

**TAB 4**

**PROJECT NARRATIVE**

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Statement of the Problem

As a result of areas of concern identified by the Public Safety Coordinating Council regarding the increasing number of adults who manifest mental substance use disorders that are arrested and incarcerated in Lee County...

by Lee County Commissioner Bob Janes and comprised of decision makers representing various community organizations...

The issue was the creation of the Bob Janes Triage Center/Demand Shelter (Triage Center)...

local law enforcement agencies, the predominant provider of services for persons who are homeless, the community mental health and substance abuse center, the local health care system, NAMI, the United Way and other community partners.

The target population of the Bob Janes Triage Center/Demand Shelter (Triage Center) are adults who are exhibiting a behavioral health issue (mental health or substance use disorders) who are arrested or prolonged incarceration for low-level minor offenses (i.e. open container, disorderly conduct, disturbing the peace, trespassing) and/or inappropriate utilization of hospital emergency rooms.

The project will provide alternatives to arrest and/or incarceration when law enforcement officers encounter individuals who may be impacted by a behavioral health disorder to prolonged incarceration...

from jail to a stable environment where behavioral health needs could be addressed and to inappropriate utilization of Emergency Departments.

Significant factors of repeat clients in the criminal justice system include those dealing with chronic mental health issues, substance use or co-occurring conditions.

clients served at the Triage Center are similar to the identified factors individuals with repeated involvement with the criminal justice system. Analysis of...

mental health issues, physical disabilities, and a criminal justice history. Sixty (60%) of...

in 2010, the Florida Mental Health Institute's Technical Assistance Center facilitated a planning session with local stakeholders to assess...

individual with a mental health disorder might take through the five stages of the criminal justice system from initial encounter to the maximum term...

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...

The Lee County Court Administration's Criminal Diversion Strategic Plan for 2010-2012

addressed most recent diversion programs for misdemeanors and felony offenders such as pretrial intervention, deferred prosecution in misdemeanor cases, post-conviction mental health court for select criminal cases. These programs have been effective with

pre-arrest diversion program for low-level offenders.

linked an integrated entry point where individuals could be screened for mental illness and substance use disorders. Limited facilities for detoxification, psychiatric crisis and emergency shelter were the only available options for low-income and were inadequate to meet the demand for services. Former law enforcement officers encountered a two week wait time for detoxification services and longer wait times for non-acute mental health care. If a person was placed on a wait list and remained home, they were unable to locate a facility to be treated or to seek treatment when a space opened up. The lack of alternatives resulted in many unnecessary arrests and unnecessary prolonged incarceration periods. Local jails were used to house people with committed low-level crimes who could not be released outside the criminal justice system. In addition, individuals with mental illnesses and/or substance use disorders filled hospital emergency rooms for psychiatric care or drug seeking behaviors causing additional stress and an overburdened overloaded system.

A 2010 publication of the Florida Council on Community Health estimates that roughly 125,000 people with serious mental illnesses are arrested and booked into Florida jails annually. The cost to local governments to house these individuals in jails, mental illnesses in state prisons and forensic treatment facilities (Florida Council, 2010).

According to the National Alliance on Mental Illness, Florida has the largest public psychiatric hospitals, housing over 10,000 offenders with mental illnesses, many of whom have committed minor offenses. Up to 60% of 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 is one of the few states that has a large number of inpatient psychiatric hospital beds. However, many people with mental illnesses do not have access to psychiatric care and are often incarcerated. The number of state prison inmates with mental illnesses will increase

predicted that the number of state prison inmates with mental illnesses will increase

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

The annual 2016 homeless count estimates that 2,040 of Lee County's 704,000 residents are homeless at any given time (this number excludes incarcerated individuals). Approximately 63% of people who are homeless in Lee County self-reported having a mental illness and/or substance use disorder.

The average annual number of the criminal justice system in Lee County for offenses over the past five years is 9,442 and the average number of misdemeanor related offenses is 12,229 affecting an annual average of 1,143 individuals. An average of 20,633 jail days were served annually for the past five

years. The Lee County Jail is a 24-hour facility with 1,000 beds. The facility is located at 1000 W. Broadway, Tallahassee, Florida. The facility is a maximum security facility.

