

**TAB 1**  
**COVER PAGE**

**APPENDIX C – COVER PAGE FOR GRANT APPLICATION**  
**Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant**

PROPOSAL INFORMATION			
Type of Grant:	Planning Grant <input type="checkbox"/>	Implementation and Expansion Grant <input checked="" type="checkbox"/>	
Project Title:	Bob Janes/Triage Center/Low Demand Shelter		
County(ies):	Lee		
Preferred Project Start Date:	April 1, 2020		
APPLICANT INFORMATION			
Type of Applicant	County Government <input checked="" type="checkbox"/> Consortium of County Governments <input type="checkbox"/> Managing Entity <input type="checkbox"/> NFP Community Provider <input type="checkbox"/> Law Enforcement Agency <input type="checkbox"/>		
Applicant Organization Name:	Lee County Human & Veteran Services		
Contact Name & Title:	Roger C. Mercado		
Street Address	2440 Thompson Street		
City, State and Zip Code:	Fort Myers, FL 33901		
Email:	<a href="mailto:rmercado@leegov.com">rmercado@leegov.com</a>		
Phone:	239-533-7920		
ADDITIONAL CONTACT			
Participating Organization	Lee County Human & Veteran Services		
Name:	Deanna Gilkerson		
Contact Name & Title:	Program Manager		
Street Address	2440 Thompson Street		
City, State and Zip Code:	Fort Myers, FL 33901		
Email:	<a href="mailto:dgilkerson@leegov.com">dgilkerson@leegov.com</a>		
Phone:	239-533-7918		
FUNDING REQUEST AND MATCHING FUNDS			
	Total Amount of Grant Funds Requested	Total Matching Funds:	Total Other Leveraged Funds:
Program Year 1	\$325,000.00	\$441,000.00	\$952,601.00
Program Year 2	\$325,000.00	\$442,000.00	\$995,359.23
Program Year 3	\$325,000.00	\$442,675.00	\$1,039,836.83
<b>Total Project Cost</b>	<b>\$975,000.00</b>	<b>\$1,325,675.00</b>	<b>\$2,987,797.06</b>
CERTIFYING OFFICIAL			
Certifying Official's Signature:			
Certifying Official's Name (printed):	Brian Hamman		
Title:	Vice Chairman, Lee County Board of County Commissioners		
Date:	1/23/2019		

**AGENDA ITEM REPORT**

**DATE:** January 15, 2019  
**DEPARTMENT:** Human Services  
**REQUESTER:** Roger Mercado  
**TITLE:** Approve Grant Application for Bob Janes Triage Center

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**I. MOTION REQUESTED**

- A. Approve submission of application to the State of Florida Department of Children & Families for the Criminal Justice, Mental Health, Substance Abuse, Reinvestment Grant (CJMHTSA) to support operations of the Bob Janes Triage Center/Low Demand Shelter.
- B. Authorize Chair or designee to sign the Application, cover letter, certifications and any other associated application forms once prepared.
- C. Authorize Chair or designee to accept the award and sign any required documents once received if funding is awarded.
- D. Designates the Lee County Public Safety Coordinating Council as the planning council for the project.

**II. ITEM SUMMARY**

Allows Lee County to apply on behalf of the Triage Center for funding to continue to support operations of the Bob Janes Triage Center/Low Demand Shelter, which provides diversions from the criminal justice system and alternatives to incarceration, prolonged incarceration and/or inappropriate use of emergency departments for individuals with behavioral health issues. The Bob Janes Triage Center budget of \$1,497,801 includes a collaboration of the following: Lee County Board of County Commissioners (\$571,301), LeeHealth (\$300,000), Florida Department of Children and Families-Criminal Justice, Mental Health and Substance Abuse (\$275,000), Housing and Urban Development-Emergency Solutions Grant (\$143,000), SalusCare (\$120,000), The Salvation Army (\$63,500) and The United Way (\$25,000).

**III. BACKGROUND AND IMPLICATIONS OF ACTION**

A) Board Action and Other History

Lee County has been receiving funds under the Criminal Justice, Mental Health, Substance Abuse Reinvestment grant since 2007 to support operations of the Bob Janes Triage Center/Low Demand Shelter. The Bob Janes Triage Center/Low Demand Shelter provides a diversion to incarceration or inappropriate use of hospital emergency departments and an alternative to prolonged incarceration for individuals experiencing a behavioral health crisis. Individuals targeted for services at the center are those who, in addition to being in crisis, are at risk of being charged with a minor ordinance violation or non-violent offense (i.e. open container, disorderly conduct, disturbing the peace, loitering/prowling, and trespass charges) due to a variety of presenting problems, which may include homelessness, substance use disorders, or a mental illness. The Project operates as a multi-agency collaborative on the Ortiz Avenue campus of Saluscare. Since the Center opened in April of 2008, the capacity has increased from 22 beds to 58 beds and over 5,000 individuals have been served at the Center.

Due to the Board's meeting schedule, it is not possible for the draft application to be made available for Board review prior to the meeting on January 15, 2019. Therefore, the Board is requested to approve the submission of the application, authorize chair signature on the required cover letter, certifications, and other grant materials as needed.

B) Policy Issues

A letter has been requested from the PSCC which endorses the proposed use of these funds and provides program oversight in conjunction with the Governing Board. Representatives from the Governing Board regularly participate in PSCC meetings and the PSCC has been a supporter and endorsed the project since inception.

C) BoCC Goals

The Bob Janes Triage Center/Low Demand Shelter (Triage Center) has been continuously operational since April 2008. The project continues to address the following goals identified in Lee County's Ten Year Plan to End Homelessness: enhance public safety, address the issue of homelessness while reducing criminal justice expenditures and improve outcomes for individuals who tend to cycle through the criminal justice system by engaging them in treatment.

D) Analysis

Maximum award available \$1,200,000 for a 3-year award. The current amount of the 3-year agreement is \$825,000 (\$275,000 annually). If awarded, it will be administered by the Department of Human & Veteran Services through sub-recipient contracts with local non-profit agencies. There is \$1 - \$1 match requirement for the three-year period that is shared with partnering agencies.

This is a competitive application process. Funds will be made available in Fiscal Year 2019-2020 budget upon receipt of agreement if awarded and approval of budget resolution.

E) Options

Approve.

**IV. FINANCIAL INFORMATION**

A)	Current year dollar amount of item:	No funding required at this time.
B)	Is this item approved in the current budget?	N/A
C)	Is this a revenue or expense item?	N/A
D)	Is this Discretionary or Mandatory?	Discretionary
E)	Will this item impact future budgets? If yes, please include reasons in III(D) above.	Yes
F)	Fund: Program: Project: Account Strings:	
G)	Fund Type?	General Fund
H)	Comments:	

**V. RECOMMENDATION**

Approve

**VI. TIMING/IMPLEMENTATION**

The existing agreement expires March 31, 2020. If funding is awarded, effective date would be April 1, 2020.

**VII. FOLLOW UP**

**REVIEWERS:**

Department	Reviewer	Action	Date
Human Services	Hollis, Barbara	Approved	1/3/2019 - 10:46 AM
Human Services	Mercado, Roger	Approved	1/7/2019 - 12:16 PM
Budget Services	Henkel, Anne	Approved	1/7/2019 - 3:24 PM
Budget Services	Winton, Peter	Approved	1/7/2019 - 3:27 PM
County Attorney	Swindle, Amanda	Approved	1/7/2019 - 3:57 PM
County Manager	Brady, Christine	Approved	1/7/2019 - 4:07 PM

**TAB 2**  
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**BOB JANES TRIAGE CENTER/LOW DEMAND SHELTER  
LEE COUNTY, FLORIDA**

GRANT APPLICATION FOR CRIMINAL JUSTICE, MENTAL HEALTH AND  
SUBSTANCE ABUSE REINVESTMENT GRANT (RFA112818HSET1)

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**TAB 3**  
**STATEMENT OF**  
**MANDATORY ASSURANCES**

## APPENDIX D – STATEMENT OF MANDATORY ASSURANCES

		Initial
A.	<b>Infrastructure:</b> The Applicant shall possess equipment and Internet access necessary to participate fully in this solicitation.	BSA
B.	<b>Site Visits:</b> The Applicant will cooperate fully with the Department in coordinating site visits, if desired by the Department.	BSA
C.	<b>Non-discrimination:</b> The Applicant agrees that no person will, on the basis of race, color, national origin, creed or religion be excluded from participation in, be refused the benefits of, or be otherwise subjected to discrimination pursuant to the Act governing these funds or any project, program, activity or sub-grant supported by the requirements of, (a) Title VI of the Civil Rights Act of 1964 which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended which prohibits discrimination the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended which prohibits discrimination in employment or any program or activity that receives or benefits from federal financial assistance on the basis of handicaps; (d) Age Discrimination Act 1975, as amended which prohibits discrimination on the basis of age, (e) Equal Employment Opportunity Program (EEO) must meets the requirements of 28 CFR 42.301.	BSA
D.	<b>Lobbying:</b> The Applicant is prohibited by Title 31, USC, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," from using Federal funds for lobbying the Executive or Legislative Branches of the federal government in connection with a specific grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal funds if grants and/or cooperative agreements exceed \$100,000 in total costs (45 CFR Part 93).	BSA
E.	<b>Drug-Free Workplace Requirements:</b> The Applicant agrees that it will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76.	BSA
F.	<b>Smoke-Free Workplace Requirements:</b> Public Law 103-227, Part C-Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library projects to children under the age of 18, if the projects are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's projects provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for Inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 per day and/or the imposition of an administrative compliance order on the responsible entity.	BSA
G.	<b>Compliance and Performance:</b> The Applicant understands that grant funds in Years 2 and 3 are contingent upon compliance with the requirements of this grant program and demonstration of performance towards completing the grant key activities and meeting the grant objectives, as well as availability of funds.	BSA
H.	<b>Certification of Non-supplanting:</b> The Applicant certifies that funds awarded under this solicitation will not be used for programs currently being paid for by other funds or programs where the funding has been committed.	BSA
I.	<b>Submission of Data:</b> The Applicant agrees to provide data and other information requested by the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center at the Florida Mental Health Institute to enable the Center to perform the statutory duties established in the authorizing legislation.	BSA
J.	<b>Submission of Reports:</b> The Applicant agrees to submit quarterly progress reports and quarterly fiscal reports, signed by the County Administrator, to the Department.	BSA

**TAB 4**  
**MATCH COMMITMENT &**  
**SUMMARY FORMS**

**Appendix I -MATCH COLLECTION SUMMARY REPORT**  
**(for the entire grant period)**

DATE - Completed 1-23-19 for grant period 4/1/20-3/31/23

County - Lee County

Type of Grant - CJMHSA - Implementation and Expansion

Match Requirement Percentage - 100%

Total Match Required for the Grant \$ 975,000.00

**Match Reported this Period:**

Cash	\$ <u>900,000.00</u>
In-Kind	\$ <u>425,675.00</u>
Total	\$ <u>1,325,675.00</u>

Comments: In addition to match committed above, there is also \$2,987,797.06 in other leveraged funds from other revenue sources including Lee County Board of County Commissioners, Emergency Solutions Grant, Edward J Byrne Grant.

Prepared By 

Approved By 

**APPENDIX H – COMMITMENT OF MATCH DONATION FORMS  
(FOR THE ENTIRE GRANT PERIOD)**

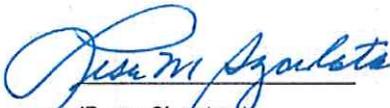
TO: (name of county) Lee County  
 FROM: (donor name) Lee Memorial Health System (dba Lee Health)  
 ADDRESS: 4211 Metro Pkwy., Ste. 300  
Fort Myers, FL 33916

The following \_\_\_ space, \_\_\_ equipment,  goods or supplies, and  services, are donated to the County \_\_\_\_\_ permanently (title passes to the County)  temporarily (title is retained by the donor), for the period 2020 to 2023.

