

**Mental Health and Addiction Services
Five Year Strategic Plan
2020-2024**



**Collier County Mental Illness
and Addiction Ad Hoc
Advisory Committee**

October 29, 2019

Introduction

Starting in 2017, an informal group of community stakeholders began to meet with the goal of improving the continuum of care around mental health and addiction services in Collier County.

Throughout this process, the group identified many strengths in the community, including agencies and stakeholders exceptionally dedicated to supporting each other in collaborative efforts and ideas. Communication thrived as issues were discussed, and the group worked to eliminate silos and better coordinate services.

Programs were identified, created, and enhanced through partnership efforts. The Collier County Sheriff's Office has invested considerable resources in its Mental Health Bureau, and the County's three problem-solving courts continue to see improved results in recidivism and cost-avoidance. Law enforcement, corrections, local government and the courts take an active role in providing substance use and mental health intervention and treatment, including crisis response, diversion, treatment services in the county jail.

The David Lawrence Center and other community providers have enhanced the services being provided in the County, but demand continues to grow as the population and mental health awareness expands. Collier County Government has continually increased the resources provided to law enforcement, the courts, and community health care providers during this same time period.

Several collaborative working groups are in place that align well with this Mental Health and Addiction Services Strategic Plan and should be complementary in its advancement such as: Blue Zones, Collier County Public Safety Coordinating Council, Criminal Justice, Mental Health, and Substance Abuse Planning Council, Community Behavioral Health Advisory Committee, and community groups such as the Community Foundation of Collier County and Richard M. Schulze Family Foundation.

Providers of treatment for substance use disorders and mental illness work collaboratively to refer individuals to the appropriate treatment modality based on diagnosis. They identify high service utilizers for enhanced services. They are committed to utilizing evidence-based practices that have emerged in recent years to improve care. These practices include medication assisted treatment, assisted outpatient treatment, problem-solving courts, housing first and the use of both mental health professionals and trained peers.

The greater Collier County community supports increased access to treatment for substance use disorders and mental illness as evidenced by voter approval of the Collier County Infrastructure Sales Surtax, which included \$25 million for the Central Receiving Facility/System.

A strong sense of community is also reflected throughout the philanthropic efforts of Collier County. The Committee would like to acknowledge the financial support of the Community Foundation of Collier County, as well as the countless hours that our residents donate to improving outcomes and service within, Collier County.

All these aforementioned strengths have come together in the creation of the Collier County Mental Illness and Addiction Ad Hoc Advisory Committee and are reflected throughout the five-year strategic plan.

Committee Origin, Membership, and Charge

On December 11, 2018 the Collier County Board of County Commissioners approved Resolution 2018-232¹ establishing the Mental Illness and Addiction Ad Hoc Advisory Committee. The Advisory Committee was charged with making recommendations regarding the County's role in providing assistance and treatment of adults with mental health and substance use disorders.

The Resolution required that Committee membership not exceed 19 individuals appointed by the Board with consideration given to ensure geographic and background diversity. Special qualifications for membership included:

- representative designated by a Veteran services organization;
- representative designated by the Collier County Sheriff's Office;
- representative designated by a Collier County grantor entity which provides funding to providers of services for mental illness and substance use disorders for adults;
- psychiatrist, licensed to practice in Florida;
- behavioral health professional, licensed to practice in Florida;
- medical health professional;
- representative from a homelessness advocacy organization;
- representative of the David Lawrence Center, Inc.;
- representative from the National Alliance on Mental Illness;
- a certified peer specialist;
- representative from the recovery community;
- representatives from the local business community; and,
- representatives at-large with experience or demonstrated interest in mental illness and substance use disorders.

The Resolution defined the purpose of the Committee to include "providing input from all entities involved in providing assistance to, and the treatment of, persons with mental health or addiction issues, both public and private, as well as members of the public, to identify existing mental and behavioral health services issues in the community to ensure the inclusion of all possible services, treatment, and public and private assistance for county residents struggling with mental illness and/or substance use disorders."

The Committee was charged with development of a five-year strategic plan for mental health and addiction services. Following review and adoption of this strategic plan by the Board of County Commissioners, the Collier County Mental Illness and Addiction Ad Hoc Advisory Committee will sunset, per Resolution 2018-232. In order to ensure follow through on this plan's priorities, the Committee recommends exploring an

¹ Appendix B

arrangement with community non-profits and private sector partners to drive, monitor, and evaluate implementation of the recommendations in the plan. This group, meeting quarterly, should be coordinated through existing channels and established committees, such as the Collier County Public Safety Coordinating Council and/or Criminal Justice, Mental Health, and Substance Abuse Planning Council.

Members of the Ad Hoc Advisory Committee would be invited to attend along with interest members of these and other groups that touch on topics related to mental health and substance use disorders. The Community Foundation of Collier County is seen as a potential convener/host of these quarterly meetings. The Committee also recommends that an external evaluation of progress toward plan and priority implementation be completed and reviewed by the Board of County Commissioners during the fourth quarter of 2021.

Mission Statement

The Committee adopted the following mission statement:

“The Committee will collaboratively plan for and support a coordinated effort for a full array of evidence informed services to improve the lives of adults with mental health and substance use disorders and overall quality of life in the Collier County community.”

Collier County Committee Work and Report Development

The Mental Illness and Addiction Ad Hoc Advisory Committee was organized and convened for the first time on January 4, 2019. Ultimately the Committee met 21 times over the course of the year, including 18 regular meetings and 3 half day workshops to organize the information included in this report.

The Committee utilized its meeting time to gather information and develop strategies to implement the priorities established in the **Mental Illness and Substance Use Strategic Plan** submitted to the Board of County Commissioners in June 2018 and included as Appendix D to this report. External subject matter experts made presentations to the Committee on issues related to Housing, Veteran Services and the design of a Data Collaborative. The knowledge gained from study of those priorities was applied in 4-hour planning workshops held on August 10, September 12 and October 8. During these workshops the Committee restated those priorities and established the goals, objectives and an action plan for the implementation of each priority that follows in this report.

In preparing this report the Committee used the format employed by the Substance Abuse and Mental Health Services Administration (SAMHSA) in its most recent Strategic Plan. SAMHSA is the federal agency that promotes a vision for the United States behavioral health care system, establishes national policy directives along with other Federal partners and allocates Mental Health and Substance Abuse funding to states and

local communities through block and discretionary grant programs. In the spirit of recovery, the Committee recognizes SAMHSA's working definition of recovery from mental disorders and/or substance use disorders that was developed by dozens of stakeholders as: "A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential". There are four major dimensions that support a life in recovery: Health, Home, Purpose and Community. With those four pillars, there are 10 Guiding Principles of Recovery:

1. Recovery emerges from hope
2. Recovery is person-driven
3. Recovery occurs via many pathways
4. Recovery is holistic
5. Recovery is supported by peers and allies
6. Recovery is supported through relationship and social networks
7. Recovery is culturally-based and influenced
8. Recovery is supported by addressing trauma
9. Recovery involves individual, family and community strengths and responsibility
10. Recovery is based on respect

This report attempts to replicate SAMHSA's approach, then summarizes our recommendations for each priority through action plans. Selected SAMHSA evidenced-based practices tool kits and best practices guidelines that align with the plan are included in Appendix C of this report.

This report identifies six (6) priorities that we recommend receive ongoing attention and support by the Board of County Commissioners over the next five years. Some priorities will require substantial financial support, while others will require little funding, but will require the involvement of County staff working in collaboration with community partners. Financial considerations are discussed in Appendix A of this report.

The priorities, ranked in order of their relative importance by the Committee, are:

1. Build and Operate a Central Receiving Facility/System to Serve Persons Experiencing an Acute Mental Health or Substance Use Crisis;
2. Increase Housing and Supportive Services for Persons with Serious Mental Illness and/or Substance Dependence;
3. Establish a Mental Health and Substance Use Disorder Data Collaborative for Data Sharing, Collection and Outcomes Reporting;
4. Increase the Capacity and Effectiveness of Justice System Response for Persons Experiencing Serious Mental Illness and/or Substance Use Disorders;
5. Revise and Implement Non-Emergency Baker Act and Marchman Act Transportation Plans, and;
6. Improve Community Prevention, Advocacy, and Education Related to Mental Health and Substance Use Disorders.

Special Considerations

The Committee identified **Veterans** as a population that we recommend receive special consideration. Specific attention must be paid to the unique needs of Veterans in all activities related to these priorities, ensuring that there is easy access to treatment and specialized programs to assist Veterans experiencing Post Traumatic Stress Disorder and Traumatic Brain Injury both in community programs and from the Veterans Administration.

The Committee also received input from the public regarding the special needs of **Senior Adults**, particularly those in cognitive decline who experience profound changes in their behavior and emotional stability as a result of their illness. These individuals require specialized care very different from that provided in Baker Act Receiving Facilities that primarily treat individuals in crisis from a mood or thought disorder.

In addition, all services, programs and activities related to the identified Priorities and special populations must be grounded in the best available **Evidence Based or Evidence Informed Practices** in order to ensure maximum quality and cost effectiveness in services provided to the community. See Appendix C for a more detailed discussion of the importance of utilizing evidence based or evidence informed practices.

Limitations

It should be noted that this planning process was limited in scope to issues related to mental health and substance abuse disorders exclusively among adults age 18 and older, except for the Committee's prevention priority. The provision of mental health and substance use disorder treatment to children and adolescents younger than age 18 involves a substantially different set of issues, diagnoses, and community providers in domains that include schools, child welfare agencies, juvenile justice programs, and treatment providers. In recent years, there has been substantial expansion in both preventative and interventional programs offered to children and adolescents in response to multiple issues including the increasing number of children requiring protective services, human trafficking, and mass casualty events in schools that have occurred across the country, including nearby Parkland, Florida. The Committee anticipates that the Prevention activities proposed in this plan will be both supportive of and integrated with these new services and programs for children and adolescents. Further we would encourage a similar community wide planning effort in support of even more comprehensive mental health and substance use disorder services for Collier's children and adolescents.

Acknowledgements

The Committee would like to thank and acknowledge the numerous county and agency staff, presenters, guests, volunteers, and members of the public who provided input and

participated in the planning process, as well as the generous financial support of the Community Foundation of Collier County.

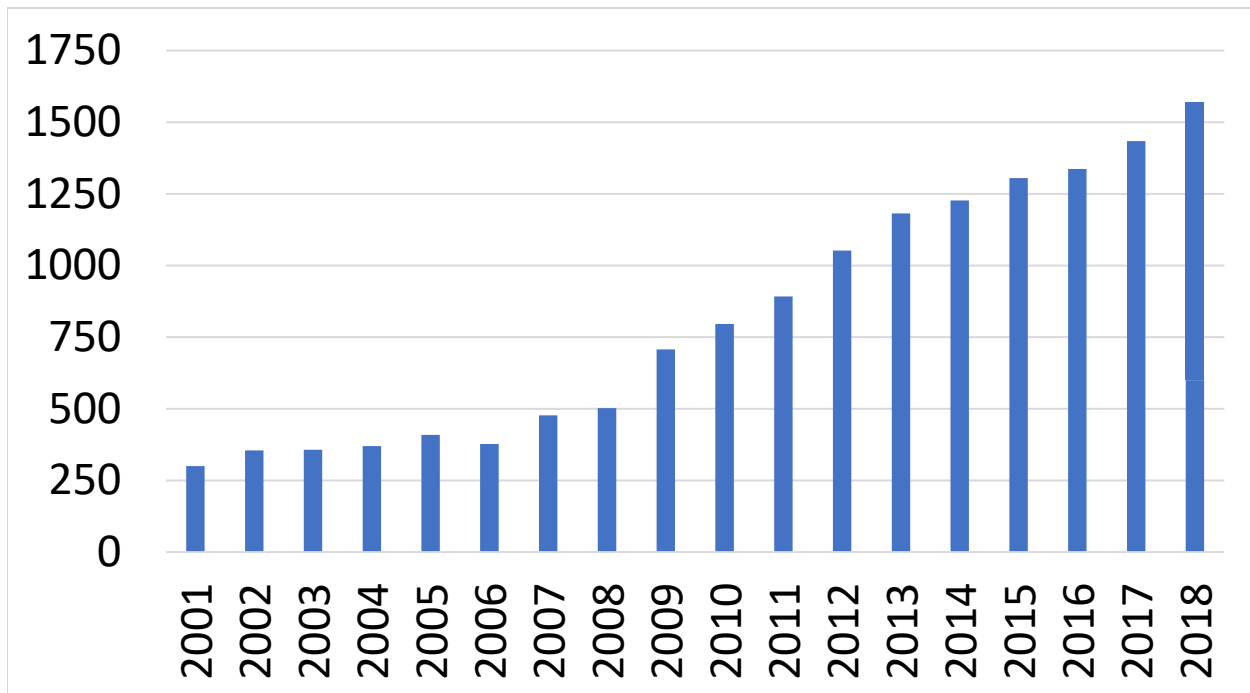
On the following pages find the Committee's recommendations regarding the six plan priorities that emerged from its deliberations, including goals, objectives and outcomes anticipated for each. Action plans for each priority are also provided in Appendix F, offering an "at a glance" overview of the inputs required, activities to be conducted and outcomes anticipated for each priority.

Priority #1
Build and Operate a Central Receiving Facility/System to Serve Persons
Experiencing an Acute Mental Health or Substance Use Crisis

Overview: A Central Receiving System consists of a designated central receiving facility with 24 hour assessment, inpatient and related services that serve as a single point or a coordinated system of entry and treatment for individuals needing evaluation or stabilization under section 394.463 (Baker Act) or section 397.675, (Marchman Act) Florida Statutes, or crisis services as defined in subsections 394.67(17)-(18), Florida Statutes. The Collier County Community Needs and Assets Assessment (2017) noted the need for additional inpatient beds and more than 80% of its health focus group participants identified mental health and substance use issues as major public health problems.