The number of misdemeanor bookings from 2010 through 2015 in the Triage Center) to 2015 decreased by 17% while Triage admissions rose suggesting a Center admissions. Since the Triage Center opened, the average daily population for Lee County's correctional facilities declined 20.5% from a high of 2,940 in 2010 to 2,330 in 2015.

Data from the Criminal Justice Information System (CJIS) shows the Intake & Investigation Unit investigated 21,733 defendants booked into the Lee County jail during fiscal year 2014-2015. There were 4,360 defendants identified with substance use disorders (approximately 20%) and 4,500 defendants with mental health disorders (approximately 21%).

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 to release or detain. 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 for defendants assessed and eligible for release. The evidence presented is used to assess the risk of defendants and to determine the appropriate level of supervision during the pretrial period. Options for supervised release are provided to the judiciary.

limited to face to face interviews, booking reports, previous notes and conversations with sheriff's office.

remained steady while the total number of adult psychiatric cases has 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 number of assaults or battery in what otherwise might have been a non-criminal encounter, and the likelihood that some incarcerated defendants may not complete or accept and then treatment will commit a crime and cycle back through the criminal justice system. In Fiscal Year 2010-11, charges against adults found incompetent to proceed (Feb 2013 OFAGGA report). There has been a steady decline in Lee County State Forensic hospital admissions since the Triage Center has been operational from 21 in state fiscal year 2012-2013 to 8 in 2015-2016, a 62% decrease.

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

Table 5: Project Design and Implementation

The Lee County Board of County Commissioners (BOCC) designated the Public Safety

The Public Safety Coordinating Council (PSCC) meets regularly and reviews and

in 2016 (report issued in June 2016)

Proposed Expansion Approach: The committee identified the continual need for

to expand the traditional referral sources to include referrals from the Court system to

recommended the expansion of referral sources into the Triage Center to include referrals

able to bond out with mental health or substance use issues either diagnosed or self  
reported. Defendants that present for court are primarily men, mostly between  
individuals with similar to an offense for substance abuse and/or untreated mental illness.

Data provided by the Office of the Public Defender establishes that on a daily basis

Due to unstable behavior (disorderly or delirious) about 20% are an avoidant population

having the ability to release the top 30 defendants at first appearance could save almost

The ultimate goal of the Triad Center is to provide a more suitable and less costly

alternative to incarceration of the inappropriate utilization of emergency rooms for

individuals who are homeless and experiencing behavior health issues more efficiently

utilize existing resources such as residential treatment and supportive housing and

allow individuals to seek help immediately when they are motivated to do so by

providing a safe place to stay while accessing services. The project provides access to

assessment, shelter, resources, and treatment for people who would have otherwise

been incarcerated or on the streets.

Officers with the emphasis on preventing incarceration. As the project evolved the

entry points have been accessed to address existing gaps in community services

points into the criminal justice system. Under the current model, the majority of clients

(50.04%) continue to be voluntarily placed over into local law enforcement

officers who, while an initial assessment, individuals who present with

behavioral health crisis and are at risk for current or future arrest; the second largest

referrer is the local hospital system (23.38% of admissions) who divert individuals

from the emergency room; 11.36% are from the Veterans Administration and 5.25%

issues all individuals are diverted from or at risk of involvement with the criminal justice

system.

The Triad Center is a partnership between Lee Memorial Health System and Lee Memorial

under the influence of a partnership with Lee Memorial Health System.

safe environment while staff works with them to assess their needs, establish goals,

provide support services and care. The Triad Center is a partnership between Lee Memorial

Inc. who donates the building and provides clinical staff. Lee Memorial Health System

partner provides resources and support for the nursing staff and operations of the

center. The Lee County Department of Human Services administers the program and

the numerous funding sources and provides funding to support operations. All partners

have been integral stakeholders in the project since inception.

A partnership with Lee Memorial Health System and Lee Memorial Health System.

under the influence of a partnership with Lee Memorial Health System. The project is a

law enforcement (90.92%) are medically treated and admitted. Persons who are not



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

Upon admission, a screening and assessment is conducted and conducted over the 72-hour period. A biopsychosocial assessment is conducted to identify behavioral health issues, medical history and treatment options. Staff work with collaborative partners to identify resources for establishing a supportive and safe living environment, including connections to appropriate and available services.