**Description and Basis for Valuation (See next page)**

<u>Description</u>	<u>Value</u>
(1) <u>Cash Donation</u>	<u>\$ 900,000.00</u>
(2) _____	<u>\$ _____</u>
(3) _____	<u>\$ _____</u>
(4) _____	<u>\$ _____</u>
	TOTAL VALUE \$ <u>900,000.00</u>

The above donation is not currently included as a cost (either direct or matching) of any state or federal contract or grant, nor has it been previously purchased from or used as match for any state or federal contract.

	<u>1/14/19</u>		<u>1.24.19</u>
(Donor Signature)	(Date)	(County Designee Signature)	(Date)

**APPENDIX H – COMMITMENT OF MATCH DONATION FORMS  
(FOR THE ENTIRE GRANT PERIOD)**

TO: (name of county) Lee County  
 FROM: (donor name) SalusCare  
 ADDRESS: 3763 Evans Avenue  
Fort Myers, Florida 33901

The following \_\_\_ space, \_\_\_ equipment,  goods or supplies, and \_\_\_ services, are donated to the County \_\_\_\_\_ permanently (title passes to the County) \_\_\_\_\_ temporarily (title is retained by the donor), for the period 2017 to 2020.

**Description and Basis for Valuation (See next page)**

<u>Description</u>	<u>Value</u>
(1) <u>In-kind rent provided for Bob Janes Triage Center</u>	<u>\$ 360,000</u>
(2) _____	<u>\$ _____</u>
(3) _____	<u>\$ _____</u>
(4) _____	<u>\$ _____</u>
	TOTAL VALUE \$ <u>360,000</u>

The above donation is not currently included as a cost (either direct or matching) of any state or federal contract or grant, nor has it been previously purchased from or used as match for any state or federal contract.

 _____ (Donor Signature)	<u>01/17/2019</u> (Date)	 _____ (County Designee Signature)	<u>1.24.19</u> (Date)
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Appendix H (cont.)
BASIS OF VALUATION

Building/Space

- 1. Donor retains title:
a. Fair commercial rental value - Substantiated in provider's records by written confirmation(s) of fair commercial rental value by qualified individuals, e.g., Realtors, property managers, etc.
b. (1) Established monthly rental of space \$ 18,667
(2) Number of months donated during the contract 36
Value to the project [b.(1) X b.(2)] \$ 360,000

2. Title passes to the County:

Depreciation

- a. Cost of Fair Market Value (FMV) at acquisition (excluding land) \$
b. Estimated useful life at date of acquisition yrs.
c. Annual depreciation (a./b.) \$
d. Total square footage sq. ft.
e. Number of square feet to be used on the grant program sq. ft.
f. Percentage of time during contract period the project will occupy the building or space %
Value to project (e./d. X f. X c.) \$

Use Allowance

- a. To be used in the absence of depreciation schedule (i.e., when the item is not normally depreciated in the County's accounting records).
b. May include an allowance for space as well as the normal cost of upkeep, such as repairs and maintenance, insurance, etc.

Equipment

- 1. Donor retains title: Fair Rental Value
2. Title passes to County:
a. FMV at time of donation \$
or
b. Annual value to project (not to exceed 6 2/3% X a.) = \$

Goods or Supplies

FMV at time of donation

Personnel Services

- 1. Staff of another agency or organization:
Annual Salary Number of hours 2080 X to be provided = \$
2. Volunteer -- Comparable annual salary \$
Annual Salary Number of hours 2080 X to be provided = \$

APPENDIX H – COMMITMENT OF MATCH DONATION FORMS  
(FOR THE ENTIRE GRANT PERIOD)

TO: (name of county) Lee County  
FROM: (donor name) The Salvation Army Fort Myers Area Command  
ADDRESS: 10291 McGregor Blvd.  
Fort Myers, FL 33919

The following \_\_\_ space, \_\_\_ equipment, \_\_\_ goods or supplies, and  services, are donated to the County \_\_\_\_\_ permanently (title passes to the County) \_\_\_\_\_ temporarily (title is retained by the donor), for the period \_\_\_\_\_ 2020 \_\_\_\_\_ to \_\_\_\_\_ 2023 \_\_\_\_\_.

Description and Basis for Valuation (See next page)

Description	Value
(1) <u>Personnel Services - Salaries and Benefits</u>	<u>\$ 65,675.00</u>
(2) _____	\$ _____
(3) _____	\$ _____
(4) _____	\$ _____
TOTAL VALUE \$ <u>65,675.00</u>	

The above donation is not currently included as a cost (either direct or matching) of any state or federal contract or grant, nor has it been previously purchased from or used as match for any state or federal contract.

  
(Donor Signature)

1/18/2019  
(Date)

  
(County Designee Signature)

1.24.19  
(Date)

**Appendix H (cont.)  
BASIS OF VALUATION**

**Building/Space**

- 1. Donor retains title:
  - a. Fair commercial rental value - Substantiated in provider's records by written confirmation(s) of fair commercial rental value by qualified individuals, e.g., Realtors, property managers, etc.
  - b. (1) Established monthly rental of space \$ \_\_\_\_\_
  - (2) Number of months donated during the contract \_\_\_\_\_
  - Value to the project [b.(1) X b.(2)] \$ \_\_\_\_\_

2. Title passes to the County:

Depreciation

- a. Cost of Fair Market Value (FMV) at acquisition (excluding land) \$ \_\_\_\_\_
- b. Estimated useful life at date of acquisition \_\_\_\_\_ yrs.
- c. Annual depreciation (a./b.) \$ \_\_\_\_\_
- d. Total square footage \_\_\_\_\_ sq. ft.
- e. Number of square feet to be used on the grant program \_\_\_\_\_ sq. ft.
- f. Percentage of time during contract period the project will occupy the building or space \_\_\_\_\_ %
- Value to project (e./d. X f. X c.) \$ \_\_\_\_\_

Use Allowance

- a. To be used in the absence of depreciation schedule (i.e., when the item is not normally depreciated in the County's accounting records).
- b. May include an allowance for space as well as the normal cost of upkeep, such as repairs and maintenance, insurance, etc.

**Equipment**

- 1. Donor retains title: Fair Rental Value
- 2. Title passes to County:
  - a. FMV at time of donation \$ \_\_\_\_\_
  - or
  - b. Annual value to project (not to exceed 6 2/3% X a.) = \$ \_\_\_\_\_

**Goods or Supplies**

FMV at time of donation

**Personnel Services**

- 1. Staff of another agency or organization:
  - Annual Salary      Number of hours 2080    X    to be provided    =    \$ 65,675.00
- 2. Volunteer -- Comparable annual salary \$ \_\_\_\_\_
  - Annual Salary      Number of hours 2080    X    to be provided    =    \$ \_\_\_\_\_

**TAB 5**  
**STATEMENT OF THE PROBLEM**

## TAB 5 - STATEMENT OF PROBLEM

As a result of growing community concerns identified by the Public Safety Coordinating Council (PSCC), Law Enforcement entities, Health System, County Government and other community leaders, a task force was created in Lee County in 2006 to address the issue of the increasing number of adults with mental health/substance use disorders who were being arrested and jailed for non-violent minor offenses. The task force was led by then County Commissioner Bob Janes and was comprised of key decision makers of major stakeholders. At the time the task force was created, Lee County lacked an integrated entry point where individuals could be screened for mental illness and/or substance abuse issues. Detoxification, acute crisis stabilization units, emergency rooms and emergency shelters were limited and often at capacity. The lack of alternatives resulted in many unnecessary arrests and prolonged incarceration periods. In addition, individuals with mental illness and/or substance abuse disorders were unnecessarily utilizing hospital emergency rooms resulting in increased stress and expenses on an already overburdened system. The task force met throughout 2006-2008, participated in sequential intercept mapping, and received funding as a planning grant from Criminal Justice, Mental Health Substance Abuse reinvestment Grant. The result was the creation of the Bob Janes Triage Center/Low Demand Shelter (Triage Center) which opened in 2008 and has been operating continuously since. The Project 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 provider, the local health care system, NAMI, the United Way, the Court system and community partners.

The target population of the Triage Center) are adults age 18 or older 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 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 92% unemployed, 96% homeless or at risk of homelessness at time of entry, 77% with no income source, 97% without insurance, 18% are veterans, 50% self report having a mental health issue, 70% self report having a substance use problem, and many report chronic health issues, physical disabilities, and a domestic violence history. Fifty-nine percent (59%) of people brought to the Triage Center have a prior arrest history in Lee County.

Since opening, 5000 individuals have received services that most likely would not have accessed medical and behavioral health care (4640 spent the night at the facility). Due to lifestyle issues, all individuals admitted to the Triage Center represent a potential

diversion from incarceration since all participants are at risk for current or future involvement with the criminal justice system if there are no interventions. Demographics of those served mirror those identified as “at-risk” of involvement in the criminal justice system with factors associated with possible criminal behavior, including homelessness and other unstable living situations; history of victimization or abuse; significant transitions such as a recent release from jail, re-entry to the community from prison or release from a forensic facility; or a history of involvement in the criminal justice system.

The project addresses intercept one and two as identified in the Sequential Intercept Mapping Plan developed in 2010 and reconfirmed in 2016. 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 "mapping" 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 are effective with their target groups; however the Triage Center was the first initiative in Lee County to provide a pre-arrest diversion program for low-level offenders.

A report published by SAMHSA's GAINS Center for Behavioral Health and Justice Transformation in 2016 identified the prevalence of serious mental illness (SMI) among persons in the criminal justice system between three and six times the rate for individuals with SMI in the general U.S. population. A study of over 20,000 adults in five local jails found that 14.5 percent of male inmates and 31 percent of female inmates met criteria for a SMI. If these same estimates are applied to the almost 13 million jail admissions reported in 2010, the study findings suggest that more than two million bookings of a person with SMI occur annually. Studies suggest that the co-occurrence of mental health and substance use disorders (COD) is common. In jails, of the approximately 17 percent with SMI, an estimated 72 percent had a co-occurring substance use disorder. Approximately 59 percent of state prisoners with mental illnesses had a co-occurring drug and/or alcohol problem. The overrepresentation of people with SMI or COD in the criminal justice system has a significant impact on the recovery path of these individuals, creates stress for their families, and has an effect on public safety and government spending. A significant number of individuals who receive services through the publicly funded mental health and substance abuse systems are involved, or are at risk for involvement, in the criminal justice system. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), the criminal

justice system is the single largest source of referral to the public substance abuse treatment system, with probation and parole treatment admissions representing the largest proportion of these referrals.

A 2010 publication of the Florida Council on Community Health estimated 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)." "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 2018 homeless count estimates that 2,868 of Lee County's 739,224 (July 2017) residents are homeless at any given time (this number excludes incarcerated individuals). Approximately 44% of people, who are homeless in Lee County, self-reported having a mental illness and/or substance use disorder; 72% of those who are homeless, and who had been served at the Triage self-reported a behavioral health issue. The total number of jail days for 2018 was 620,538 or an average of 51,712 monthly. Since the Triage Center opened, the average daily jail population for Lee County declined 26% from a high of 2,218 in 2008 to 1639 at the end of 2018.

The Intake and Investigation Unit conducts interviews and investigations twenty-four hours a day/seven days a week for all defendants booked into the Lee County Jail on criminal charges. Demographic information is verified while need is assessed. Pretrial officers research national, state and local systems. According to the Integrated Justice Information System, there were 19,587 investigations conducted during fiscal year 2017-2018 a 10% decrease from 2014-2015. A total of 3,202 defendants were identified with substance abuse needs (approximately 16%) and 1,913 with mental health needs (approximately 10%). There were 1,938 defendants identified for the Mental Health Court Program and 1,945 for the Drug Court Program out of First

Appearance by pretrial court presenters, with focused efforts of identifying at the earliest stage possible for appropriate treatment court options.