It should be noted that currently there is no local provision for involuntary inpatient evaluation or stabilization under the Marchman Act. Due to this service deficiency all persons requiring such services are treated at the Collier County Jail, a facility neither designed nor appropriate for that purpose. The Central Receiving System will include a secure inpatient Addictions Receiving Facility to address this major deficiency in our local system of substance use disorder treatment.

CCSO Baker Acts (2001 - 2018)



Behavioral Health providers like the David Lawrence Center continue to see dramatically increased demand for services, as evidenced by CCSO data that shows Baker Act cases

increased from 1,182 in 2013 to 1,570 in 2018², or an increase of approximately 33%. Total services from DLC provided to adults and children also increased from 165,062 in FY 13 to 276,989 in FY 19, or approximately 68%³.

The Collier County Infrastructure Sales Surtax will provide \$25 million to build a new facility that will house these services and increase capacity. While the Surtax will provide the infrastructure necessary to expand facility capacity, additional funds will be required to provide the human resources and other ongoing operational costs associated with the central receiving system.

Funding to support operations, estimated at \$2 Million - \$3 Million annually, will require federal, state, and local funding. In 2016-2017 the Florida Legislature authorized the Department of Children and Families to support central receiving systems and awarded funding to 3 Florida communities. A Legislative Budget Request closely aligned with the requirements of the FY 16-17 appropriation and supported with matching dollars from Collier County appears to be a logical approach for obtaining the needed operational funds.

The County will study multiple options on where to locate the facility, including the current site of the David Lawrence Center. Another potential option is to co-locate the facility with other existing government services, such as the Collier County Government Center. The location of the facility is an important decision that must take into account the comprehensive system of services outlined in this plan, existing demand, and future growth.

Goal: Ensure that there is a coordinated system and adequate capacity to assure that citizens in crisis will be able to access emergency mental health and substance use disorder services over the next 20 years.

Objectives:

- Design, build, staff, and operate Central Receiving Facility/System including an access center and follow-up recovery-oriented treatment services in the community by 2022
- Assure sustainable funding to ensure ongoing Central Receiving operations over the next 20 years
- Provide both co-occurring Baker Act (Crisis Stabilization) and Marchman Act (Detoxification) services as part of Central Receiving Facility/System
- Explore the feasibility of providing primary integrated healthcare at the new facility

Outcome/Impacts:

² Information provides by the Collier County Sheriff's Office

³ Presentation to MHAHC, September 2019

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- Increased access to mental health and substance use disorder crisis care
 - Improved crisis care by offering a full range of mental health and substance use crisis services and by providing direct linkage and a warm hand off to community-based services following crisis care
 - Reduced law enforcement processing time for an immediate drop-off
 - Provide appropriate jail diversion options and services
 - Reduced transfer time from local hospitals
 - Improved patient satisfaction with access to and quality of care in crisis services

Data elements required to assess outcome and impact:

- Episode of care data
- Baker Act and Marchman Act Data – Both public and private facility data from residents and non-residents of Collier County
- Law enforcement time in drop off data
- Hospital transfer referral data
- Crisis Intervention Team (CIT) data
- Jail Diversions as a result of the Central Receiving System
- Client satisfaction questionnaire at discharge

Workgroup: Scott Burgess, Susan Kimper

Priority #2
Increase Housing and Supportive Services for Persons with
Serious Mental Illness and/or Substance Use Disorders

Overview: For people with mental health and substance use disorders, housing is considered a ‘golden thread’, providing the foundation through which all aspects of treatment and recovery are possible. When this basic need isn’t met, people cycle tragically in and out of homelessness, jails, shelters, and hospitals at a high cost to individuals and society. The Urban Land Institute’s 2017 report on housing, land use, and real estate issues in Collier County noted that an area of concern was the lack of residential mental health care and support services. Further, the recent Collier County Needs Assessment Survey identified housing as the number one community need. While this need extends beyond those with severe mental illness or substance use disorders, the housing shortage exacerbates the problem for these especially vulnerable individuals.

Due to low incomes (typically less than \$800 per month), discrimination, and difficulties in daily functioning, persons with serious mental illnesses and substance use disorders generally cannot compete for market rental housing. Additionally, affordable housing units and supported housing programs have long wait lists and few in need can access them.

To be successful, housing supports should follow evidence-based and evidence-informed practices, including the use of the SAMHSA Permanent Supportive Housing Tool Kit; a ‘Housing First’ philosophy and model in which housing is a right, not a privilege; eligibility is not dependent on psychiatric treatment compliance and sobriety; and housing units are integrated within the community. An array of options should include rental assistance vouchers, rapid re-housing, recovery housing, transitional housing, peer run respite, and permanent supportive housing, each bundled with appropriate levels and choices of services and supports.

Goal 1: Increase availability and accessibility of a variety of housing options and supportive services for persons with mental health and substance use disorders.

Objectives:

- All Collier County-approved affordable housing should include a required set-aside for persons with a mental health and/or substance use disorder, which may require Board of County Commissioners action
- Increase number of private landlords accepting rental assistance vouchers
- Increase number of supportive housing and supported employment providers or agencies
- Increase individual incomes beyond disability amounts to ensure long term stability
- Ensure supportive housing rents are limited to 30% of the individual’s income

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- Implementation of a high fidelity Permanent Supportive Housing Evidenced-based program

Goal 2: Homelessness among persons with mental health and substance use disorders is rare, brief and one-time.

Objectives:

- 100% of people who are chronically homeless who are diagnosed with a severe mental health disorder will be housed within 7 days of enrollment in coordinated entry
- 100% individuals who are homeless will have immediate access to low-barrier emergency shelter
- 100% of persons with a serious mental health disorders identified annually during the Point in Time count will not meet the definition of chronically homeless
- Increase number of SOAR (SSI/SSDI Outreach, Access and Recovery)-trained staff and number of dedicated staff hours to facilitate attainment of Social Security benefits for eligible individuals

Outcomes/Impact:

- Increased number of affordable housing units available to persons with a mental health and/or substance use disorder
- Increased number of persons receiving rental assistance/low income housing/housing voucher
- Increased number of persons attaining SSI/SSD and accompanying Medicaid or Medicare benefits
- Increased number of peer specialists employed in variety of roles in mental health and substance use programs
- Increased number of days that residents are in stable housing in the community
- Increased number of days that housing residents worked for pay

Data elements required to assess outcome and impact:

- Number of agencies/providers
- Increased capacity/number of available housing units
- Number of hours of supportive services provided
- Number of persons or months on housing wait lists
- Number of persons who are chronically homeless identified during annual Point in Time count
- County annual housing report
- State SAMH and Medicaid data systems
- Drug Court Case management system

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- Number of people accessing supportive housing upon reentry from county jail and mental health or Veterans treatment court
 - Local data collaborative reports
 - Cost effectiveness report on permanent supportive housing after implementation; and
 - Qualitative analysis from the residents served in supportive housing services; using individual and focus group methods

Workgroup: Dr. Pam Baker, Cormac Giblin, Dr. Jerry Godshaw, Michael Overway

Priority #3
Establish a Mental Health and Substance Use Disorder Data Collaborative for Data Sharing, Collection and Outcomes Reporting

Overview: Chapter 163.62 F.S. authorizes governmental and certain private agencies to share information. The mission of a mental health and substance use disorder data collaborative would be enhancing the delivery of mental health programs to Collier County residents by encouraging communication and collaboration among all related community providers, organizations, interested government agencies, and educational institutions. Potential partners would include, among others, the Collier County Board of County Commissioners; Clerk of Circuit Court; Collier County Sheriff's Office; the 20th Judicial Circuit; Central Florida Behavioral Health Network; David Lawrence Center; NAMI; Collier County Public Schools; Florida Department of Juvenile Justice; and the University of South Florida (USF) Department of Mental Health, Law and Policy (Louis de la Parte Florida Mental Health Institute); although not exclusive, those agencies would be the primary members of the collaborative.

Goal: Create a data collaborative that will collect and analyze data from all stakeholders that provide services to persons experiencing a mental health and/or substance use disorder and use that information to continuously improve program quality and patient outcomes.

Objectives:

- To inform the planning and delivery of mental health and substance use prevention and treatment among all related community organizations. Multiple sources will collect internal data and share with other entities, providing a process for comprehensively using relevant data, both at the system and clinical levels.
- Collect aggregate data for use in planning, quality improvement, program evaluation, and grant applications. A repository, along with staff, is required to maintain, aggregate, and disseminate reporting on the data collected.

Data elements required to assess outcome and impact:

A centralized data collaborative could collect information from entities including the David Lawrence Center, National Alliance on Mental Illness, hospitals, courts, law enforcement, community providers, including but not limited to:

- Numbers and demographics of persons served by each cross-system and provider
- Calculation of the cost or persons served by each payer system, DCF, Medicaid, County Jail, Medicare/Medicaid, Department of Corrections, housing etc.

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- Demonstration of cost avoidance in criminal justice involvement through jail diversion and reentry activities
 - Justification for efficient distribution of public funding
 - Number of days acute care units are at or over capacity
 - Other metrics used to gauge effectiveness and efficiencies of the community health system

Action Items:

- Start with a list of data points to report on – including frequency, length of treatment, outcomes, granularity, and sophistication of data efforts can be leveraged from those employed in other communities
- Consult with the USF Department of Mental Health, Law and Policy about existing data collaboratives and permissions necessary to access public data
- Draft MOUs for each participating entity surround collection and distribution of data
- Establish a steering committee to guide the project development
- Design a project plan to establish the database to house collaborative data
- Begin to collect data and report on a routine basis

Workgroup: Sean Callahan, Dr. Jerry Godshaw, Michael Overway

Priority #4
Increase the Capacity and Effectiveness of Justice System Response for Persons Experiencing Serious Mental Illness and/or Substance Use Disorders

Overview: Persons with mental health disorders and/or substance use disorders are at disproportionate risk to experience involvement with the criminal justice system. Predictably, traditional justice responses such as jail or prison have done little to address what is ultimately a treatable medical problem. Communities have been frustrated by poor outcomes among this population in traditional justice settings, as persons with these disorders have cycled in and out of jails at great expense, with no discernible benefit to the individual or the community.

Enter the Problem-Solving Court movement, now an international effort, which began when Miami-Dade County created the first drug court in 1989. The Problem-Solving Court model has evolved to recognize certain key components, and corresponding standards have been developed to ensure that all courts incorporate those components. Simply stated, the model involves a multi-disciplinary team, led by a judge, serving a targeted population within the criminal justice system which has an identifiable and serious need for treatment intervention. The team aims to identify, as early in the process as is possible, those persons in the justice system for whom a program of intensive treatment, supervision and accountability can reasonably be expected to end the justice involvement successfully, restore the individual to wellness and self-sufficiency, and facilitate a lasting recovery from the disorder(s) that contributed to the criminal conduct in the first place.

The Supreme Court of Florida has promulgated standards for drug courts and is preparing to promulgate standards for mental health courts and Veteran treatment courts. Additionally, the Supreme Court is working on a certification process for these courts, which will ensure fidelity to the promulgated standards and maximize chances for the best possible outcomes across a variety of populations in the state. Further, the Legislature has created a dedicated and recurring funding source for these courts, with funding expected to be tied into the upcoming certification process.

Now is the time for significant advancement of these powerful courts, and communities are wise to commit themselves to positioning their courts to take advantage of these developments for the best possible service of their population's needs. Collier County has long been a leader among counties in this regard, and has had a drug court since 1999, a mental health court since 2007, and a Veteran treatment court since 2012. Significant steps need to be taken in order to ensure the sustainability of these courts, as well as to continue to grow and improve them.

Recidivism rates are notably lower for graduates of problem-solving courts, nationally 12-40%, compared to recidivism rates from the Florida Department of Corrections of around 65%. For 2018, and through September 2019, graduation rates for Collier County's three problem-solving courts were:

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- Drug Court – 60% successfully graduated
 - Mental Health Court – 63% successfully graduated
 - Veterans Treatment Court – 75% successfully graduated

Immediately following the June 2018 Board of County Commissioners’ workshop on mental health and addiction, a Rapid Response Team was formed in the 20th Judicial Circuit to address profoundly mentally ill persons in jail facing misdemeanor charges. Since then, fourteen individuals have been served, of which three are currently active. For the other eleven, only one has had a negative outcome, having failed to remain connected to services and being re-arrested. All others have been considered successful outcomes.

In addition to problem-solving courts, there are a variety of related and complimentary opportunities for increasing the capacity and effectiveness of the justice system’s response to this population. Persons with mental health and substance use disorders are not only disproportionately represented in the criminal divisions of the justice system, but also in the family, domestic violence and dependency divisions. Expanding behavioral health training for judges and practitioners within each of these divisions will ensure that persons in need of treatment will be assisted in accessing it, and outcomes overall will benefit from this holistic approach.

Goal 1:

Expedite deflection and diversion of persons with mental health and/or substance use disorders prior to arrest and from jail to treatment, thereby reducing recidivism, improving community safety and directing resources to optimize outcomes.

Goal 2:

Expand trauma-informed and trauma-responsive practices to all divisions of the justice system and incorporate the use of court-supervised clinical assessments and treatment plans as appropriate in each division.

