ICMA

Leaders at the Core of Better Communities

2011 Annual Awards Program

Program Excellence Awards Nomination Form

Deadline for Nominations: March 11, 2011

Complete this form (sections 1 and 2) and submit with your descriptive narrative.

SECTION 1: Information About the Nominated Program

Program Excellence Award Category *(select only one)*:

- ☒ Community Health and Safety
- ☐ Community Partnership
- ☐ Community Sustainability
- ☐ Strategic Leadership and Governance

Name of program being nominated: Bob Janes Triage Center/Low Demand Shelter

Jurisdiction(s) where program originated: Lee County, Florida

Jurisdiction population(s): 586,908

Please indicate the month and year in which the program you are nominating was fully implemented. (Note: All Program Excellence Award nominations must have been fully implemented by or before January 31, 2010, to be eligible. The start date should not include the initial planning phase.)

Month: April Year: 2008

Name(s) and title(s) of individual(s) who should receive recognition for this award at the ICMA Annual Conference in Milwaukee, Wisconsin, September 2011. (Each individual listed MUST be an ICMA member to be recognized.):

Name: Karen B. Hawes

Title: County Manager Jurisdiction: Lee County Board of County Commissioners

SECTION 2: Information About the Nominator/Primary Contact

Name of contact:	Ann Arnall		
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ICMA 2011 Annual Awards Program

Community Health and Safety Awards

Problem assessment, the challenge or need that prompted the local government to develop the program.

Since 1990 the population in Lee County has increased more than 53 percent and the homeless population has increased 30 percent since 2007. As the population increases so does the need for behavioral health treatment. Studies estimate that as many as 63percent of the homeless population are impacted by mental illness or substance use disorders or both. A News-Press article (2/23/09), cited figures indicating that Lee County's suicide rate is 20 percent higher than comparable-sized counties. The National Alliance on Mental Illness, ascertain that Florida's 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 percent of county jail inmates and 17 percent of state prison inmates in Florida have a serious mental illness. Studies have shown that individuals with untreated behavioral health issues are incarcerated more frequently and tend to stay longer.

Lee County lacks an integrated entry point that can screen for mental illness or substance use disorders, and has inadequate detoxification beds, acute psychiatric crisis beds and emergency shelter beds. As a result law enforcement departments, jails and emergency rooms have become the de facto service providers to those with mental illnesses and/or substance use disorders and local jails are used as catchments for individuals who commit low-level, non-violent crimes that could be better served by being diverted from the criminal justice system. This has resulted in the jail being over capacity at times, overburdened law enforcement officers,

an over utilized court system and individuals trapped in a system that does not respond to their behavioral health needs.

In 2006, a multi-agency collaboration was established in Lee County to address these issues. Funding was secured in 2008 to open the Bob Janes Triage Center/Low Demand Shelter (Triage Center). The project voluntarily diverts people with behavioral health issues from the local criminal justice system by allowing law enforcement officers to transport individuals at risk of arrest for a minor ordinance violation or non-violent offense to the Triage Center for shelter, assessments, and linkages to services rather than arrest and incarceration.

Program implementation and costs

The Triage Center opened April 28, 2008, as a single point of entry for law enforcement to provide a meaningful alternative to arrest/incarceration. As additional funding was secured, referrals from the Veterans Administration and the local hospital system were accepted, although it is primarily utilized by law enforcement officers. Less time is spent to admit an individual into the Triage Center than to process them through the criminal justice system and there are better outcomes for the individual.

Partners include Lee County Board of County Commissioners, Lee Mental Health Center (LMH), Lee Memorial Health System (LMHS), Southwest Florida Addiction Services (SWFAS), The Salvation Army (TSA), NAMI Lee County, United Way of Lee County, State of Florida Substance Abuse and Mental Health Program Office, and Local Law Enforcement. The project is housed on the campus of LMH, operated by the TSA and staffed with personnel from TSA, LMH, SWFAS and LMHS.