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, excluding cases with pre-set bonds or capital felonies. The evidence based risk instrument is used to objectively assess the potential for failing to appear or re-arrest during the pretrial period. Evidence based risk instruments are an effective tool but the final risk includes both mitigating and aggravating factors. The Risk Instrument was implemented in 2011 after the Pretrial Justice Institute analyzed critical data determined by criminal justice partners and stakeholders. 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.

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. 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. State Forensic hospital admissions from Lee County have declined 19% since the Triage Center become operational.

The proposed target number of individuals diverted from incarceration/prolonged incarceration, admitted to the Triage Center who are diagnosed or self-report a mental health/substance abuse issue is 400 per Program Year; 1200 over life of Grant.

**TAB 6**  
**PROJECT DESIGN &**  
**IMPLEMENTATION**

## **TAB 6: PROJECT DESGN 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 January 15, 2019 board meeting. The Lee County Public Safety Coordinating Council (PSCC) meets the membership requirements in Florida Statute 394.657(2)(a) including at least one consumer representative. The Lee County PSCC endorses this application/project 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, reviews, and periodically updates a Strategic Plan. Jail data is regularly reviewed at PSCC meetings along with the progress of current initiatives such as specialty courts (mental health, Veterans and drug), 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: December 11, 2018; September 25, 2018; June 26, 2018 and March 27, 2018. The next meeting is scheduled for Tuesday March 12, 2019 and meetings for the remainder of 2019 are scheduled as follows: July 2, September 17 and December 10.

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. The majority of clients (52%) continue to be from local law enforcement officers and the court system. This includes voluntary pre-arrest diversions for individuals who are brought by 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 and those who are referred from the Court system. The second largest referrer is the local hospital system (25% of admissions) who divert individuals dealing with a behavioral health issue who seek non-acute care from the emergency room; some of these individuals were originally taken to the ER by law enforcement. Other supporting and partnering agencies refer 14% and 9% are from The Veterans Administration or partners. Due to behavioral and life style issues all individuals are diverted from or at risk of involvement with the criminal justice system.

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 in 2016 (report issued in June 2016). 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 and the need for supportive housing. Instead of arrest and incarceration or continued incarceration, the individuals could be admitted to the Triage Center where they receive shelter and

access to behavioral health services. The PSCC and the Governing Board of the Triage Center 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. These defendants would likely otherwise remain in custody due to homelessness and lack of monetary resources, but with admission to the Triage Center are linked to temporary and long-term housing, education, transportation, prescription needs and have addressed substance abuse and mental health needs. 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. There were 74 defendants approved for release from jail to the Triage Center during fiscal year 2017-2018.

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 utilizing existing resources such as residential treatment and supportive housing; and allowing 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. 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.

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 biopsychosocial 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 92% 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 have served to further address objective 1 and 2 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 continue to be represented and regularly participate 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 & Veteran 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) utilizing the Client Services Network (CSN) software. 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' Human & Veteran Services; SalusCare Inc.; Lee Health; 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; the National Alliance on Mental Illness, Lee County Public Defender's office and Court Administration. 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:

Address gaps identified in intercept points 1 & 2 of the SIM, by enhancing availability of services that address social service needs including housing, life skills, and employment skills. Develop and strengthen existing partnerships with community partners that provide appropriate trainings/activities so that events are conducted at the Triage Center or participants are able to attend outside sessions.

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. The Salvation Army operates it in a facility on the campus of SalusCare Inc. (community provider of substance abuse/mental health treatment services) who donates the building and provides clinical staff. Lee Health provides resources and support for the nursing staff and operations of the Center. Lee County Human & Veteran 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 at entry 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%) 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 allows for ongoing medication disbursement for participants while staying at the Triage Center.

A standard intake screening is conducted by Triage Center staff at entry or as soon as possible based upon client's cognitive ability. A referral is then made to SalusCare to complete an in-depth bio-psychosocial assessment to identify behavioral health issues, social history and treatment options. Staff works 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 and address intercept point two 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 and funding is available.

The program was designed based on a strong understanding of recovery and that many people do not succeed the first time they try. 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 be 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 continue provide several class sessions annually. Over 1327 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.

#### Proposed Expansion Approach

To address a gap identified in the Sequential Intercept Mapping under intercept point 2 and to continue to manage the census of the Triage Center and keep bed availability for new diversions, The Governing Board, the PSCC and community stakeholders have identified the need to facilitate expanded social services including a housing component to improve discharge options and outcomes. Lack to stable housing increases the potential for re-involvement in the criminal justice system. Affordable housing in Lee County is problematic, especially for individuals with limited income and behavioral health issues/barriers. A significant barrier to successful discharge has been appropriate/affordable housing for participants who have stabilized while at the Triage Center and are ready to be discharged. As such, a housing component is being implemented to assist participant's transition into housing of their choosing based upon principals of the Housing First Approach and Rapid Re-Housing. Participants will be eligible for up to 12 months of rental assistance based upon income and their ability to pay rent. The length of assistance can vary in duration depending on the individual's needs. Rent for the first several months could be subsidized at 100% and then reduced incrementally as participant's income and situation continues to stabilize. Supportive services will be available to include but not limited to: Case Management; Housing Assessment; Employment Skills & Assistance; Career Counseling; Life Skills. In addition, a mental health clinician will be employed at the Triage Center to provide Mental Health counseling services to Triage clients who are having behavioral health issues; coordinate and ensure access to necessary mental health and psychiatric services, assesses appropriateness for Triage clients to enter services offered through Triage. A technical assistance visit is scheduled for February 11, 2019 with TAC focusing on implementing a housing component.

Housing First is a homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life. This approach is guided by the belief that people need basic necessities like food and a place to live before attending to anything less critical, such as getting a job, budgeting properly, or attending to substance use/mental health issues. The approach does not require people experiencing homelessness to address the all of their problems including behavioral health problems, or to graduate through a series of services programs before they can access housing. Housing First does not mandate

participation in services either before obtaining housing or in order to retain housing. The Housing First approach views housing as the foundation for life improvement and enables access to permanent housing without prerequisites or conditions beyond those of a typical renter. Supportive services are offered to support people with housing stability and individual well-being, but participation is not required, as services have been found to be more effective when a person chooses to engage. Other approaches do make such requirements in order for a person to obtain and retain housing.

There is a large and growing evidence base demonstrating that the Housing First approach is an effective solution to homelessness. Consumers in a Housing First model access housing faster and are more likely to remain stably housed. A majority of clients participating in supportive housing projects are found to participate in the optional supportive services provided, often resulting in greater housing stability. Clients using supportive services are more likely to participate in job training programs, attend school, discontinue substance use, have fewer instances of domestic violence, and spend fewer days hospitalized than those not participating. Finally, permanent supportive housing has been found to be cost efficient. Providing access to housing generally results in cost savings for communities because housed people are less likely to use emergency services, including hospitals, jails, and emergency shelter, than those who are homeless. One study found an average cost savings on emergency services of \$31,545 per person housed in a Housing First program over the course of two years. Another study showed that a Housing First program could cost up to \$23,000 less per consumer per year than a shelter program.

### **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.

**2.4.2.1** – Ten Percent (10%) or less will be arrested or rearrested while receiving services. Actual arrest history will be tracked on a quarterly basis.

**2.4.2.2** - Ten Percent (10%) or less will be arrested or rearrested within one year following their ending date for Program services. Actual arrest history pre and post Triage involvement will be tracked.

**2.4.2.3** - Five Percent (5%) who do not reside in a stable housing environment on their start date will reside in a stable housing environment within 90 days of their start date. The proposed target is based upon 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 or enter the project.

**2.4.2.4** – Fifteen Percent (15%) will reside in a stable housing environment one year following discharge from the Shelter.

**2.4.2.5**- Two Percent (2%) not employed at their Program start date who exit into a HMIS participating Program will be employed within 180 days of 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. Many are unable to work and are eligible for SSI.

**2.4.2.6** – Two percent (2%) of participants who exit into an HMIS participating Program, will be employed (full or part time) 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.

**2.4.2.7** – Twenty-five Percent (25%) will be assisted or linked by the Applicant in applying for social security or other benefits for which they may be eligible but were not receiving at their admission. Due to the transient clientele of the project and short length of stay, it is often difficult to assist clientele in applying for assistance.

**2.4.2.8** - 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.

Additional Proposed Performance Measure - 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.

## **Capability and Experience**

All of the following entities have supported The Triage Center since inception and actively participate on the Governing Board providing oversight regarding operations and objectives.

\*The Lee County Board of County Commissioners (BOCC) is the applicant and serves as the lead agency. Human & Veterans 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 and provides life skills training/classes. Current contractual relationships exist with SalusCare, The Salvation Army, Lee Health 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 state mandated local match requirement.

The Salvation Army in Fort Myers has collaborated 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. provides community based mental health/substance abuse treatment services. 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, is located on the same campus as the Triage Center, and is utilized by participants. SalusCare owns the 16,000 square foot building, which houses the Triage Center located at 2789 Ortiz Avenue, Ft. Myers, FL. SalusCare provides building maintenance, utilities, IT support and employs staff who provide treatment services to the Triage Center population.

\*Lee Health is an integrated health care delivery system with five acute care hospitals, a Rehabilitation Hospital, The Children's Hospital of Southwest Florida, 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 the nursing salaries, a portion of client meal costs, necessary medical supplies and other expenses as identified.

\*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 or in process of being filled.

\*Program Facility Director (Director of Corrections): (.25 FTE) directs, monitors and evaluates the day-to-day operations of the Federal Re-entry Program, Florida Department of Corrections Non-Secure Drug Treatment Program, Triage Center/Low Demand Shelter. Involves a wide variety of programs employing an expanded staff (over 50 employees) in multiple office locations overseeing all the services under the direction of the Operations/Program Director. Ensures compliance with established policies and procedures, contracts & statement of work; establishes and maintains effective working relationships with all judges, law enforcement, governmental and program officials and other agency representatives; directs the preparation/processing of required documents, program reports, and statistical data; administers a departmental budget and tracks expenditures/income to determine compliance with budget projections. Plans, coordinates, directs, implements and evaluates the operations and procedures of these corrections programs and services. 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 monitors the logistical operations of the Shelter. Supervises all facility and operations staff and ensures work is in compliance with established policies and procedures as well as local, state and federal regulations.

\*Security Unit Manager: (1 FTE) assists and supports the Operations Program Manager in the management, supervision and operations of the Security Department.

\*Case Worker: (2 FTE) Monitors assigned caseload of clients participating in a short-term life management program; establishes program plan/goals and evaluates client's progress by conducting routine meetings with client and/or staff; serves as advocate for client in order to acquire services that will enable them to functionally cope with their environment. 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. Assists with 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: (1 FTE) Serves as lead worker by supervising and participating in the provision of social service assistance to eligible clients in the following areas: food, 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; ensures compliance with program policies and procedures. Monitors the activity of residents on an assigned shift ensuring safety, security and compliance to house rules; maintains accurate and complete records and logs containing pertinent information; ensures that shelter is maintained in a neat and proper order. 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.

\*Mental Health Counselor: (1 FTE) Provides Mental Health counseling services to Triage clients who are having behavioral health issues; coordinates and ensures access to necessary mental health and psychiatric services, assesses appropriateness for Triage clients to enter programs offered through Triage. Qualifications: Master's Degree in Mental Health or Social Work and two years' experience in the Mental Health field dealing with crisis intervention or any equivalent combination of training and experience which provides the required knowledge, skills, and abilities.

