing the peace, trespassing) and/or inappropriate utilization of hospital emergency rooms. The project offers appropriate alternatives: to arrest and/ or incarceration when law enforcement officers encounter individuals who may be impacted by a behavioral health disorder; to prolonged incarceration for individuals who could benefit by release from jail to a stable environment where behavioral health needs could be addressed and to inappropriate utilization of Emergency Departments.

Significant factors of repeat clients in the criminal justice system include those dealing with chronic health issues, substance use or mental health disorders, physical disabilities, and homelessness. The demographics and other characteristics of the clientele served at the Triage Center are similar to the identified factors associated with individuals with repeated involvement with the criminal justice system. Analysis of statistical data since the Triage Center opened demonstrates the project serves a highly vulnerable population with 96% unemployed, 98% homeless, 75% with no income source, 97% without insurance, 22% are veterans, 46% self report having a mental health issue, 50% self report having a substance use problem, and many report chronic health issues, physical disabilities, and a domestic violence history. Sixty (60%) of people brought to the Triage Center have a prior arrest history in Lee County.

In 2010, the Florida Mental Health Institute's (FMHI) Technical Assistance Center facilitated a planning session with local stakeholders to "map" potential paths that an individual with a mental health disorder might take through the five stages of the criminal justice system, from initial encounter through reentry to the community from prison or jail. This "map" identified existing resources and opportunities for diversion, as well as gaps in services. At the end of the process, a system map was prepared for the jurisdiction by the facilitators, and a plan of action was prepared. This became the foundation for strategic planning by the local jurisdiction.

The Lee County Court Administration's Criminal Diversion Strategic Plan for 2010 -2012 addressed post-arrest diversion programs for misdemeanor and felony offenders such as pretrial intervention, deferred prosecution in misdemeanor cases, post-conviction drug court for offenders as an alternative to county jail sentences or state prison and mental health court for select criminal cases. These programs have been effective with their target groups. The Triage Center was the first initiative in Lee County to provide a pre-arrest diversion program for low-level offenders.

Prior to the creation of the Bob Janes Triage Center/Low Demand Center, Lee County lacked an integrated entry point where individuals could be screened for mental illness and/or substance use disorders. Limited facilities for detoxification, acute psychiatric crisis, and emergency shelter were the only avenue for law enforcement and were inadequate to meet the demand for services. Often law enforcement officers encountered a two week wait time for detoxification services and longer wait times for non-acute mental health care. If a person was placed on a wait list and remained homeless, they were difficult to locate or no longer motivated to seek treatment when a space opened up. The lack of alternatives resulted in many unnecessary arrests and unnecessary prolonged incarceration periods. Local jails were used to house people who committed low-level, non-violent crimes when they could be better served outside the criminal justice system. In addition, individuals with mental illnesses and/or substance use disorders utilized hospital emergency rooms for primary care services or drug seeking behaviors causing additional stress and expense on an already overloaded system.

A 2010 publication of the Florida Council on Community Health estimates that roughly 125,000 people with serious mental illnesses are arrested and booked into Florida jails annually. The cost to local governments to house these individuals is estimated to be over \$500 million. Another \$600 million annually is spent housing people with mental illnesses in state prisons and forensic treatment facilities (Florida Senate, 2010).

According to the National Alliance on Mental Illness, Florida's local jails have become the largest public psychiatric hospitals, housing over 10,000 offenders with mental illnesses, many of whom have committed minor offenses. Up to 23% of county jail inmates and 17% of state prison inmates in Florida have a serious mental illness. Individuals with untreated mental illness and substance use disorders are incarcerated more frequently and tend to stay longer than those without a mental illness.

"Florida, like most states, has closed psychiatric hospitals in order to treat persons with mental illness in the community, based on the theory that persons with severe mental illness could function in community settings with appropriate social and psychiatric support systems. However, many people with mental illness do not receive the services they need to appropriately function and, consequently, become disorderly and/or commit criminal offenses (OPPAGA 2008)." Based on historic growth rates, it is projected that the number of state prison beds serving inmates with mental illnesses will more than double from 17,000 to over 35,000 beds over the next ten years, with capital

and operating costs of more than \$3.6 billion for new beds alone. "People with serious mental illnesses or substance use disorders who come in contact with the criminal justice system are typically poor, uninsured, homeless, members of minority groups, and experiencing co-occurring mental health and substance use disorders. The majority of these individuals are charged with minor misdemeanor and low-level felony offenses that are a direct result of untreated psychiatric conditions (Florida Senate, 2010)."

The annual 2016 homeless count estimates that 2,816 of Lee County's 701,982 residents are homeless at any given time (this number excludes incarcerated individuals). Approximately 63% of people who are homeless in Lee County, self reported having a mental illness and/or substance use disorder.

The average annual number of Lee County jail bookings for misdemeanor related offenses over the past five years is 9442 and the average annual number of charges for misdemeanor related offenses is 12,229 affecting an annual average of 7743 unique individuals. An average of 284,633 jail days were served annually for the past three years for misdemeanor offenses and the average daily inmate population of Lee County jail in 2015 was 1629. The Lee County Sheriff's Office Five Year Strategic Plan projects that the incarceration rates will increase impacting the capacity of correctional facilities.

The number of misdemeanor bookings from 2007 (prior to inception of the Triage Center) to 2015 decreased by 17% while Triage admissions rose suggesting a correlation between the decrease of misdemeanor bookings and the increase in Triage Center admissions. Since the Triage Center opened, the average daily population for Lee County's correctional facilities declined 26.5% from a high of 2,218 in 2008 to 1,629 in 2015.