The intake screening and bio-psycho-social assessment forms were created mirroring information that is gathered in the Arasazi 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; educational status/history; employment status/history; financial status; living arrangements; recreational activities; legal status/history.

As part of our assessment, the needs of the individual in distress and a care plan is developed and implemented using a strength based approach. Consumers actively participate in selecting treatment options and developing a care plan along with family members. In addition, supportive goals and objectives may include addressing behavioral health services such as a community based residential treatment or 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, intensive job training, job opportunities, access to benefits and health care such as: Social Security, Medicaid, Medicare, and Veterans benefits, medication management, 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 re-engage in the justice system which reduces the impact on the local jail and court systems.

Many brief therapy experts (Daly, Little, Motz, Munk, Pines, Salovey, O'Connell, Walter) have developed the model of therapy in assessment and treatment. This model focuses on the present and future, as opposed to the past. This style of intervention incorporates the goal of forming a supportive and helpful relationship with the formation of an affective relationship that can be leveraged to help bring about positive effects to change their status. The approach is based on a collaborative contracting, consequences, and contingent learning when deemed appropriate. These principles are contained within the Comprehensive, Continuous, Integrated

The Triage Center operates following a national best practice known as the Sequential

Intercept Model to provide an initial intercept point to prevent individuals from becoming involved with the criminal justice system or moving deeper into the system. The Triage

Center is based on elements of the Substance Abuse and Mental Health Services Administration's Blueprint for Change, which targets the same population as this project.

Experience has shown that flexible, low-deferential services may accommodate individuals who initially are unwilling to seek treatment or are unable to do so. The goal of the

program is to increase an individual's motivation for treatment and engage them in care motivated to do so by providing safe, accessible, and effective 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 counseling.

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 continues to evaluate community organizations to provide enhanced services when needs are identified.

Since opening, 3394 individuals have received services that most likely would not have accessed medical and behavioral health care. The program is flexible in that there is no limit on hours an individual may attend and no maximum length of stay. The intent is to help someone on the path to recovery from substance use or mental health disorders by offering appropriate services to meet their needs. The program was designed based on a theory of change that many people do not succeed the first time they try. There have been 5660 admissions to the Triage Center of which 99% were homeless or at risk of homelessness at the time of entry. Statistics show that 50% of individuals are referred to treatment and an average stay of 21 days.

...

...provides programs and community education such as support groups, education courses for peers and family members throughout the community, training classes, peer specialist positions, and information...

...training and educate partner agencies and community members on how to recognize and respond to...

Memphis Model, Crisis Intervention Team (CIT) philosophy to train law enforcement and corrections personnel in identifying and effectively responding to individuals who have a mental illness and/or substance use disorder has been embraced in Lee County since 2000. The CIT model supports a referral process for...

for behavioral health assessments and referrals. From inception the Triage Center was...

minimal officer turnaround time.

In addition to community education/outreach services, NAMI facilitates CIT training and plans to provide at least four 40 hour classes per year for up to 30 officers/personnel at a time. Over 700 law enforcement officers, service providers, including fire, police, and dispatch personnel, and other individuals have participated in CIT training since the program's inception. The training teaches officers to have a more positive interaction with persons in need of behavior health services while minimizing safety risks to both the officer and the person in need. The number of law enforcement referrals made by CIT-trained officers to the Triage Center has increased since the project started from 33% in 2008 to 50% in 2015.

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

The Triage Center provides law enforcement officers with a meaningful alternative to a place where they are safe, have their basic needs met, receive a thorough biopsychosocial assessment, establish a care plan with appropriate services, and accomplish these 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 is significant

when compared to booking someone into the jail or trying to locate other resources.

The expanded referrals from the court system will further address objective 1 by increasing an individual's ability to access behavioral health services and other identified issues.

A Memorandum of Understanding (MOU) exists with the Florida Department of Transportation (FDOT) to transport individuals to the Triage Center. The Governing Board is responsible to ensure that the plan is implemented if not currently in place.