\*Lead Resident 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. Accepts and processes residents staying in lodge/shelter overnight; receives and receipts fees received from residents; monitors the activity of residents on an assigned shift ensuring safety, security and compliance to house rules; maintains accurate and complete records and logs containing pertinent information; ensures that lodge/shelter is maintained in a neat and proper order. 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: (10.25 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. Monitors the activity of residents on an assigned shift ensuring safety, security and compliance to house rules; maintains accurate and complete records and logs containing pertinent information; ensures that the shelter is maintained in a neat and proper order; ensures compliance of the treatment plan and teaching skills are adhered to. Qualifications: High school diploma or GED; prior work experience with the disadvantaged and good diplomacy/communication skills.

\*Driver: (.875 FTE) Drives a Salvation Army vehicle to provide transportation for individuals to access Salvation Army activities, community resources, medical appointments, - employment, etc. Qualifications: High school Diploma or G.E.D. and two years' experience operating a vehicle.

\*Registered Nurse (RN): (1 FTE) The RN executes the Standards of Nursing Practice including: assessment; nursing diagnosis; outcome identification; planning; implementation; and evaluation. 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): (1.6 FTE and .25 On-Call FTE) Provides quality 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.

Referrals are made to SalusCare who employs Clinicians who 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**

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, left for a housing opportunity or for a treatment facility 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, "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 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 cycling. The Governing Board has and will continue 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, "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/cost aversion; 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 continue to be obtained through the use of a formalized process using the HMIS database which has been utilized since project inception. However, measuring long-term objectives for a voluntary, short term 30 day diversion/shelter project serving a highly transient population 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 ten years of operations, 43% 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. Fourteen percent (14%) of clients were discharged into a substance or mental health facility or hospital; 27% exited into a housing situation including a supportive housing environment; 12% received or were linked to social security benefits at exit and 85% 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 5000 individuals, for 7850 diversions (entries), which equates to a total cost aversion of between \$1,100,000 and \$1,044,050 or between \$104,405 and \$110,000 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 92% 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 Health, 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.

### **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 allows 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.

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 project. Community partners have contributed significant amounts of cash and in-kind match since inception 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 fixtures was completed in 2015 utilizing federal CDBG funds. The Lee County Homeless Coalition has awarded funds the last several years for client prescription medications, bus tickets and replacing laundry, kitchen equipment and other operational needs. The Homeless Coalition serves on the Governing Board, continues to support the project, and will commit financial resources when available based upon successful fund raising events.

While we have not yet succeeded in making the Triage Center nondependent 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 when available. Funding under the Byrne Grant was received from 2010- 2016. Due to Federal complications, the Grant has been on hold,

however it is anticipated that funding will become available. The local Law Enforcement committee, which allocates this funding supports The Triage Center and has committed that funds will be allocated once the funding becomes available. An Emergency Solutions Grant (ESG) was secured and is ongoing. FEMA Emergency Food and Shelter funds are awarded through the local United Way. In addition, local United Way funds are allocated to support the operational expenses of the Center. Additional resources for sustained operations are continually identified and sought. Requests will continue to be made to local resources for funding to sustain operations.

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.

**APPENDIX K - CJMHTSA REINVESTMENT GRANT PLANNING COUNCIL OR COMMITTEE****PLEASE PRINT**

Amira D. Fox  
 STATE ATTORNEY OR DESIGNEE

Kathleen Smith  
 PUBLIC DEFENDER OR DESIGNEE

Tara Paluck  
 COUNTY COURT JUDGE

Frank Porter  
 CIRCUIT COURT JUDGE

Scott Wilsker  
 LOCAL COURT ADMINISTRATOR OR DESIGNEE

Terri McCall  
 STATE PROBATION CIRCUIT ADMINISTRATOR  
 OR DESIGNEE

Cecil Pendergrass  
 COUNTY COMMISSION CHAIR

Any Kinsey  
 COUNTY DIRECTOR OF PROBATION

Carmine Marceno  
 SHERIFF OR DESIGNEE

David Newlan  
 POLICE CHIEF OR DESIGNEE

Janet Bartos  
 AREA HOMELESS OR SUPPORTIVE HOUSING  
 PROGRAM REPRESENTATIVE

Colonel tom Eberhardt  
 CHIEF CORRECTIONAL OFFICER

Bill Naylor  
 DJJ - DIRECTOR OF DETENTION FACILITY OR  
 DESIGNEE

Margaret LaMarca  
 DJJ – CHIEF OF PROBATION OFFICER OR  
 DESIGNEE

Nekesha Nash  
 DCF - SUBSTANCE ABUSE AND MENTAL HEALTH  
 PROGRAM OFFICE REPRESENTATIVE

Dana Fogelson  
 PRIMARY CONSUMER OF MENTAL HEALTH  
 SERVICES

Stacey Cook-Hawk  
 COMMUNITY MENTAL HEALTH AGENCY  
 DIRECTOR OR DESIGNEE

Tanya Slater  
 LOCAL SUBSTANCE ABUSE TREATMENT  
 DIRECTOR

Daleen O'Dell  
 PRIMARY CONSUMER OF COMMUNITY-BASED  
 TREATMENT FAMILY MEMBER

Kari-Anne Spiller  
 PRIMARY CONSUMER OF SUBSTANCE ABUSE  
 SERVICES



# Lee County, Florida: Improving Services for Adults with Mental Illnesses and/or Co-occurring Substance Use Disorders Involved with the Criminal Justice System

## Sequential Intercept Mapping

### Introduction

This report summarizes the Cross-Systems Sequential Intercept Mapping (SIM) workshop held in Lee County, April 21-22, 2016. The workshop was facilitated by the Criminal Justice, Mental Health, and Substance Abuse (CJMHS) Technical Assistance Center at Florida Mental Health Institute (FMHI), University of South Florida (USF) at the request of Lee County Human Services as part of the implementation of the Florida Department of Children and Families funded CJMHS Reinvestment Grant. This report includes:

- ❖ A brief review of the origins and background for the workshop
- ❖ Information gathered at the workshop based on the Sequential Intercept Model or Cross-Systems Mapping
- ❖ An action planning matrix as developed by the group
- ❖ Summary, consensus, and observations by the CJMHS Technical Assistance Center to assist Lee County achieve its goals
- ❖ A cross-systems intercept map based on the perceptions of the Lee County mapping participants.

### Background

- ❖ Creating a map of the points of interception among all relevant systems
- ❖ Identification of resources, gaps, and barriers in the existing systems to support recovery
- ❖ Development of an initial strategic action plan to promote progress in addressing the criminal justice diversion and treatment needs of the target population, namely adults with mental illnesses and/or substance use disorders involved in the criminal justice system.

The participants in the workshop included 38 individuals representing multiple stakeholder systems including leadership from human services, mental health, substance abuse treatment, corrections, law enforcement, advocates, consumers, county government, state attorney and public defender's offices, USF and the courts. A complete list of participants is available at the

end of this document. Mark Engelhardt, M.S., MSW, ACSW, John Petrla J.D., LLM, and Katelind Halldorsson, M.A. from USF-FMHI facilitated the workshop session.

## **Objectives of the Cross-Systems Mapping Exercise**

The Cross-Systems Mapping Exercise had three primary objectives:

1. The development of a comprehensive picture of how adults with mental illness, substance abuse and co-occurring mental health and/or substance use disorders flow through the Lee County criminal justice system along five distinct intercept points: Law Enforcement and Emergency Services (Intercept 1), Initial Detention/Initial Court Hearings (Intercept 2), Jails and Courts (Intercept 3), Community Re-entry (Intercept 4), and Community Corrections/Community Support (Intercept 5).
2. The identification of, strengths, gaps, resources, and opportunities at each intercept point for individuals in the target population.
3. The development of priority areas for activities designed to improve system and service level responses for individuals in the target population.

The Lee County Cross-Systems Map created during the workshop is attached.

## **Resources and Opportunities**

There are several features of the Lee County that are particularly noteworthy. These include, but are not limited to the items listed below.

Lee County Strengths Identified:

- ❖ Existing Bob Janes Triage Center
- ❖ Good communication between and within agencies
- ❖ Discharge planning with the Florida Department of Corrections (DOC)
- ❖ Discharge: Armor Correctional Health Services (Armor) is willing to prescribe psychotropic medications for anywhere from 30-90 days when 3 days is typically common practice

Relevant Acronyms:

- ❖ TLS: Think Learn Succeed
- ❖ CIT: Crisis Intervention Training/Team
- ❖ OMS: Offender Management System
- ❖ ARS: Addiction Recovery Supervision
- ❖ CRS: Community Restitution Services
- ❖ FUSE: Frequent Users Service Enhancement
- ❖ FACT: Florida Assertive Community Treatment Team

## **Lee County Cross-Systems Map Narrative**

The following information reflects the information, often verbatim, gleaned during the *Cross-Systems Mapping* Exercise. These participant notes include a description of

potential interventions at each intercept point in the Criminal Justice and Behavioral Health System during the mapping process. Gaps in service delivery and resource opportunities are identified at each intercept point. These notes may be used as a reference in reviewing the Lee County Cross-Systems Map and as a tool in developing a formal strategic action plan and/or updated Memorandum of Understanding among community stakeholders and local planning entities.

## **Intercept I: Initial Contact w/ Law Enforcement, Prevention Programs, or Emergency Services**

### ➤ Identified Strengths and Resources

- Lee County Sheriff's Office and multiple municipalities receive CIT training, including officers/deputies and dispatch
- 95% of Lee County Sheriff's Office (LCSO) Corrections Officers will be CIT trained by the end of 2016
- 17% of LCSO road officers are CIT trained
- 80% Fort Myers Police Department
- Cape Coral PD , Florida Gulf Coast University Police, Port Authority, Florida Southwest Police, DOC, County Probation and Pretrial Services have also trained several officers
- Dispatch will ask for CIT officers regarding specific calls
- CIT training specific to dispatchers is being developed
- All call takers trained on priority dispatch (flip-book provided to determine how critical)
- Officers have the ability to talk among themselves and discuss who they have responded to most frequently to provide each other with insight between officers
  - Recently began keeping track of the top 40 individuals that utilize hospital and jail services most frequently
  - Dept. of Veterans Affairs has similar list for all veterans regarding their arrests
- Existing Bob Janes Triage Center
  - Ample bed available: 60 beds total, 40 beds full at any given time
  - Criteria for who can utilize this shelter was established 2-3 years ago
  - Law enforcement referrals have decreased but the Triage Center is now accepting referrals from mental health court, drug court, Red Cross, SalusCare, and individuals from the emergency rooms
  - Law enforcement referrals have decreased possibly due to decrease of homeless population by 30% or due to focus on violent rather than less serious crimes
  - Last year of the Criminal Justice Diversion Grant
  - Hope to get funding again through expansion of referral services
- Salus Care Acute Care Facilities
  - 32 adult beds, 14 children beds
  - Typically 100% occupancy
  - Individuals remain in emergency services until a bed becomes available (typically within a few hours)
  - All juveniles go to SalusCare for crisis stabilization

- In the next year, a new transportation plan must be written for the County in accordance with Senate Bill 12
- Offers adult case management for individuals with no charges
- Offers diversion case management for individuals with criminal charges
- There are 3 case managers: a senior case manager and 2 other case managers
- Case load is typically 32-40 cases
- Case managers see 40-50 individuals weekly (service events)
- Case management is a voluntary program so the consumer must want to participate
- Park Royal Facility
  - Accepts individuals ages 18 and over
  - Currently 103 beds (Application has been submitted to the Florida Agency for Healthcare to increase the number of licensed beds to 114)
  - No written plan between Salus Care and Park Royal
  - If medical care is needed, they have an agreement with Lee Memorial
  - Accept both uninsured and insured individuals
  - Transfer Medicare and Medicaid patients with Salus Care (verbal agreement)
  - About 2 individuals a month are involuntarily Baker Acted from the jail
- Detox Options
  - Salus Care has 29 detox beds (not fully utilized), not a locked facility
  - Park Royal has 25 detox beds, which is a locked hospital facility
  - 1-2 individuals a day are brought to the jail for detox under the Marchman Act
  - Individuals who are admitted for detox are not booked rather they are detained until sober
  - Protective custody is a part of the Marchman Act
  - On average, 10 individuals a week stay in the hospital for treatment usually regarding needles or heroine