Data from the Criminal Justice Information System (CJIS) shows the Intake & Investigation Unit investigated 21,733 defendants booked into the Lee County Jail during fiscal year 2014-2015. There were 4,369 defendants identified with substance use disorders (approximately 20%) and 1,580 defendants identified with mental health disorders (approximately 7%).

A crucial function of the Intake & Investigation Unit of the Twentieth Judicial Circuit Administrative Office of the Courts Pretrial Services is to assess the risk of defendants who are booked into the jail. This critical stage in the criminal justice process provides vital information to the judiciary to aid in the decision regarding who can be safely released into the community or who poses a danger and should be detained. Pretrial officers attend all first appearance proceedings and furnish the judiciary with a defendant's background information and criminal history. Pretrial officers complete a Risk Instrument on defendants assessed and eligible for release. The evidence based risk instrument is used to objectively assess the potential for failing to appear or re-arrest during the pretrial period. Options for supervised release are provided which may include release conditions such as obtaining an evaluation for mental health or

substance use treatment and/or referrals to either Mental Health or Drug Court. The screening and assessment process used to identify defendants include but are not limited to face to face interviews, booking reports, previous notes and conversations with sheriff's office.

Since fiscal year 2007-2008 the number of adult incompetent to proceed cases has remained steady, while the total number of adult criminal cases has decreased. Public defenders interviewed cited increasing awareness of mental illness and developmental disabilities among attorneys as one reason why incompetent to proceed cases have not declined during a period when overall crime was declining. Other factors mentioned include the tendency for homeless mentally ill defendants to resist law enforcement intervention, resulting in a charge of assault or battery in what otherwise might have been a non-criminal encounter, and the likelihood that some incompetent to proceed defendants may not complete or receive adequate treatment, will commit another crime, and cycle back through the criminal justice system. In Fiscal Year 2010-11, misdemeanor crimes, including trespassing, made up the largest subcategory of charges against adults found incompetent to proceed (Feb 2013 OPAGGA Report). There has been a steady decline in Lee County State Forensic hospital admissions since the Triage Center has been operational from 21 in state fiscal year 2012-2013 to 8 in 2015-2016, a 62% decrease.

**TAB 5**  
**PROJECT DESIGN &**  
**IMPLEMENTATION**

## **Tab 5 Project Design and Implementation**

The Lee County Board of County Commissioners (BOCC) designated the Public Safety Coordinating Council as the committee for the Reinvestment Grant in 2008 and most recently reaffirmed the designation at the September 6, 2016 board meeting. The Lee County Public Safety Coordinating Council (PSCC) meets the membership requirements in Florida Statute 394.657(2) including at least one consumer representative. The Lee County PSCC endorses this application and provides program oversight in conjunction with the Governing Board. Several members of the Governing Board are also members of the PSCC and provide program updates to the council on an ongoing basis.

The Public Safety Coordinating Council (PSCC) meets regularly and reviews and periodically updates a Strategic Plan. Jail data is regularly reviewed at PSCC meetings along with the progress of current initiatives such as mental health, Veterans and drug courts, the Lee County Sheriff's Offices re-entry initiative, pre-trial release programs; The Triage Center and other activities aimed at reducing the number of individuals with behavioral health disorders involved in the criminal justice system. During the prior 12 months, the PSCC met on a quarterly basis on the following dates: September 24, 2015, December 17, 2015, March 24, 2016, and June 16, 2016. The next meeting is scheduled for September 22, 2016 and quarterly meetings are planned to continue on an ongoing basis. Numerous members of the PSCC participated in a Sequential Intercept Mapping project facilitated by the Criminal Justice, Mental Health and Substance Abuse Technical Assistance Center at Florida Mental Health Institute earlier in 2016 (report issued in June 2016).

**Proposed Expansion Approach:** The mapping identified the continual need for diversion from arrest/incarceration and inappropriate hospitalization, as well as the need to expand the traditional referral sources to include referrals from the Court system to alleviate unnecessary prolonged incarceration for those who have already been arrested and jailed. The PSCC and the Governing Board of the Triage Center have endorsed the expansion of referral sources into the Triage Center to include referrals from Specialty Courts (currently Mental Health & Veterans) and during the First Appearance process for those individuals identified as repeat offenders with multiple arrests and jail stays, often prolonged stays, due to not having an address or not being able to bond out with mental health or substance use issues either diagnosed or self reported. Defendants that are most frequently seen repeatedly are mainly homeless individuals who suffer from alcoholism/substance abuse and untreated mental illness.

Data provided by the Office of the Public Defender, establishes that on a daily basis about 50% of the repeat defendants self identifies as having substance abuse issues and approximately 30% self identifies as having a mental health diagnosis. The specific factors that put the identified inmates at risk for re-offending or re-entering the criminal system include but are not limited to: lack of mental health facilities, homeless shelters (which would accept the clients with their history), substance abuse housing, knowing where they can and cannot frequent, and inability to obtain employment or housing.

Due to unstable behavior (disorderly or detoxing) about 30% are on suicide watch and 25% have their first appearance continued for twenty four hours. It is estimated that having the ability to release the top 30 defendants at first appearance could save almost a million dollars per year.

The ultimate goal of the Triage Center is to provide a more suitable and less costly alternative to incarceration or the inappropriate utilization of emergency rooms by individuals who are homeless and experiencing behavior health issues; more efficiently utilize existing resources such as residential treatment and supportive housing; and allow individuals to seek help immediately when they are motivated to do so by providing a safe place to stay while accessing services. The project provides access to assessment, shelter, resources, and treatment for people who would have otherwise been incarcerated or left on the streets.