The Lee County Homeless Coalition is a strong partner in the program. The coalition partners with all agencies involved with the Triage Center. An MOU has been executed

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

Effective utilization of funding, improving accessibility and effectiveness of treatment services is enhanced by data collection conducted through the use of the Homeless Management Information System (HMIS) software system. Client Service Network

implemented in 2009 and participating agencies have access to the system. HMIS is a web-based data collection application designed to collect client level information and the information is used to generate an individualized report of clients served within a geographic area. The data is used to generate an individualized report of clients served within a geographic area.

This system also provides data on clients and service utilization and assists in identifying the types of services individuals are linked to. Whether the individuals to community based services are successful and the outcomes of such services. The system also provides data on clients and service utilization and assists in identifying the types of services individuals are linked to. Whether the individuals to community based services are successful and the outcomes of such services.

entry into the facility which include authorization for agencies to share information. The system can be customized to collect additional information and will be used to collect information for one year after discharge.

The HMIS is administered by Lee County. CSN utilizes a secure web interface that connects to a secure database. The system is managed and maintained by Lee County's Information Technology (IT) department and includes a robust 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 involved in the criminal justice system. The system is used 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 across

opportunity to have expedited access to behavioral health services. The original

Board includes a designated representative from each stakeholder. The Board includes representatives of Lee County Board of County Commissioners, Board of Human Services, SolusCare, Inc., Lee Memorial Health System, The Salvation Army

National Alliance on Mental Illness. All involved organizations were crucial in program development and continue to be involved in implementation. The Governing Board continues to monitor monthly data, look for trends, and inform members 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 success as the focus for coordination. The membership of the Governing Board includes identified key stakeholders as an integral part of determining needed out-put and input from each agency's perspective. Performance toward those targets are all part of the Governing Board's role.

Objective 3: To provide crisis intervention training (CIT) for law enforcement and corrections personnel to train personnel in identification and effective intervention for individuals who may have a mental illness, alcohol/substance use disorder. Enhance trainings to include training to law enforcement/correctional support staff to include dispatch, auxiliary staff and community personnel who may come in contact with targeted individuals.

### Performance Measures

A formalized process has been established and is ongoing, utilizing the HMIS database for tracking of individuals who received case management services while

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 90 day diversion shelter without ongoing case management services it is difficult to effectively measure long term

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 nature of the program and the high turnover rate of the staff, it is difficult to maintain contact with them.

The following performance measures are proposed and will be tracked via HMIS

The following performance measures are proposed and will be tracked via HMIS and tracking of individuals who are admitted to the Triage Center and are discharged into a participating Lee County Continuum of Care (CoC) program or other supportive housing program.

1. Ten percent (10%) reduction in number of overnight participants

environment and will be followed for one year to track success.

5. Two percent (2%) of participants who exit into a HIMS participating Program will

6. Two percent (2%) of participants who exit into a HIMS participating Program will

be employed one year following discharge. Due to the voluntary and transient

nature of the program and the severity of relevant crimes, the program will not

incarcerated.

7. Twenty percent (20%) of participants will be

**Proposed Deliverables: (Service units)**

**Capability and Experience**

The Los County Board of County Commissioners (BOCC) is the applicant and

provide rapid re-housing through a variety of funding sources including Supportive Services for Veterans Families (SSVF). Current contractual relationships exist with SalusCare, The Salvation Army, Lee Memorial Health System and the

Homeless Coalition. County funds that support a local initiative to end homelessness have been allocated to the Triage Center since 2009. The BOCC funds community substance use and mental health treatment in excess of the local match requirement.

The Salvation Army has provided services to 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 homeless including shelter, supportive services, and transitional housing.

Addiction Services (SWFAS) merged and formed SalusCare, Inc. to better serve the

services; integrated psychiatric care; emergency services; forensic and recovery based programs; day treatment; outpatient therapy; residential services; case management; and community based programs.

The agency's ACCESS Center provides mental health assessments and referrals for non-emergency clients on a walk-in basis and is located on the same premises as the

for the Triage Center located at 2700 10th Avenue SE, Naples, FL and provides kitchen maintenance and housekeeping services; provides support services; and provides treatment services to the Triage Center population.