➤ Identified Gaps – Law Enforcement / Emergency Services (Intercept 1)

- Lee County needs point of access early on to refer to appropriate services for an individual
- Most prevalent concern regarding CIT officers is their retention rate
  - Need for re-training in advanced CIT
- No mobile crisis team apart from CIT (Law Enforcement) for transportation
- No records are kept on consumer satisfaction with CIT
- Officers do not differentiate veteran consumers from civilian consumers
- No database regarding relevant diversion information
  - Need for data analysis on use of the Triage Center, heavy users of the system, Marchman act, and % arrested who are mentally ill
- Triage Center Funding - Sustainability Dilemma
  - Need new referral services for triage center and also to locate new funding for this center
  - RISK: \$300,000 funding runs out next spring (2017)
- No available involuntary outpatient care programs
- Detox Options

- Ideal system: would not have to bring them to jail at all for detox, the CIT officer should have the decision if they should go to jail, ER or to treatment center
- Need for more beds in treatment facilities
- Need assisted living facility with a limited mental health license for person who are mentally ill
- Adult foster care will not accept individuals with a criminal record

## **Intercept II: Initial Detention / Initial Detention and Court Appearance**

### ➤ Identified Strengths and Resources

- At jail intake, medical screening process to assess current state and wait classification is conducted by ARMOR and a nurse that will report all medical needs
  - Self-report mental illness or drug use at booking (group feels it is comprehensive)
  - In the past, 8% of inmates on psychotropic meds, now up to 15%,
  - Learn where individuals got their medications
- Booking nurse has the capability to fax medication request
- Under HIPAA, Salus Care has the capability to reach out to Armor to receive protected health care information related to corrections or medical service given in the jail
  - Business associate agreement not required
  - Draw a distinction between the service in jail and the outside medical entity
  - May want to obtain consent but not required by HIPPA
- Pre-trial services: 24/7 program that gathers information about individuals entering the jail
- Currently 8 judges rotate assignments:
  - Hearings at 9am
  - Point of booking from first appearance: 24 hours or less
- Pre-trial defendant's summary: gives information regarding SAMH
- Mental health court: capacity of 50

### ➤ Identified Gaps – Initial Detention and Court Appearance (Intercept 2)

- Individuals on social security or low income are unable to rent because rental costs for 1 bedrooms are too high in the County (Housing affordability – priced out)
- SalusCare only receives bi-weekly list of their patients that are arrested and placed in Armor
  - Salus Care does not track their clients daily
- Florida Assertive Community Treatment Team (Coastal FACT) wanted to provide medications, but at that time jail could not accept prescriptions from them in-jail
- 9am pre-trial hearings need to be moved to the afternoon in order to complete all pretrial research to serve individual fully
  - If released from pre-trial there should be no financial obligations given

## **Intercept III: Jails / Courts**

## Identified Strengths and Resources

- Mental Health/Veteran's Court:
  - Capacity of 50 each court (closer to a need of 150 total )
  - Accepts misdemeanors & felonies, diversion and probation
  - Judge in MH court have a regular docket and dedicate one day a week for VC and MH Court
  - Coastal: Caseload = 100
  - Do not have to pled guilty if going into the MH or VC
  - 40 pending felony cases of nothing but "incompetent to proceed to trial"
  - These are cases the court has to deal with either way, so a specialty court can help to deal with these individuals in a more centralized fashion
  - For veteran's court, could dedicate the unused HUD-VASH vouchers to the court, and also provide substance management if utilized
  - Began moving individuals from MH court who have resolved their mental health issues and continued them on regular probation to free up space for new individuals
- Drug Court:
  - 2 judges, 2 days per week capacity of 200 individuals
  - All are placed on state probation
  - Generally, no major mental illnesses

## ➤ Identified Gaps – Jails/Courts (Intercept 3)

- MH court is willing to incorporate 916 Forensic defendants as an offshoot of the docket to centralize management of forensic evaluations, trials still to be held at the trial court level
- Improve capacity to transition 916 defendants to MHC once declared competent to proceed
- MHC over capacity
- MHC Current capacity: 50, need capacity of 100 in addition to the 916 defendants
- Individuals tend to stay in these courts for extended periods of time and cannot admit new individuals because capacity is reached with those who have been in the court from 9 months to years at a time
- Determine the number of unused HUD-VASH vouchers in Lee County and recruit landlords

## **Intercept IV: Re-Entry**

### ➤ Identified Strengths and Resources

- Discharge: Armor is willing to prescribe psychotropic medications for anywhere from 30-90 days when 3 days is typically common practice
- SAMH housing committee
- Estimated 20% of individuals in the jail are symptomatic of serious mental illness or substance use problems
- Self-report figure is predicted to be larger
- Once in jail:

- Booking, self-report MH, referred to psychiatry if needed, receive a monthly meeting with either a clinician or psychiatry, if a safety issues is identified, the individual goes to direct observation
- 4 units for direct observation: 12-30 in these units on any given day
- Substance use program in the jail: Think Learn Succeed (TLS)
- Balance between public safety and community and safety of the individual
- Baker act: 2 month maximum
- Social Worker at Public Defender's Office, is communicating with Armor and will be able to relate relevant information about individuals entering jail who have mental illnesses
- VA has access to pods, SalusCare does not
- Discharge planning by SalusCare
- 20 case from Lee County alone (SalusCare services other surrounding counties as well)

➤ Identified Gaps – Re-entry (Intercept 4)

- Armor needs more legal information on the individuals in jail
- Such as receiving serious sentences, or sentences that may put the individual at risk
- Gain access to Offender Management System (OMS), but only limited access: can only see risk level, can see next hearing but not what it is, can see what their sentence is if they are already sentenced, projected release date
- Sentencing information on inmates/ individuals with mental illnesses
- Currently a housing gap for those who are being discharged from jail in need of supportive housing
- Need for licensed assisted living facility (ALF) and halfway housing
  - SalusCare not interested in becoming a housing developer
  - Cannot open up more “group home” beds because citizens do not want these types of facilities in their residential areas
- Need for discharge planner in jail to represent Salus Care
  - Hope to add full-time position that could be assigned to the jail and could cooperate with Salus Care and determine a plan for those being discharged
  - Salus Care can only help with discharge before they have been sentenced

**Intercept V: Home and Community Supervision and Support**

➤ Identified Strengths and Resources

- Discharge Planning for DOC
- Individual with mental illness discharged from DOC: typically can refer them to mental health services
  - DOC Officer is assigned to mental health court
  - Social worker- sets up programs for discharge after prison
  - VA also gets notified when inmate is up for probation/release
  - ARS/CRS 1-2 cases a month (estimated 30 total cases)
- Probation
  - Caseload size for probation: 100-200
  - Mostly DUI - State attorney does not divert DUI

- Intensive caseloads for individuals who have multiple drug offense: still caseload sizes 100-125
- Likely 40-50% of those on intensive caseload have mental illness
- Specialized community control probation: 25 cases per officer
- Those on probation for more serious crimes: 50 cases for senior officer
- Other lower level crimes probation officers: 100 cases per officer
- Common violations of probation: dirty urine, new charges, not able to pay court costs, moving without permission
- 146 individuals in jail on VOP: 86 felons 60 misdemeanors
- Communication with those who Violate Probation (VOP): talking to them, culture of what are you expected to do as an officer

➤ Identified Gaps - Community Corrections / Community Support (Intercept 5)

- Reentry Problems
  - Individuals coming out of prison are competing for the same resources
  - No utilization of risk assessment tools
  - Individuals released have a hard time finding employment because of criminal record, tolerance level for backgrounds depends on the economy and need for employees
  - Specialized violation of probation docket (VOP) Solution: VOP team or court
- Community Support
  - Judges are unaware that some of the individuals seen in court suffer from mental illness unless told so by lawyer or by viewing individual
  - If they are on the regular docket, mental health issues are not being addressed
- Community Release Programs
  - Local bed space- different from housing because its short-term or community based treatment
  - No specialized co-occurring residential facility
  - Hope Clubhouse is at capacity International Certified Clubhouse Development (ICCD model)
  - Lack of communication between the funder and the recipient when programs are not working

## **The Lee County Action Plan**

Subsequent to the completion of the Systems Mapping exercise, the stakeholders began to define specific steps that could be taken to address the gaps identified in the group discussion about the systems map. Five initial priority areas were identified, including opportunities for tactical interventions to promote “early, quick victories” and more strategic interventions to stimulate longer-term systems changes. These priority areas are outlined on the following pages.

**Priority Area: Sustain and Expand the Bob Janes Triage Center  
[Intercept 1]**

<b>Objective</b>	<b>Action Step</b>	<b>Who</b>	<b>When</b>
<p>1. Identify funding for sustainability (300k per year from reinvestment grant and to replace VA money)</p> <p>2. Identify why current beds are unused and strategies to fill beds to capacity</p> <p>3. Evaluate the role of the Public Safety Council</p>	<ul style="list-style-type: none"> <li>• Use funding in current commission budget proposal to replace VA money</li> <li>• Complete funding application to extend reinvestment grant funding</li> <li>• Examine current referral sources and criteria for admission and impact on function of Triage Center</li> <li>• Examine multiple funding sources for Triage Center services and sustainability of such funding sources</li> </ul>	<p>Belinda Smith, MHC &amp; VC Service Coordinator</p> <p>Tim McCormick, Salvation Army Director</p> <p>Deanna Gilkerson</p>	<p>First meeting has already taken place</p>

**Priority Area: Expand Supportive Housing for Target Population  
[Intercept 1 and 5]**

<b>Objective</b>	<b>Action Step</b>	<b>Who</b>	<b>When</b>
1. Assure active leadership in area of supportive housing  2. Find Specific ways to expand supportive housing including housing stock, financing for housing, and reimbursement for providers/models	<ul style="list-style-type: none"> <li>• All partners in supportive housing are at the planning table</li> <li>• Assure housing options are National Evidence-based Models</li> </ul>	Karen Hawes, Advocate	Beginning of summer (depends in part on the planning council's level of activity and commitment)

**Priority Area: Development of Residential Treatment programs  
[Intercept 1 and 5]**

Objective	Action Step	Who	When
<ol style="list-style-type: none"> <li>1. Develop program(s) including but not limited to individuals with co-occurring disorders and mental illnesses</li> <li>2. License these programs</li> <li>3. Identify needs, target population, capacity</li> </ol>	<ul style="list-style-type: none"> <li>• Obtain agreement on the licensing requirements</li> <li>• Understand potential funding sources</li> <li>• Explore multiple options for meeting defined need</li> </ul>	<p>Matt Sorenson, Social Worker at Public Defender's Office</p> <p>Kathy Smith, Public Defender</p> <p>Stacy Cook-Hawk, CEO of Salus Care</p> <p>Stacy, Think Learn Succeed (TLS)</p>	<p>In Progress</p>

**Priority Area: Utilize Acute Care Committee to Examine Heavy User Data [Intercept 1]**

Objective	Action Step	Who	When
<ol style="list-style-type: none"> <li>1. Use data sources to obtain good prevalence and cohort analysis</li> <li>2. Assure better clinical information flow into the jail</li> <li>3. Examine need for additional or alternative detox resources</li> <li>4. Dispel myths regarding HIPPA in the interest of better information flow for clinical purposes especially into jail</li> <li>5. Pool all data from different sources that would provide necessary information to understand prevalence</li> <li>6. Examine detox and Marchman Act data/inventory resources/ potential capacity needs</li> </ol>	<ul style="list-style-type: none"> <li>• Create group that does a “prevalence” analysis of heavy users and others from all available sources (CIT, Baker Act, Medicare claims, etc.)</li> </ul>	<p>Criminal Justice Acute Care Committee</p> <p>Chris Hansen, Park Royal</p> <p>Kathy Smith, Public Defender</p>	<p>Begin next meeting on May 18, 2016</p>

**Priority Area: Expand Mental Health Court and Related Services**  
**[Intercept 3]**

<b>Objective</b>	<b>Action Step</b>	<b>Who</b>	<b>When</b>
<ol style="list-style-type: none"> <li>1. Expand MH Court capacity</li> <li>2. Locate sources of funding to complete this expansion including local, state, and federal</li> <li>3. Examine whether a 916 court should be added</li> <li>4. Examine whether individuals should be transitioned or discharged sooner from MH court</li> </ol>	<ul style="list-style-type: none"> <li>• Refer to objectives</li> <li>• Action committee to examine feasibility of 916 court</li> </ul> <p>Review statistics on MHC to verify need for additional 50 slots, determine how 2 additional Coastal Outreach Specialists would be funded to manage 50 more defendants</p>	<p>Judge Swett</p> <p>Jessica Plazewski, Rachel Edwards</p> <p>Belinda Smith, MHC &amp; VC Administration Service Coordinator</p> <p>Amy Kosinski, State Attorney's Office</p>	<p>Pending Judicial and Court Administration approval</p>

## Conclusions: Summary

The Cross-Systems Mapping workshop resulted in the acknowledgment of a challenging list of service gaps and opportunities for systems and program improvements. Lee County has a long history of collaborative relationships, but is at a time when it can “take the system to a new level” of integrated service delivery.