At inception of the project, the main focus and referral source was Law Enforcement officers with the emphasis on preventing incarceration. As the project has evolved, the entry points have been adjusted to address identified gaps in community intercept points into the criminal justice system. Under the current model, the majority of clients (59.91%) continue to be voluntary pre-arrest diversions from local law enforcement officers, who while on patrol, encounter individuals who may be experiencing a behavioral health crisis and are at risk for current or future arrest; the second largest referrer is the local hospital system (23.38% of admissions) who divert individuals dealing with a behavioral health issue who seek non-acute care from the emergency room; 11.36% of referrals are from the Veterans Administration or partners and 5.35% are from other supporting and partnering agencies. Due to behavioral and life style issues all individuals are diverted from or at risk of involvement with the criminal justice system.

The Triage Center includes a low demand or "wet" shelter, meaning that individuals "under the influence" can be admitted to the facility. It also offers a low demand shelter component designed to provide the highest level of flexibility for the resident to stay in a safe environment while staff works with them to assess their needs, establish goals, provide support services and life skills, and find the most suitable treatment or housing option. It is operated by The Salvation Army in a facility on the campus of SalusCare Inc. who donates the building and provides clinical staff. Lee Memorial Health System (LMHS) provides resources and support for the nursing staff and operations of the Center. The Lee County Department of Human Services administers the grants from the numerous funding sources and provides funding to support operations. All partners have been integral stakeholders in the project since inception

A screening is conducted by a nurse to assure that individuals entering who may be under the influences of substances can safely stay. The majority of persons brought by law enforcement (96.92%) are medically cleared and admitted. Persons who are not appropriate due to medical conditions are diverted to the local hospital, crisis stabilization unit or the community detoxification center. The presence of nursing staff



also allows for ongoing medication disbursement for participants while staying at the Triage Center.

Upon admission, a standard intake screening is conducted and within 72 hours an in-depth bio-psychosocial assessment is conducted to identify behavioral health issues, social history and treatment options. Staff work with collaborative partners to further stabilize the participant, identifying treatment and housing options, and facilitating connections to appropriate and available services.

The intake screening and bio-psychosocial assessment forms were created mirroring information that is gathered in the Anasazi Electronic Health Record utilized by SalusCare. Besides demographic data, the forms capture information such as: arrest history; presenting problem; current resources; current suicide and violence risk; cognitive, thought, mood affect, sensorium, speech and psychomotor signs/symptoms; functional domain; treatment history; diagnostic review; treatment and therapeutic education; family history; relationships; abuse history; spiritual and cultural issues; educational status/history; employment status/history; financial status; living arrangements; recreational activities; legal status/history.

As part of case management, the needs of each individual is discussed and a case plan is developed and implemented using a strength based approach. Consumers actively participate in selecting treatment options and developing a case plan along with family members if applicable. Specific goals and objectives may include accessing behavioral health services such as a community based residential treatment or a supportive housing program, obtaining affordable housing, increasing skills and income, and developing greater self-determination.

Strategies to achieve these objectives include providing linkages to housing options, job training, job opportunities, access to benefits and health care such as: Social Security Medicaid, Medicare, and Veterans benefits, medication monitoring, supportive therapy, individual and family psycho-education, self-help groups, and life skills training. Case managers are cognizant of trauma recovery and empowerment techniques incorporating motivational interventions based on the stage of change of the participant. Linking people with needed services reduces the likelihood that they will reappear in the justice system which reduces the impact on the local jail and court systems.

Many brief therapy experts (DeJong, Littrell, Metcalf, Murphy, Peller, Sabella, Skare, Walter) have developed the model of therapy in assessment and treatment settings to focus on the present and future, as opposed to the past. This style of intervention incorporates the goal of forming empathic and hopeful relationships with presenting individuals, with the belief that multiple contacts with a person may result in the formation of an effective relationship that can be leveraged to help a person engage in ongoing efforts to change their status. The case management model used includes contracting, consequences, and contingent learning when deemed appropriate – all of these principles are contained within the Comprehensive, Continuous, Integrated System of Care Model (CCISC) developed by Ken Minkoff.

The Triage Center operates following a national best practice known as the Sequential Intercept Model to provide an initial intercept point to prevent individuals from becoming involved with the criminal justice system or moving deeper into the system. The Triage Center is based on elements of the Substance Abuse and Mental Health Services Administration's Blueprint for Change, which targets the same population as this project. Experience has shown that flexible, low demand services may accommodate individuals who initially are unwilling to commit to more extended care. The ultimate goal of the theory is to increase an individual's motivation for treatment and engage them in services that are more intensive. The model allows individuals to seek help when they are motivated to do so by providing a safe place to stay while accessing services.

In addition to the linkages and referrals to outside assistance, the following ancillary activities are being provided by community organizations (i.e. Goodwill Industries; Health Dept, Wells Fargo Bank) at the Triage Center: employment skills; job search assistance; financial seminars; life skills; health screenings, testing and seminars; Alcoholics Anonymous and Narcotics Anonymous groups; peer-to-peer support; and support groups. Several of these activities are considered promising programs or practices. The Governing Board continuously evaluates service needs and strives to provide enhanced services when needs are identified.

Since opening, 3394 individuals have received services that most likely would not have accessed medical and behavioral health care. The program is flexible in that there is no limit on how many times an individual may be brought to the Triage Center and there is no maximum length of stay. The intent is to help someone on the path to recovery from substance use or mental health disorders by offering appropriate services to meet their needs. The program was designed based on a strong understanding of recovery and that many people do not succeed the first time they try. There have been 5830 admissions to the Triage Center of which 98% were homeless or at risk of homelessness at the time of entry. Statistics report an average of 55 admissions per month, and an average stay of 21 days.