The project design is modeled after the 24/7 no refusal drop-off for law enforcement (Memphis Model of CIT), however due to funding and space restraints the original capacity was

limited to 22 beds with a daily seven-hour drop off period. As additional funding was secured the capacity increased to 58 and the hours increased to 16 daily. Lee County has embraced the Crisis Intervention Training model (a.k.a Memphis Model) to train law enforcement in identifying and effectively responding with effective, non-violent interventions to individuals who exhibit behavioral health issues. This increased knowledge of alternative ways to respond/react to situations has increased utilization of the Triage Center. Ideally individuals would be accepted 24/7 and as funding becomes available the hours will be expanded. The primary entry point into the Triage Center is through jail diversions from law enforcement. At admission, a registered nurse medially screens individuals to assure a safe stay with 95 percent of individuals being admitted. Persons who are not medically cleared are diverted to the local hospital. The local hospital system's emergency department is another point of entry for patients who appear homeless and are seeking behavioral health or primary care services. The Triage Center is a "wet" shelter, meaning that someone "under the influence" may stay at the facility as long as they aren't disruptive and are allowed to "sleep off" their intoxication while supervised by a nurse/case manager and program staff. An in-depth psychosocial assessment is conducted to identify the individual's needs and discuss treatment options and an individual case plan is developed with specific goals and objectives. A multi-disciplinary treatment team identifies integrated treatment options and facilitates appropriate placement and case management services. Services include: linkage with the Crisis Unit or Detoxification Center (both have dedicated beds for Triage clients) if more intensive behavioral health services are needed; admittance to the shelter component of the project which is housed in the same building as the triage function; referrals to community based providers which offer housing options, job training, job opportunities, medication monitoring, supportive therapy, family and individual psycho-

education, self-help groups, support systems, and life skills training. Case managers are cognizant of trauma recovery and empowerment techniques and incorporate motivational interventions based on the assessed stage of change of the participant. The model is based on elements of the U.S. Dept. of Health and Human Services Substance Abuse/Mental Health "Blueprint for Change". Experience has shown that flexible, low demand services encourage individuals who are initially reluctant to commit to more extensive care. The ultimate goal is to increase an individual's motivation for treatment and engage them in more intensive services thus reducing reentry in the justice system and lessening the impact on the local jails/courts. The treatment team has firsthand knowledge of community resources and utilizes this information to access appropriate services for clients. Working together, partners utilize existing resources more effectively and efficiently, and facilitate the development of additional resources, like supportive housing, short-term residential treatment for co-occurring disorders, and expanded crisis/detox capacity.

A Governing Board consisting of key stakeholders meets monthly, provides oversight and serves as the forum for coordination of services which is an integral part of gaining the needed buy-in and input from each agency's perspective. The Board's role includes defining measures, setting targets, and evaluating project performance toward those targets.

The projected annual operating budget is $1,290,515. Revenue is received from state, Federal and local funds, with the remaining costs covered by the partner agencies.

Tangible results or measurable outcomes of the program

A multitude of data is collected and reported to the Governing Board on a regular basis. A summary of data follows for the time period: 4/28/08–10/31/10. The goals of the project include:

- Reduction in number incarcerated for low level offenses who exhibit behavior health issues;

- Reduction in time that law enforcement interacts with these individuals;
- Improved outcomes for individuals who tend to cycle through the criminal justice system.

"Good exit" definition - completed program or left early for a housing opportunity or for a treatment facility.

- 998 unduplicated individuals were referred resulting in 1543 admissions (duplicated).
- 49 percent had a "good exit" from the program, (31 percent completed program; 18 percent left for a housing opportunity or for a treatment facility).
- Time law enforcement spent at Center compared to 1 hour for booking into jail:
    - 89 percent - under 10 minutes; 3 percent - over 11 minutes; 8 percent - didn't report.
- For those leaving program as a "good exit" the average number of days until the next encounter with law enforcement was longer than those who "did not have a good exit" and there were significantly fewer arrests and fewer days in jail.

Lessons learned while planning, implementation, and analysis of the program.

The Policy Services and Research Data Center (PSRDC) at the Florida Mental Health Institute (FMHI) assisted with examining the effectiveness of the Triage Center. A report completed in October 2010 concluded that for those with a "good exit" the program appears to have a positive effect on subsequent arrests, duration of incarceration and time to the next encounter with law enforcement. This suggests that the key to making the program more successful overall would be to increase the rate of "good exit" status and the program completion rate. The majority (64 percent) of persons admitted to the Triage Center was known to Florida's publicly funded mental health or substance abuse services, thus a more thorough examination of pre-and post-triage substance abuse/mental health services in the community and for incarcerated persons should be done as data becomes available including a more detailed cost analysis.