Lee Memorial Health System (LMHS) is an integrated health care delivery system

Southwest Florida as well as a national state affiliated Veterans Center and a psychiatric care center. LMHS is the premier and largest care in the

All of the hospitals have consistently been recognized among the Select 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

salaries and client care costs, and provides necessary medical supplies.

implements, and evaluates program operations and services. Qualifications: Bachelor's degree in Social Work, Psychology, or a related field, and two years experience in a related field.

degree within two years case management experience, experience can be substituted for education prior experience working with the disadvantaged population preferred.

Lead Social Services Worker (70 FTE) Services lead worker by supervising and participating in the provision of social service assistance to eligible clients in the determine need and eligibility to receive services; prepares accurate and complete client records; refers clients to community agencies and maintains effective working relationships. Qualifications: High school diploma or GED and three years

knowledge, skills, and abilities.

•Resident Unit Manager (1.0 FTE) Assists and supports the Resident Program Manager in the management, supervision and operations of Resident Monitors

assigned to Tri-County. Provides counseling and administration with respect to appointments to provide quality care and supervision of residents. (See job description)

the area of cultural justice, law, litigation, or law enforcement and two years of any combination of work or volunteer work experience that provides the required knowledge

building grounds and personnel; monitors individual's behavior; is a role model by

disadvantaged and good diploma; (communication skills)



Registered Nurse (RN) (4 FTE) will assess status of all individuals

Facilitates transfer to acute care services if necessary. Dispenses medications and performs routine health care tasks as necessary. Qualifications: Graduate of an accredited professional nursing school and completion of a competency assessment; two years experience in an emergency room setting; holds or eligible for RN license in Florida; communication and interpersonal skills, basic computer skills, and customer service skills. Required within 12 months of hire: certification in EMT/paramedic services performed

health and psychological screenings, and other services designed to meet the needs of the homeless, including dispensation of medications. Qualifications: Minimum

Current valid Florida RN or LPN nursing license in good standing

These positions are employed to satisfy the 2010 community objectives

health/substance use screening of individuals for voluntary evaluation of behavioral health crisis; provide a brief crisis intervention and referral to appropriate services; treatment and/or evaluation at the most appropriate facility, as required by the minimum two years direct care experience, knowledge of community resources, and the

## EVALUATION AND SUSTAINABILITY

### EVALUATION

The Policy and Research Data Center (PRDC) at the Florida Mental Health

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

A Phase II report was conducted in June 2011 and concluded that "the Triage Center not only diverts individuals away from the criminal justice system, but provides a safe

place to stay, comprehensive assessment of needs, and linkage to community services. These are the stay longer at the Triage Center are less likely to be arrested

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

The Governor's 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 internet meetings and other options as presented.

The VERA Institute of Justice's Research Summary published February 2013 by David Gendreau and G. Prins indicates that jails and prisons are expensive to operate and mental health conditions 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 reliance on for-profit jails, prisons and other services. Expenditures associated with unnecessary arrests and detentions. For instance, it can cost two to three times more for a person whose arrest is involved in the criminal justice system compared to receiving treatment in the community.

The United States Health and Human Services 2006 Jail Diversion publication 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, which indicates that time in the community was not a trade-off for public safety.

Performance measurement and deliverable data will be obtained through the use of a formalized process using the HMIS database which has been utilized since inception. However, measuring long-term outcomes for a significant number of years on a project without ongoing case management services is problematic. HMIS is a web-based data collection application designed to collect client-level information and the aggregate client-level data to generate an uncorrelated count of clients served within a community's system of behavioral health services.

(CoC). This system can provide data on client characteristics and service utilization and assists in determining the ways of services interventions are used to provide the referrals to community-based services are successful and the outcomes of each referral: whether clients stay engaged in services and for how long and identify areas that need to be developed to respond to current needs. Data is collected and analyzed on a quarterly basis and reported which are analyzed monthly, quarterly and annually by the

During the eight years of operations, 45% of clients exiting the triage experienced a

housing situation including a supportive housing environment, 13% received or were linked to social security benefits at exit and 66% 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 saved 2,004 individuals from 5,000 diversions (entries) which equates to a total cost savings of between \$735,880 or \$740,000 or between \$93,335 and \$96,924 annually. Due to lack of quantifiable data, there are an individual through the Criminal Justice System which would increase the cost savings/aversion amount.