The National Alliance on Mental Illness (NAMI) Lee County chapter's participation on both the PSCC and Governing Board demonstrates the project's commitment to engaging consumers and advocates in the system design and implementation. NAMI provides programs, services and community outreach such as: support groups; education courses for peers and family members throughout the community; facilitator training classes; peer specialist services and an Information/Referral Helpline. Trainings are provided that educate partner agencies and community members on how to recognize and appropriately respond and treat behavioral health issues. The Memphis Model Crisis Intervention Team (CIT) philosophy to train law enforcement and corrections personnel in identifying and effectively responding to individuals who may have a mental illness and/or substance use disorder has been embraced in Lee County since 2006. The CIT model supports a centralized receiving center as a "best practice" for behavioral health assessments and referrals. From inception, the Triage Center was and continues to modeled after the Memphis Model of Crisis Intervention Training's

(CIT) concept including: single source of entry; minimal or no refusal barriers; and minimal officer turnaround time.

In addition to community education/outreach services, NAMI facilitates CIT training and plans to provide at least four 40 hour classes per year for up to 30 officers/personnel at a time. Over 1004 law enforcement officers, service providers (including Correctional and dispatch personnel) and other individuals have participated in CIT in Lee County since the program's inception. The training teaches officers to have a more meaningful interaction with persons in need of behavior health services while minimizing safety risks to both the officer and the person in need. The number of law enforcement referrals made by CIT trained officers to the Triage Center has increased the project started from 33% in 2008 to 50% in 2015.

Objective 1: The Triage Center continues to provide an alternative and diversion from incarceration which increases public safety, averts increased spending on the criminal justice system, and improves the accessibility of behavioral health treatment services for individuals.

The Triage Center provides law enforcement officers with a meaningful alternative by allowing them and the individual in need of services to seize the moment and be taken to a place where they are safe, have their basic needs met, receive a thorough bio-psychosocial assessment, establish a case plan with set goals, and work with staff to accomplish those goals.

The time it takes an officer to drop someone off at the Triage Center is measured. The Triage Center allows for a simple hand off of the individual with minimal data required from the officer to allow them to return to patrol as quickly as possible. This expedient process takes less than 10 minutes 96% of the time and save officers at least one hour when compared to booking someone into the jail or trying to locate other resources.

The expanded referrals from the Court system will further address objective 1 by averting increased spending for prolonged and unnecessary incarceration and increasing an individual's ability to access behavioral health treatment services and other identified issues.

A Memorandum of Understanding (MOU) exists with all participating agencies including law enforcement and is reviewed and updated as needed. Law enforcement officers transport individuals to the Triage Center on a daily basis. Law enforcement agencies were instrumental in the program design and are represented on the Governing Board. The Governing Board is responsible to ensure that the objectives are realized and/or implemented if not currently in place.

The Lee County Homeless Coalition is a strong supporter of the program and actively partners with all agencies involved with the Triage Center. An MOU has been executed

with the homeless coalition. Lee County Human Services is responsible for executing and updating the MOU's with all agencies.

Effective utilization of funding, improving accessibility and effectiveness of treatment services is enhanced by data collection conducted through the use of the Homeless Management Information System (HMIS) software system Client Services Network (CSN). The system has been utilized at the Triage Center for data collection since inception in 2008 and participating agencies have access to the system. HMIS is a web based data collection application designed to collect client-level information and the characteristics and service needs of those experiencing homelessness. HMIS captures aggregate client-level data to generate an unduplicated count of clients served within a community's system of homeless services, often referred to as the Continuum of Care (CoC). This system can provide data on client characteristics and service utilization and assists in identifying the types of services individuals are linked to; whether the linkages to community-based services are successful and the outcomes of each referral; whether clients stay engaged in services and for how long; and what services may need to be developed to respond to unmet needs. Each client's signs confidentiality forms upon entry into the facility which include authorization for agencies to share information. The system can be customized to collect additional information and will be utilized to follow participants for one year after discharge.

The HMIS is administered by Lee County. CSN utilizes a secure web interface that connects to a SQL database. The SQL server is managed and held through Lee County's Information Technology (IT) department and includes a nightly backup and full disaster recovery system. Data is input on a daily basis and aggregate reports are generated which are analyzed monthly, quarterly and annually by the Governing Board to evaluate the program's effectiveness.

A formalized process is established for follow up and tracking of individuals who received case management services while residing at the Triage Center and were discharged into a participating Lee County Continuum of Care (CoC) program or other supportive housing program such as VASH. HMIS data has been cross matched with jail records to track arrest history of individuals prior and subsequent to their involvement with the Triage Center.

Objective 2: The project continues to encourage and emphasize collaboration among key stakeholders in both implementation and in providing ongoing oversight. Being housed on the campus of SalusCare, provides participants at the Triage Center the opportunity to have expedited access to behavioral health services. The original steering committee formed in 2006 became the Governing Board during program implementation providing guidance and acting in a leadership capacity. The Governing Board includes a designated representative from each stakeholder agency which includes representatives of: Lee County Board of County Commissioners' Department of Human Services; SalusCare Inc.; Lee Memorial Health System; The Salvation Army; The United Way of Lee, Hendry, and Glades; Lee County Sheriff's Office; Cape Coral Police Department; Fort Myers Police Department; Lee County Probation; and the

National Alliance on Mental Illness. All involved organizations were crucial in program development and continue to be involved in implementation. The Governing Board continues to meet monthly to track data, look for trends, areas of concern, opportunities for improvement, programmatic issues and funding opportunities. Adjustments and revisions to operations are made as issues, needs are identified upon consensus of the Governing Board.