- ❖ First, the individuals who participated in this workshop represented most of the major stakeholders necessary to accomplish change in this area. (See attached list)
- ❖ It should be recognized that Lee County has numerous strengths, including several years of implementing the Bob Janes Triage Center, an exemplary CIT system, and county leadership.
- ❖ Participants were enthusiastic and candid in their comments and observations. This spirit of collegiality and willingness to discuss limitations as well as strengths is an important part of being able to work across systems, as is necessary in improving the lives of adults with mental illnesses/substance abuse disorders in or at risk for entering the criminal justice system.
- ❖ It is critical that the planning process not lose the momentum created to date. Planning meetings involving all relevant stakeholders should be conducted on a regular basis and assigned priority by stakeholders. This effort needs to be focused on the target population and the action plan needs to be refined with concrete assignments and timetables. In addition, there are a number of resources available to Lee County to accomplish some of the tasks identified during the workshop as next steps.

In closing, USF-FMHI would like to thank Lee County and its’ partners for allowing the USF CJMHSa Technical Assistance Center to facilitate this workshop. In particular, we would like to thank Judge Andrew Swett, Belinda Smith and Ann Arnall for their leadership and organizing efforts. Finally, we would like to express gratitude to all the local stakeholders who took the time to share their experiences throughout the workshop. We look forward to our continuing collaboration with Lee County.

Please contact [mengelhardt@usf.edu](mailto:mengelhardt@usf.edu) for any clarification or questions regarding this report.

Respectfully submitted. Mark A. Engelhardt DATE: 6.13.16

## Resources

<b>Website Resources and Partners</b>	
Florida Criminal Justice Mental Health and Substance Abuse Technical Assistance Center	<a href="http://www.floridatac.org">www.floridatac.org</a>
Louis de la Parte Florida Mental Health Institute Department of Mental Health Law and Policy	<a href="http://mhlp.fmhi.usf.edu">http://mhlp.fmhi.usf.edu</a>
Florida Partners in Crisis	<a href="http://www.flpic.org">http://www.flpic.org</a>
Justice Center	<a href="http://www.justicecenter.csg.org">www.justicecenter.csg.org</a>
Policy Research Associates	<a href="http://www.prainc.com">www.prainc.com</a>
National GAINS Center/ TAPA Center for Jail Diversion	<a href="http://www.gainscenter.samhsa.gov">www.gainscenter.samhsa.gov</a>

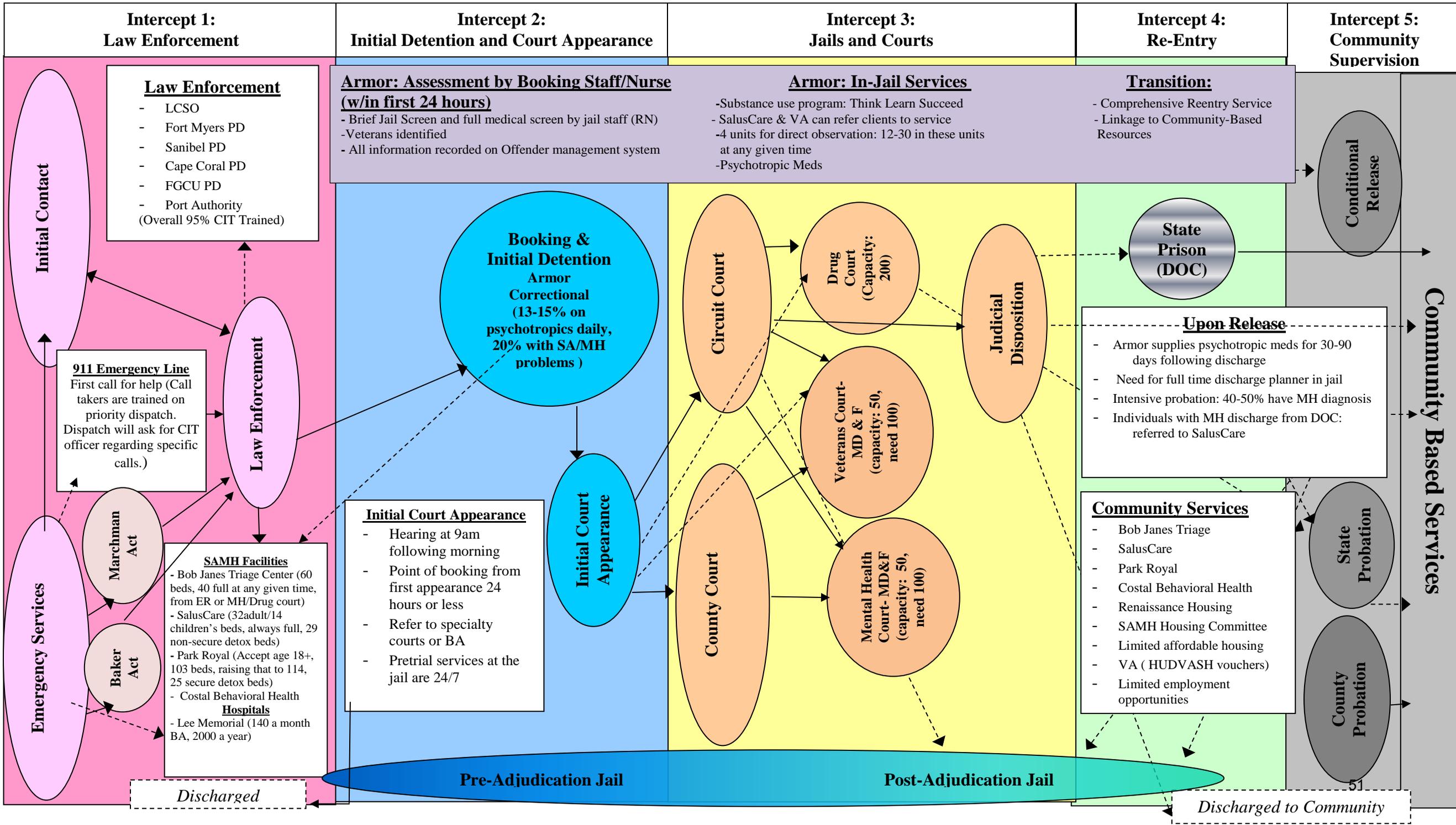
<b>Other Web Resources</b>	
Center for Mental Health Services	<a href="http://beta.samhsa.gov/about-us/who-we-are/offices-centers/cmhs">http://beta.samhsa.gov/about-us/who-we-are/offices-centers/cmhs</a>
Center for Substance Abuse Prevention	<a href="http://beta.samhsa.gov/about-us/who-we-are/offices-centers/csap">http://beta.samhsa.gov/about-us/who-we-are/offices-centers/csap</a>
Center for Substance Abuse Treatment	<a href="http://beta.samhsa.gov/about-us/who-we-are/offices-centers/csat">http://beta.samhsa.gov/about-us/who-we-are/offices-centers/csat</a>
Council of State Governments Consensus Project	<a href="http://www.consensusproject.org">www.consensusproject.org</a>
National Alliance for the Mentally Ill	<a href="http://www.nami.org">www.nami.org</a>
National Center on Cultural Competence	<a href="http://www11.georgetown.edu/research/gucchd/nccc/">www11.georgetown.edu/research/gucchd/nccc/</a>
National Clearinghouse for Alcohol and Drug Information	<a href="http://www.health.org">www.health.org</a>
National Criminal Justice Reference Service	<a href="http://www.ncjrs.org">www.ncjrs.org</a>
National Institute of Corrections	<a href="http://www.nicic.org">www.nicic.org</a>
National Institute on Drug Abuse	<a href="http://www.nida.nih.gov">www.nida.nih.gov</a>
Office of Justice Programs	<a href="http://www.ojp.usdoj.gov">www.ojp.usdoj.gov</a>
Partners for Recovery	<a href="http://www.partnersforrecovery.samhsa.gov">www.partnersforrecovery.samhsa.gov</a>
Substance Abuse and Mental Health Services Administration	<a href="http://www.samhsa.gov">www.samhsa.gov</a>

## List of Workshop Participants (38)

Name	Title	Organization	Type of Organization
Janet Bartos	Executive Director	Lee County Homeless Coalition	Service Provider
Diane Bethea	Medical Coordinator	Lee County Sherriff's Office	Law Enforcement
Jennifer Staple	FDC Manager	Salus Care	Service Provider
David Bennett	Criminal Justice Consultant	Lee County Consultant	Independent Consultant
Christian Emery	Classification Supervisor	Lee County Sherriff's Office	Law Enforcement
Ron D Jewett	Case Manager	LCDHS	County Agency
Daleen Loell	LCPSCC Advocate	LCPSCC	County Agency
Matt Stoot	Chaplain	Lee County Sherriff's Office	Law Enforcement
Antwaun Myers	Probation Officer	Department of Corrections	Law Enforcement
Jonathan Clark	Case Manager	VA Transition Care Management	Federal Agency
Belinda Smith	Administration Services Coordinator	Lee County Probation MHC & VC	Service Provider
Paul Merced	Re-entry coordinator	Lee County Sherriff's Office	Law Enforcement
Ashley Veasy	Outreach Specialist	Coastal Behavioral MHC & VC	Service Provider
Matt Sorenson	Social Worker	Public Defender's Office	Public Defender
Brad Alix	Outreach Specialist	Coastal Behavioral MHC & VC	Service Provider
James Garnett	VJO	VA	Federal Agency
Debbie Pickles-Notelle	FACT Coordinator	Coastal Behavioral Healthcare FACT	Provider
Lt. Lisa Burch	Education Services/ Asst. Commander	LCSSO- Corrections	Law Enforcement
Chris Neshei	UP Care Management	Lee Memorial	Service Provider
Chris Pierce	Manager	Lee County Sherriff's Office	Law Enforcement
Tim McCormick	Director	Salvation Army	Service Provider
Angelique Agoston	Asst. Public Defender	Public Defender's Office	Public Defender
Geoffrey Magon	Grants Coordinator	CASL	Service Provider