An additional benefit to law enforcement is the time saved when taking someone to the

The study did include diversions from Lee Memorial Health System which is another area where cost savings could be realized but data was not available to calculate the cost benefit from 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 Commission Board.

SalusCare is an active member of the Robert Wood Johnson Foundation sponsored Network for the Improvement of Addiction Treatment (NIAT) and serves as a member

programs are evidence based and many are accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) and other national health and human services organizations. CARF accreditation requires a service

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 4% of Triage clients had been admitted to Hospital. The Triage Center is a means of keeping the individual with increasing substance abuse needs with a serious mental illness from incarceration has proven to have better outcomes. Individuals who receive treatment are at a lower risk of accumulating additional offenses such as battery on a law enforcement or correctional officer, which benefits

incorporated. There has been a steady decline in Lee County State Forensic hospital admissions since the Triage Center has been operational from 24 in state fiscal year 2012-2013 to 8 in 2015-2016, a 62% decrease.

### Sustainability

A key element of sustainability is clearly identifying the goals of this project, measuring the projects performance in comparison to the goals and making adjustments if

the project's performance is not meeting the goals.

The success of the Triage Center is heavily dependent on an individual

primary provider of behavioral health services funded through state and federal dollars from Center for Behavioral Health Network and County dollars from the Lee County Board of County Commissioners. SalusCare, Inc. also bills Medicaid and private insurance for behavioral health care services. As a result of the Affordable Care Act, it is anticipated that many individuals will obtain benefits which will include behavioral health treatment.

The Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant (CJMHSAR) has been and will continue to be awarded with Federal, State, and other private dollars. MHSAR funds are used to support the

Triage Center. Since the inception of the Triage Center, the partners have established

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

to the facility's restrooms, flooring and plumbing pipes fixtures was completed in 2015.

While we have not yet succeeded in making the Triage Center non dependent on State

funding we have diversified funding sources since the inception of the program by

enforcement and the Lee County Homeless Coalition which are available cost saving procedures when possible.

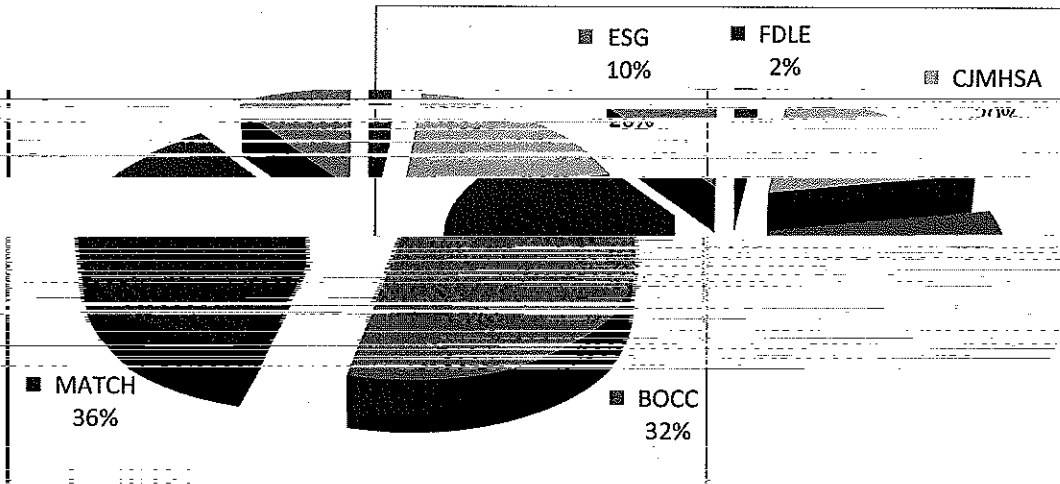
Revenue sources include: The Florida Department of Law Enforcement (FDLE)

Edward Byrne Memorial Assistance Grant has funded the program since 2010 and a

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

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

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



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

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