Attendance and participation at the Governing Board meetings is a clear measure of continued stakeholder support, and serves as the forum for coordination of services. The membership of the Governing Board includes identified key stakeholders as an integral part of gaining the needed buy-in and input from each agency's perspective. Agreeing to defined measures, setting targets, and receiving and evaluating project performance toward those targets are all part of the Governing Board's role.

Objective 3 Continue to provide Crisis Intervention Training (CIT) for law enforcement and corrections personnel to train personnel in identifying and effectively responding to individuals who may have a mental illness and/or substance use disorder. Enhance trainings to include training to law enforcement/correctional support staff to include dispatch, auxiliary staff and community personnel who may come in contact with targeted individuals.

#### **Performance Measures**

A formalized process has been established and is ongoing, utilizing the HMIS database for follow up and tracking of individuals who received case management services while residing at the Triage Center and are discharged into a participating Lee County Continuum of Care (CoC) program or other supportive housing programs.

Substantiating objectives to measure benefits, especially long term, from a program, such as the Triage Center, which has a short term engagement period with an individual, can be difficult. Since the program is a 30 day diversion/shelter without ongoing case management services it is difficult to effectively measure long term objectives once the client leaves the shelter. Sometimes the length of stay is substantially less than 30 days which further complicates the ability to measure long term objectives. In an attempt to address this issue additional staff was hired to follow up with individuals after discharge, however due to the short term involvement and the temporary/transient nature of many of the participants it is problematic to stay in contact with them.

The following performance measures are proposed and will be tracked using HMIS. A formalized process has been established utilizing the HMIS database for follow up and tracking of individuals who received case management services while residing at the Triage Center and are discharged into a participating Lee County Continuum of Care (CoC) program or other participating supportive housing program.

1. Ten percent (10%) reduction in number of arrests while participants enrolled in Program. Actual arrest history will be tracked on a quarterly basis.
2. Fifteen percent (15%) reduction in number of arrests. Actual arrest history pre and post Triage involvement will be tracked.

3. Five percent (5%) of participants will exit into a stable housing environment within 90 days of admission. Due to the voluntary nature of the program and the program design which is based on a strong understanding of recovery and that many people do not succeed the first time they try, the proposed target for this measure is low.
4. Twenty-five percent (25%) of participants will exit into a stable housing environment and will be followed for one year to track success.
5. Two percent (2%) of participants who exit into a HMIS participating Program will be employed within 180 days of admission. Due to the voluntary and transient nature of the program and the severity of behavior health issues of many of the clientele, employment is often difficult to secure.
6. Two percent (2%) of participants who exit into a HMIS participating Program, will be employed one year following discharge. Due to the voluntary and transient nature of the program and the severity of behavior health issues of many of the clientele, employment is often difficult to secure and maintain.
7. Ten percent (10%) of participants will be receiving or be linked to Social Security (SS) or other benefits at exit. The primary case manager is SOAR trained, however since average length of stay is only 27 days, a determination is usually not made by SS upon exit. SalusCare employs SOAR trained staff who will continue to work with clients upon discharge to receive benefits.
8. Typically the target population of the Triage Center is not the same as those who are committed to state forensic mental health treatment facility (FMHI study established that only 1% of Triage clients had been admitted to a State Mental Hospital). The Triage Center is a means to keep this number from increasing since diverting people with a serious mental illness from incarceration has proven to have better outcomes. Individuals who receive treatment are at a lesser risk of accumulating additional charges such as battery on a law enforcement or correctional officer which often occurs while incarcerated. In addition, a person's mental status is more likely to decompensate while incarcerated.
9. Twenty percent (20%) of participants will have increased access to community comprehensive recovery based mental health and/or substance use treatment services while participating in the program.

**Proposed Deliverables:** (Service units)

- Target number of unduplicated individuals served by the Program - 500 annually.
- Total number of law enforcement personnel trained in the Crisis Intervention Team model - Increase number trained by 5% or 41 additional personnel.

**Capability and Experience**

•***The Lee County Board of County Commissioners (BOCC)*** is the applicant and serves as the lead agency. ***Lee County's Department of Human Services*** provides direct client services as well as manages County, State and Federal contracts with community not-for-profit organizations. As part of the direct client services, case managers work with homeless clients as part of the local homeless continuum of care to

provide rapid re-housing through a variety of funding sources including Supportive Services for Veterans Families (SSVF). Current contractual relationships exist with SalusCare, The Salvation Army, Lee Memorial Health System and Lee County Homeless Coalition. County funds that support a local initiative to end homelessness have been allocated to the Triage Center since 2009. The BOCC funds community substance use and mental health treatment in excess of the local match requirement.

•**The Salvation Army** in Fort Myers has partnered with the Florida Department of Corrections, since 1992, to provide individuals with non-violent, drug related felonies a non-secure substance use program. The Salvation Army staffs and operates the Triage Center. The Salvation Army also offers other programs for individuals who are homeless including shelter, supportive services, and transitional housing.

•**SalusCare, Inc.,** - As of July 1, 2013, Lee Mental Health (LMH) and Southwest Florida Addiction Services (SWFAS) merged and formed SalusCare, Inc. to better serve the community with a more seamless system of care. Services that were formerly provided by the two entities are combined under the new structure. SalusCare provides a broad spectrum of publicly funded mental health, substance use and co-occurring services to the entire Southwest Florida community focusing on the unique needs of both adults and children with multiple levels of care including: crisis stabilization; detoxification services; integrated psychiatric care; emergency services; mental health and substance use residential treatment programs; transitional and permanent supportive housing; forensic and recovery based programs; day treatment; outpatient therapy, resource coordination; prevention services; and community-based programs.