Brigette DaBiere	SW Mental Health	Armor Correctional	Correctional Facility
Amy Kosinski	Assistant State Attorney	State Attorney's Office	State Agency
Deanna Gilkerson	Program Manager	Lee County Human Services	County Agency
Karen Hawes	Volunteer	Advocate	Volunteer
Scott Eller	CEO	CASL	Housing Developer
Dennis Eads	Chief of Police	Fort Myers Police Department	Law Enforcement
Ann Arnall	Director	Lee County Human Services	County Agency
Andy Swett	Judge	20 <sup>th</sup> Judicial Circuit	Judiciary
Candice Selby	Contract Specialist	Lee County Human Services	County Agency
Tanya Slater	MH/SA Treatment provider	TLS Consulting	Service Provider
Cecil Pendergrass	Lee County Commissioner	BOCC	County Official
Jamie Cojocari	Diversion Program Manager	Salus Care	Service Provider
Kathy Smith	Public Defender	Public Defender's Office	Public Defender
Vacharee Howard	Executive Director	National Alliance for the Mentally Ill	NAMI Family Advocate
Chris Hansen	Administrator	Park Royal	Hospital Provider
Katelind Halldorsson	Research Support Specialist	University of South Florida/FMHI	Research University
John Petrila	Professor and Department Chair	University of South Florida College of Public Health	Research University
Mark Engelhardt	CJMHS TA Center Director	University of South Florida/FMHI	Research University

# Lee County Sequential Intercept Map 2016



**TAB 7**  
**PROJECT TIMELINE**

**PROJECT TIMELINE - LEE COUNTY BOB JANES TRIAGE CENTER/LOW DEMAND SHELTER  
GRANT APPLICATION - RFA112818HSET1**

Project Activity	GRANT YEAR											
	Year One 4/1/2020				Year Two 4/1/2021				Year Three 4/1/2022			
	Quarter				Quarter				Quarter			
	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	ONGOING								
Enhance partnership with law enforcement agencies: Facilitate meetings as needed to review specific Law Enforcement issues	ONGOING											
Implement process for expanded housing component	X	X	ONGOING									
Submit Quarterly Program Status and Financial Reports		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											

**TAB 8**  
**LETTERS OF COMMITMENT/SUPPORT**

TAB 8          SUMMARY LIST OF COMMITMENT LETTERS

Lee County Homeless Coalition  
Lee Health  
City of Cape Coral Police Department  
Lee County Criminal Division 20<sup>th</sup> Judicial Circuit Office of the Courts  
Fort Myers Police Department  
Lee County Sheriff Office  
Lee County Public Safety Coordinating Council  
SalusCare, Inc.  
The Salvation Army



# Lee County Homeless Coalition

To advocate, educate, and promote awareness of issues and obstacles facing homeless individuals in Lee County through community collaboration, planning, and implementing solutions.

## Board of Directors

**Chair:**

**Neil Volz**

Florida Rights Restoration  
Coalition

**Immediate Past Chair:**

**William Rodriguez**

**Vice Chair:**

**Amy Yearsley**

City of Cape Coral

**Treasurer:**

**Dale Korzec**

BB&T

**Gaile Anthony**

Fort Myers City  
Councilwoman

**Pat Epifano**

Lee Health Parish Nurse  
At All Souls

December 19, 2018

Larry Kiker, Chair  
Lee County Board of County Commissioners  
P.O. Box 398  
Fort Myers, FL 33902

RE: Criminal Justice Mental Health Substance Abuse Reinvestment Grant  
Bob Janes Triage Center/Low Demand Shelter (Triage Center)

Dear Commissioner Kiker,

Since its inception, Lee County Homeless Coalition is pleased to be an active partner in this innovative and successful multi-agency collaboration between the State, County, and local community agencies that has been recognized as a model program on both the State and National levels. We look forward to continued participation with The Bob Janes Triage Center/Low Demand Shelter.

Lee County Florida continues to be one of the fastest growing communities in the nation with a diverse population. As a result, the Lee County jail and hospital emergency departments are continually challenged with an increasing number of individuals who have a history of mental illness, substance use disorder or co-occurring illnesses who could be better served through the behavioral health service delivery system. The Triage Center partners recognize the growing need for enhanced services to prevent inappropriate hospital use and unnecessary and prolonged incarceration of persons with a mental illness or dual diagnosis.

Since the Triage Center became operational in May 2008, over 5000 individuals have been served by diverting them from imminent/future entry or prolonged involvement in the criminal justice system for low-level offenses. This diversion allows for the care of offenders with behavioral health disorders to be shifted from the most expensive, deep end treatment settings to community-based programs. The project offers the opportunity for services to be provided with the goal of stopping the revolving door that exists when people who have untreated behavioral health issues do not access services.

The project has established a strong foundation that provides an opportunity to address gaps in the current system and allow for a seamless continuum between the criminal justice and the behavioral health systems. As a community partner we recognize the need for enhanced services to prevent unnecessary and prolonged incarceration of persons with a mental illness, substance abuse or co-occurring disorders. The Lee County Homeless Coalition was able to contribute \$4000 last year which was used for bus passes and birth certificates and maybe able to provide some funding again this year. In addition, we are able to promote awareness and educate the general public on the positive out comes of this project which may in turn lead to private donations that would help support the operations of the Bob Janes Triage Center/Low Demand Shelter. We remain committed and supportive of this program.

Sincerely,

Janet Bartos  
Executive Director  
Lee County Homeless Coalition

Compassion | Commitment | Community

1500 Colonial Blvd, Suite #235, Ft. Myers, FL 33907 | (239)322-6600 | website: leehomeless.org | email: Janet@leehomeless.org

Funding for the Lee County Homeless Coalition is provided in part by the state of Florida, Department of Children and Families and the Lee County Board of County Commissioners.

January 14, 2019

Larry Kiker, Chair  
Lee County Board of County Commissioners  
P.O. Box 398  
Fort Myers, FL 33902

**RE: Criminal Justice Mental Health Substance Abuse Reinvestment Grant  
Bob Janes Triage Center/Low Demand Shelter (Triage Center)**

Dear Commissioner Kiker,

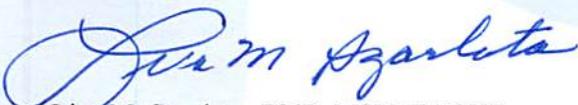
Since its inception, Lee Memorial Health System (Lee Health) is pleased to be an active partner in this innovative and successful multi-agency collaboration between the State, County, and local community agencies that has been recognized as a model program on both the State and National levels. We look forward to continued participation with The Bob Janes Triage Center/Low Demand Shelter.

Lee County Florida continues to be one of the fastest growing communities in the nation with a diverse population. As a result, the Lee County jail and hospital emergency departments are continually challenged with an increasing number of individuals who have a history of mental illness, substance use disorder or co-occurring illnesses who could be better served through the behavioral health service delivery system. The Triage Center partners recognize the growing need for enhanced services to prevent inappropriate hospital use and unnecessary and prolonged incarceration of persons with a mental illness or dual diagnosis.

Since the Triage Center became operational in May 2008, over 5000 individuals have been served by diverting them from imminent/future entry or prolonged involvement in the criminal justice system for low-level offenses. This diversion allows for the care of offenders with behavioral health disorders to be shifted from the most expensive, deep end treatment settings to community-based programs. The project offers the opportunity for services to be provided with the goal of stopping the revolving door that exists when people who have untreated behavioral health issues do not access services.

The project has established a strong foundation that provides an opportunity to address gaps in the current system and allow for a seamless continuum between the criminal justice and the behavioral health systems. As a community partner we recognize the need for enhanced services to prevent unnecessary and prolonged incarceration of persons with a mental illness, substance abuse or co-occurring disorders. Lee Health is able to commit to continue payments of \$25,000 per month to support the operations of the The Bob Janes Triage Center/Low Demand Shelter.

Sincerely,



Lisa M. Sgarlata, DNP, MSN, FACHE  
Chief Patient Care Officer/Chief Nurse Executive  
[Lisa.Sgarlata@LeeHealth.org](mailto:Lisa.Sgarlata@LeeHealth.org)

LEE MEMORIAL HEALTH SYSTEM BOARD OF DIRECTORS

DISTRICT ONE  
Stephen R. Brown, M.D.  
Therese Everly, BS, RRT

DISTRICT TWO  
Donna Clarke  
Nancy M. McGovern, RN, MSM

DISTRICT THREE  
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David F. Collins

DISTRICT FOUR  
Diane Champion  
Chris Hansen

DISTRICT FIVE  
Jessica Carter Peer  
Stephanie L. Meyer, BSN, RN



DAVID NEWLAN  
CHIEF OF POLICE

WWW.CAPECOPS.COM

Date: December 19, 2018

Larry Kiker, Chair  
Lee County Board of County Commissioners  
P.O. Box 398  
Fort Myers, FL 33902

RE: The Bob Janes Triage Center/Low Demand Shelter

Dear Commissioner Kiker:

The Cape Coral Police Department is pleased to be a collaborative partner in the Bob Janes Triage Center/Low Demand Shelter project.

The local law enforcement community recognizes the growing need for enhanced services to prevent unnecessary and prolonged incarceration of persons with a mental illness or dual diagnosis. Lee County Florida continues to be one of the fastest growing communities in the nation with a diverse population. As a result, the Lee County jail continually is challenged with an increasing number of inmates who have a history of mental illness, substance use disorder or co-occurring illnesses who could be better served through the behavioral health service delivery system.

The Bob Janes Triage Center/Low Demand Shelter provides an opportunity to address gaps in the current system and allow for a seamless continuum between the criminal justice and the behavioral health systems. The Cape Coral Police Department has been a partner since the inception of the project in 2008 and agrees to continue to deliver individuals with a behavioral health crisis to the Bob Janes Triage Center/Low Demand Shelter when appropriate for assessment and placement in the behavioral health service delivery system. In addition, a representative of our organization will serve as a member of the governing board of the Bob Janes Triage Center/Low Demand Shelter.

Use of grant funds for the operation of a Triage/Low Demand Center has been endorsed by the PSSC as a viable pre-arrest diversion strategy for Lee County's Criminal Justice Diversion Strategic Plan since inception. The Cape Coral Police Department looks forward to working as an active participant in this collaborative endeavor.

Sincerely,



Anthony D. Sizemore  
Deputy Chief of Police



**Lee County  
Criminal Division**

*Twentieth Judicial Circuit  
Administrative Office of the Courts  
Criminal Division- Pretrial Services & County Probation*

Date: December 19, 2019

Larry Kiker, Chair  
Lee County Board of County Commissioners  
P.O. Box 398 Fort Myers, FL 33902

RE: Criminal Justice Mental Health Substance Abuse Reinvestment Grant  
Bob Janes Triage Center/Low Demand Shelter (Triage Center)

Dear Commissioner Kiker,

It has been a pleasure for the Lee County Criminal Division to be an active partner with the Triage Center since inception. This multi-agency collaboration between the state, county, and local community agencies has been recognized as a model program on both the state and national levels and is truly innovative. We look forward to continued participation with the Bob Janes Triage Center/Low Demand Shelter.

The population continues to increase in Lee County Florida and simultaneously the jail population has increased. The jail, as well as hospitals, are seeing an increasing number of individuals with mental illness and substance use disorders. The collaborative agencies recognize the growing need for enhanced services to prevent unnecessary jail incarceration, or hospital stays, of persons with both.

Since the Triage Center became operational in May 2008, over 5000 individuals have been served allowing for defendants to be diverted from the jail and the court system where deeper costs result. The Triage Center also diverts defendants from First Appearance who would otherwise remain in custody solely due to homelessness and/or lack of financial means. Rather, these individuals are released from custody on pretrial supervision, on low level offenses, and now linked to temporary and long-term housing, education, transportation and prescription needs as well as addressing substance abuse and mental health needs.

This cross collaboration has established a strong foundation that provides an opportunity to address gaps in the current system and allows for a seamless continuum between the criminal justice and the behavioral health systems. As a community partner we recognize the continued need for these enhanced services.