Objectives:

- Ensure the sustained commitment of dedicated resources from each of the disciplines represented on the multi-disciplinary teams for each problem-solving court
- Ensure the achievement and maintenance of certification status for each problem-solving court, so that stable funding can be obtained, and the overall sustainability of these courts can be secured
- Ensure the collection and analysis of robust data in connection with the operation of the problem-solving courts so that proper periodic evaluation and adjustment

of the courts can be made to optimize efficacy, and so stable funding can be obtained and maintained

- Expand capacity of existing problem-solving courts, including the case management services to support persons served by the court in the community.
- Increase the accuracy and speed with which all incarcerated persons are screened for mental health and substance use disorders
- Ensure that incarcerated persons who have been identified as having mental health and substance use disorders are referred to appropriate jail-based or community-based treatment services, as appropriate, and that they are referred promptly to an appropriate jail diversion program or problem-solving court.
- Expand capacity of jail diversion programs for persons with the most severe and persistent mental health disorders, including the case management services to support persons served by the court in the community
- Implement medication assisted treatment in Collier County Jail and ensure continued access to same in the community upon re-entry, regardless of whether an individual is involved with a problem-solving court or diversionary program.
- Increase training for judges, attorneys, probation officers, investigators, case managers, law enforcement officers and all other justice personnel in the causes and treatment of both mental health and substance use disorders, and in topics related to trauma, adverse childhood experiences, and trauma-informed and trauma-responsive practices
- Encourage judges across all divisions to employ trauma-informed practices in addressing parties who come before them, and to ensure that courts are set up to be trauma-responsive whenever possible

Data elements required to assess outcome and impact:

- Reduced number of arrests and re-arrests
- Increase number of incarcerated persons who are screened for mental health and substance use disorders
- Identify the number of people with co-occurring mental health and substance use disorders, also in need of primary health care
- Conduct an analysis of the number and percentage of people served by the court who have any type of health insurance
- Improved symptoms
- Improved child and family reunifications with supports
- Reduce time between removal of at-risk or dependent children from parents and reunification of the family unit
- Increase number employed
- Increase number receiving additional education and training
- Increased independence and self-reliance
- Maintenance of sobriety - number of days sober
- Reduce relapse rates
- Increase medication adherence rates

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- Reduce time between arrest and screening for mental health and substance use disorders
 - Reduce time between arrest and referral to an appropriate problem-solving court or diversionary treatment program
 - Increased stable housing
 - Increased number of treatment services
 - Increased number of appropriate referrals into diversion
 - Increased capacity of each diversionary court program
 - Increased graduation rates
 - Increased pathways to treatment (new programs)
 - Reduce the number of adverse childhood experiences for children of adults involved in the justice system, and increase opportunities to build resilience for them

Workgroup: Judge Janeice Martin, Trista Meister, Janice Rosen.

Priority #5
Revise and Implement Non-Emergency
Baker Act and Marchman Act Transportation Plans

Overview: In the continued best interest of persons in need of behavioral healthcare in Collier County, there is a need to establish a non-emergency transportation plan for individuals receiving involuntary evaluation and/or treatment under either Chapter 394 or 397 F.S. (Baker Act/Marchman Act) who are transferred between local receiving facilities and local hospitals. The plan will ensure the coordination of services among providers in Collier County and provide timely access to care for persons experiencing a mental health/substance use crisis. Emergency transports of individuals having a mental health/substance use crisis will still be completed by law enforcement.

The impact of law-enforcement non-emergency transport of individuals in severe mental health or substance use crisis adds to the criminalization of mental illness/substance use. It can also project a perception of adverse consequence(s) for the individual(s) seeking help and delays access to timely treatment. Law enforcement involved in non-emergency transportation can also cause further trauma to an individual.

The benefit of a coordinated system of care is less fragmentation of services and a more human, efficient and cost-effective method of providing transport. The Collier County Sheriff's Office has spent a considerable amount of time and money providing non-emergency transport of individuals with mental illness and/or substance use issues from facility to facility. The amount of time law enforcement has spent in non-emergency transports of people in crisis between facilities sums up to over 2,150 hours since 2017 at a cost of approximately \$250,000. A non-emergency transportation plan will free up law enforcement to provide service and safety to our community. The plan will largely eliminate non-emergency transport by law enforcement, providing a more dignified, humane, and timely method of transportation to and from acute care facilities.

Hillsborough and Sarasota County have implemented non-emergency contractual transportation plans with external transportation companies that pays for indigent care to reduce the demand on law enforcement transportation. The transportation providers may bill individual's private insurance or Medicaid/Medicare. Collier County can utilize the design and experience of these non-emergency plans in design of our non-emergency transport plan.

Goal:

Whenever possible, the transportation of an individual under the Baker Act or the Marchman Act from a medical facility to a receiving facility will be completed by a non-emergency transportation provider.

Objectives:

- Implement a transportation plan that utilizes non-emergency transportation companies (Ambitrans, MediCab, David Lawrence Center approved staff, or

hospital-approved transportation) to transfer individuals being evaluated to treated under the Baker Act or Marchman Act from a medical facility to a receiving facility

- Establish safety provisions that include appropriate medical equipment or safety equipment to meet client needs
- Establish appropriate level of supervision to ensure safety and prevent elopement

Outcome/Impacts:

- Provide a dignified, humane, and streamlined method of transportation to and from acute care facilities
- Patient satisfaction with quality of care between receiving facilities
- Enhance the ability to fully utilize the capacity of acute care services in the county and reduces the unnecessary delay of transfers between facilities
- Reduce the time that law enforcement is diverted from its primary duties to transport a person being evaluated or treated under the Baker Act or Marchman Act between receiving facilities and local hospitals
- Law enforcement and Collier County EMS will continue to transport Emergency Baker Act or Marchman Act individuals to the appropriate receiving facility; and
- Enhanced continuity and care coordination among providers

Data elements required to assess outcome and impact:

- Collier County Sheriff's Office non-emergency Baker Act and Marchman Act transport calls for service to David Lawrence Center
- Collier County Transportation Plan 2017-2020/Suncoast Region Substance Abuse and Mental Health MOU

Workgroup: Lt. Leslie Weidenhammer, Susan Kimper

Priority #6
Improve Community Prevention, Advocacy, and Education Related to
Mental Health and Substance Use Disorders

Overview: Preventing mental health and/or substance use disorders and related problems is critical to our community's behavioral and physical health. Prevention and early intervention strategies can reduce the extent and impact of mental health and substance use disorders in Collier County. Prevention approaches focus on helping people develop the knowledge, attitudes, and skills they need to make good choices or change harmful behaviors. Substance use and mental disorders can make daily activities difficult and impair a person's ability to work, interact with family, and fulfill other major life functions. Mental illness and substance use disorders are among the top conditions that cause disability in the United States. In addition, drug and alcohol use can lead to other chronic diseases including diabetes and heart disease.

In 2017, 11.2 million Americans 18 years or older had a serious mental illness and 19.7 million people reported having a substance use disorder in the past year. Many individuals experiencing a diagnosable mental health or substance use disorder do not know they have one and do not seek help. For almost all mental health disorders, people delay getting help, the median delay is 10 years, and of those who have been diagnosed with a mental illness, only 41 percent of persons access mental health services in a given year.

Collaborative and coordinated community efforts to provide awareness, education, prevention and advocacy are critical to reducing the stigma associated with and the myths surrounding mental illness and substance use disorders. A greater understanding of mental illness and substance use interventions can offer the community invaluable information on access to resources and better methods to support those who may be experiencing these challenges. Implementation and supportive delivery of evidence-based educational opportunities will allow individuals, community and family members and businesses to better identify when someone may be experiencing mental health and substance use issues and seek help sooner. Targeted public service information and resources around mental illness and substance use will further contribute to stigma reduction and expand awareness of educational opportunities offered in the community.

Goal:

Provide evidence-based education and training on mental health and substance use disorders to the community at large.

Objectives:

- Create an ongoing mental health and substance use disorder educational program for community businesses and organizations to increase knowledge and public awareness

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- Make available ongoing education to 100% of the Collier population to increase access to services and reduce stigma related to mental health and substance use disorders
 - Develop prevention and education activities in collaboration with SW Florida Blue Zones Project and other health focused community organizations
 - Expand the delivery of Mental Health First Aid Training in the community

Outcomes/Impact:

- Increase knowledge and awareness of mental illness and substance use disorders to increase access to services
- Increased awareness and education can also increase availability of funding for programs (private donor, grants, etc)
- Reduced loss of life and overdose due to substance use and suicide in Collier County
- Decreased percentage of those experiencing symptoms of mental illness and/or substance use enrolling in healthcare services

Data elements required to assess outcome and impact:

- Number of participating businesses and organizations in Collier County
- Number of educational programs provided
- Number of attendees
- Assess how the training was implemented
- Survey assessment of increased knowledge

Action Items:

- Establish or identify the evidence-based programs to utilize for trainings and certification processes (ex. Adult and Youth Mental Health First Aid, Trauma Informed Care, Suicide Awareness and Prevention, Substance Use Prevention and Treatment)
- Identify collaborative organizations/agencies and staff to provide education and awareness programs and materials
- Identify businesses, organizations, professionals and communities for roll out (stages, communities, workplaces)
- Identify Public Service Announcement opportunities and methods of delivery (TV, social media, brochures, town halls, ads)
- Develop and disseminate materials (how, where, to whom)
- Evaluate effectiveness of programs/materials utilizing pre/posts/surveys and data from Community Health Needs Assessments

Workgroup: Caroline Brennan, Council Member Michelle McLeod, Pat Barton, Dr. Michael D'Amico

Special Consideration #1
Improve Services to Veterans Experiencing
Mental Health and/or Substance Use Disorders

Overview: Veterans make up approximately 10% (26,094) of the adult population in Collier County, and an estimated 3,200 are post-Gulf War Veterans. As a country, and community, we have a responsibility to help these Veterans and their families, who from time to time are in need of an array of programs and services that cannot be solely provided by the Department of Veterans Affairs (VA). Veterans receive the best care when local communities work collaboratively with the VA to provide a variety of supportive services.

Within this population the most significant issues are Post Traumatic Stress Disorder (PTSD), traumatic depression, Traumatic Brain Injury (TBI), military sexual trauma, and Veteran suicide. Nationally twenty (20) Veterans a day die by suicide, which is twice the rate of the non-Veteran population. In addition, it is estimated that over 40% of Veterans are returning home with PTSD and/or TBI. The primary reason is due to multiple tours of duty which are unique to this generation of warriors, and the exposure to “Blast” trauma to the body. These invisible wounds of war present create unique health and transitional issues for Veterans that result in mental health and substance use issues. The impact can be devastating for the Veterans and their families.

There is a need in our community to design and implement services and programs to meet the unique needs of our Veteran population.

Goal:

Make the public and the Veteran community aware of the transitional, mental health, substance use, housing, and employment needs of post-combat Veterans and mobilize resources to address these issues for Veterans and their families.

Objectives:

- Reduce Veteran suicides - ensure that trackable data exists for Collier County
- Reduce Veteran substance use - 274 Collier County Veterans were treated by the VA in 2018
- Reduce the number of Veterans arrested in Collier County, currently approximately 100 per year
- Continue to keep accurate data on Veterans who are homeless and have mental health and substance use issues to advocate for various grant programs, to include VA’s Homeless Providers Grant and Per Diem Program, the VA’s Supportive Housing (HUD-VASH), Low Demand Safe Havens, Substance Abuse Treatment Programs and Community Resource Centers for Veterans

-
- Increase the participation rate of Veterans in the diversion program provided by the Veteran Treatment Court
 - Reduce the number of homeless Veterans. A count conducted in July 2019 identified 40 plus homeless Veterans living in Collier County
 - Include a part-time social worker in the staffing of the Central Receiving System to interact with and ensure that Veterans are linked with specialized services to meet their unique needs
 - Employ a full-time social worker or other liaison as part of the Collier County Veterans' Service Office responsible for coordination of mental health public education, outreach to Veterans and families, coordination with services at Bay Pines, VA, Hunger and Homeless Coalition, Home Base and other service providers
 - Increase access to combat related unique treatments
 - Educate and advocate on behalf of Veterans regarding size and demographics of this group in our region
 - Make Veterans and their families aware of and engaged in the programs and services

Data elements required to assess outcome and impact:

- Number of homeless Veterans; number offered housing
- Number of Veterans arrested annually
- Number of Veterans enrolled in treatment
- Veteran treatment outcomes

Workgroup: Dr. Thomas Larsen, Dale Mullin

COLLIER COUNTY MENTAL ILLNESS AND ADDICTION AD HOC COMMITTEE
MEMBERSHIP

Mr. Scott Burgess (*chair*), David Lawrence Center
Dr. Pamela Baker (*vice-chair*), NAMI Collier County
Lt. Leslie Weidenhammer, Collier County Sheriff's Office
Council Member Michelle McLeod, Naples City Council
The Honorable Janeice Martin, County Judge, 20th Judicial Circuit
Ms. Caroline Brennan, Collier County Public Schools
Mr. Michael Overway, Hunger & Homeless Coalition
Ms. Susan Kimper, NCH Healthcare System
Mr. Dale Mullin, Wounded Warriors of Collier County
Dr. Paul Simeone, Lee Health
Ms. Trista Meister, Mindful Marketing
Ms. Pat Barton
Ms. Janice Rosen
Dr. Jerry Godshaw
Dr. Michael D'Amico
Dr. Thomas Lansen
Mr. Russell Budd
Mr. Reed Saunders

Staff Liaison: Mr. Sean Callahan, Collier County

Consultant: Mr. Chet Bell

Technical Review: Mr. Mark Engelhardt, University of South Florida, Department of Mental Health, Law and Policy, Louis de La Parte Florida Mental Health Institute

APPENDIX A: FINANCIAL CONSIDERATIONS

One of the items that will need to be considered is the cost of the services outlined in this five-year strategic plan. With the increased demand for mental health and substance abuse services in Collier County, the Board of County Commissioners has continued to increase the amount of funding available and is planning to appropriate over \$2.3 million for David Lawrence Center in FY 19-20. This would represent an increase of roughly \$950,000 in County funding to DLC compared with FY 15-16. Over this same time period DLC operating expenses, associated with growing programs and services to meet the increased demand in Collier County, have also significantly increased and are projected to grow in FY 19-20 by almost \$3.9 million compared to FY 15-16. While the County has increased funding, the State of Florida continues to be one of the worst funders in the nation for mental health and substance use funding⁴, has higher uninsured rates than the national average (approx. 13% vs. 9%) and Collier County has one of the highest uninsured rates in our region (16.8%).