The agency's ACCESS Center provides mental health assessments and referrals for non-emergency clients on a walk-in basis and is located on the same campus as the Triage Center and is utilized by participants. SalusCare also provides the treatment services for drug court in Lee County. SalusCare owns the 16,000 square foot building for the Triage Center located at 2789 Ortiz Avenue, Ft. Myers, FL, and provides building maintenance and housekeeping services, utilities, and employs staff who provide treatment services to the Triage Center population.

•**Lee Memorial Health System (LMHS)** is an integrated health care delivery system with five acute care hospitals, a Rehabilitation Hospital, and The Children's Hospital of Southwest Florida, as well as a regional state-designated Trauma Center and a skilled nursing care center. LMHS provides acute, ambulatory and tertiary care to the residents and visitors of Lee County and the surrounding counties of Southwest Florida. All of the hospitals have consistently been recognized among the Solucient Top 100 Hospitals in the country. As one of the earliest members of the Institute for Healthcare Improvement (IHI), a leading quality improvement organization, LMHS has helped lead the way finding best practices based on measurable outcomes that ensure the right patient gets the right treatment every time. LMHS pays for a portion of the nursing salaries and client meal costs; and provides necessary medical supplies.

•**The United Way of Lee, Hendry, and Glades** provides funding for client meals and other operational needs.

•**Law Enforcement** entities (Lee County Sheriff's Office; Fort Myers Police Department; Cape Coral Police Department) in Lee County support the project and were active

participants in the planning stages and continue to provide input and guidance regarding operations.

**Staffing:** These positions are employed by The Salvation Army and currently occupied.

•**Program/Facility Director:** (.165 FTE) Serves as the lead for the project and develops, implements, and evaluates program operations and services. Qualifications: Bachelor's degree in Social Work, Psychology, or a related field, and two years experience administering and developing social service programs; or equivalent work experience.

•**Emergency Resident Program Manager:** (1 FTE) Provides operational oversight, and supervises Case Workers, Lead and Resident Monitors. Qualifications: Four-year degree, with two years case management experience; experience can be substituted for education; prior experience working with the disadvantaged population preferred.

•**Case Worker:** (2 FTE) Ascertains the desire of individuals to enter into rehabilitation programs or housing placement; assists individuals to access services for housing, treatment, employment skills, self help, etc. Responsible for coordinating, scheduling and performing life skills programs. Qualifications: Associates degree and two years of working with the homeless, mental health consumers, the economically disadvantaged population; knowledge of community resources, counseling and networking skills.

•**Lead Social Services Worker:** (.70 FTE) Serves as lead worker by supervising and participating in the provision of social service assistance to eligible clients in the following areas: lodging, clothing, and financial assistance; interviews clients to determine need and eligibility to receive services; prepares accurate and complete client records; refers clients to community agencies and maintains effective working relationships. Qualifications: High school diploma or G.E.D., and three years progressively responsible experience working in a social or public service environment with experience assisting the public with experience supervising staff preferred, or any equivalent combination of training and experience which provides the required knowledge, skills, and abilities.

•**Resident Unit Manager:** (1.0 FTE) Assists and supports the Resident Program Manager in the management, supervision and operations of Resident Monitors assigned to Triage; supports counselors and administration with maintaining resident accountability to provide custody, care and supervision of residents. Qualifications: High school diploma or a GED certificate and Two years of higher education, preferably in the area of Criminal Justice or law enforcement and two years supervisory experience or any equivalent training and/or work experience that provides the required knowledge, skills and abilities.

•**Resident Monitor:** (10.625 FTE and .25 On Call FTE) Maintains 24/7 security of the building, grounds and personnel; monitors individual's behavior; is a role model by setting personal example and encourages residents to participate in worthwhile activities. Qualifications: High school diploma or GED; prior work experience with the disadvantaged and good diplomacy/communication skills.

•**Driver:** (.875 FTE) Provides transportation for individuals to access community resources, to medical appointments, employment, etc. Qualifications: High School Diploma or G.E.D. and two years experience operating a vehicle.



•Registered Nurse (RN): (1 FTE) Completes nursing assessments of all individuals. Facilitates transfer to acute care services if necessary. Dispenses medications and performs routine health care tasks as necessary. Qualifications: Graduate of an accredited professional nursing school and completion of a competency assessment; two years experience in an emergency room setting; holds or eligible for RN license in Florida; communication and interpersonal skills, basic computer skills, and customer services; Basic and Advanced Living Saving required; Trauma Nursing Core Course required within first 12 months of hire; Certification in Emergency Nursing preferred.

•Licensed Practical Nurse (LPN): (1.275 FTE) Provides delivery of health education, health and psychological screenings, and other services designed to meet the needs of the homeless population including dispersion of medications. Qualifications: Nursing degree and two years of nursing experience preferably in a community setting working with economically disadvantages or equivalent combination of training and experience. Current valid Florida RN or LPN nursing license in good standing.

These positions are employed by SalusCare, Inc. and currently occupied.

•Triage Clinician: (1 FTE) Completes integrated trauma sensitive mental health/substance use screening of individuals for voluntary evaluation of behavioral health crisis; provides brief crisis intervention and referral or linkage to ongoing services, treatment and/or evaluation at the most appropriate facility or resource in the community. Qualifications: Master's degree in a behavioral-health curriculum and minimum two years direct care experience; knowledge of community resources and the ability to incorporate cultural competency and recovery-based principles in client-specific delivery of care - assessment/referral.