Sincerely,

Amy Kinsey  
Criminal Division Director  
20th Judicial Circuit Administrative Office of the Courts



# FORT MYERS POLICE DEPARTMENT

**CHIEF DERRICK W. DIGGS**

**2210 WIDMAN WAY  
FORT MYERS, FLORIDA 33901  
239.321.7700**



December 20, 2018

Larry Kiker, Chair  
Lee County Board of County Commissioners  
P.O. Box 398  
Fort Myers, FL 33902

RE: The Bob Janes Triage Center/Low Demand Shelter

Dear Commissioner Kiker:

The Fort Myers Police Department is pleased to be a collaborative partner in the Bob Janes Triage Center/Low Demand Shelter project.

The local law enforcement community recognizes the growing need for enhanced services to prevent unnecessary and prolonged incarceration of persons with a mental illness or dual diagnosis. Lee County, Florida, continues to be one of the fastest growing communities in the nation with a diverse population. As a result, the Lee County jail is continually challenged with an increasing number of inmates who have a history of mental illness, substance use disorder or co-occurring illnesses who could be better served through the behavioral health service delivery system.

The Bob Janes Triage Center/Low Demand Shelter provides an opportunity to address gaps in the current system and allow for a seamless continuum between the criminal justice and the behavioral health systems. The Fort Myers Police Department has been a partner of the project since its inception in 2008 and agrees to continue to deliver individuals with a behavioral health crisis to the Bob Janes Triage Center/Low Demand Shelter when appropriate for assessment and placement in the behavioral health service delivery system. In addition, a representative of our organization will serve as a member of the governing board of the Bob Janes Triage Center/Low Demand Shelter.

Use of grant funds for the operation of a Triage/Low Demand Center has been endorsed by the PSCC as a viable pre-arrest diversion strategy for Lee County's Criminal Justice Diversion Strategic Plan since inception. The Fort Myers Police Department looks forward to working as an active participant in this collaborative endeavor.

Sincerely,

A handwritten signature in black ink, appearing to read "Jay Rodriguez", written over a horizontal line.

Captain Jay Rodriguez  
Operations Bureau

***Carmine Marceno***  
**Sheriff**



**State of Florida**  
**County of Lee**

***John Holloway, Esq.***  
**Chief, Operations & Legal Services**

***"Proud to Serve"***

December 18, 2018

Larry Kiker, Chair  
Lee County Board of County Commissioners  
P.O. Box 398  
Fort Myers, FL 33902

RE: The Bob Janes Triage Center/Low Demand Shelter

Dear Commissioner Kiker:

Lee County Sheriff Carmine Marceno, is pleased to be a collaborative partner in the Bob Janes Triage Center/Low Demand Shelter project.

The local law enforcement community recognizes the ever growing need for enhanced services to prevent unnecessary and prolonged incarceration of persons diagnosed with a mental illness or a dual diagnosis. The Lee County jail continually is challenged with an increasing number of inmates who have a history of mental illness, substance use disorder or co-occurring illnesses, and who could be better served through a health service delivery system.

The Bob Janes Triage Center/Low Demand Shelter provides an opportunity to address gaps in the current system and provide a service continuum between the criminal justice and the behavioral health systems. The Lee County Sheriff's Office has been a partner since the inception of the project in 2008, and desires to continue to utilize the Bob Janes Triage Center/Low Demand Shelter when we encounter individuals struggling with a behavioral health crisis, and assessment for placement in the behavioral health service delivery system is appropriate. In addition, a representative of our organization will serve as a member of the governing board of the Bob Janes Triage Center/Low Demand Shelter.

On behalf of Sheriff Carmine Marceno, please allow me to confirm that the Lee County Sheriff's Office looks forward to continuing as an active participant in this collaborative endeavor.

Sincerely,

A handwritten signature in blue ink, appearing to read "John Holloway".

John Holloway  
Chief, Operations & Legal Services Bureau





**TARA PASCOTTO PALUCK**  
COUNTY JUDGE  
TWENTIETH JUDICIAL CIRCUIT OF FLORIDA

LEE COUNTY JUSTICE CENTER  
1700 MONROE STREET  
FORT MYERS, FLORIDA 33901

TELEPHONE  
(239) 533-8257  
FAX  
(239) 485-2711

January 9, 2019

Larry Kiker, Chair  
Lee County Board of County Commissioners  
P.O. Box 398  
Fort Myers, FL 33902

**RECEIVED**

JAN 11 2019

COMMISSIONER LARRY KIKER  
DISTRICT 3

RE: The Bob Janes Triage Center/Low Demand Shelter

Dear Commissioner Kiker:

The Lee County Public Safety Coordinating Council (PSCC) is honored to be a collaborative partner with The Bob Janes Triage Center/Low Demand Shelter since its inception in 2007. The PSCC is established under F.S. 951.26, and the Council's membership meets the requirements of CS/CS/HB 1477, F.S. and includes agencies listed in chart below.

The PSCC recognizes the growing need for enhanced services to prevent unnecessary and prolonged incarceration of persons with a mental illness or dual diagnosis. Lee County, Florida, continues to be one of the fastest growing communities in the nation. As a result, the Lee County Jail is challenged with an increasing number of inmates who have a history of mental illness, substance use disorder and/or co-occurring illnesses. Such individuals may be better served through a behavioral health service delivery system.

The Bob Janes Triage Center/Low Demand Shelter addresses the gaps in the community and allows for a seamless continuum between the criminal justice and the behavioral health systems. This award winning project is a multi-agency collaboration between several partners. Lee County Government, local law enforcement, the community health care system, the 20<sup>th</sup> Judicial Circuit, the United Way and other nonprofit agencies collaborate and provide substance abuse, mental health, and homeless services. The Triage Center is an alternative to incarceration. Individuals exhibiting behavioral health issues and have or are at risk of committing minor offenses are diverted from the criminal justice system.

The PSCC provides support and direction for the operations of the Bob Janes Triage Center/Low Demand Shelter. The Triage Center benefits the community by shifting care of offenders with

mental illnesses and/or co-occurring substance use disorders from the most expensive, deep end treatment to community-based programs. Data collected through this initiative has provided meaningful information to the PSCC. The PSCC will collaborate on this grant through regular monitoring of the project and a semi-annual review of outcomes and program evaluation.

A strong foundation exists that would greatly benefit from the enhancements this project provides. Use of grant funds for the operation of the Bob Janes Triage Center/Low Demand Shelter has been endorsed by the PSCC as a viable pre-arrest diversion strategy for Lee County's Criminal Justice Diversion Strategic Plan. The PSCC has also expanded referral sources to address gaps as identified under Intercept 1 in the 2016 Sequential Intercept Mapping. At First Appearance and through Specialty Courts, the Court may refer appropriate candidates to Triage early in the incarceration process. This early intervention will assist to decrease unnecessary and prolonged incarceration for individuals with behavioral health issues. Furthermore, the PSCC supports the expansion of a supportive housing initiative for individuals being served at the Triage Center. The PSCC looks forward to continuing to work as an active participant in this collaborative endeavor.

Sincerely,



Chairperson  
Lee County Public Safety Coordinating Council

20 <sup>th</sup> Judicial Circuit of FL	FL Dept. of Law Enforcement	Lee Co Clerk of Courts
Judiciary	FL DCF	Lee County Sheriff's Office
State Attorney	FL Dept. of Juvenile Justice	Fort Myers Police Dept.
Public Defender	FGCU Dept. of Criminal Justice	Cape Coral Police Dept.
Court Administrator	Lee County Administration	Sanibel Police Dept.
FL Dept. of Corrections	Lee County Human Services	Lutheran Services
Lee County Port Authority Police	FGCU University Police	Substance Abuse/Mental Health Provider
NAMI	Homeless Services Provider	State Probation



2019 JAN 7 PM 1:02

January 2, 2019

Larry Kiker, Chair  
Lee County Board of County Commissioners  
P.O. Box 398  
Fort Myers, FL 33902

**RE: Criminal Justice Mental Health Substance Abuse Reinvestment Grant  
Bob Janes Triage Center/Low Demand Shelter (Triage Center)**

Dear Commissioner Kiker,

SalusCare is pleased to be an active partner in this innovative and successful multi-agency collaboration between the State, County, and local community agencies that has been recognized as a model program on both the State and National levels, since its inception. We look forward to continued successful participation with The Bob Janes Triage Center/Low Demand Shelter.

Lee County Florida continues to be one of the fastest growing communities in the nation with a diverse population. As a result, the Lee County jail and hospital emergency departments are continually challenged with an increasing number of individuals who have a history of mental illness, substance use disorder or co-occurring illnesses who could be better served through the behavioral health service delivery system. The Triage Center partners recognize the growing need for enhanced services to prevent inappropriate hospital use and unnecessary and prolonged incarceration of persons with a mental illness or dual diagnosis.

Since the Triage Center became operational in May 2008, over 5000 individuals have been served by diverting them from imminent/future entry or prolonged involvement in the criminal justice system for low-level offenses. This diversion allows for the care of offenders with behavioral health disorders to be shifted from the most expensive, deep end treatment settings to community-based programs. The project offers the opportunity for services to be provided with the goal of stopping the revolving door that exists when people who have untreated behavioral health issues do not access services.

The project has established a strong foundation that provides an opportunity to address gaps in the current system and allow for a seamless continuum between the criminal justice and the behavioral health systems. As a community partner we recognize the need for enhanced services to prevent unnecessary and prolonged incarceration of persons with a mental illness, substance abuse or co-occurring disorders. SalusCare is able to commit to providing the building to house the 55 bed facility, and to support the operations of the The Bob Janes Triage Center/Low Demand Shelter. SalusCare values this partnership and is please to be a part of it.

Sincerely,

Stacey Cook, MSW, LCSW, CPNLP  
Chief Executive Officer

FORMERLY

Lee Mental Health



3763 Evans Avenue  
Fort Myers, Florida 33901  
**239.332.6937**  
239.332.6985 FAX  
[www.SalusCareFlorida.org](http://www.SalusCareFlorida.org)



DOING THE MOST GOOD

William Booth, Founder  
Brian Peddle, General  
Commissioner David Hudson , National Commander  
Commissioner Willis Howell, Territorial Commander  
Lt. Colonel Kenneth Luyk, Divisional Commander  
Majors Timothy and Cheryl Gilliam, Area Commanders  
Lieutenants Christopher & Elyse Doborwicz, Corps Officers

December 20, 2018

Larry Kiker, Chair  
Lee County Board of County Commissioners  
P.O. Box 398  
Fort Myers, FL 33902

**Re: Criminal Justice Mental Health Substance Abuse Reinvestment Grant  
Bob Janes Triage Center/Low Demand Shelter (Triage Center)**

Dear Commissioner Kiker,

The Salvation Army Fort Myers Area Command is pleased to be an active partner in this innovative and successful multi-agency collaboration between the State, County, and local community agencies that has been recognized as a model program on both the State and National levels. Since its inception in 2008, The Salvation Army has provided program oversight, administrative support, and employing case management, security, and nursing staff to help support the operations of the center. We also support program operations with Match funds as part of the multi-agency collaboration.

Lee County, Florida continues to be one of the fastest growing communities in the nation with a diverse population. As a result, the Lee County jail and hospital emergency departments are continually challenged with an increasing number of individuals who have a history of mental illness, substance use disorder or co-occurring illnesses who could be better served through the behavioral health service delivery system. The Triage Center partners recognize the growing need for enhanced services to prevent inappropriate hospital use and unnecessary and prolonged incarceration of persons with a mental illness or dual diagnosis.

The project has established a strong foundation that provides an opportunity to address gaps in the current system and allow for a seamless continuum between the criminal justice and the behavioral health systems. As a community partner we recognize the need for enhanced services to prevent unnecessary and prolonged incarceration of persons with a mental illness, substance abuse or co-occurring disorders. The Salvation Army looks forward to our continuing active participation in this collaborative endeavor.

Sincerely,

Timothy P. Gilliam, Major  
Area Commander

/dm