With the passage of the Collier County Infrastructure Sales Surtax in 2018, \$25 million in funding is now available for the construction of a Central Receiving Facility. This funding is limited in scope to be used only for infrastructure improvements and construction, which leaves the funding of operations of the facility to be determined, estimated at \$2 million - \$3 million per year.

Should the Board of County Commissioners adopt this strategic plan as presented in this report, the remaining items will also need to have funding identified for implementation. This plan cannot solely rely on increased funding from the County and will need a comprehensive strategy to leverage federal and state funding, along with private funding to be raised from the community.

However, in addition to the hard costs associated with the plan's implementation, a successful continuum of care for mental health and substance use issues will drastically reduce costs to the County. For example, cost avoidance analysis has revealed that nationally \$3.33 in "hard" justice (e.g. incarceration) costs are saved for every \$1 invested in Drug Courts, and number goes up to \$27 when "soft" (e.g. reduced child welfare, reduced ER visits, increased employee productivity, increased tax revenue, etc.) costs are mixed in.

In 2015, the Pinellas County Board of County Commissioners committed funding to address the needs of residents with serious behavioral health concerns who are frequently hospitalized or incarcerated. The Pinellas County Empowerment Team (PCET) pilot program was developed to respond to these issues and began delivering services in June 2016 to a select group of individuals who represent some of the highest service users in Pinellas County. In the "Year Two Cost Analysis,"⁵ it was found by the

⁴ <https://www.news-press.com/in-depth/news/local/2019/05/05/crisis-without-end-florida-ranks-last>

⁵ PCET Empowerment Team High-Utilizer Behavioral Pilot, Year Two Cost Analysis, 2019, USF

USF Department of Mental Health, Law and Policy, (PSRDC - Policy and Services Research Data Center) that total costs for these systems decreased by 58.8% (\$610,682) in the first year and 56% (\$580,321) in the second year for a total savings of \$1,190,603.

Similar results in cost reductions can be expected in Collier County if this strategic plan is implemented and will be tracked through the implementation of the data collaborative outlined in the plan. This will lead to a better system of care for Collier County residents, as well as recoup some of the initial investments made in the plan.

APPENDIX B: RESOLUTION 2018-232 AND EXECUTIVE SUMMARY

12/11/2018

EXECUTIVE SUMMARY

Recommendation to adopt a resolution establishing the Collier County Mental Health and Addiction Ad Hoc Advisory Committee.

OBJECTIVE: To establish the Collier County Mental Health and Addiction Ad Hoc Advisory Committee.

CONSIDERATIONS: On June 6, 2017, the Board held a workshop to elicit community wide input regarding the urgent and growing need for expanded mental health and substance use (behavioral health) services in our community. Workshop stakeholders, including behavioral health providers, law enforcement, judiciary, and family members, presented the current description, status, successes, challenges, gaps, and opportunities within the local system of care.

Since 2010, the Criminal Justice, Mental Health and Substance Abuse (CJMHS) Planning Council has maintained strategic plans specifically outlining coordinated local approaches for the population of persons with serious mental illness who are in the criminal justice system. However, there is no such coordinating plan for the much larger population of people with mental health and substance use problems who do not fall into that category-though all are at risk. The conclusion of the June workshop was that a community-wide, integrated strategic plan was needed to coordinate local responses and maximize scarce resources.

To facilitate the plan, in November 2017 and again in May 2018, Mark Engelhardt, MSW, Director of the CHMHS Technical Assistance Center at University of South Florida's Florida Mental Health Institute, facilitated community-wide strategic planning sessions. Between and following those meetings, informal groups have been meeting monthly to provide additional input.

On June 5, 2018, the Board conducted a second mental health workshop where representatives from the County's several mental health programs and resources came together to discuss the current status on mental illness and substance use disorders in Collier County and potential solutions to existing problems.

At the workshop, the Board discussed the creation of an ad hoc advisory committee consisting of representatives of mental and behavioral health organizations and programs with the purpose of compiling and reporting to the Board of County Commissioners a strategic plan to improve services for mental illness and substance use disorders provided in the County, following which the ad hoc committee would be dissolved.

Participants in the planning sessions agreed upon several priorities and identified a lead person (or persons) at the June 2018 workshop to oversee continued planning and execution of objectives and action steps for each priority. Therefore, it is the recommendation of staff that the following individuals are appointed to the Collier County Mental Health and Addiction Ad Hoc Advisory Committee:

- *One (1) representative designated by a Veterans services organization: Dale Mullin, President, Wounded Warriors of Collier County*
- *One (1) representative designated by the Collier County Sheriff's Office: Lt. Leslie Weidenhammer, Collier County Sheriff's Office*
- *One (1) psychiatrist or psychologist, licensed to practice in Florida: Dr. Emily Ptaszek, Healthcare Network of Southwest Florida;*

12/11/2018

- *One (1) behavioral health professional, licensed to practice in Florida: Susan Kimper, Naples Community Hospital*
- *One (1) medical health professional: Dr. Thomas Lansen, Naples, FL.*
- *One (1) representative from the David Lawrence Center, Inc.: Scott Burgess, CEO, David Lawrence Center*
- *One (1) representative from the National Alliance on Mental Illness: Pam Baker, CEO, National Alliance on Mental Illness*
- *Representatives at-large with experience or a demonstrated interest in mental illness and substance use disorders: Judge Janeice T. Martin, Collier County 20th Judicial Circuit*

Following these initial appointments, the remaining vacancies on the committee will be filled as prescribed in the resolution.

FISCAL IMPACT: There are no fiscal impacts associated with this Executive Summary.

GROWTH MANAGEMENT IMPACT: There are no Growth Management Impacts associated with this Executive Summary.

LEGAL CONSIDERATIONS: This item has been reviewed by the County Attorney, is approved as to form and legality, and requires a majority vote for approval. -JAK

RECOMMENDATION: To adopt a resolution establishing the Collier County Mental Health and Addiction Ad Hoc Advisory Committee.

Prepared by: Sean Callahan, Executive Director, Corporate Business Operations

ATTACHMENT(S)

1. Resolution Mental Illness and Addiction Ad Hoc Advisory Committee (PDF)

RESOLUTION NO. 2018-_____

**A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF
COLLIER COUNTY, FLORIDA, ESTABLISHING THE COLLIER COUNTY
MENTAL ILLNESS AND ADDICTION AD HOC ADVISORY COMMITTEE.**

WHEREAS, on June 5, 2018, the Board of County Commissioners of Collier County conducted a mental health workshop where representatives from the County's several mental health programs and resources came together to discuss the current status on mental illness and substance use disorders in Collier County and potential solutions to existing problems; and

WHEREAS, at the workshop, the Commissioners discussed the creation of an ad hoc advisory committee consisting of representatives of mental and behavioral health organizations and programs with the purpose of compiling and reporting to the Board of County Commissioners a strategic plan to improve services for mental illness and substance use disorders provided in the County, following which the ad hoc committee would be dissolved; and

WHEREAS, it is the desire of the Board that the ad hoc committee provide input from all entities involved in providing assistance to, and the treatment of, persons with mental health and addiction issues, both public and private, as well as members of the public, to identify existing mental and behavioral health services issues in the community and to ensure the inclusion of all possible services, treatment, and public and private assistance for County residents struggling with mental illness and/or substance use disorders.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF COLLIER COUNTY, FLORIDA, that:

SECTION ONE: Creation and Purpose of the Collier County Mental Illness and Addiction Ad Hoc Advisory Committee.

Pursuant to the provisions of Collier County Ordinance No. 2001-55, as amended, the Board of County Commissioners hereby establishes the Collier County Mental Illness and Addiction Ad Hoc Advisory Committee to prepare and present to the Board of County Commissioners a Report and Recommendation as to what actions the Board of County Commissioners should take to maximize the accessibility, efficiency, and effectiveness of services for mental illness and substance use disorders for the citizens of Collier County.

SECTION TWO: Appointment of Members.

Membership into this Committee shall not exceed nineteen (19) individuals, who shall initially be appointed by the Board. Consideration for membership will be given to ensure geographic and background diversity. Special qualifications for membership include:

One (1) representative designated by a Veteran services organization;

One (1) representative designated by the Collier County Sheriff's Office;

One (1) representative designated by a Collier County grantor entity which provides funding to providers of services for mental illness and substance use disorders for adults;

One (1) psychiatrist or psychologist, licensed to practice in Florida;

One (1) behavioral health professional, licensed to practice in Florida;

One (1) medical health professional;

One (1) representative from a homelessness advocacy organization;

One (1) representative from the David Lawrence Center, Inc. (DLC);

One (1) representative from the National Alliance on Mental Illness (NAMI);

One (1) certified peer specialist;

One (1) representative from the recovery community;

Representatives from the local business community; and

Representatives at-large with experience or a demonstrated interest in mental illness and substance use disorders. Geographical preference will be given to (1) applicant from each Commissioner District.

SECTION THREE: Officers, Quorum, and Composition.

At the Committee's first meeting the membership shall elect a Chair and Vice-Chair. The presence of at least half of the members shall constitute a quorum. Following the first meeting, additional members can be added by majority vote of the Committee then present. The Committee may form sub-committees as it deems fit. All meetings of the Committee and any sub-committee shall be open to the public, with reasonable notice of such meetings given; shall be held within Collier County; and shall follow Robert's

Rules of Order for the transaction of business, with minutes of the meetings taken and promptly recorded with the Clerk. The County Manager shall appoint a staff liaison to the Committee, who shall be responsible for the administration of the Committee. The members of the Committee shall serve without compensation, but may be reimbursed for travel, mileage, and/or per diem expenses if approved in advance by the Board.

SECTION FOUR: Functions, Powers, and Duties of the Committee.

The primary responsibility of this ad hoc Committee shall be gathering information regarding existing and future mental illness and addiction services policies, issues, programs, and plans that will support the purpose as set forth herein; serving as a public forum for a discussion of these matters; and presenting to the Board of County Commissioners a final Report and Recommendation.

SECTION FIVE: Dissolution of Committee.

Unless extended by Resolution of the Board, this Committee shall automatically sunset without further action upon making its final Report and Recommendation to the Board of County Commissioners.

PASSED AND DULY ADOPTED by the Board of County Commissioners of Collier County, Florida, this _____ day of _____, 2018.

ATTEST:
Crystal K. Kinzel, Clerk

BOARD OF COUNTY COMMISSIONERS
COLLIER COUNTY, FLORIDA

By: _____
_____, Deputy Clerk

By: _____
ANDY SOLIS, CHAIRMAN

Approved as to form and legality:



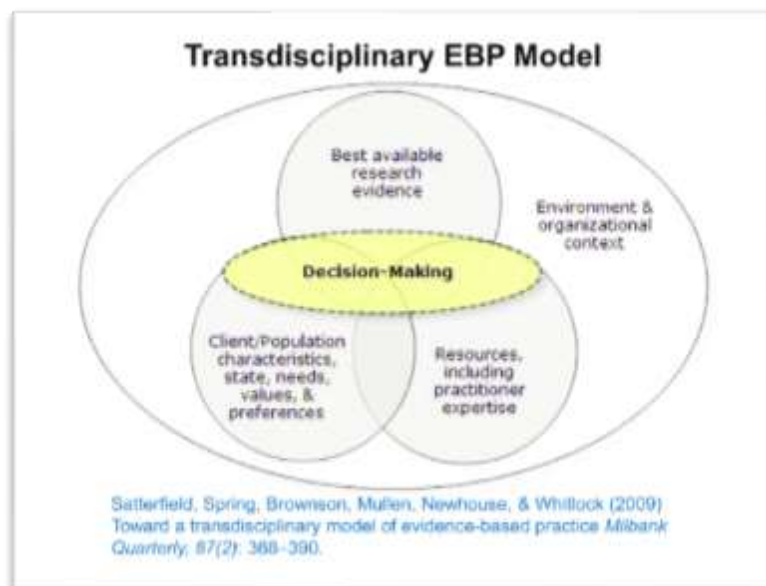
Jeffrey A. Klatzkow, County Attorney

APPENDIX C: EVIDENCE-BASED PRACTICE AND SAMHSA TOOLKITS

Evidence-based practice (EBP) began as a movement when the concept was formally introduced in medicine in 1992. This represents an attempt to systematically address the research-to-practice gap that exists in areas of clinical practice, operations and policy-setting, leading to the adoption of more rigorous, proven, and effective methods. Since then, the methodology underlying EBP has been applied to various allied health disciplines, along with spreading to other fields such as management, education and law. When this occurs, the evidenced-base/informed approaches implemented are often referred to as “best practices” in any given application or field.

At its most basic level, EBP bases systematic decision-making - in operations and clinical practice - on existing science to reduce variation, improve outcomes and reduce cost. Moreover, wherever possible, it also takes into consideration critical population parameters, extant values, preferences, and available resources, along with environmental and organizational contexts relevant to EBP implementation. A distinction is often drawn between “evidenced- based” practices, where the benefits of a process or treatment are delivered under highly controlled conditions, versus “evidenced-informed”, which describes the modification of EBP to be used under less ideal circumstances. The latter represents the modal use of EBP practices and is regarded as a sensible place to start when such ideal circumstances do not exist.

The Transdisciplinary EBP model (Satterfield et al., 2009) depicted below illustrates an optimal process where decision-making (and clinical practice) takes all of these variables in to account, against the backdrop of the best available research evidence, to deliver context-relevant, “best practices.”



The use of evidence-based or informed practices and services in the implementation of this strategic plan's Priorities will enhance quality and cost effectiveness for the targeted mental health and/or substance use disorders programs and services proposed.

