

## PROJECT NARRATIVE

### Statement of the Problem

The Collier Criminal Justice, Mental Health & Substance Abuse Planning Council (Planning Council) was designated in 2010 by the Public Safety Coordinating Council for the purpose of designing coordinated strategies to increase public safety while decreasing crime. **Mission:** To implement coordinated and effective services

for people with mental health and substance abuse problems who have contact with the criminal justice system. **Values:** Effective treatment, not jail; minimal use of coercion or sanctions; earliest possible intervention/intercept; and full community integration.

### Project Stakeholders and Partners: Planning Council

Name	Agency/Affiliation
Sheriff Kevin Rambosk	Collier County Sheriff's Office*
Chief Chris Roberts: <i>Co Chair</i>	Collier County Sheriff's Office
Bonnie Fredeen: <i>Co Chair</i>	David Lawrence Center, COO*
Honorable Janeice Martin	Mental Health Court and Drug Court Judge*
Michael Sheffield	Collier County Administration*
Kim Grant or Designee	Collier County Housing, Human & Veteran Services
Domenico Lucarelli	Private Law Firm
Richard Montecalvo	State Attorney's Office*
Sara Miller	State Attorney's Office/MH Court
Amanda Stokes	Public Defender's Office/MH Court*
Bill Gonsalves	Naples Police Department*
Marien Ruiz	Collier County Sheriff/Grants
Marcia Eckloff	Corizon Health Services Administrator

Collier FIRST



## Local Gaps and Weaknesses by Sequential Intercept

### Intercept 1: Law Enforcement and Emergency Services

- Initial access to mental health and substance abuse services takes up to 3 weeks
- Limited to no community diversion options for CIT officers

### Intercept 2: Initial Detention/Court Hearings

- In-jail screening for MH/SA problems is limited to one part-time staff
- Need for additional in-jail specialized medical/behavioral health beds.

### Intercept 3: Jails and Courts

- Limited Pre-Trial Services to divert individuals with MHSA

### Intercept 4: Community Reentry

- FIRST is the only reintegration service for MHSA, and serves less than 40 individuals

### Intercept 5: Community Corrections/Community Support

- The one local FACT team is at 100 participant capacity
- Affordable housing
- Adequate transportation

Geographic environment and current population of the jail. Located in Southwest Florida, Collier is the largest county (land-wise) in the state with 2,025 square miles. The population estimate in 2012 was 332,427, most of which is concentrated along the Gulf Coast. Naples is the only incorporated city in the County with a population of 20,976. Bus transportation is limited within the metropolitan area and even more so in the outlying areas. A sharp contrast in population characteristics exists between the city of Naples on the Gulf Coast, and Immokalee, a largely migrant farm worker community located inland. Naples is often cited as having more millionaires per capita than most other places in the United States. In Immokalee, 44% of residents are at or below the poverty level, while in Naples, the poverty level is 7.4%. Collier County overall has a high number of uninsured adults at 35 % compared to the state population of 27%<sup>6</sup>

Demographic	Collier County	Collier County Jail
All Races/Ethnicity	332,427	865
White	65%	42%

slightly impact admissions, possibly facilitating o

Objective 3 : Increase access to mental health or substance abuse treatment for program participants identified as the target population.

Goal: Persons with substance abuse and mental health problems receive treatment at appropriate levels of urgency, intensity, and duration.

Strategy 1: Timely and effective screening, assessment and refe

Receiving Facility/Crisis Stabilization Unit and the only detox unit in the county. All acute care admissions currently occur at a single site.

2. Reintegration / Forensic Intensive Reintegration Support Team / Objectives 1-5.



NAMI employs consumers or family members in over 90% of its paid and volunteer positions. Through NAMI, the FIRST program employs a Certified Peer Recovery Specialist (CPRS). NAMI's CPRS staff participates in the weekly client staffing and the quarterly FIRST Oversight Committee, and all CJMHSa Planning Council meetings. Several other consumers and CPRS attend the Planning Council meetings as well, providing regular and direct feedback on the project to the Planning Council and each of the partner organizations. Consumer participation a

complex needs of the population, including trauma informed treatment, cognitive behavior therapy for co-occurring substance abuse and mental health problems, and Moral Reconciliation Therapy (MRT). A systematic cognitive behavioral treatment strategy, MRT decreases recidivism among criminal offenders by increasing moral reasoning. Graduates have significantly fewer re-arrests than their counterparts who do not successfully complete the program<sup>9</sup>.

Improved access to treatment . Whether independently or via CIT officers, direct linkage to DLC therapists and psychiatrists is provided through the Central Assessment Center (CAC). The CAC follows the promising practices of centralized appointment scheduling<sup>10</sup>. The centralized system allows counselors to focus on seeing clients instead of scheduling, making phone calls, and other logistical tasks. Shared electronic calendars help to facilitate the process. The CAC h

**4) Disability Benefits.** SOAR, (SSI/SSDI Outreach, Assessment and Recovery) is a promising practice model aimed at facilitating attainment of disability benefits for people with serious mental illnesses. FIRST staff is trained in the practice, and will employ SOAR practices for all eligible participants, with the goal of obtaining benefits for 80%.

**5) Peer Based Recovery Support.** Peer support is a promising practice and an essential component of recovery programs for adults with serious mental illnesses. A Florida Certified Peer Specialist (CPRS) provides recovery supports for FIRST including linkage to natural supports, support groups, and the consumer-run Drop In Center.

**6) Enhancement funds.** Enhancement funding provides essential items FIRST participants to ensure successful community reintegration. Enhancements may include but are not limited to rental deposits, monthly rent, utilities, clothing, food, grooming necessities, medical and dental care, transportation including bicycles, gas cards, and bus passes.

**Capability and Experience**

[Redacted]

[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]

Collier County Housing, Human and Veteran Services



be submitted to the evaluator quarterly, and reviewed for trends at the Quarterly FIRST Oversight Meetings.

A detailed participant roster will track type of charge, as well as dates of arrest, screening, diagnoses, admission to FIRST, and jail release. Team members will track and record each contact between FIRST team and participants, and the status of participants' housing, employment, disability benefits, and re-arrests. For the Centralized Assessment Center, data

Central Assessment Center and CIT. Through the CAC, CCSO patrol officers will have a direct means of diverting individuals from arrest. If the CAC diverts just 20% of persons accessing its services away from incarceration and into community based programs, it will possibly divert 720 persons over the course of the 3 year CJMHS project, based on an estimated 3,600 served by the CAC over 3 years. Given the average daily jail cost of an inmate of \$94, and using a conservative average length of stay of 90 days, the CAC-based diversions alone could provide a savings in jail costs to the local community of \$6,091,200 over 3 years, or \$2,030,400