

How One Florida County Reduces Its Homeless and Jail Populations Simultaneously

Unlike most shelters, this one offers a place for people with mental illness and substance use problems to avoid jail and better their situations.

Caroline Cournoyer | September 2011

Putting homeless people behind bars for nonviolent crimes may temporarily keep them from disturbing the public. But it fails to address the chronic issues -- like substance abuse and mental health problems -- that will likely land them back in jail again and again. That revolving door burdens police officers, crowds local jails, costs taxpayers money and fails to help those in need. The issue has only gotten worse in recent years, as the economic downturn has forced more people out of their homes.

One such community is Lee County, Fla., which has seen a 30 percent jump in its homeless population in the past four years. Not only does the southwest Florida county, centered on the city of Fort Myers, have an increasing homeless population, it also has higher-than-average rates of suicide and substance use. Exacerbating the problem is the fact that Florida lawmakers in recent years have made significant cuts to funding for the kinds of programs and services that could help lower those rates. This year, Florida ranks 49th in per capita spending on mental health care and 35th for substance use care.

To address these issues and divert people from jail, Lee County opened a triage center in April 2008 for people with mental health disorders and substance use problems. Rather than jailing homeless people for low-level crimes like loitering or public intoxication, police officers can bring them to the center for food, shelter and case management services.

The Bob Janes Triage Center and Low Demand Shelter is different from most homeless shelters. Most facilities turn people away if they're intoxicated or have a mental illness, but this center allows them to stay as long as they want. However, the decision to bring someone to the center is up to law enforcement. Typically, only those who cooperate with cops are brought in.

Police officers aren't the only ones who can bring people to the center, although they refer 75 percent of patrons. The local hospital and, as of last year, the state Department of Veterans Affairs can do so as well. With no time limit on a person's stay, the center is usually at or near capacity. The only referrals turned away are those from a hospital, where people have an alternate place to stay -- even if it's an emergency room.

Booking someone into jail takes a police officer about an hour. But dropping someone off at the triage center usually takes less than five minutes. That's because the center keeps it simple, requiring police to fill out only one form that mainly consists of checking a few boxes.

Once a person arrives, employees gather his or her basic information and a nurse performs a routine assessment. In rare instances, the nurse will transfer someone to the emergency room for urgent medical attention. Rather than immediately overwhelming the clients with more assessments and information, the center allows new arrivals to shower, eat and, if necessary, sleep off intoxication before undergoing a psycho-social assessment. Within 24 hours, a clinician examines clients' history of criminal justice, substance use, mental health and any prior treatment they may have received.

Clients then meet with caseworkers to set goals, which can vary from acquiring a Social Security card to getting into a rehabilitation program. At that point, anyone who refuses to set goals is told, "There's the door," according to Ann Arnall, director of Lee County Human Services.

Once clients set their goals, employees work with them one-on-one. The center offers classes on topics like finance and job training, as well as group meetings like Alcoholics Anonymous. Employees also drive clients to doctor's offices for medical appointments or government offices to apply for programs like Medicaid and food stamps. Navigating those processes is complicated on its own. For people without a mailbox, phone or transportation, it can be nearly impossible.

As long as participants are making progress toward their goals, they're free to stay. Not only is the length of their stay unlimited, they're also free to come back as often as necessary. "If you understand recovery from a mental illness or substance use disorder, not everybody gets it on the first time," Arnall says, noting that many people who came five times eventually succeeded in meeting all of their goals. "Most make a little bit of progress each time."

Not everyone at the triage center achieves his or her goals. But nearly half the clients who have gone through the center have been placed into treatment programs or permanent housing. Having the shelter has reduced the amount of time police officers spend dealing with nonviolent, would-be offenders, meaning the cops are free to focus on more serious threats. The shelter has helped cut the number of low-level offenders in the county jail by 25 percent, and it's reduced the number of repeat offenders in jail. Housing someone in the triage center costs about 10 percent less than keeping that person in a jail cell.

Funding the center involves a patchwork of public and private resources. The county hospital and state and county governments each foot portions of the center's bills to pay for nurses, medical supplies, food and clinicians. The Salvation Army handles the food, shelter and day-to-day activities.

Despite its successes, the triage center has faced tough budget cuts. In May, Gov. Rick Scott vetoed a \$250,000 earmark for the center that accounts for nearly 20 percent of its budget. Triage officials are hoping to get that money restored, but if not, they're looking at ways to reduce expenses. This may mean offering cheaper meals and cutting the number of case managers. If that happens, says Arnall, it could affect the center's entire mission. "If we don't have those services, then we become an ineffective holding place."

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