Therefore, the Committee recognizes the importance of using **SAMHSA's Evidenced-based Program (EBP) Tool Kits, Best Practices and Guidelines**. A full list of SAMHSA's EBP's can be found at the SAMHSA EBP Resource Center: <https://www.samhsa.gov/ebp-resource-center>

In alignment with the Priorities in this strategic plan, use of the following EBP Tool Kits in program implementation are recommended:

- Permanent Supportive Housing;
- Supported Employment;
- Integrated Treatment for Co-occurring Disorders; and
- Assertive Community Treatment

The following Guidelines are useful best practices for the implementation of this Strategic Plan and are also recommended:

- Principles of Community based Behavioral Health Services for Justice Involved Individuals: A research-Based Guide;
- Medicated Assisted Treatment in the Criminal Justice System: Brief Guidance to States;
- Recovery Housing: Best Practices and Guidelines (Substance Abuse); and
- Crisis Intervention Team (CIT) Methods for Using Data to Inform Practice.

Outcomes/impacts of utilizing EBPs: *Patient-centered metrics*

- Decreased symptoms per targeted disorder (e.g., anxiety, SUD, trauma) leading to improved global functioning;
- Increased # of days of work for pay;
- Lower arrest/incarceration rates;
- Decreased number and severity of medical co-morbidities (Congestive Heart Failure, Diabetes);
- Decreased number and severity of negative social determinants of health (housing, income, safety, education, access to health services); and
- Increased patient satisfaction.

Outcomes/impacts: *Operational Metrics*

- Increased training opportunities negotiated and initiated;
- Increased number of staff trained in evidence-based treatment/practices;

-
- Increased number and percentage of patients referred to evidence-based treatment as opposed to treatment as usual;
 - Higher treatment adherence and completion rates of patients in evidence-based treatment as opposed to treatment as usual;
 - Lower “no show” rates in evidence-based treatment as opposed to treatment as usual;
 - Increased number of patients screened for various mental health/substance use disorder problems;
 - Decreased admission/readmission rates pre/post implementation of evidence-based practices;
 - Reduced number of ED visits pre/post; length of stay in outpatient treatment; medication compliance; and
 - Increased number of case management contacts with peer specialists and care managers.

APPENDIX D: 2018 DRAFT STRATEGIC PLAN

COLLIER COUNTY
Board of County Commissioners



MENTAL HEALTH WORKSHOP AGENDA

Board of County Commission Chambers
Collier County Government Center
3299 Tamiami Trail East, 3rd Floor
Naples, FL 34112

June 05, 2018
9:00 AM

Commissioner Andy Solis, District 2 - BCC Chair
Commissioner William L. McDaniel, Jr., District 5 - BCC Vice-Chair; CRAB Co-Chair
Commissioner Donna Fiala, District 1; CRAB Co-Chair
Commissioner Burt Saunders, District 3
Commissioner Penny Taylor, District 4

Notice: All persons wishing to speak must turn in a speaker slip. Each speaker will receive no more than three (3) minutes. Collier County Ordinance No. 2003-53 as amended by Ordinance 2004-05 and 2007-24, requires that all lobbyists shall, before engaging in any lobbying activities (including but not limited to, addressing the Board of County Commissioners), register with the Clerk to the Board at the Board Minutes and Records Department.

2018 Mental Health and Addiction Workshop

June 5, 2018

Agenda

Board of County Commission Chambers
 Collier County Government Center
 3299 Tamiami Trail East, 3rd floor
 Naples, FL 34112

- 9:00 am Welcome and Pledge of Allegiance – Chairman Andy Solis
- 9:05 am How We Got Here and Why – Chairman Andy Solis
- 9:10 am Brief Update and Review of the Last Year
- Treatment Courts – Judge Janeice Martin
 - David Lawrence Center – Scott Burgess, CEO
 - National Association for the Mentally Ill – Pam Baker, CEO
 - Collier County Sheriff's Office – Sgt. Leslie Weidenhammer & Cptn. Chris Roberts, Mental Health Intervention Team; Katina Bouza, Inmate Service Bureau Manager
 - Collier County Public Schools – Karen Stelmacki, Executive Director, Exceptional Education & Student Support Services
- 9:40 am Criminal Justice, Mental Health & Substance Abuse Planning Council
 Strategic Planning Sessions – Review and Identified Priorities with their Champions:
- Centralized Receiving System / Addiction Receiving and Baker Act Receiving Facility – Scott Burgess, CEO David Lawrence Center; Allan Weiss, CEO Naples Community Hospital
 - Permanent Supportive Housing (Scattered Sites & Supportive Services) – Pam Baker, CEO NAMI, and Beverly Belli, DLC
 - Behavioral Health Data Collaborative – Chairman Andy Solis
 - Increase Use of Evidence-based Practices – Nancy Dauphinais, COO David Lawrence Center
 - Increase Effectiveness and Capacity of Treatment Courts – Judge Janeice Martin and Beverly Belli, DLC
 - Baker Act / Marchman Act Transportation – Sgt. Leslie Weidenhammer, CCSO
 - Build Sustainability for Criminal Justice, Mental Health & Substance Reinvestment Grant – CJMHSR Planning Council
- 10:30 am Break
- 10:45 am Public Comment & Commissioner Discussion
- 11:30 am Next Steps Moving Forward – Chairman Andy Solis

Attachment: June 5 2018 Workshop Agenda (5797 : Agenda and Strategic Plan)



Mental Health and Substance Abuse

Strategic Plan

2018-2021

Mission: To collaboratively plan for and coordinate a full array of effective services and supports to improve the lives of individuals with mental health and substance use conditions and overall quality of life in the Collier County community.

Overview and Purpose

In June of 2017, Collier County Commissioners held a workshop to elicit community wide input regarding the urgent and growing need for expanded mental health and substance use (behavioral health) services in our community. Workshop stakeholders, including behavioral health providers, law enforcement, judiciary, and family members, presented the current description, status, successes, challenges, gaps, and opportunities within the local system of care. While all acknowledge that current collaboration among local stakeholders is impressive, the issue is becoming more urgent as the overall local population is rapidly expanding with no plan, or dedicated resources in place, to expand essential mental health and substance use treatment services.

Since 2010, the Criminal Justice, Mental Health and Substance Abuse (CJMHS) Planning Council has maintained strategic plans specifically outlining coordinated local approaches for the population of persons with serious mental illness who are in the criminal justice system. However, there is no such coordinating plan for the much larger population of people with mental health and substance use problems who do not fall into that category—though all are at risk. The conclusion of the June workshop was that a community-wide, integrated strategic plan was needed to coordinate local responses and maximize scarce resources.

To facilitate the plan, in November 2017 and again in May 2018, Mark Engelhardt, MSW, Director of the CHMHS Technical Assistance Center at University of South Florida's Florida Mental Health Institute, facilitated community-wide strategic planning sessions. Between and following those meetings, informal groups have been meeting monthly to provide additional input.

The current strategic plan was completed using information from these meetings along with several other sources, including CJMHS Planning Council input, best practices in the behavioral health field, and relevant aspects of partners' agency-specific strategic plans to ensure cohesion among plans and coordinated community



planning efforts. This plan focuses on the adult (18 years of age and older) population with behavioral health care needs. A current local process for children's behavioral health is in place through the Naples Children & Education Foundation.

The Richard M. Schulze Family Foundation conducted a Collier County Needs and Assets Assessment in 2017 which included significant input from community-wide surveys and focus groups. Key points cited in the report include:

"A lack of affordable assisted living, residential options for elderly, and for those with mental health issues and disabilities continues to be a problem in the area".

"Residents are worried about the lack of mental health care and addiction treatment availability. Though the number of providers has increased in recent years, gaps in services remain".

General Considerations

Mental health and substance use conditions require a wide array of services and supports to fully address their complex biopsychosocial nature. Optimally, comprehensive community services help to ensure that people with mental illnesses do not enter either the criminal justice system or institutional settings such as state mental hospitals. Incarceration, and deep-end, acute care programs are expensive but are needed when community-based treatment and recovery-oriented supports do not work. We know that evidence-based treatment and recovery practices, when used, are effective in helping people recover to lead full and productive lives in the community.

Some behavioral health services are paid for through Medicaid and sometimes Medicare for people on disability due to serious mental illnesses. For those without a means to pay (i.e., indigent), state and federal behavioral health funds are contracted to local community mental health centers, such as the David Lawrence Center, which is then required to provide people with treatment regardless of their ability to pay. However, these state funds are not at all adequate to pay for all in need. Depending upon the source, Florida reportedly ranks 49th or 50th among states with regards to per capita state funding appropriated for mental health care. In addition, Florida opted out of the recent Medicaid expansion program which would have expanded the Medicaid-eligible population and infused additional federal Medicaid dollars to pay for behavioral health care.

Under Florida statute, local jurisdictions are required to provide funding as match to the state mental health and substance use contracts. Collier County currently meets and exceeds these requirements. Without adequate funding for community-based services, counties must often foot the bill for citizens in need of care beyond the



required local share of cost—often in jails— not because people with mental illnesses and addictions tend to be criminals, but because their criminal offenses are often committed as a function of their untreated, or inadequately treated, mental illness or addiction.

Population Growth. Collier County alone is projected to grow by roughly 40,000 people over the next five years. With a current population estimate of 372,880, by 2030, the county will be home to roughly a half million people when adding the roughly 90,000 seasonal residents who stay through the winter months. Any increase in population will negatively affect the local behavioral health system to meet the needs of citizens, especially since the system is at or over capacity at present.

Behavioral Health System Map. The University of South Florida assisted the State of Florida in the creation of a Community Behavioral Health System Access and Process Mapping document which gives a visual depiction of service types, access points and relationships to services within any given mental health system in the state. It highlights the complexities of such systems, and includes potential services that are not in place locally, such as an addiction receiving facility or peer-run crisis center. The map provides a visual tool for the overall local strategic planning.



Community Behavioral Health System Access and Process Mapping

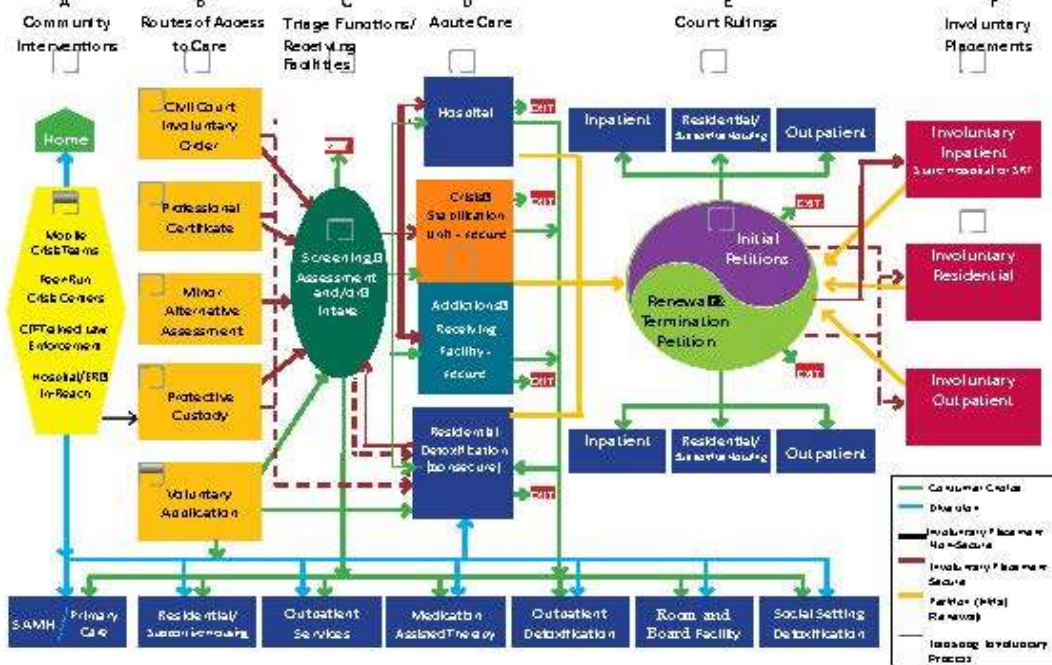


Figure 1. Behavioral Health System ⁴ Brown, R; McLean, C., Engelhardt, M., & Armstrong, M. (2015). Behavioral Health Systems Design Recommendations. University of South Florida, September 2015

Attachment: Strategic Plan Draft 5 29 (5797 : Agenda and Strategic Plan)

Current Resources and Challenges

Law Enforcement: Mental Health Unit

The CCSO’s Mental Health Unit recently implemented a new strategy, called the Mental Health Intervention Team (MHIT). The MHIT includes CCSO deputies along with a licensed clinician contracted through the David Lawrence Center. The team focuses on responses to persons considered ‘high risk, high utilizers’ of services, often conducting wellness checks in the community to ensure the person has the resources and supports they need so they do not re-enter jail or hospitals



unnecessarily. The inclusion of a DLC clinical staff person allows the team to access historical data and expand the continuity of care for individuals in crisis. (Appendix II)

Crisis Intervention Team (CIT) training is a best practice that helps to train first responders in effective ways to de-escalate crises with people with behavioral health problems, diverting them from the criminal justice system and into the mental health system. Importantly, CIT saves lives and averts cost to the local criminal justice system. Coordinated by the Collier County Sheriff's Mental Health Unit, Collier County has a robust Crisis Intervention Team (CIT) training program, with a goal of training 100% of all law enforcement, including state and county probation, and most recently added fire and EMS staff as trainees. The 40-hour classes are led by the Collier County Sheriff's Office (CCSO) and Naples Police Department and are held at National Alliance on Mental Illness (NAMI) of Collier County five times per year. Collier County is the only Gold Standard CIT program in the state, as designated by the Florida CIT Coalition.

In 2018, CCSO began a method of collecting valuable CIT data on numbers of persons diverted and disposition using a new signal and code. This will allow tracking of law-enforcement assisted jail/criminal justice diversions.