## EVALUATION AND SUSTAINABILITY

### EVALUATION

The Policy Services and Research Data Center (PSRDC) at the Florida Mental Health Institute (FMHI) examined the effectiveness of the Triage Center. A report completed in October 2010 concluded that for those who completed the program or left for a housing opportunity or for a treatment facility that there was a positive effect on subsequent arrests, duration of incarceration and time to the next encounter with law enforcement. The study revealed that clients with a successful exit status from the Triage Center have fewer future encounters with law enforcement, subsequent arrests, and shorter incarceration periods.

A Phase II report was conducted in June 2011 and concluded that "the Triage Center not only diverts individuals away from the criminal justice system, but provides a safe place to stay, comprehensive assessment of needs, and linkages to needed community services. Those who stay longer at the Triage Center are less likely to be re-arrested, stay longer in the community prior to re-arrest, and have shorter incarceration lengths. The importance of directing these individuals away from the criminal and judicial system

when possible toward services they need is a solution to the criminal justice revolving door through which these individuals have been using.”

The Governing Board has and will continued to participate with the Florida Mental Health Institute’s Technical Assistance Center (TAC) to identify and evaluate the project’s effectiveness to include needs assessments, conference calls and Sequential Intercept mapping and other options as presented.

The VERA Institute of Justice’s Research Summary published February 2013 by David Cloud and Chelsea Davis indicates that “Jails and prisons are expensive to operate and costs are even greater when the person entering custody requires treatment for a mental health condition. Because they are so costly, providing access to treatment in lieu of a prison or jail sentence can save money while also improving health outcomes and reducing the likelihood of re-arrest in the future. Jail diversion helps reduce expenditures associated with unnecessary arrests and detentions. For instance, it can cost two to three times more for a person with a serious mental illness to become involved in the criminal justice system compared to receiving treatment in the community”.

The United States Health and Human Services 2006 Jail Diversion publication references the SAMHSA’s Jail Diversion and Knowledge Development Application Project which studied the effectiveness of jail diversion services in several sites that serve individuals with co-occurring disorders. This project found that diverted subjects are about 25% more likely to receive mental health counseling services; spend more time in the community and less time in jail than those who are not diverted, resulting in a cost savings; and diverted subjects were no more likely to be arrested than those not diverted, which indicates that time in the community was not a trade-off for public safety.

Performance measurement and deliverable data will be obtained through the use of a formalized process using the HMIS database which has been utilized since inception. However, measuring long term objectives for a short term 30 day diversion/shelter project without ongoing case management services is problematic. HMIS is a web based data collection application designed to collect client-level information and the characteristics and service needs of those experiencing homelessness. HMIS captures aggregate client-level data to generate an unduplicated count of clients served within a community’s system of homeless services, often referred to as the Continuum of Care (CoC). This system can provide data on client characteristics and service utilization and assists in identifying the types of services individuals are linked to; whether the linkages to community-based services are successful and the outcomes of each referral; whether clients stay engaged in services and for how long; and what services may need to be developed to respond to unmet needs. Data is input on a daily basis and aggregate reports are generated which are analyzed monthly, quarterly and annually by the Governing Board to evaluate the program’s effectiveness.

During the eight years of operations, 45% of clients exiting the triage experienced a “good exit”, leaving for a housing opportunity, substance abuse / mental health

treatment facility, or a supportive housing environment. Sixteen percent (16%) of clients were discharged into a substance or mental health facility or hospital, 29% exited into a housing situation including a supportive housing environment; 13% received or were linked to social security benefits at exit and 80% were successfully linked with resources aimed at effectively reintegrating them into the community.

The FMHI study concluded that the cost savings was a minimum of \$220 for every person diverted (not including court costs and law enforcement time) and \$133 for each diversion. Since opening, the project has served 3394 individuals, for 5830 diversions (entries), which equates to a total cost aversion of between \$775,390 and \$746,680 or between \$93,335 and \$96,924 annually. Due to lack of quantifiable data, there are some costs not taken into consideration such as booking, incarcerating, and processing an individual through the Criminal Justice System, which if considered would increase the cost savings/aversion amount.

An additional benefit to law enforcement is the time saved when taking someone to the Triage Center. Officers report that 93% of the time they spend less than ten minutes to drop someone off at the Center, compared to one to two hours to book an individual into jail. The study did not include diversions from Lee Memorial Health System which is another area where cost savings could be realized but data was not available to calculate the cost benefit for diverting individuals from the emergency room to the Triage Center.

Several project partners are active leaders in using process improvement strategies, and bring their expertise and commitment of measurement to the Governing Board and provide the structure to ensure the resources committed as effective as possible. Agency personnel receive ongoing training in core competencies.

SalusCare is an active member of the Robert Wood Johnson Foundation sponsored Network for the Improvement of Addiction Treatment (NIATx), and serves as a mentor agency to other organizations in Florida who are learning and utilizing process improvement strategies as a management tool to improve services. All treatment programs are evidence-based and many are accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), an independent, nonprofit accreditor of health and human services organizations. CARF accreditation requires a service provider to continually improve quality of service and to focus on the individual needs of the persons they serve.

Typically the target population of the Triage Center is not the same as those who are committed to state forensic mental health treatment facility (FMHI study established that only 1% of Triage clients had been admitted to a State Mental Hospital). The Triage Center is a means to keep this number from increasing since diverting people with a serious mental illness from incarceration has proven to have better outcomes. Individuals who receive treatment are at a lesser risk of accumulating additional charges such as battery on a law enforcement or correctional officer which often occurs while incarcerated. In addition, a person's mental status is more likely to decompensate while

incarcerated. There has been a steady decline in Lee County State Forensic hospital admissions since the Triage Center has been operational from 21 in state fiscal year 2012-2013 to 8 in 2015-2016, a 62% decrease.