Law Enforcement Assisted Diversion (LEAD) is an innovative diversion program developed through a partnership between the Collier County Sheriff's Office and David Lawrence Center. The LEAD program allows law enforcement officers discretionary authority to redirect certain drug-related activity to community-based treatment services, instead of jail and prosecution. By diverting eligible individuals to services, LEAD is committed to saving lives, and improving public safety and public order. (Appendix III)

Law Enforcement: Corrections Department

The Collier County Sheriff contracts for its medical services for inmates, including limited mental health and addictions care, with Armor Correctional Health Services (Armor), a for-profit entity which specializes in institutional care. As Armor is not a community-based provider, this sometimes creates communication issues among parties responsible for discharge planning and continuity of care, for example with medications. Notably, since the 1990's Collier County's jail, through Armor and its predecessors, has provided in-jail substance use treatment services, called the Project Recovery Program (PRP), to those in need. PRP can help facilitate early release of successful program graduates, who, as a result are less likely to return to jail in the future.

Each of these strategies employed by local law enforcement are relatively low cost, but high-impact resources for the mental health and substance use population.



Acute Care

David Lawrence Center (DLC) operates Collier County's only public Baker Act receiving facility. It is licensed and designated under Chapter 394, F.S. as a Crisis Stabilization Unit (CSU). Crisis Stabilization Units, which may be no larger than 30 beds per license, provide brief (72 hour) psychiatric evaluation primarily for low-income individuals with acute/emergent psychiatric conditions. The DLC CSU adult CSU has a 22-bed capacity, and 8 designated beds for children. However, the 30 beds may be used in a flexible manner, serving additional or fewer adults or children as needed due to demand.

The generally recognized 'rule of thumb' for adequate mental health care, where the needs of a community are considered met, is 30 adult acute care beds per 100,000 of population. That means Collier County, at 372,880 population and only 22 beds, falls far short of the benchmark. There should currently be over 100 of these beds. By 2020, with the projected population growth, Collier should have over 120 crisis beds.

Acute care services are paid for by insurance when available, and with public dollars when an individual lacks insurance. Public support is provided through the State of Florida and partly through county matching funds.

Utilization of David Lawrence Center's Crisis Stabilization Unit nearly quadrupled over the past 10 years. Last year, at least 38% of people in need of mental health crisis care under the Baker Act were sent to facilities in other counties due to lack of local capacity-- particularly for individuals with Medicare or who are medically compromised and need a hospital environment. The overall payor mix for the CSU is 50% indigent, 25% insurance, and 25% Medicaid. The reimbursement from Medicaid does not adequately cover the cost of care.

A mobile crisis team or mobile crisis response service is a nonresidential crisis service attached to a public receiving facility and available 24 hours a day, 7 days a week, through which immediate intensive assessments and interventions are provided, including screening for admission into a receiving facility. David Lawrence Center as the county's only public receiving facility does not currently offer this service--which can be quite costly due to the need for 24/7 clinical staff availability for off-site screenings. The Mental Health Intervention Team operated by CCSO is not a mobile crisis team.

For substance use acute care, David Lawrence Center operates a 12-bed, voluntary detox unit. Additionally, Naples Community Hospital also has 12 voluntary beds for people with co-occurring mental health and substance use problems. No other local hospital has services available for the population. Collier County does not have a designated Addiction Receiving Facility (ARF), a locked unit for persons in custody under the Marchman Act for substance use disorders.



Centralized Receiving Systems (CRS). A central receiving system consists of a state-designated central receiving facility for both Baker Act and Marchman Act that serve as a single point or a coordinated system of entry for individuals needing evaluation or stabilization for mental health or substance use disorders. The model is currently in use in several Florida communities, and has been shown to:

- Reduce the inappropriate utilization of emergency rooms;
- Increase the quality and quantity of services through coordination of care and recovery support services; and
- Improve access and reduce processing time for law enforcement officials transporting individuals needing behavioral health services.

New building and/or renovation of current space would be needed locally to accommodate both an increase in Baker Act and Marchman Act capacity and space for a functional CRS. (Appendix IV).

Collier County does not have a private Baker Act receiving facility. Private Baker Act receiving facilities are licensed under Florida Statutes Chapter 395 as either free-standing or connected to general medical hospitals. Funding is largely provided by billing to Medicare and private insurances. In some instances, private receiving facilities also contract with the State for public mental health funds to serve uninsured persons. Private receiving facilities are available in both Lee (Park Royal Hospital) and Charlotte Counties (Riverside Behavioral Health). In fact, most Florida counties the size of Collier have at least one private receiving facility. ***The absence of such a facility in Collier County requires older adults on Medicare, or who have private insurance, and are in need of acute care to go to the facilities in nearby Lee and Charlotte Counties, away from their family and support system.***

Baker Act Transportation

The duty for primary transport to a receiving facility for persons on involuntary status lies with law enforcement. Law enforcement has the authority and responsibility to provide the transport and can decline only under limited circumstances specified in the law. However, if the county has a contract with a medical transporter to provide this transport on behalf of law enforcement, it can seek reimbursement from the patient or an insurer. Several models may be considered for this purpose.

To ensure care is available to the indigent/publicly funded population at David Lawrence Center's CSU, Collier has a county- and state- approved transportation exception plan which allows persons under the Baker Act to be transported to facilities, as 'exceptions' to the 'nearest receiving facility' as required by the Baker



Act statute. These are generally people with Medicare or private insurance, or who have complex medical needs beyond the scope of a CSU. Often, the hospital / NCH is responsible for transporting people from its facility to DLC or to out of county facilities. In addition, many Baker Act transports from NCH and Physician's Regional Medical Center are completed by CCSO under an MOU between the Sheriff and DLC. The hospital pays for its costs via contract with medical transportation company. Within county transports completed by medical transport are \$550 per trip. Out of county costs are considerably higher. There may be opportunities for cost savings and improved coordination for these types of transportation needs.

Outpatient Services

David Lawrence Center's community Access Center can provide assessments on a walk-in basis, 24 hours a day, 7 days a week. This often helps to avert unnecessary Crisis Unit admissions as people may be able to get their urgent needs taken care of in an outpatient setting before they turn into emergencies.

Capacity for publicly funded, office-based outpatient therapy and psychiatric care is currently adequate, with minimal wait lists. That having been stated, DLC consistently provides more of these services than is supported by public resources and is challenged to continue to financially sustain such. Additionally, waiting lists do exist for specialized treatment such as Dialectical Behavior Therapy (DBT) or Traumatic Incident Reduction (TIR).

NCH recently opened a small outpatient mental health office, staffed with a psychiatric Advanced Registered Nurse Practitioner (ARNP). This new service should help provide additional choice of provider and, to some extent, reduce pressure on DLC's outpatient department.

One recent occurrence that will negatively impact outpatient care capacity for addictions is a reduction of \$250,000 in state adult substance abuse outpatient funding in the David Lawrence Center's contract.

Integrated Health Care

A significant strength locally is the on-site DLC location of the local Federally Qualified Health Center (FQHC), Healthcare Network of Southwest Florida (HCNSWF). This model of integrated health care ensures that people with serious mental illnesses receiving psychiatric care at DLC, who are at high risk for certain medical conditions, can receive their care in a coordinated manner in one place.

In addition, another form of integrated health and behavioral health care is on site at the Health Care Network. Behavioral health services are available organization-wide, resulting in 18,000 visits annually. Approximately 40% of those are adult visits. Nationally, as many as 70% of primary care visits are related to behavioral health needs and over 80% of all psychotropic medications in the U.S. are



prescribed by primary care physicians. Primary care is often the default entry point for many in need of mental health care, but generally does not provide the specialty care (e.g. case management, supported employment) needed for persons with serious mental illnesses.

Health centers across the nation are being encouraged to provide more behavioral health services for reasons cited above. This also is going to apply to substance abuse services.

In 2017, DLC opened a pharmacy on its main campus, operated by Genoa Healthcare. As such, DLC clients can conclude their mental health appointments and walk immediately over to the on-site pharmacy to receive their prescribed medications. This helps to reduce potential barriers to use of psychotropic and other prescription medications.

Opioid Crisis

In response to the nationwide opioid crisis, local efforts include significantly expanded access at David Lawrence Center to effective interventions including:

- Narcan (opioid overdose reversal kits)
- Medication Assisted Treatments (MAT) including Vivitrol and Suboxone
- Case management services for individuals receiving MAT
- Expanded MAT education and support in problem solving courts

Problem-Solving Courts

Collier County currently offers three Problem-Solving Courts for legally and clinically appropriate adults facing criminal charges. They are Drug Court, Mental Health Court and Veterans Treatment Court, each of which operates in a similar fashion. These courts are run by a unified multidisciplinary team, which includes a dedicated judge, dedicated prosecutor, dedicated public defender, dedicated probation officers, as well as the Sgt. from the CCSO Mental Health Unit, and clinicians and case managers from the David Lawrence Center. Beyond these, partnerships with the Jail and its medical provider, St. Matthew’s House, NAMI, The Shelter, the FACT Team, Gulf Coast Runners, the Neighborhood Health Clinic, and many others are crucial to the success of these courts.

Participants in each court are afforded an individualized treatment plan aimed at addressing the full behavioral health picture for that individual. This may include any combination of group and individual therapy, medication, trauma treatment and collateral support. Participants are held to high standards of intensive supervision, rigorous honesty, and personal accountability. They are connected with long-term peer supports, they make restitution to their victims, and are

Attachment: Strategic Plan Draft 5 29 (5797 : Agenda and Strategic Plan)



supported in securing the housing, education, healthcare and employment needed to maintain their recovery.

In 2017, Collier County provided resources to add staff to the team in order to (1) expedite identification and connection of appropriate defendants to these programs, and (2) track data that may be used to measure outcomes and secure sustainable funding. National data suggests these courts are highly effective at improving outcomes for recovery, thereby reducing recidivism, improving public safety, saving tax dollars and restoring individuals to productive lives with their families, businesses and communities.

Criminal Justice Reintegration

The Forensic Intensive Reintegration Support Team (FIRST) is a jail reentry program providing an intensive, multidisciplinary, case management team from Collier County jail reintegration specialists, David Lawrence Center case managers, and a NAMI peer specialist to assist individuals with community reentry after a period of incarceration. Many participants had multiple arrests prior to admission into the program. The program's ultimate goal is to improve the person's probability of success in the community and reduce their chances of re-arrest/recidivism. The FIRST team has demonstrated success at lowering the rate of recidivism among participants to **just 22%**. For the grant period 2014-2017, the FIRST served 313 people. Of those only 69, or 22% we re-arrested.

Reintegration Grant. Implemented in 2010, the Collier County Criminal Justice, Mental Health and Substance Abuse Reintegration grant is in the first year of its third, three-year grant cycle. Supporting the FIRST program, the grant is provided through the Florida Department of Children & Families' Substance Abuse & Mental Health state headquarters office through Memorandum of Agreement with Collier County. The current grant funding (July 2017 through June 2020) is \$1,042,506 with county/partner agency match of \$1,052,300 for a total of \$2,094,806. The state also pays for significant assistance from the USF Technical Assistance Center throughout the grant cycle. This project demonstrates significant state funding and support for a local project, and stakeholders want to ensure continuation of the FIRST program.

Housing

Strategic planning participants agreed that housing is perhaps the most daunting issue to address regarding people with behavioral health needs in Collier County. Many residents have a hard time finding affordable housing. Affordable housing is considered housing that consumes 30 percent or less of a household's income. It includes income target levels starting at "very low," those making less than 30



percent of the \$75,000 Collier County median income, up to “moderate income” and “gap income.”

HUD FY 2018 Fair Market Rents by Unit Bedrooms					
Year	Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
FY 2018 FMR	\$778	\$996	\$1,220	\$1,630	\$1,978

Table 1. Fair Market Rent Naples Marco Island, 2018

The average single-family home value in Collier County is estimated at \$573,519, which is much higher than the state average of \$219,681. About 40% of Collier residents are considered ‘cost burdened’, meaning they spend at least 30% or more of their income on housing, and 20% pay more than 50% of their income for housing. Individuals with mental illnesses are even further priced out of the housing market, many of whom rely on Supplemental Security Income (SSI) due to disability. SSI is currently \$750 per month or just \$9,000 per year, that is 14.5% of the median income. For individuals with disabilities living solely on SSI, renting even an efficiency at the fair market rent would require more than 100% of their monthly income. Rental units at or below fair market rent in Collier County are extremely scarce. The problem was compounded by Hurricane Irma in September of 2017, which devastated the stock of affordable housing throughout the county, often mobile homes, which will take time to replace.

MYTH: “Housing is a Privilege”

Everyone has a right to a standard of living adequate for the health of them and their family including food, clothing, housing, medical care, and necessary social services.

--Article 25 of the Universal Declaration of Human Rights

Also, there are higher costs of applying for rentals and high deposits for rent and utilities which complicate renting properties for lower income households. Securing affordable housing for people with convictions and substance abuse issues is even more difficult due to increased use of background checks.

The lack of safe and affordable housing is one of the most powerful barriers to recovery. When this basic need isn’t met, people cycle in and out of homelessness, jails, shelters, and hospitals. Supportive housing provides an essential platform for the delivery of services that lead to improved health and stability. At the most basic level, housing provides physical safety, protection, and access to basic needs.

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Supportive housing improves access to quality health care by providing a physical space for service delivery staff (e.g., case management, FACT) that directly provide or link tenants to community-based social, mental health, substance abuse and primary/specialty medical care services.

Local supportive housing options operated by non-profit agencies include David Lawrence Center and Community Assisted Supported Living (CASL). There are generally wait lists for these. NAMI has a HUD grant administered through the county for a small amount of rental assistance for people who are homeless. However, securing willing and benevolent landlords along with affordable units has proven virtually impossible. Some supportive housing models may be helpful in addressing barriers to housing for the target population. These include sites for which behavioral health providers hold a 'Master Lease'; Florida Assertive Community Treatment teams; Housing First; and the Dave's House or Jerry's House model. (Appendix V).

Peer Run Services

Peer-run services provide a safe and supportive environment for self-help, mutual support, and employment opportunities for people with disabilities. A peer is a person who has experienced mental illness personally, and who has received special training in how to use that experience to support others facing similar challenges from mental illnesses. Along with medication and therapy, peer supports are proven to be effective in helping individuals recover from mental illnesses and addictions. NAMI Collier's Sarah Ann Drop in Center (SAC) is a peer-operated program for adults with serious mental illnesses. The Sarah Ann Center is open Monday through Saturday and offers socialization and support groups for persons who may otherwise be isolated. Many wellness supports are available for participants via volunteers including yoga, nutrition education, mindfulness practice, and therapist-facilitated improvisational comedy exercises. Drop-in centers often appeal to people who have been disenfranchised or who wish avoid the traditional mental health system. The centers are accessible; provide safe, nonjudgmental, and informal environments; and put few demands on clients.

In addition to the Sarah Ann Center, NAMI's COPE, Community Outreach Peer Education, provides a variety of individual and group peer supports through Certified Recovery Peer Specialists (CRPS). NAMI also operates a state-wide, peer-run Warm Line to provide telephone support when people are isolated and need an experienced, empathic ear.

Some communities operate peer-run respite homes. Non-emergent peer respites are voluntary, short-term, overnight programs that provide community-based, non-clinical crisis support to help people find new understanding and ways to move forward. They operate 24-hours per day in a homelike environment, and act as a diversion from high end psychiatric care when possible.



Evidence Based Practices

Evidence-based practices (EBPs) are defined as treatments that have been researched academically or scientifically, been proven effective, and replicated by more than one investigation or study. Evidence-based treatment practices are meant to make treatment more effective for more people by using scientifically proven methods and research. Ultimately, because they are proven to be effective, the use of evidence-based practices saves money and lives. Whenever possible, local agencies will implement programs using evidence based practices. There are several evidence based practices recognized by the Substance Abuse and Mental Health Services Administration (SAMHSA) including but not limited to:

- Early Intervention for First Episode Psychosis
- Medication- Assisted Treatment (MAT) for Opioid Use Disorder
- Peer Support Services in a Recovery-Oriented System of Care (ROSC)
- Trauma- Informed Care
- Dialectical Behavior Therapy
- Supported Housing and Supported Employment

Data: Collection, Compilation, Analysis and Sharing

For each of the areas discussed above, there is a need for improvement of local data-driven decision making. In Collier County, there is a well-established tradition of health and behavioral health care organizations, county, law enforcement, judiciary, community partners, and concerned individuals collaboratively working toward local behavioral health solutions.

Multiple sources collect internal data, and share with other entities in limited ways, but there is not a process for comprehensively collecting and using relevant data, both at the systems and clinical levels, to enhance and inform the planning and delivery of behavioral health care among all related community organizations. Figure 2 depicts the primary local mental health and substance use service array and relationships.

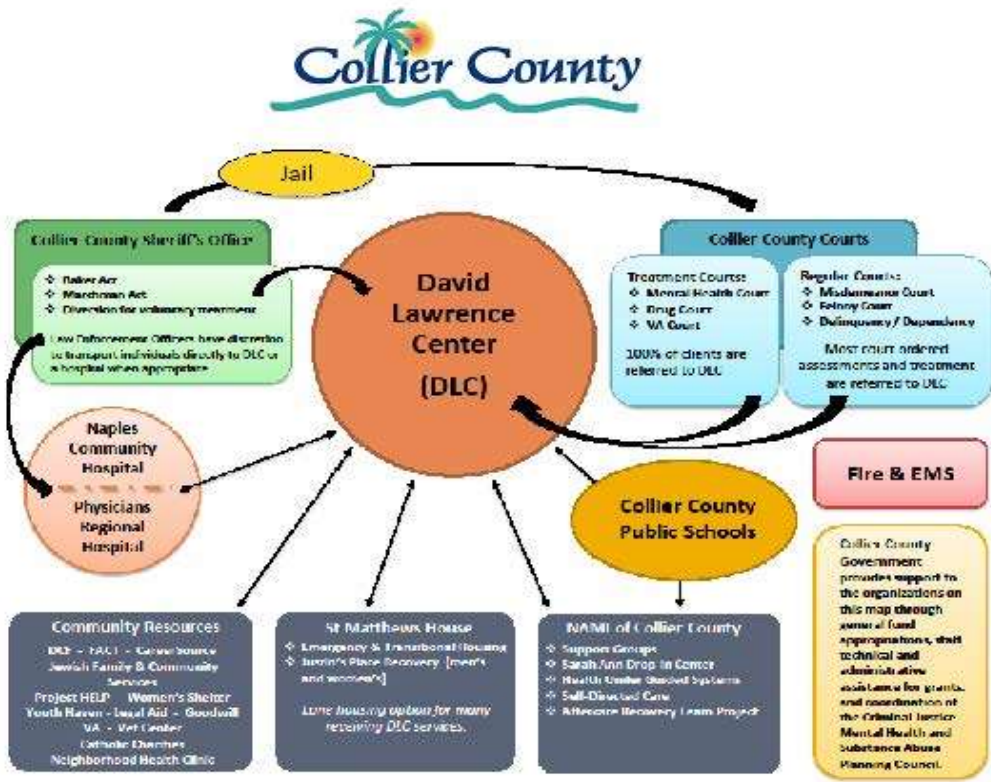


Figure 2. Collier County FL Behavioral Health Local Collaborative Relationships (June 2017).

A centralized data collaborative could collect information from entities including DLC, hospitals, and courts, law enforcement, and homeless providers such as:

- Number of days acute care units are at or over capacity
- Disposition and impact of acute care overflow
- What agencies are providing uncompensated care and to what extent?
- Numbers and demographics of persons served in each type of service
- Demonstration of cost avoidance in criminal justice through diversion activities
- Individuals needing multiple types and levels of services

The data may be aggregated in many ways to use for planning, quality improvement, program evaluation, and grant applications. A single person or repository would be needed to collect and disseminate multiple data points from multiple entities. Such data can then help better coordinate and target care among entities for people with high needs, and who frequently use multiple services throughout the county.

Attachment: Strategic Plan Draft 5.29 (5797 : Agenda and Strategic Plan)



Local Priorities and Committee Leads

Participants in the planning sessions agreed upon several priorities and identified a lead person (or persons) to oversee continued planning and execution of objectives and action steps for each priority. An Ad Hoc committee will be needed to oversee the process.

#	Priority	Lead(s)
1	Centralized Receiving System/Addiction Receiving & Baker Act Receiving Facility	Scott Burgess, DLC CEO
2	Permanent Supported Housing (Scattered Sites and Supportive Services)	Pamela Baker, NAMI CEO; Beverly Belli, DLC
3	Behavioral Health Data Collaborative	Commissioner Andy Solis; Sean Callahan, County Administration
4	Increase use of evidence-based practices, e.g. Early intervention for 1 st time psychosis.	Nancy Dauphinais, DLC COO
5	Increase effectiveness and capacity of Problem-Solving Courts	Judge Janeice Martin; Beverly Belli, DLC
6	Baker Act / Marchman Act transportation	Sgt. Leslie Weidenhammer, CCSO
7	Build sustainability for Criminal Justice, Mental Health & Substance Abuse Reinvestment grant.	CJMHA Planning Council

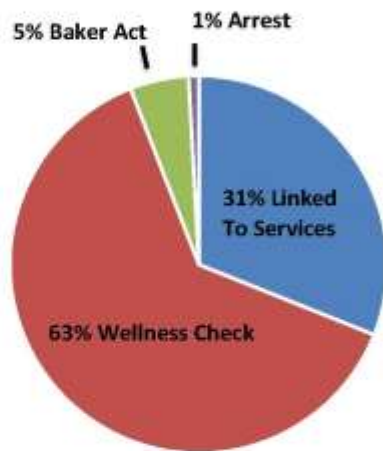
Table 2. Strategic plan local priorities and lead person(s).

APPENDIX E: CCSO MENTAL HEALTH BUREAU DATA



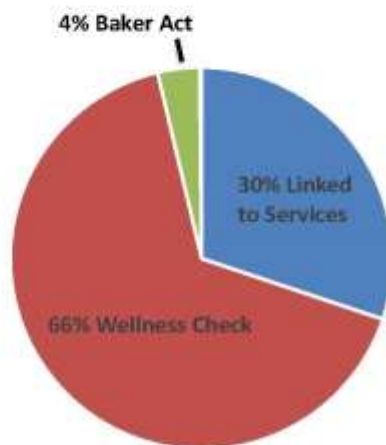
**Collier County Sheriff's Office
Mental Health Bureau**

Mental Health Intervention Team - Interventions



2018

Type of Intervention	Number
Linked to Services	142
Wellness Check	288
Baker Act	23
Arrest	4
TOTAL	457



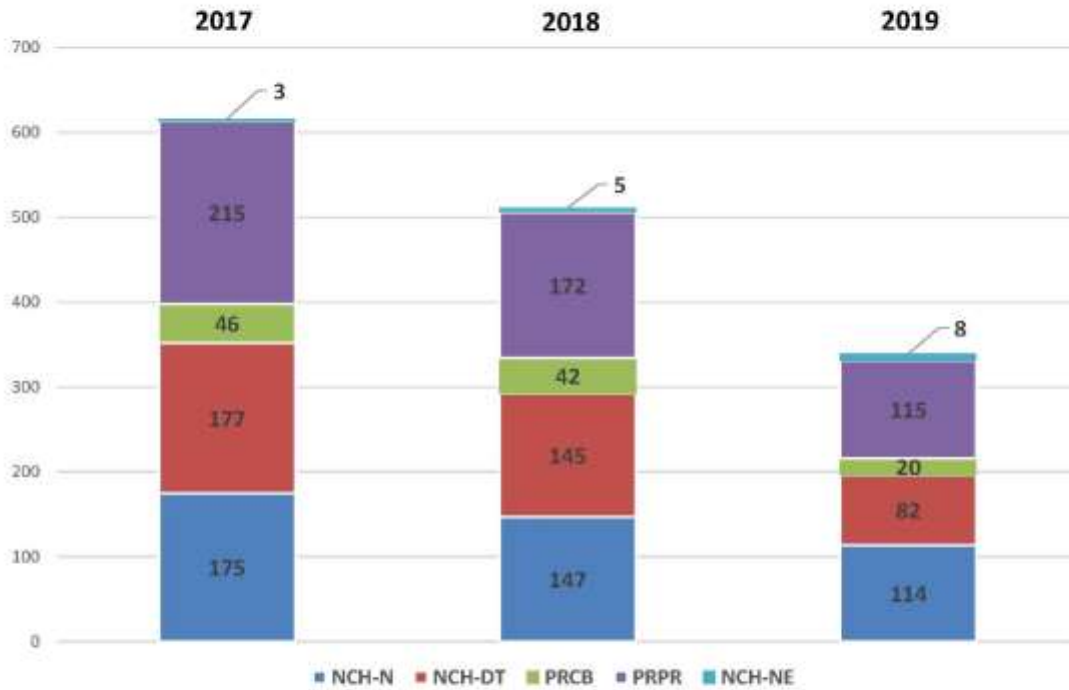
**2019
JAN-SEP**

Type of Intervention	Number
Linked to Services	195
Wellness Check	428
Baker Act	23
Arrest	1
TOTAL	647



Collier County Sheriff's Office Mental Health Bureau

Baker Act Transportation from Hospital to David Lawrence Center

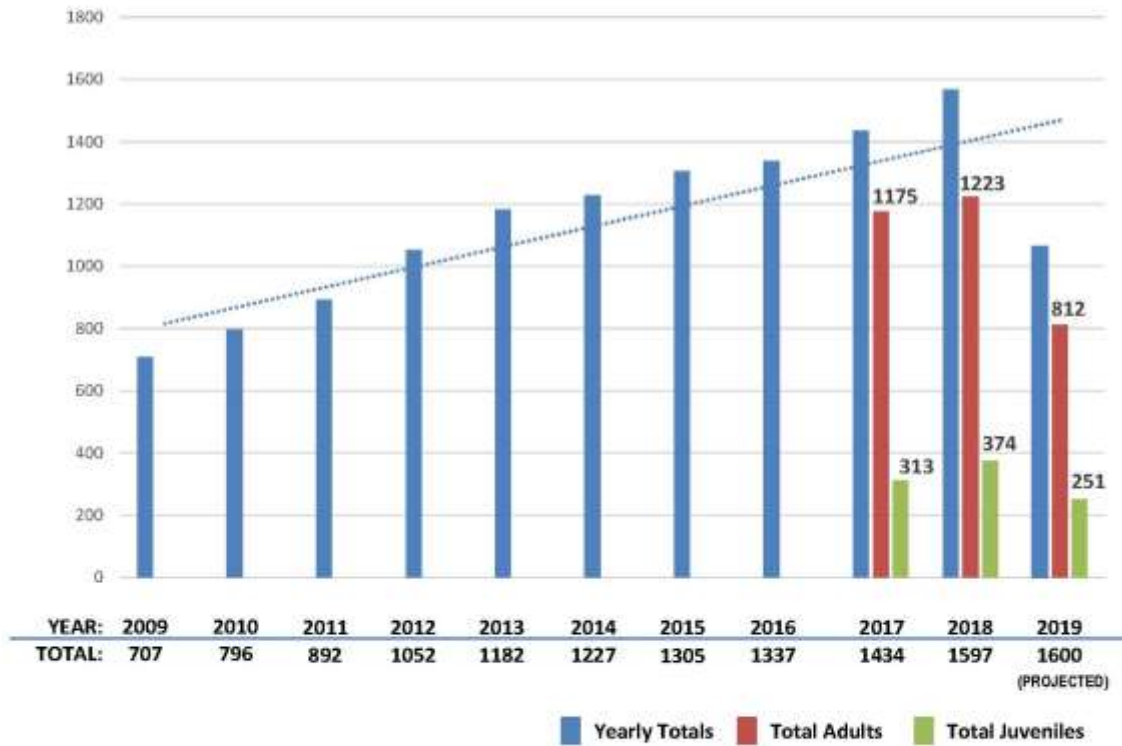


Transports from	2017	2018	2019 JAN - SEP
NCH – North	175	147	114
NCH Downtown	177	145	82
Physicians Regional - Collier Blvd	46	42	20
Physicians Regional - Pine Ridge	215	172	115
NCH - Northeast	3	5	8
TOTAL	616	511	339