### **Sustainability**

A key element of sustainability is clearly identifying the goals of this project, measuring the projects performance in comparison to the goals and making adjustments if necessary, and regularly reporting on the findings to potential supporters. This type of ongoing reporting will allow each potential supporter to evaluate the merit of investing in this project as it progresses forward.

The success of the Triage Center is heavily dependent on an individual's ability to access publicly funded behavioral health treatment services. SalusCare, Inc. is the primary provider of behavioral health services funded through State and Federal dollars from Central Florida Behavioral Health Network and County dollars from the Lee County Board of County Commissioners. SalusCare, Inc. also bills Medicaid and private insurance for behavioral health care services. As a result of the Affordable Care Act, it is anticipated that many single adults will obtain health insurance benefits which will include behavioral health treatment.

The Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant (CJMHSR) funds have been and will continue to be leveraged with Federal, County, State and other private dollars. Numerous funding sources are necessary to sustain the Triage Center. Since the inception of the Triage Center, the partners have contributed significant amounts of cash and in-kind match and are committed to continue to do so. Lee County funds a portion of the operating expenses with County Ad Valorem tax revenues designated to carry out objectives identified in the Ten Year Plan to End Homelessness.

New funding sources were obtained which allowed for an expansion of the program to 58 beds in 2010. Community Development Block Grant R funds (a stimulus program for capital improvements) was awarded and used for the facility renovations. Renovations to the facility's restrooms, flooring and plumbing pipes/fixtures was completed in 2015 utilizing federal CDBG funds. The Lee County Homeless Coalition has awarded funds the last two years for client prescription medications, bus tickets and replacing laundry and kitchen equipment.

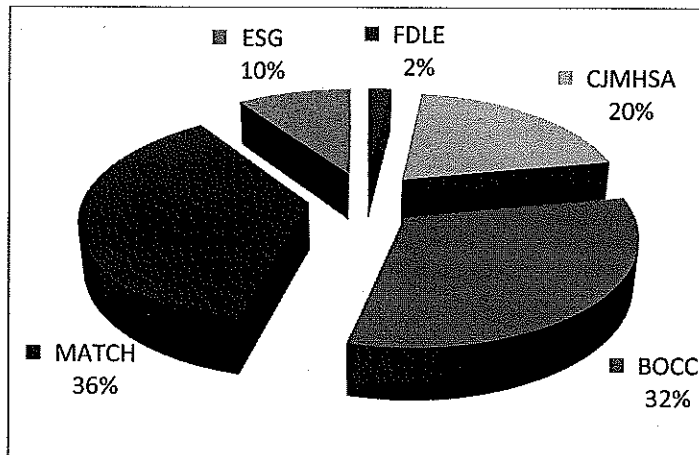
While we have not yet succeeded in making the Triage Center non dependent on State funding we have diversified funding sources since the inception of the program by having substantial local match from partners and the County, obtaining funding from law enforcement and the Lee County Homeless Coalition when available and implementing cost saving procedures when possible.

Revenue sources include: The Florida Department of Law Enforcement's (FDLE) Edward Byrne Memorial Assistance Grant has funded the program since 2010 and a renewal application has been submitted and should be awarded effective October 1,

2016. An Emergency Solutions Grant (ESG) was secured and is ongoing. FEMA Emergency Food and Shelter funds are awarded through the local United Way.

Additional resources for sustained operations are continually identified and sought. Requests will continue to be made to local resources for funding to sustain operations.

A breakdown of proposed funding sources to support operations through 2017 is below.



Funding under this proposal will further the goal and mission of the project which is to reduce the number of individuals with a mental illness and/or substance use disorder from being arrested or from prolonged incarceration for low level, non-violent offenses by addressing the behavioral health needs of the participants and preventing future and persistent involvement with the criminal justice center or inappropriate usage of emergency rooms.

**PROJECT TIMELINE - LEE COUNTY BOB JAMES TRIAGE CENTER/LOW DEMAND SHELTER  
GRANT APPLICATION - RFA06H16GS1**

RFA06H16GS1

Project Activity	GRANT YEAR											
	Year One 4/1/2017			Year Two 4/1/2018			Year Three 4/1/2019					
	Jan 1- Mar 31	Apr 1- Jun 30	Jul 1- Sep 30	Oct 1- Dec 31	Jan 1- Mar 31	Apr 1- Jun 30	Jul 1- Sep 30	Oct 1- Dec 31	Jan 1- Mar 31	Apr 1- Jun 30	Jul 1- Sep 30	Oct 1- Dec 31
Continue Operations of Triage Center/Low Demand Shelter	Triage Center became operation April 2008 and will continue to be operational throughout term of grant											
Continue Monthly Governing Board Meetings	Governing Board has met monthly since 2008 and will continue to meet at least monthly throughout term of grant											
Update existing Interagency Agreement/Memorandum of Understanding to incorporate the new referral sources (partners) and then update ongoing as needed.			X									
Enhance partnership with law enforcement agencies: Facilitate meetings as needed to review specific Law Enforcement issues	ONGOING											
Convene committee to develop process for new expanded referral sources	X	X										
Submit Quarterly Program Status and Financial Reports	X	X	X	X	X	X	X	X	X	X	X	X
Submit Final Program Status and Financial Reports.												X
Continue to work with the Criminal Justice, Mental Health and Substance Abuse Technical Assistance Center (TAC) at the Louis de la Parte Florida Mental Health Institute of South Florida to develop and enhance evaluation techniques and participate in conference calls, visits and other requested procedures.	ONGOING											