Collier County Sheriff's Office Mental Health Bureau

CCSO BAKER ACTS 01/01/2009 – 12/31/2019 (projected)



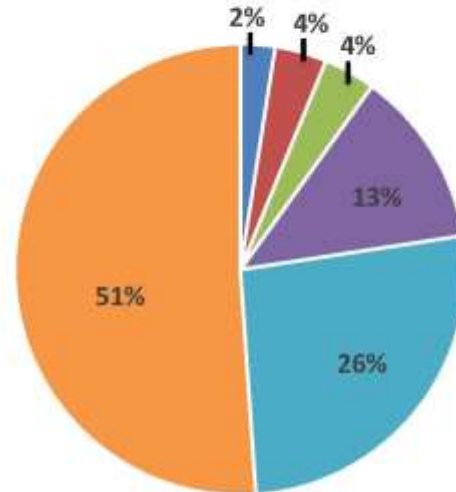
October 10, 2019



Collier County Sheriff's Office Mental Health Bureau

Current CCSO Members C.I.T. Trained

DEPARTMENT	CIV	CERT	TOTAL
OPERATIONS	23	348	371
CORRECTIONS	15	176	191
INVESTIGATIONS	2	90	92
ADMINISTRATION	8	19	27
COMM ENGAGE	5	22	27
LEGAL	0	18	18
TOTALS	53	673	726



Crisis Intervention Team Total Trained 2009-2018

AGENCIES	2017	2018
COLLIER COUNTY SHERIFF'S OFFICE <small>Includes LEO, CO, civilian, and former members</small>	738	839
FIRE <small>Includes North Collier Fire & Greater Naples Fire</small>	10	26
OUTSIDE LAW ENFORCEMENT AGENCIES <small>Includes State Probation, County Probation, National Park Service, MIPD, NPD, and Hendry County SO</small>	303	342
CIVILIAN <small>Includes DLC, CCPS, DCF, NAMI, and others</small>	60	67
TOTAL TRAINED	1111	1274

APPENDIX F: ACTION PLANS

Priority: Central Receiving Services

ACTION PLAN

Goal: Ensure that there is a coordinated system and adequate capacity to assure that citizens in crisis will be able to access emergency mental health and substance use disorder services over the next 20 years.

Inputs Required (Resources)	Outputs		Outcomes -- Impact	
	Activities	Participation	Short- 1 year	Long 2-5 year
<p>\$25 Million for construction and related capital purchases for Central Receiving Services structure(s)</p> <p>\$2-3 Million annual state and local government appropriation for Central Receiving Services operations</p>	<p>Determine site. Define terms and processes regarding ownership, design, construction and funding of Central Receiving Services structure(s) and Furnishings, Fixtures and Equipment.</p> <p>Multiple activities related to design and construction of Central Receiving Services structure(s) and identification and procurement of FFE.</p> <p>Develop an operational budget and plan for sustainable funding for operations.</p>	<p>Collier County BOCC and David Lawrence Center</p> <p>David Lawrence Center</p> <p>Collier BOCC, Collier Legislative delegation, David Lawrence Center.</p>	<p>Completion of all pre-construction activities and initiation of construction.</p> <p>Submit a Legislative Budget Request to partially fund operations.</p> <p>Secure funding from Collier County to use as match to support Legislative Budget Request.</p>	<p>Completion of Construction.</p> <p>Increased inpatient capacity over baseline.</p> <p>Central Receiving Services utilized as single point of access for persons in crisis as a result of a Mental Health and/or Substance Use Disorder</p> <p>Secure state funding and matching county funds to sustain Central Receiving Services operations in perpetuity.</p>

Priority: Housing and Supports

ACTION PLAN

Goal: Increase availability and accessibility of a variety of housing options for persons with mental health and substance use disorders. Homelessness among persons with mental health and substance use disorders is rare, brief and one-time.

Inputs Required (Resources)	Outputs		Outcomes -- Impact	
	Activities	Participation	Short- 1 year	Long 2-5 year
<p>Ensure that Ch 420 F.S. 10% Housing set aside for special populations is implemented</p> <p>Provide Incentives to Landlords, builders, developers</p> <p>Increase available Affordable Housing units</p> <p>Existing Rental Vouchers</p> <p>Assure a source of income/healthcare for chronically homeless with severe mental illness</p> <p>Funding from local, state and federal grant opportunities</p> <p>Funding from private charitable foundations that support housing initiatives</p>	<p>Legislative Advocacy Community Education</p> <p>Identify and amend any prejudicial local zoning language</p> <p>Recruit at least one non-profit developer, determine site</p> <p>Ensure Vouchers are provided to eligible persons who are chronically homeless and severely mentally ill</p> <p>↑ SOAR applications ↑# Supported Employment providers and # hours</p> <p>Respond to grant opportunities and submit proposals to private charitable foundations</p>	<p>Homeless COC, State SAMH, Housing, State Legislators</p> <p>County Housing and Community Services, Board of County Commissioners</p> <p>County Housing and Community Services, Board of County Commissioners</p> <p>County Housing and Community Services</p> <p>Employment agencies: Goodwill, Voc Rehab</p> <p>Collier County, local homeless service and mental health/substance abuse provider agencies</p>	<p>County approves % set aside specific to Chronically homeless w/ Severe Mental Illness</p> <p>↓Discrimination / prejudicial language in local zoning docs</p> <p>Identify new non-profit developer</p> <p>↑ # SOAR applications</p> <p>↑# SMI on SSI/SSDI; Medicaid/Medicare</p> <p># Community education sessions, op eds, news articles</p> <p>↑ # Providers and volunteers trained in Supported Employment, Supportive Housing and SOAR.</p> <p># of grant and foundation proposals submitted and # awarded</p>	<p>↓# days to enroll in programs</p> <p>↓# days to obtain Transitional housing from jail, hospital or homelessness.</p> <p>↓# days to obtain permanent housing</p> <p># employed</p> <p>↓# homeless SMI</p> <p>0 Wait lists for housing and services</p> <p>0 New homeless in CoC PIT count</p> <p>↑ Days in Community/ Housed (not hospital, jail, shelter)</p> <p>↑ Days worked for pay</p> <p>↑ # on SSI/SSDI</p>

Priority: Data Collaborative

ACTION PLAN

Goal: Create a data collaborative that will collect and analyze data from all stakeholders that provide services to persons experiencing a mental health and/or substance use disorder and use that information to continuously improve program quality and patient outcomes.

Inputs Required (Resources)	Outputs		Outcomes -- Impact	
	<i>Activities – What we will do</i>	<i>Participation</i>	<i>Short- 1 year</i>	<i>Long 2-5 year</i>
<p>Assignment of county staff to provide leadership and direction to development of the data collaborative.</p> <p>Identify and secure participation of essential governmental, non-profit and for profit organizations to participate in and share data with the collaborative</p>	<p>Identify and recruit data collaborative members</p> <p>Define data elements to be collected and shared by collaborative members</p> <p>Define standard reports, reporting frequency, and mechanism of report distribution.</p> <p>Data collaborative members utilize shared data to identify and report on emerging issues related to program quality and patient outcomes.</p> <p>Data collaborative members utilize shared data to provide data for grant opportunities and new programming</p>	<p>Active participation by 75% or more of recruited members.</p> <p>100% of data elements and collected and shared by collaborative members.</p> <p>100% of Standard reports are prepared and distributed on time.</p> <p>Analysis of data to identify trends and emerging issues is reviewed and reported by data collaborative members at least annually.</p> <p>Data collected and reported by data collaborative is used 4 or more times annually in materials prepared in response to funding opportunities or to justify new or revised programming.</p>	<p>Data Collaborative is organized, meeting, collecting data and issues a baseline report on data collected.</p>	<p>Data Collaborative releases data according to a schedule agreed upon by all members.</p> <p>Data Collaborative identifies at least one emerging issue annually.</p> <p>Data Collaborative provides data that assists in obtaining new funding or reinvestment of existing funding to address emerging community needs in mental health and substance use disorder treatment.</p>

Priority: Justice System Response

ACTION PLAN

Goal: Expedite deflection and diversion of persons with mental health and/or substance use disorders prior to arrest and from jail to treatment, thereby reducing recidivism, improving community safety and directing resources to optimize outcomes.

Inputs Required (Resources)	Outputs		Outcomes -- Impact	
	Activities	Participation	Short- 1 year	Long 2-5 year
<p>Pre-Arrest Diversion</p> <p>Educate Law Enforcement</p> <p>Expand Mental Health Unit</p> <p>Increase capacity of treatment providers</p> <p>Jail Diversion</p> <p>Implement Medication Assisted Treatment at Collier County Jail.</p> <p>Expand Project Recovery</p> <p>Increased number of community based and in jail mental health and substance use counselors</p> <p>Develop alternative in-jail treatment program for inmates already receiving Medication Assisted Treatment prior to incarceration.</p> <p>Expand court ordered assisted outpatient treatment to circuit court.</p>	<p>Utilize Mental Health Unit to train road deputies in deflection processes.</p> <p>Seek CJMHTSA Reinvestment Grant funding to implement Medication Assisted Treatment in the County Jail.</p> <p>Seek County, State and Federal funding to support additional judicial and treatment team positions for court based diversionary programs including drug court, veteran's court and assisted outpatient treatment.</p>	<p>Mental Health Unit, Collier Sheriff's Deputies, David Lawrence Center staff</p> <p>Criminal Justice Planning Council</p> <p>Collier Legislative delegation, Collier County government, U.S. Department of Justice, U.S. Department of Health and Human Services, private foundations.</p>	<p># of law enforcement trainings provided.</p> <p>Decrease in arrests for drug possession.</p> <p>Increase in number of referrals to treatment directly from law enforcement.</p> <p>Increase in the number of treatment referrals either in custody or through transfer to community based programs.</p> <p>Decrease in jail days for inmates whose crimes are directly related to their mental health and substance use disorders.</p> <p>Decrease in recidivism among inmates who participate in jail diversion programs.</p>	<p>Continued decrease in possession arrests and continued increase in number of referrals to treatment year over year.</p> <p>Quicker response team in diverting from jail or enrolling in jail based programs.</p> <p>Year over year decreases in recidivism among inmates who participate in jail diversion programs.</p> <p>Year over year Increases in the number of treatment referrals either in custody or through transfer to community based programs.</p>

Priority: Non-Emergency Baker Act/Marchman Act Transportation

ACTION PLAN

Goal: Whenever possible, the transportation of an individual under the Baker Act or the Marchman Act from a medical facility to receiving facility will be completed by a non-emergency transportation provider.

Inputs Required (Resources)	Outputs		Outcomes -- Impact	
	Activities	Participation	Short- 1 year	Long 2-5 year
<p>Establish Transportation Workgroup consisting of involved partners – CCSO, Collier County Government, David Lawrence Center, NCH, and other interested parties</p> <p>Funding to support transportation plan and costs of transport vehicles and drivers.</p>	<p>Develop answers to who, what, when and where questions that will drive the structure of the transportation agreement.</p> <p>Prepare a cost analysis that includes current costs for all partners, the annual number of transports provided, the annual number of patients transported and a projection of future need.</p> <p>Develop a share cost agreement among partners to be either included in the Transportation Plan or included by reference in the plan.</p>	<p>Transportation Workgroup</p> <p>Transportation Workgroup</p>	<p>Transportation Plan written and signed off by all partners.</p> <p>Identification of Transportation Provider or Providers</p> <p>Cost sharing agreement developed and signed off by all partners.</p>	<p>Law enforcement agencies no longer providing non-emergency transport except in cases of unstable individuals at high risk to harm self or others.</p> <p>Increased patient satisfaction regarding quality of care in transportation.</p> <p>Law enforcement agencies re-allocate time previously spent in transportation to other public safety activities.</p> <p>Transportation Contract (s) in force and functioning. Transportation Workgroup continues to meet to review data and address any inter-agency issues that may develop.</p>

Priority: Prevention

ACTION PLAN

Goal: Provide evidence based education and training on mental health and substance use disorders to the community at large.

Inputs Required (Resources)	Outputs		Outcomes -- Impact	
	Activities	Participation	Short- 1 year	Long 2-5 year
Identify collaborative agencies and personnel that provide evidence based prevention programs. Including, but not limited to, Drug Free Collier, NAMI, Mental Health providers, Blue Zones, Chambers of Commerce, local religious groups, and any other local organization with an interest in drug abuse prevention and education regarding substance use and mental illness	<p>Develop Collaborative Partners in Prevention</p> <p>Identify evidence based programs available.</p> <p>Develop speaker's bureau to present evidence based prevention programs</p> <p>Develop or adopt an App that can be marketed in the community to support local substance abuse prevention and awareness of mental health disorders</p> <p>Create public service announcements for print, electronic and social media</p> <p>Develop resource center that can provide materials and programs to the community.</p>	<p>Drug Free Collier</p> <p>NAMI</p> <p>Mental health providers</p> <p>Chambers of Commerce</p> <p>Religious groups</p> <p>SW Florida Blue Zones Project</p>	<p>Collaborative group of providers organized and meeting regularly</p> <p>Collaborative Partners in Prevention provides training for agencies and community responders</p> <p>Identify funding</p> <p>Linkage with print and electronic media</p>	<p>Funding and staffing to support education and prevention</p> <p>Relationship to 211.</p> <p>App implementation resulting increased access to recovery services</p> <p>Annual Awareness/Prevention/Education campaigns</p>